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The war child: children, armed conflict and child combatants

Diploma in the Medical Care of Catastrophes

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Introduction: children are the main victims of armed conflict

"all wars are waged against the child"

(Eglantyne Jebb, founder of Save the Children)

The International Committee of the Red Cross describe modern conflict as total war against the fabric of society, where the most vulnerable are the first to fall.[1]

Children and women are the main casualties of modern conflict comprising ninety percent of all casualties and war has been said to violate every right due to a child. [2] In the decade up to 1994, up to two million children were killed in armed conflicts and six million were injured or permanently disabled. Twenty million were refugees or internally displaced. [1, 3]

The majority of children are not affected by direct conflict injuries but by the complex emergency that conflict represents: societal breakdown, with the destruction or absence of basic services [4]. This child morbidity and mortality reflects the prevailing diseases of children in the developing world: acute respiratory infections, malnutrition, diarrhoeal disease, measles and malaria. They are ordinary treatable diseases.

Child combatants remain a stand out example of the abuse of children worldwide; they are recruited and abused in many conflicts around the world in vast numbers. Their experiences are often horrific. The causes of recruitment and effects of being a child combatant are complex; what should not be in doubt is the abolition of such practice.

What guidance is there for humanitarian interventions in the interest of children in situations of armed conflict? Guidance for health interventions in conflict situations has evolved from Henri Dunant's findings at Solferino, through legal frameworks for the protection of combatants and non-combatants enshrined in the Geneva Conventions and the Additional Protocols to a human rights based advocacy of Medecins sans Frontieres and the approach of the Sphere project.

Additionally, the Convention on the Rights of Child provides the rights based approach to paediatric care worldwide; there is particular reference: States Parties shall take all feasible measures to ensure protection and care of children who are affected by armed conflict.

Graca Machel's groundbreaking report on the impact of armed conflict on children in 1996 provided a strong framework for action [2.] A decade later, the same issues she highlighted are still outstanding [5]

Healthcare interventions in conflict situations have more advanced and accountable textbooks: however too few of these texts show sufficient acknowledgement that children

are the main victims of conflict, [6] that their needs differ from those of adults and that those needs are the treatable and preventable diseases of impoverished children in the developing world.

This dissertation hopes to highlight the needs of children in armed conflict, discuss the particular needs of child combatants and outline the frameworks that exist for interventions to help all such children.

The "physiology of the war child"

The health of children in the developing world [7-9]

In the world's ten poorest countries, twenty-five percent of children die before they reach the age of five. Ten million children aged under-five die each year; this is the equivalent of thirty thousand per day. Ninety-nine percent of these are in developing countries [7]. Half of all deaths are associated with malnutrition. Forty percent of all under five deaths are newborns, equating to four million newborn deaths each year. The majority of these children die from preventable conditions: pneumonia, measles, malaria and diarrhoeal disease.

One hundred and twenty to fifty million more children become ill or disabled.
Their mothers are also in great need: half a million women die annually from antenatal or peri-natal causes.
Two thirds of all child deaths can be prevented with existing tools: most only require clean fresh water, adequate sanitation, immunisation and cheap medicines. Oral rehydration solution (ORS) saves one million children per year and vitamin A supplementation alone saves a quarter of a million per year. Thirty million children worldwide are not immunised: measles and tetanus kill more than million children per year.

The Child Survival Strategy set up by WHO and UNICEF involves a series of technical interventions which if universally implemented would halve the numbers of child deaths. These are

- skilled attendance at delivery
- care of the newborn
- breastfeeding and complementary feeding,
- micronutrient supplementation,
- immunisation of children and mothers,
- integrated management of sick children
- use of insecticide-treated bed nets in malaria-prone areas.

The developed/developing country mortality gap has increased over the last decade: the poorer the child the higher the mortality rate.

- In 2000, the child mortality rate was twenty five times higher in sub-Saharan Africa than the industrialised nations
- Forty percent of worldwide under-five deaths occur in Sub-Saharan Africa which has only 10% of world's population.
- A child in the poorest 20% of a population has four times greater chance of death compared with the top 20%

Any healthcare strategy risks being undone by the global deficit of health-workers of over four million. There is chronic underinvestment in health systems and people (infrastructure, drugs and equipment, inadequate wages, training), migration of health

workers away form areas of greatest need (rural to urban, from poor to rich countries) and HIV/AIDS taking the lives of nurses and doctors [7]. In sub-Saharan Africa, only thirty-nine percent of children with acute respiratory infections (ARI) see a health worker [9]; ARIs are the biggest killer of children in the developing world.

Gender inequality acts as a double blow to children-for the girls and women they become, and the children they look after. "When women are empowered to live full and productive lives, children prosper"; "There is no tool for development more effective than the empowerment of women." [9] Unicef's 2007 report on the State of the World's Children focuses on this.[9]

Worldwide, the root determinants of child health are poverty, violence, lack of education, abuse and exploitation and refugee status. [10] One point three billion people live on less than one dollar a day. Of the four and a half billion people living in developing countries, sixty percent have no sanitation, thirty-three percent lack clean water, twenty percent have no health care, twenty percent have insufficient dietary energy and protein and only twenty percent of eligible children go to school.[11]Climate change is also playing an increasing role with floods and scarcity of water driving conflict (two pertinent recent examples).

Even if they survive early childhood, two hundred million children worldwide are not fulfilling their development potential; to combat this, four urgent intervention areas have recently been recommended [12]: addressing growth retardation , inadequate cognitive

stimulation, iodine deficiency (two billion affected)and iron deficiency anaemia (twenty-five percent of all the world's children). Other areas of great concern are malaria, intra-uterine growth restriction, maternal depression, exposure to violence, exposure to heavy metals and HIV/AIDS [12]

The World Health Organisation estimates that there are more than four million children under the age of fifteen infected with HIV since the epidemic began; more than ninety percent being infants of infected mothers. HIV often quickly progresses to AIDS in children; most of these four million have developed or died of AIDS. Another thirteen million children have lost their mother or both parents to the disease and ten million young people between fifteen and twenty-four years of age are living with HIV now. HIV is still spreading, reversing development gains, widening the gap between rich and poor and denying a full life to many children.[13]

Defining the eight Millenium Development Goals (MDG) has given renewed impetus and structure; there has been much progress but also great concern expressed that they will not be met due to financial and political under-resourcing. [14]

Millions of children live as refugees or internally displaced people (IDPs). There are thirteen million IDPs and three and a half million refugees in sub-Saharan Africa alone.[15] The UN High Commissioner for Refugees states that armed conflict is the driving force behind most refugee movement [15] .Children are the most vulnerable members of any displaced peoples with often the highest initial mortality; their health is a key marker of

the state of the disaster and the efficacy of managing it. In Darfur, there are 1.25 million IDPs and child mortality rates have been reported as one to five/ten thousand per day: [15] an out of control catastrophe. Donated emergency aid may get diverted to armed groups and camps have been used to traffic arms [15] Refugee health has been well defined by Sphere and Medicins sans frontiers (MSF).[16,17] The particular vulnerability of IDP children was highlighted by Graca Machel.[2]

Child labour is a vast, often unseen, global problem. Inconceivably vast numbers of children are involved in labour: of six hundred million children in the world's poorest countries, the International Labour organisation (ILO) states that there are 218 million children in some form of work of which 126 million are in dangerous conditions.[18] These children are denied their childhood, education and normal development. Child labour is concentrated in poorest countries and has as its major causes extreme poverty, the effects of conflict and exploitation. These causes are similar to those which drive conflict and poor child health.

Children are exploited for their manual dexterity, malleability, cheapness, expendability and replaceability. Their work includes domestic service, child trafficking into exploitative labour, debt repayment, abduction for sexual purposes, prostitution and use as combatants.[19] This last group will be highlighted later in the dissertation.

So, in summary, the war child is first a child of poverty and its consequences: un-immunised, receiving no basic health care, small, burdened by the effect of poor or

absent maternal and neonatal healthcare, malnourished, hookworm infested and anaemic. She may be orphaned, displaced, infected with HIV, emotionally and socially vulnerable with no access to education and working from a very young age. Added to these are the effects of armed conflict.

Modern armed conflict and collective violence

As humanitarians addressing the needs of the war child, understanding modern conflict is essential.

"Few modern conflicts now fit the model of inter-state war that Dunant was faced with. There are army insurrections and guerrilla/insurgent campaigns against unpopular regimes, ethnic–minority uprisings, state-sponsored genocidal conflicts against weaker ethnic groups and jackal gangs roaming freely across failed states." [20]

"Nihilistic war has become the norm"[21]

Collective violence has been defined as:" the instrumental use of violence by people who identify themselves as members of a group (whether transitory or with permanent identity) against another group or set of individuals, in order to achieve political, economic or social objectives" [22]It is manifest as wars, terrorism and violent political conflicts (between or intra-state), state-perpetrated violence (genocide, repression, disappearances, torture and other human rights abuses) and organised violent crime (banditry, gang warfare).

Ninety percent of the one hundred and fifty conflicts since World War Two have been in developing countries.[15] Eight out of ten of the world's poorest countries are suffering

from large scale conflict; this is no coincidence. Armed conflicts are a major cause of poverty, underdevelopment and ill health in poor countries.

These conflicts have definable characteristics [3, 4, 6]

- Intra-state showing no concern for international humanitarian law
- Often in the developing world
- holding back development and driven by poverty
- a battleground in the "civilian domain"
- civilian population integrally involved, terrorised and recruited from
- "ethnic cleansing" and genocide
- little respect for human rights
- abundant small arms: 90% of direct conflict child deaths are due to small arms [15]
- state breakdown ("failed state"), absent support structures
- outside "interests" driving and supporting perpetuation of these conflicts
- no education, broken families, no health care, neighbouring states involved or too poor or unwilling to assist
- huge numbers of internally displaced people with particular healthcare needs and whose legal protection is diminished
- post-conflict recovery held back by ethnic hatred, residual munitions, large numbers of IDPs/refugees, conflict related injuries and poverty.
- women and children endure the greatest suffering

Even current inter-state conflict shows many of these characteristics; our perception that it is "clean" (morally, legally or confined to combatants) is cloudy at best. Few would doubt that the interventions in Iraq or Afghanistan (whatever the initial cited reasons for intervention or the undoubted commitment of our armed forces) are "clean" now. Leaning argues that aspects of the current Afghan war cannot be called a "just" war due to its method of prosecution: combatants and non-combatants are not clearly separated (smart bombing and mistakes), there has been targeting of non-combatants (cluster munitions) and there is inadequate separation of military action from humanitarian relief (plane drops).[23]

Understanding the risk factors for collective violence and conflict can help in understanding of the complex social and historical catastrophe that conflict represents [4, 22, 24.] These include

- rapid changes in social demographics (resources, refugees, employment)
- refusal to accept colonially applied borders
- political, social and economic inequality
    - group motivation (extreme poverty, wealth inequality, economic stagnation),
    - individual motivation (opportunity, individual incentives to fight)
    - failure of social contract (public service deterioration, high unemployment, inequality in distribution of wealth from natural resources: horizontal inequalities)
    - environmental degradation (poverty, water, loss of livelihood)

- lack of democratic process (violations of human rights, unpopular dictatorships)
- political instability and withdrawal of external support
- ruling ethnicity sharply different from population
- cycles of violent revenge

"Primordial ethnic tensions" are too simple a cause. Amelioration of modern conflict requires understanding that conflicts such as the Hutu-Tutsi conflict in Rwanda and the "Death of Yugoslavia" are due in large part to arbitrary post-colonial divisions, economic tensions and aggressive political manipulation of differences. [4,20,25] .

As an illustrative modern conflict, that in Afghanistan is a long standing complex modern catastrophe with great child suffering, child combatant recruitment, current UK involvement and of which the author has some personal experience (ICRC deployment). The Afghan conflict has been called "the longest running civil war of this era" and "one of the greatest tragedies of this century" with devastating effects of over thirty years of conflict on women and children.[26, 27] The conflict has seen the country as an ideological, ethnic or regional battleground with women and children the forgotten victims.

Some snapshots serve to illustrate: in 1996, Kabul was described in apocalyptic terms: "in the landscape of endemic war, Kabul was in as class of desolation all its own; it is the Dresden of post Cold war conflict: mile upon mile of rubble and dust, abandoned and windswept with no buildings spared [20]

In 1998, three years after the Taliban takeover of much of the country[28,] primary and secondary healthcare systems were described as "barely functioning" with four children

dying per day in Kabul children's hospital. Common childhood illnesses were killing children made vulnerable by malnutrition. Hospitals had been bombed or looted and most health professionals had left the country. Maternal and child health clinics were sparse and mostly in urban areas (run by international aid agencies).

Mortality rates were amongst the highest in the world with an under-five mortality rate of two hundred and fifty seven per thousand live births (equivalent rate for the UK of seven). This was equivalent to two thousand deaths per day per UK population equivalent (the UK rate was sixteen). As ever, this was matched by and linked to extremely high maternal mortality rates of seventeen hundred per one hundred thousand live births (UK rate of nine).Afghanistan had the highest landmine casualty rate in the world (even compared with Cambodia, Angola and Bosnia) [27]There was continued illegal conscription as child soldiers by all parties**.** Children were forced to watch punishment killings and many lost parents.[26,27]

Things had barely improved following the removal of the Taliban from power in 2001. This from the Watchlist on children and armed conflict 2002 on Afghanistan: [29] Fifty thousand children in Kabul alone work as child workers and the death of one hundred Taliban child soldiers was reported. Cluster bombs pose a lethal danger to children with nearly five thousand unexploded bomblets. These are commonly bright yellow and are thus attractive to children and hard to distinguish from humanitarian packages. There are fifty thousand high risk pregnancies with only one percent of births attended by any

healthcare worker and mothers suffer the second highest maternal mortality in world (seventeen per thousand live births).

The most recent UNICEF data (2007) puts infant mortality in Afghanistan at two hundred and fifty per thousand live births, the third worst in the world.[9]

This is the environment that the war child endures. The effects of armed conflict on such children are more clearly defined in the next part.

The effects of collective violence and armed conflict on children

Put simply, ninety-five percent of war child deaths are due to starvation and illness with only five percent being attributable to direct conflict trauma deaths.

Plunkett and Southall detail the gross numbers: up to two million children have been killed in war zones in the last decade, "often painfully, without medical care and sometimes alone". Four million others have been disabled, one million have been orphaned and twelve million displaced from their homes, of which four million have been incarcerated, some even in concentration camps.[30]

The broad effects of conflict on children have been described as displacement, malnutrition, unrecognised and untreated illness, lack of immunisation, additional effects of "political solutions" (eg. Iraq sanctions[31]); disablement and landmine injuries, torture, gender and family based violence, orphaning, being a child soldier and psycho-trauma.[2, 10, 30]

Recent reviews of the effects of conflict on children in Africa [4, 15] point to large number of deaths being from the "big five" killers: malnutrition, acute respiratory infection, measles, malaria and diarrhoeal illness. These are generated and compounded by the lack of immunisation programmes; the destruction of medical facilities and health workers and by being an IDP/refugee. Nutritional deficiencies, reproductive health, disability and further deterioration in socioeconomic situations all played a part.

Infant mortality rates fell across Africa from 1960-1986 except in Angola and Mozambique, the two countries most afflicted by armed conflict at this time[4.]
For the decade up to 2004, median under-five mortality rates in Sub-Saharan African countries with recent conflict were one hundred and ninety-seven per thousand live births compared with one hundred and thirty seven per thousand in countries without. Median maternal mortality rates matched this difference. Healthcare provision, safe water and improved sanitation were less evident in countries with conflict. [15]

Direct conflict-related trauma was predominantly caused by small arms, landmines or persistent unexploded weapons (UXO). [15] In Angola in 2001, there were ten to fifteen million landmines and UXO across country, this equating to five mines per child. Twelve thousand people per year were killed or maimed. Landmines also deny access to farmland. [4, 22] Smith, in 1999, reviewing data from ICRC hospitals showed that non-combatants were increasingly the targets and victims of all types of weapons, including landmines and fragmentation munitions (cluster weapons). “Hunger and poverty mean few can wait for mine clearance.” [21]

Conflicts globally have the same effects on children. In the Balkan conflict of the 1990s, there were one hundred and fifty thousand total deaths with children even being deliberately targeted (including a five year old sniper death). Communicable disease contributed much, compounded by documented examples of water pumps being directly mined. [32,33] In Vukovar in 1997, infant mortality was twenty-three per thousand

livebirths (UK rate was five).[32, 33] Two million landmines persisted in Croatia alone after the war.

The recent Oxfam report on Iraq[34] describes eight million people in urgent need of aid, including two million IDPs and two million refugees. Many people are living in poverty without access to basic services and increasingly threatened by disease and malnutrition. Seventy percent of Iraqis lack access to adequate water and eighty percent lack access to adequate sanitation. "Children are hit hardest by the decline in living standards" with malnutrition rates rising from nineteen percent in 2003 (hardly low) to twenty-eight percent in 2007.

Conflict-related psychological effects on children have been increasingly documented. Forms of post-traumatic stress disorder (PTSD) may be as high as twenty-eight percent in some post-conflict countries (Cambodia); these may, however, not be directly related to "psycho-trauma". Rather the poor quality of camps they are in, daily rigours of life, youth domestic stress, death or separation or alcohol abuse in the family were additional risk factors. [35] However, a sample of ninety-five Bosnian children of eight to thirteen years showed a significant association between the number of war traumatic experiences and intrusion or avoidance scores. [36]

A broad overview of armed conflict related stress in children is provided by Williams. [3] He describes loneliness, anxiety, depression, apathy, inattention, anger, risk-taking, post - traumatic stress disorder, depression, fear of death, imitative play, aggression towards or

withdrawal from peers and truncated moral development. He points out that of the reactions seen, some are normal and others psycho-pathological.

Controversy exists about the extent, correct tools, interpretations and interventions for the psychological effects of armed conflict on adults and children (vide infra).

As discussed above, armed conflict is not the only manifestation of collective violence inflicted on children. Two others, not commonly thought of as zones of frank armed conflict, will be briefly discussed to highlight the forgotten places where children suffer from collective violence. One is a forgotten country and another, the hidden masses of children detained and tortured.

Haiti [37]

Haiti is a country of great political and social instability with near anarchy prevalent in some parts of the country at times in the recent past. There have even been situations where Medecins-sans-Frontieres were the only healthcare providers, this is in a country not in a state of armed conflict as conventionally thought of. In 2004, a sample of over a thousand households revealed shocking levels of violent abuse. Twelve people were murdered daily in the capital Port-au- Prince, half by government forces. Also reported were shockingly high rates of child sexual assaults: one in forty children were sexually assaulted per year and five percent of all sampled children had been sexually abused. Kidnappings, extra-judicial killings and threats of physical and sexual assault were commonplace.

Children in detention and torture of children[22, 30,38]

Torture in children is unacknowledged, hidden and can be said to be common practice in many conflicts and elsewhere.[22] Amnesty International found reports of torture by officials in one hundred and fifty countries, spread over seventy countries [22] and corroborated in children as young as twelve.[1] Few agencies are combating it and few states admit they do it.

Children may be subject to disappearances, killed whilst in detention or directly tortured. They may be detained for common law offences, caught up in violent upheavals, for political purposes or as punishment for being involved as child soldiers. It may be used as part of a collective community punishment, for the extraction of information or even entertainment.[30,38] Much torture takes place in non-politicised environments (schools) and of "street children". Rape in detention is particularly unacknowledged, especially in boys.

In the context of child soldiers, children are "frequently ill-treated and tortured", punished for failing to perform duties expected of them, beaten, deprived of food, and threatened with amputation or execution. [38]

Some testimonies of torture from the author's own work at Medical Foundation for the Care of Victims of Torture can be found in Appendix one.

Child Combatants and Children of armed forces

It is a war crime under the Rome Statute of the International Criminal Court to allow the direct involvement in armed conflict or the forced recruitment of an under eighteen year old minor. Child combatants form a particular group within the generality of the war child. The next part of the dissertation will discuss child combatants in closer detail: the spectrum seen, their experiences and their needs.

"Child soldiers are both victims and perpetrators.. it is immoral that adults should want children to fight their wars for them…there is simply no excuse, no acceptable argument for arming children"

Archbishop Desmond Tutu

Understanding the multiplicity of child "combatant" roles, the motivations and coercions leading to recruitment together with the consequences of all types of child combatant involvement in armed conflict can help to inform healthcare and preventative advocacy for all such children.

Currently, there are thought to be over five hundred thousand children recruited into armed forces and three hundred thousand children actively fighting in over eighty-five countries. Most are aged fifteen to eighteen but the youngest documented is aged four.[4]

39-44

Child recruitment is documented from all over world, [39-44] but is currently most critical in Africa and Asia. In 2001, numbers estimated were seven thousand in Angola, over five thousand in Sierra Leone, twenty-five thousand in Sudan and eight thousand in Uganda. Two notorious and brutal groups are the RUF (Revolutionary United Front) in Sierra Leone and the Lord's Resistance Army (LRA) in Uganda.

Sri Lanka is a well known place for child combatants [42] primarily by the LTTE (Tamil Tigers). One estimate puts it that out of a fighting force of seven to ten thousand, twenty percent are children, some as young as ten. There are even specialized units for children (the "Leopards"). In Nepal, the Maoists have recruited children on a large scale ("the Red Devils") and are, unusually, quite open about it. Each family must give up a family member to the cause and often the men have fled, leaving women and children to be picked. Rehabilitation has been very difficult; some have even been executed for their involvement[40.]

In Afghanistan, child combatants have been described across the warring factions, both Taliban and anti-Taliban forces. One estimate has forty-five percent of combatants being under eighteen at one time.[30] There may be up to eight thousand child combatants currently in Iraq.

In Latin America, numbers are much reduced as conflicts there end. Notorious conflicts were those insurgencies in Colombia and Peru where using children as spies, messengers, servants and sex slaves, as well as combatants, has been well documented.

In Europe, elsewhere in the "West" and Russia, as of 2005, sixty states recruited children into their peacetime armies and include Australia, India and the Netherlands.
In most of these forces recruitment is voluntary and direct combat involvement is denied.

The Child Soldiers Global report 2004 has up-to-date numbers and is available via the Coalition to stop the use of Child Soldiers website.[41,43]

Child combatants may be part of national forces, long established ideologically-motivated anti-state forces (Nepalese Maoists, Tamil Tigers) or part of irregular unstructured savage forces terrorising failed states (Sierra Leone, Uganda/Sudan border). The stereotypical child soldier image of a drugged-up African boy with a gun leads to failure to acknowledge all affected children: girls as combatants, cooks, porters, spies, "wives", "minesweepers" even drug-gang children in the favelas of Rio, Brazil.[39-44]

They may spend years with an armed group as in Sierra Leone, Liberia and the Great Lakes area of central Africa where involvement for over five years is commonplace; there have been second generation child soldiers documented in the Lord's resistance army in Uganda as female child soldiers raise children of their own.

Their "uses" may derive from their expendability and exploitability as children to their physical characteristics such as size, agility and inconspicuousness.

They may have direct conflict roles or roles as porters, spies or messengers. They are often used for sexual exploitation (boys also), as "human shields" or "minesweepers" and child labourers. They may be used for propaganda.
They are often subjected to brutal punishment or execution for desertion by their own forces or on capture by state forces on release or escape.

Girls are a particularly vulnerable group**.** As combatants, there has been systematic recruitment by the LTTE (Tamil Tigers) with thirty-two girls being found killed in battle with security forces in 1999 and documented cases of girls used as suicide bombers (the LTTE "birds of freedom"). More commonly, girls are abused, raped, used as sexual slaves and infected by sexually transmitted disease and HIV/AIDS. [39-44]

The following definition, agreed at the 1997 Cape Town symposium on the prevention of recruitment of children into the armed forces and the demobilisation and social reintegration of child soldiers in Africa, provides clarity.

"Any person under eighteen years of age who is part of any regular or irregular armed force or armed group in any capacity, including but not limited to cooks, porters, messengers, and those accompanying such groups, other than purely as family members. It includes girls recruited for sexual purposes and forced marriage. It does not therefore only refer to a child who is carrying or has carried arms"[39]

The History of child combatants

Exploring the history of child combatants can help modern day understanding of the forces driving recruitment, the uses children were and are still put to and how widely varying cultures abused children in this way just as modern ones do now.

Examples from antiquity can be found in the Bible, Egyptian art and in ancient Greek culture. The Romans had moral tenets to avoiding the use of children in war, though that didn't preclude their use (a hypocrisy seen today). The phenomenon is well known from the Napoleonic era, with the recruitment (forced or voluntary) of children as midshipmen or "powder monkeys" in Nelson's navy.[45]

In the American civil war, hundreds of thousands of under-age recruits were used.[3] The Scouting movement (currently celebrating its one hundredth year anniversary) has its origins in the use of twelve to fifteen year old boys as scouts in the Second Boer War, thought necessary so as to free up the limited number of men for actual fighting.

There is much documented from the Second World War, particularly the German –Soviet front. Children were recruited on both sides.[46-48] Beevor describes children in the Nazi Volksturm[46]: "In April 1945, some five thousand of them were sent into action against the Red Army in defence of the bridges in Berlin. Many did not survive. American tanks were confronted by ten- and eleven-year-olds, dressed in uniforms too big for them,

carrying weapons they were afraid to fire. Hitler Youth members as young as 12, taught on Spartan heroism and unswerving loyalty to Hitler, were among those awarded the Iron Cross by Hitler during his last public appearance[46]

On the Soviet side, desperation and brutality led to children joining up with the partisans Many were recruited by a genuine patriotism or "deep and fiery hatred" of what they had witnessed but also because they had nowhere else to go. A well known group was that led by the Bielski brothers; these were Jews fleeing persecution and extermination in Belarus. This group contained armed children. [47] The film, Come and See, depicts such a Belarussian boy's experience as a struggle for individual survival in a horrific brutalising inhuman war.[48]

Why do children become combatants?

"Ready access to small arms does not explain the attraction to recruiter of children"[3]

As Cohn and Goodwin-Gill point out, "the vast majority of young soldiers are not forced or coerced into participating in conflict, but are subject to many subtly manipulative motivations and pressures that are all the more difficult to eliminate than blatant forced recruitment" ; "the line between voluntary and coerced participation is fluid and uncertain." [44]

Somasundaram provides a model discussing the "push/pull "factors leading to children becoming combatants. These factors play to varying degrees across the world and echo historical precedents for child recruitment as mentioned above. Whilst the terms "push/pull" may seem too mild to describe the often brutal methods used, the terms coercion and choice perhaps don't fully cover the incentives to child recruitment nor whether children, particularly the "war child", truly has a choice.[42, 44]

"Push":

- conflict traumatisation
- feelings of hopelessness/vulnerability/revenge
- brutalization -bullying, detention, harassment, torture:
- "Herodian" method employed by Sri Lankan army to crush Tamils: executions/disappearances
- whole society impoverished
- institutionalized violence against a particular community
- oppressive caste system in Tamil Hindu society
- street children vulnerability
- State youth movement training: from Hitler youth through Saddam Lion Cubs of Iraq to US military programmes
- because children are smaller, more agile, more compliant and unquestioning and difficult to fire upon
- forced conscription and abduction
- the more protracted the conflict, the more likely children will participate

- "decay of indigenous warrior traditions that disdain the use of children"[20]
- the root causes of conflict (vide supra)

"Pull"

- To save ethnic identity from being destroyed
- Immaturity and lack of understanding
- meaning they attach to roles (combatant, victim, hero or leader)
- the wild sexuality of the adolescent male-"toxic testosterone"[20]
- "drawing of children into the process of war and their politicisation".
- patriotic public displays and parades
- martyrdom "infallibility of a vision"
- conditions around them lead to feelings of entrapment and disempowerment; feelings and influences as a displaced people
- family/community/peers
- rations, travel, benefits only to those who join
- to find a home: positive side of participation, a mission, fitness, sense of importance
- to gain magical powers: boys may come to believe that the 'juju' (magic) will protect them and stop the enemy bullets[41]

All these may be aided by a society's complicity, itself governed by many of the same factors. For example in Sri Lanka, social and religious leaders fail to condemn the practice, abetted by international indifference to the problem.

Child combatant testimonies[41, 43]

Various testimonies follow as illustrations of factors leading to recruitment and the child combatant experience.

Burundi: "the army killed our president, we had to fight back; I dropped out of school; school was impossible as Kamenge was almost daily rocked with heavy shelling by the army and rebels; my first role was to carry a torch for grown up rebels; later I was shown how to use a hand grenade. We went on the rampage destroying houses belonging to Tutsis. Those who remained were slaughtered. It was a sad experience, killing, watching people being killed. I told myself that I had no choice"

Hutu rebel aged twelve when he joined in 1993

Cambodia: "I joined because my parents lacked food and I had no school. I was worried about mines but what can we do, it's an order (to go to the front line). Once somebody stepped on a mine in front of me; he was wounded and died. I was sitting in my hammock and I saw him die. If I stop being a soldier, I won't have a job to do because I don't have any skills"

Child soldier with govt forces

Colombia: "they held a court and found her guilty. They ordered me to lead her away and shoot her, and at first I hesitated but then I did it. To the guerrillas, it was proof of my loyalty, but to me it didn't prove anything"

Gloria, joined FARC aged eleven

Ethiopia: "It was very bad. I was with forty other kids. My friends were lying all over the place like stones. When I saw only three of my friends were alive, I ran back"

Mohammed, forcibly recruited age fifteen describing a battle, 1999

Nepal: "When I physically turned to be unfit for a gun, they told me to work as a mess boy and guard their shelters. There were six girls amongst the group of fifteen guerrillas. I remembered my mother when I could not get food and sleep"

fourteen year-old abducted by Maoists

Sri Lanka: A rebel leader just told me I had to kill as many soldiers as possible for independence. I wasn't very good; I just wanted to be good girls and have a normal life"

fourteen year old former LTTE child soldier (from age eight)

Liberia: "these children know nothing of Dunant's codes of honour; they held up convoys at checkpoints with rocket propelled grenade launchers or semi-automatic rifles on their hips. They assumed noms-de-guerre like Major Rambo, Captain Double-trouble

and General Snake; most were heavily drugged, hadn't the slightest idea who they were fighting for and robbed ICRC vehicles without compunction"[20]

Uganda: "LRA soldiers forced a nine year old boy to bite his older brother to death; he was then given a club and told to beat his brother to death. He was given an AK47 and served as a servant to the commander.[49]

Sierra Leone, A Long Way Gone, Ismael Beah, 2007 [50]

This is a first- person account by a former child combatant in Sierra Leone. He describes his life as boy growing up with his family, how his village was attacked, his escape with friends, his aimless roaming for safety and food and then his capture and enforced recruitment as a child combatant. He was initially kept compliant through violence and drugs but then came to be part of the group, immune and uninterested in the killing and brutality. He becomes part of a rehabilitation programme, is given a home by his uncle he never knew and finally is forced to escape the country. Some extracts:

"a group of ten rebels walked into our village. They were laughing…they had blood on their clothes, and one of them carried the head of a man, which he held by the hair"

"we proceeded to practice killing the prisoners the way the lieutenant had done it. There were five prisoners and many eager participants…The person whose prisoner died quickest would win the contest…I didn't feel a thing for him…The prisoner was simply another rebel who was responsible for the death of my family, as I had truly come to

believe. ..I was proclaimed the winner...we celebrated that day's achievement with more drugs and more war movies."

"it was infuriating to be told what to do by civilians… a few days earlier, we could have decided whether they could live or die…we would chase them out of the dining hall and beat them up…I craved cocaine and marijuana so badly…"

Health Consequences for child combatants

As described in the testimonies above, the health consequences are in many ways self-evident. Firstly, these are primarily children of war and the condition of most will reflect that of the "war child" as described earlier in the dissertation. Many will thus succumb to the usual preventable conditions prevalent in war children.

Specific accurate documentation is hard to come by but with widespread sexual abuse, HIV/AIDS, little to no medical treatment let alone paediatricians and limited if any proper surgical techniques (for example for amputations), the condition of these children could be expected to be dreadful. Some will have been reasonably fed if only to maintain their usefulness as part of a combat force. Many have alcohol and substance abuse.[50]

Girls, as ever, may be the most afflicted: for example, nearly one hundred percent of LRA female child soldiers were documented to have a sexually transmitted disease.

It can be expected that child combatants additionally suffer from direct conflict trauma including landmine injury. Hernias and back problems (from bearing heavy loads), loss of hearing and loss of sight have also been described [39,44] Some of these injuries may even be a source of pride.

"Many of alberto's patients were young Afghans who, never having been to school, entered the militias because the warlords were the only people who paid a wage. Now they stumped up and down, heaving their strange new limbs across the gravel"

Orthopaedic centre in Kabul 1996, alberto ICRC delegate/physio [20]

Psycho-social consequences

"The child who was forced to participate in military activity and atrocities is similar to other victims of overwhelming disastrous life events"[3]

"A six year old was forced to watch her 17 year old sister being repeatedly raped; eventually she was raped too."

Again, the child combatant is firstly a war child in physiology and as such the dominant psychosocial effects, if present, may well be those of the war child (vide supra). There could be expected to be additional effects and there is some additional research to draw on. Interviews with three hundred former child soldiers abducted by the Lord's Resistance Army at a young age (mean twelve years) and recruited for a long time (mean two years)

reveal that almost all the children experienced several traumatic events: seventy-seven percent saw someone being killed and thirty-nine percent had to kill someone themselves. Ninety-seven percent reported post-traumatic stress reactions of clinical importance.[51]

In other papers, symptoms described are wide ranging and include hallucinations, flashbacks, poor concentration memory, anxiety, regression in behaviour, substance abuse, aggression control, guilt, estrangement and revenge obsession.

It is worth noting that experiences may be negative and positive, just as the factors leading to recruitment may be push or pull, coercion or choice. Ideological commitment may be protective in Tamil former combatants[52] and an identification with social ideals significantly "bolstered" Nicaraguan Sandinista survivors.[53] The ideology itself may be relevant: the Contra rebels studied in the same paper (and who were often younger when recruited or volunteering) seem "lost" "younger than their years", had little contact with families and had little social support.[53]

Effects may be short or long term and as stated above may depend primarily on social security and circumstance (as Ismael Beah demonstrates[50]). Particular suffering on reintegration to normal society may be based a "rediscovery of killing" as a moral transgression; such individuals have been described as having a "stunted moral development". Other traits described include a desire for revenge, retribution, guilt or fear of retribution against them, chronic anxiety and discipline problems at home and school.

Reinforcing the social/Summerfield model of recovery, being homeless, orphaned and the larger process of conflict resolution can be seen to affect the process of adaptation the child soldier experiences .[39,44] Williams describes variable additional influences on child soldiers as the degree of participation in forced military activities, witnessing the killing of those known to them, a risk of displacement and inability to return home. The child's state of development (controlling aggression, undermining illusions of safety, resilience), childrens' fantasy lives and interpretation of events will also play a role[3].

Disarmament, demobilization and reintegration programmes (DDR) can help. These programmes can allow adaptation economically and socially. However, the most important factor in successful reintegration is the chance to resume a "normal" life: to live with their own family and community, and to play a useful economic role.[39]

As Uppard puts it, "there is no evidence to suggest that large numbers of children have mental health problems and would benefit from specialist intervention; their recovery should be within the context of community recovery and within the framework of local efforts to rebuild social networks and economy".[39]

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What can be done to protect the war child and child combatants

The following section outlines a framework based on humanitarian law, children's rights, understanding the "physiology" of the war child and child combatants, a medical approach and advocacy.[2,30,54]

An initial broad framework may be as follows: [2, 20,30,54]

- prevent or ameliorate all forms of collective violence and armed conflict
- promote international humanitarian law, standards of human rights and humanitarian principles: uphold the Convention on the Rights of the Child
- using the development of the health sector as a bridge to peace
- supporting post-conflict recovery
- educate ourselves and others on the health needs of the war child
- addressing gender inequality, child labour and other forms of child exploitation
- support monitoring by international governmental organizations - human rights, Landmine campaign, Coalition to stop Child Soldiers
- support campaigns to limit the small arms trade
- promote IHL and Rights of the Child relevant to child combatants
- educate ourselves and others on all forms of child combatants
- prevent and/or limit child combatant recruitment in all fighting forces
- advocate for children in armed conflicts and child combatants.

Amelioration of armed conflict by the application and advocacy of international humanitarian law and the Convention on the Rights of the Child

Dunant first inspired the Red Cross movement and its defining principles were laid down: Humanity, impartiality, neutrality, independence, voluntary, unity and universality. These form the basis of international humanitarian law (IHL) and subsequent humanitarian developments.

"Children shall be the object of special respect and shall be protected against any form of indecent assault. The parties to the conflict shall provide them with the care and aid they require, whether because of their age or for any other reason"

There are provisions that are directly or indirectly relevant to children (family, education, mothers) [1,44] . In summary, they start in 1924 with adoption of the Geneva declaration of the rights of the Child moving to the Geneva conventions of 1949 with general civilian protection and in 1977 the additional protocols to the Geneva conventions contains the first explicit measures outlined for the protection of children.

1989 saw the Convention of the Rights of the Child, the first and only human rights document ratified worldwide. Since this time, there has been a marked increase in statutes and charters across the world highlighting measures to protect children culminating in the Optional Protocol of the Convention of the rights of the Child in 2000,

this detailing measures and limits on child combatants. Further details are contained in Appendix 2.

The legal applicability of IHL depends on whether the State has ratified the Geneva Conventions and their additional Protocols, and whether the conflict conforms to those defined (international armed conflicts, additional protocol 1 conflicts, additional protocol 2 conflicts, common article 3 conflicts or riots/internal disorder (governed by national or basic international law).

In practical terms, for children and child soldiers, local informal rights initiatives (for example by the ICRC) and standards understood in the CRC may define humanitarian standards in the field rather than written terms of treaties. There is, of course, a huge discrepancy between expert provisions and reality of daily life.

"In reality, children have never before been so poorly protected" [1]

The Convention on the Rights of a Child (CRC) 1989 [55,56]

"Children's rights and the UNCRC are among the most powerful tools available to respond to and increase the relevance of paediatrics to contemporary disparities in health outcomes"[56]

This is the first and only legal document to assert a full array of rights that are inherently due to children and equal to those of adults. It is the world's first and only universally accepted human rights document.

It states that a child means "any human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier"; this age enjoys a wide measure of support

The Convention contains fifty-two articles for all children and young people up to the age of 18 years. The most relevant articles for the rights and health of the war child are (article numbers in parentheses) those on:

- rights to survival, development and healthcare (6,24)
- education (28, 29)
- obligations for all parties to act in the best interests of the child (3)
- standards of living adequate for development (26,27)
- rights for vulnerable children including orphaned, refugee, disabled or abused (20-23, 37)
- rights of protection and rehabilitation from neglect (19, 37)
- all forms of exploitation including child labour, abduction, drug and sexual abuse (32-36, 40)
- childrens rights to express opinions, enjoy freedom of thought, maintain privacy and access appropriate information (12-17)

- duties to provide information about promotion of physical and mental health, including breastfeeding, accident prevention (17, 24.)
- to be free from all discrimination and have identity (2, 7, 8)
- duties of families to care for their child and to be supported doing so (2, 5, 7-11, 18)
- rights of children from minority groups or indigenous populations to practice and have safeguarded their religions, cultures and languages (30)
- rights of children to facilities and programmes protecting them from drug and solvent abuse (33);
- it is the duty of the state (and by proxy, those caring for them) to promote these rights and to help the child understand them (42)

A key further development has been the Optional Protocol to the Convention on the Rights of the Child (CRC-OP-CAC). This came into force in 2002.
This pertains to the involvement of children in armed conflicts. It has articles on direct participation, compulsory recruitment, voluntary recruitment, children as part of armed groups and demobilisation/recovery strategies (vide infra).

The Committee on the Rights of the Child is a body of independent experts that monitors implementation of the CRC, the two optional protocols of the CRC, involvement of children in armed conflict and the sale of children, child prostitution and pornography.

Graca Machel [2]

Her ground breaking report of 1996 was a call to action based on the rights of children and highlighting particular areas of need. The shock and passion contained within this report is palpable.

Its recommendations were:

- peace and security: women and children must be at the heart of all actions to resolve conflict
- monitoring and reporting violations of child rights
- the pillars of humanitarian assistance for children are health , psychological wellbeing and education
- adolescents should be given priority attention
- gender-based violence must be prosecuted as war crimes
- internally displaced children must be specifically prioritised
- a global campaign is required to stop the recruitment of child soldiers
- there should be an international campaign for a complete ban on landmine use
- governments and civil society must address the root causes of conflict and support the social infrastructure that protects children
- a special representative should be appointed to monitor this report

Despite progress on some of these issues with the major legal advances being the OP-CRC-CAC and the Ottawa treaty on Landmines, and various healthcare initiatives such as the Millennium Development Goals, there is still woefully insufficient support being given to the urgent issues highlighted and initiatives outlined in her report.

Addressing the health needs of the war child

This dissertation outlines the “physiology “of children of war. This describes a war child primarily as a child of poverty afflicted by the general health needs of all children with child combatants have additional healthcare requirements.

Again, it must be remembered that the big killers are preventable or treatable diseases: measles, acute respiratory infections, diarrhoeal illnesses, malaria and malnutrition-the last contributing to half of all child deaths. The burden of HIV/AIDS is increasing. Children are still dying in inconceivably vast numbers and most of these deaths are avoidable. Tackling the root causes of poverty, conflict, the brakes on child development and improving maternal and child health together through gender inequality are the keys to reducing much, if not all , child mortality.

The Millennium Development Goals provide definitions, targets and rights for worldwide development and healthcare improvements together with a framework for funding demands to secure these improvements. All impact on children and their mothers; those that pertain in particular to children are four and five.

The eight goals are:

- To eradicate poverty
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality of under-fives by two-thirds (1990 to 2015)

- Reduce maternal mortality by three quarters (1990 to 2015)
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

A recent Lancet editorial voices great concern that the goals are being undermined and targets will not be reached: "millennium development goal four will be missed unless the world mobilises the resources and political will necessary to defeat child mortality"[14] Despite this, some countries are on target bucking regional trends through specific initiatives, addressing gender inequality, the empowering of women, providing free education and developing a network of healthcare facilities and a "pro-poor" healthcare policy.

The development of healthcare services itself has been a bridge to peace seen to be a success across the world for example in Angola, Bosnia and Haiti [20]

The Convention on the Rights of the Child defines the basic rights of the war child (vide supra). The basic principles of humanitarian aid are further defined in the Sphere project.[17]. The Sphere's project's aims are "to improve quality of assistance to people affected by disaster and to enhance accountability of the humanitarian system in disaster response". Three fundamental principles are defined in a humanitarian charter: the right to life with dignity, the distinction between combatants and non-combatants and the principle of non-refoulement.

For all key sectors, minimum standards are defined, key indicators laid out and guidance notes provided. The key sectors are water supply and sanitation; nutrition; food aid; shelter and site planning; health services (analysis, measles control, control of communicable diseases, health care services, human resource capacity and training). It states clearly that women and children are the main users, with the under-five mortality rate is a key indicator in all sectors.

The Integrated Management of Childhood illness[13] (World Health Organisation and UNICEF) is an integrated approach to child health, focusing on the well-being of the whole child and aims to reduce death, illness and disability, and to promote improved growth and development of children under fives of age; it includes both curative and preventative measures. It has three main components: improving case management skills, improving overall health systems and improving family and community health practices. Current new areas are neonatal health, recognition and care of children with HIV/AIDS and interactive care for healthy child development. It also links with other programmes such as the expanded programme of immunisation (EPI), the integrated management of pregnancy and childbirth (IMPAC) and the Roll Back Malaria programme.

Other targeted intervention programmes include the Child Survival strategy of the WHO (developed in 2005) and strategies to target risks for poor developmental outcome are also needed.

Short-term recommendations for health care workers working with children in war include supply of emergency medical infrastructures, basic health care, rehabilitation and early provision of educational structures.

Basic healthcare must be directed to the major causes of war child mortality and morbidity.

Safe provision of acute care is as important as access to such healthcare. Examples are simple oxygen administration, injection safety and knowledge and adherence to models of acute paediatric emergency care[7]. An example of acute care is the Emergency Maternal and Child Health course (EMCH), based on existing paediatric and peri-natal acute care standards (APLS, MOET) and adapted for a developing world setting.

Texts to draw from on the medical care of the war child range from WHO standard paediatric texts, through MSF refugee health guides[16] to paediatric textbooks. One such text, accessible, manageable, appropriate, and covering all aspects of child health is the International Child Health Care: a manual for hospitals worldwide[55]. Texts on catastrophe medicine go someway to understanding and treating child health issues but may not be sufficient to encompass requirements; one such is Conflict and Catastrophe medicine [6] Despite the excellence of these texts, there is insufficient weighting on the healthcare needs of those most affected by the catastrophe that armed conflict represents. A recent defence medical services review for the planning of joint military- civilian humanitarian

services encompasses few recommendations on paediatrics and those that are there are surgically and resuscitation orientated only.[57]

UNICEF states that ten million children worldwide have been psychologically traumatized by war experiences and that their rehabilitation requires this to be addressed. There is differing opinion on this. This primarily derives from the differing interpretation of the effects of traumatic events on an individual, family or community in the context of the profound social disruption that armed conflict and displacement represents.

Summerfield believes that it may be best to avoid the process of "over-medicalising" conflict related psycho-trauma, particularly with Western diagnoses (post-traumatic stress disorder in particular) and therapeutic strategies[58-60]. Sheila Melzack, senior child psychologist at the Medical Foundation for the Care of Victims of Torture, is of the opinion that children can cope with transition even despite personal torture or the loss of parents, if their parents or other adults in their lives can cope[61].

Dr De Vries, (of Medecins sans Frontieres), amongst others, is a vehement advocate for targeted interventions: "mental health programmes are relatively cheap; the human suffering that can be averted by them is priceless"[62]

This leads to the difference in emphasis between immediate therapeutic interventions and the concentrating of resources instead on security of family and community rebuilding.[3, 32,33, 58,-60, 63-65]

Professor Williams's paper gives a good introduction and summary on the psychological support of the children of war[3]. The nature of the violence ("the dose"), the nature of that violence and brutality, age at first exposure, frequency and proximity of the violence, chronicity, and emotional proximity to the child all seem to influence outcome. Resilience is a key component of normal recovery and this coping is in greater part a function of the protection or support the child receives and the capacity for emotional and cognitive maturity of the child herself.

As outlined by Williams, any interventions require a culturally sensitive approach, should be strongly family and community based (using schools), need to be by a stepwise process. This should involve first promoting resilience through psychological first aid (watchful waiting); and then based on WHO model of first level psychosocial services by primary responders supported by experts; delivering community health services, and providing specialist psychiatric services[3,66]. See Appendix three for further details on psychological first aid.

A further humanitarian framework for child combatants

Child combatants are children of war and have all their attendant needs. As to specific rights and preventative laws, for child combatants, the 1989 UNCRC and its optional protocol were key building on the watershed Machel UN report of 1996.

The Convention on the Rights of the Child defines a child as being below eighteen years of age, unless attaining a majority. The age of majority is a social, religious, cultural or legal device by which societies acknowledge the transition to adulthood; and there is no necessary correlation between any of the levels. Most voluntary worldwide military recruitment reflects this.

The main legal standards for prevention of child soldier recruitment and activity are contained within the

- Geneva conventions and additional protocols (article 77 of additional protocol 1 and article 4 of additional protocol 2)
- UNCRC optional protocol (UN-CRC-OAC)
- African charter on rights and welfare of the child
- International Labour Organisation (ILO) convention 182
- Rome statute of the International Criminal Court (ICC)
- UNSC resolutions 1261 and 1314 of 1999 and 2000 (opposed by the US)
- The UN General assembly, the UN commission on human rights, the OAU, the OSCE (Organisation for security and cooperation in Europe) and the European parliament all condemn the use if children as soldiers

The OP-CRC-CAC

This was a major breakthrough and achievement after six years of negotiation. It bans under eighteen year-olds from government or any non-government armed groups (article 4) (whether in conflict or not), bans them from direct participation in armed conflict (article 1) and bans them from compulsory state recruitment (article 2).

Nevertheless, despite calling on states to raise the minimum age to eighteen, it falls short of the "straight-18" position by allowing "voluntary" recruitment (with safeguards) for children aged sixteen to seventeen (article 3), by excluding military academies from the sixteen age lower limit and indirect participation is not specified. It is has been called "only the first step to eradication of child soldiers."

It came into force in 2002 and as at 2007, one hundred and twenty-two states had signed, with one hundred and seventeen by legally binding ratification including the Democratic Republic of Congo, the United States, Sri Lanka, Uganda, and the UK.[39-44]

Juvenile justice and child soldiering[44,67]

There is little international precedent (certainly no international law) or clear legal directives. Criminal responsibility centres on two issues: should former child combatants

be excluded due to lack of mental or moral development; hence should the criminal liability be attributed exclusively to their former commanders under the doctrine of superior orders.

The International Criminal Court has no jurisdiction to prosecute those under eighteen. The International Criminal Tribunals for the former Yugoslavia and Rwanda are not precluded from prosecuting minors but have not yet done so; the Special court for Sierra Leone can prosecute former combatants aged fifteen to eighteen years at the time of the crime.

To date, these courts have started on leaders. The Special Court for Sierra Leone (a UN backed court) handed out its first indictments in 2003 and in 2007. Four former leaders of rebel groups were found guilty of counts including war crimes, crimes against humanity and the recruitment of and use of child soldiers.[41] The International Criminal Court is currently prosecuting a leader of a militia group from the Democratic Republic of Congo; he is charged with the forcible recruitment of minors to his militia.

Further measures

Measures and actions limiting child recruitment and its consequences include [2,39,42, 44]

- Identifying and addressing push/pull factors
- reducing volunteerism
- remember that child combatants are victims too
- always acting in the child's best interests (CRC)
- setting the moral agenda
- alternative activities in conflict areas-education,
- DDR initiatives (child, families and society)
    - adapting existing programmes to include former combatants with no distinction between perpetrators and victims
    - forgiveness and reconciliation
- legal action on behalf of those forcibly conscripted
- safeguards on detention and justice if child combatants are detained and prosecuted
- media and donor education and pressure
- action through research, development of law, politics and pressure, knowledge, dissemination and access

The Coalition to Stop the Use of child soldiers www.child-soldiers.org[41]

This was founded in 1998 by Amnesty International and Human Rights Watch among others and maintains active links with UNICEF, the International Red Cross movement and the Special Representative of the Secretary General for children and armed conflict. Its mandate is "to prevent the recruitment and use of children as soldiers, to secure their demobilisation and to ensure their rehabilitation and reintegration into society". It works on research and monitoring, advocacy and public education, networking and capacity building and is the leading non-governmental advocate for the Optional Protocol to the CRC. Its 2004 detailed Global report is available.

The small arms trade

Small arms are the only weapon used in the vast majority of modern conflicts. Professor David Southall, a long time expert on the war child, has called the small arms trade "equivalent to maternal and child abuse". This trade in weapons has devastating effects on the health and well being of children with the "rich" countries being morally accountable as the main source of these weapons, first legally trading and then the allowing the illegal trade of these weapons with little control or law or effort of will to prevent it . Action to prevent it must be taken.

Summary

The war child is a child of poverty. Modern armed conflict is war against the weakest where children are the main victims. Child combatants are some of those victims. There is much still to be learnt and acted upon to help the millions of children afflicted by conflict and we have a moral duty to do so.

We must remember the words of the two authors of reports on the global effects of violence on children, Graca Machel and Paulo Pinheiro.

"Protecting children from the impact of armed conflict is everyone's responsibility"

"Ending violence against children is a matter of urgency"

Appendix 1 Testimonies of torture

The Medical Foundation for the Care of Victims of Torture was developed from Amnesty International and drew on the experiences of its co-founder Helen Bamber at the end of World War Two. Founded in 1985, it provides care and rehabilitation to victims of torture and other forms of organised violence. Among many countries represented are Iran, Turkey, Afghanistan, former Zaire and Sri Lanka

In 1995, the author worked as a doctor interviewing and documenting individuals experiences; these are some of the testimonies describing detention and torture as children. Initials have been changed.

Angola: Case LS

In 1992, aged fifteen, he was travelling with his guardian when their car was stopped at a checkpoint. Their driver was immediately shot, his guardian was dragged from the car and she was multiply raped and then shot dead; he directly witnessed this as he was being beaten with truncheons.

The following year, aged sixteen, he was returning from school with his friends when they were set upon by soldiers attempting to forcibly conscript them; he managed to escape despite being shot in the leg. He finally fled his country following his father's abduction and destruction of his family home as retribution for a car accident his father had been involved in.

Sri Lanka: case BT:

A young Tamil man who fled his country aged twenty-three to escape harassment, detention and torture as a result of family connections to the LTTE and his own non-violent support. He was living with his family in Jaffna peninsula where his father was an active member of the LTTE (Tamil Tigers). He himself supported the LTTE with non-violent activities.

Aged seventeen, he was arrested by the Indian peacekeeping force. He was severely beaten with electric cables, hit on the body and head with batons and threatened with electrocution; he received no food and water and required three days of hospitalisation afterwards. Aged twenty-two, he was arrested and held for three weeks without charge; he was assaulted and tortured daily. He was stripped naked, punched in the head, a sand-filled pipe was smashed against his legs and his penis was twisted in a pipe. After release he experienced continued detention, assaults and threats and he was forced to flee his country in 1994.

Sri Lanka: case IP

As young man, he was detained and tortured because he was a Tamil, though he had no active involvement with the LTTE. He was assaulted, systematically tortured, burnt with cigarettes, nearly asphyxiated with water and smoke, and threatened with execution.

Sri Lanka: case SK

Detained as a seventeen year old by an opposition Tamil group, he was beaten by batons and had thorns thrust into his palms. He was forced to labour and was released only by bribery. Aged eighteen, he was held for ten weeks by the Sri Lankan army, beaten and systematically tortured. He was suspended for hours, heavy railway sleepers were dropped onto his back, he was whipped with thorny plants and repeatedly assaulted. He received no medical attention. After escape, he went into hiding and left the country.

Liberia: case GB:

His father was a member of Charles Taylor's group and so, when aged fourteen, twelve soldiers arrived at his home. He and his brother were tied and beaten, a heated iron rod applied to his leg and he was stabbed with a broken bottle. He directly witnessed his mother and sister being multiply raped. He and his family were beaten again a few days later; he fled home and never saw his family again.

Appendix 2: Legal and Humanitarian frameworks

1924 League of Nations adopted the Geneva declaration of the rights of the Child

1948 Universal declaration of Human Rights 1948 (non-binding)

1949 Geneva convention on prisoners of war (2 provisions)

1949 Geneva convention on protection of civilian persons in time of war (30 provisions)

Common article 3 (common to all four Geneva conventions): extends a measure of protection to non-international armed conflicts

1977 Additional protocol 1 on protection of victims of international armed conflicts (18 provisions: especially article 77:

- children to be objects of special respect, protected from indecent assault, care and aid children require, child soldier prohibition, separate quarters and no death penalty

1977 Additional protocol 2 on protection of victims of non-international armed conflicts (3 provisions): especially article 4:

- fundamental guarantees on the care and aid children require, education , family reunification, child soldiers and the imperative to remove children, with their carers, from areas of armed conflict.

1988 UNHCR guidelines on refugee children

1989 Convention on the Rights of the Child (CRC)

1990 African Charter on the rights and welfare of the child 1990 (article # 22 = CRC)

1993 Statute of the international Criminal tribunal for former Yugoslavia (#4 genocide)

1994 Statute of the International Criminal Tribunal for Rwanda (#2 genocide)

1998 Rome Statute of the International Criminal Court (#6 genocide, #8 war crimes: conscription)

1999 Convention on Worst forms of child Labour ILO no.182 (#1 and 3: compulsory recruitment)

1999: ICRC resolutions: #2 and #5 1995, #8 1997, #8,9

2000 Optional Protocol to CRC on involvement of children in armed conflicts (CRC-OP-CAC) (#1-4, #6): direct participation, compulsory recruitment, voluntary recruitment, armed groups, demobilisation and recovery

Despite the prohibition on child combatants, once they are combatants, children lose general protections granted to civilians and lose special protection enjoyed by children but retain protection of Article 77 of Additional Protocol 1 and article 4 of Additional protocol 2

Appendix 3: Psychological first aid [3]

In general

Comfort and consolidation

Protection from further threat and distress

Immediate physical care

Goal-orientated and purposeful behaviour

Helping reunion with loved ones

Sharing the experience (but not forced)

Linking survivors with sources of support

Facilitating a sense of being in control

Identifying those in need of further help (triage)

Special measures to be taken for children

Ensure infants/children should remain close to their mothers/families

Ensure adequate nutrition and meet all physical needs

Encourage and help families to re-establish children's previous routines

Engage children in activities

Encourage families (in groups) to facilitate play activities

Advise families/community leaders to recommence teaching until return to own school

Advise parents and families not to discourage children when they verbalise their feelings

Special measures for adolescents

Ensure privacy and confidentiality when interviewing

Be cautious about gender –sensitive issues

Help adolescents decide on their future course of action

Encourage secondary and higher education students to continue formal education

Involve young people in forming community groups

Encourage older adolescents to participate in humanitarian activities

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Acknowledgements

All responsibility for the content of this dissertation is mine. However I would like to acknowledge those I have learnt from:

To the staff of the Medical Foundation for the Care of Victims of Torture, to those teaching on the Diploma in the Medical Care of Catastrophes course and to Professor David Southall of Child Health Advocacy International.

I certify that this dissertation entitled “The War Child: Children, Armed conflict and Child Combatants” is entirely my own work and I allocate joint copyright to the Society of Apothecaries.

Oliver Ross

February 19th 2008