Children and Armed Conflict: Effects and Interventions

Dr Iffat Idris
GSDRC, University of Birmingham
April 2024

What are the effects of armed conflict on children, and how effective are approaches to address these?

Table of Contents

1.   Summary

There is strong evidence that armed conflicts have serious and long-term effects on children. Recent data shows a rise in conflict-affected children and in grave violations against children in conflict situations. Gender and disability are identity-based characteristics that greatly increase children's vulnerability in conflict. There is a strong international framework in place to protect children in conflict, but it is not matched by implementation and enforcement. Key interventions, aimed specifically at children in conflict rather than the general population, are access to education, support for children associated with armed forces and groups (CAAFAG), and mental health and psychosocial support (MHPSS). Evidence of impact of these is generally limited and based on case studies rather than comprehensive reviews.

This review looks at the effects of armed conflict on children and the effectiveness of approaches to address these. It draws on academic and grey literature, including in particular reports by international development organisations/NGOs. There is a vast body of literature on the effects of armed conflict on children, as well as on guidance for programming interventions, but far less on evidence of impact. Both gender and disability feature in the literature.

1.1 Effects of Armed Conflict on Children

Armed conflicts have long-term devastating effects on children. The UN Security Council identifies six grave violations against children in armed conflict: killing and maiming; recruitment/use of children in armed forces/groups; attacks on schools or hospitals; rape or other sexual violence; abduction; and denial of humanitarian access for children. A further serious violation is detention of children. The six grave violations are monitored under the UN's Monitoring and Reporting Mechanism (MRM), and the UN issues annual data on children in armed conflict. Given the limitations of the MRM and under-reporting, actual numbers of violations against children are likely to be much higher.

Data on children in armed conflict shows worrying trends. There has been a steady rise in the number of children living in conflict zones (around 468 million in 2022), **and in overall violations**: in 2022, a total of 27,638 grave violations against children were verified, a rise of 13 percent on 2021 (Save the Children, 2023: 8). The worst conflict-affected countries for children in 2022 were the Democratic Republic of Congo (DRC), Mali, and Myanmar, with Afghanistan, Somalia, Syria, Ukraine and Yemen also in the top ten. Ukraine and more recently the Gaza conflict have badly affected children, but are not (fully) covered in the latest 2022 report. The Gaza conflict has been especially devastating for children.

The effects of conflict on children extend beyond the six grave violations identified by the UN Security Council. **A key one is on mental health/psychological trauma**: armed conflict can significantly undermine children's mental health due to experiencing/witnessing violence, lack of services, insecurity and fear, and separation from parents/caregivers. The most common mental disorders in conflict-affected children are post-traumatic stress disorder (PTSD) and depression; symptoms can include feelings of helplessness, withdrawal, sleep disorders and aggression. Beyond these immediate effects, conflict can have a lasting impact on children's long-term development, e.g. higher rates of substance abuse in adulthood. Displaced/refugee children are especially vulnerable to mental disorders/psychological trauma.

The effects of conflict on children will vary based on identity characteristics, notably gender and disability. Gender affects children in conflict in two key ways: it exacerbates

gender norms and inequality already prevalent in society, and there is some differentiation between the types of grave violations to which boys and girls are vulnerable. **Girls are at far greater risk than boys of rape and sexual violence**, as well as child and early forced marriage (CEFM), though boys can also be victims of sexual violence. Drivers of sexual violence in conflict include the desire to humiliate rival communities, ethnic cleansing and as a 'reward'/incentive for fighters. Attacks on schools and hospitals can also impact girls more negatively than boys. **Boys are more vulnerable than girls to killing and maiming, recruitment as child soldiers, abduction and detention.** Data on how conflict affects children with diverse sexual orientation, gender identity and expression (SOGIE) is almost non-existent, but the limited evidence suggests they would be more vulnerable to violations.

Conflict-affected populations are believed to have higher proportions of children with disabilities, and those children have greater vulnerability to all six types of grave violations. Children with disabilities can be deliberately targeted by armed groups, e.g. to carry out suicide attacks, and they are disproportionately affected by denial of humanitarian access and attacks on schools and hospitals. Moreover, **conflict can lead to children becoming disabled, or make an existing disabilty worse, or cause secondary disabilities**. Despite the greater impact of conflict on children with disabilities, there is a lack of data on such children.

1.2 Protecting and Supporting Children in Armed Conflict

There are a number of provisions under international humanitarian and human rights law for protection of children in the context of armed conflict. These include the Geneva Conventions and Additional Protocols, the UN Convention on the Rights of the Child, and the Optional Protocol to the UNCRC on the Involvement of Children in Armed Conflict. Key provisions under these include obligations to protect civilian populations and meet their basic needs, and specifically for protection of children, and the non-recruitment and non-participation of children (defined as under 18 years) in armed conflict.

The effectiveness of the above legal framework to protect children in armed conflict is hampered by weak implementation and enforcement. Issues include lack of compliance with international norms and standards, lack of investigation and prosecution of crimes, and shortcomings in monitoring and documentation of violations against children in armed conflict.

Interventions to support children in armed conflict fall into two broad categories: the first are those that are applicable to the general population, e.g. access to humanitarian assistance and access to basic services. **The second are those that are needed specifically to support children**. Notable among these are access to education, support for CAAFAG and abducted/detained children, and mental health and psychosocial support (MHPSS). This review focuses on this second category.

Armed conflict can disrupt schooling and education in multiple ways. At the same time, ensuring education provision for children in armed conflict is extremely important, e.g. providing some normalcy, routine, a safe place and helping their long-term prospects. The longer children are out of education, the less likely they are to return, so continuity of education provision is vital. Evaluations of education interventions identify community buy-in, participation and resources as among key factors for effectiveness.

The Safe Schools Declaration (SSD) is an intergovernmental commitment to protect students, teachers, schools and universities from the worst effects of armed conflict. As of 2023, 118 countries had signed up to it and it has helped establish a normative framework to

protect education in conflict situations, e.g. in Mali, Nigeria (Anglade et al, 2023: 3). In areas where schools/education facilities are under threat, **measures can be taken to enhance security,** e.g. boundary fence, gates, guards. Where use of existing facilties is impossible (e.g. in active conflict zones), **alternative arrangements for education delivery can be made**. There are examples where this has been done effectively, including use of bush schools in 2006 in the Central African Republic, and more recently use of underground schools/remote learning in Ukraine. **Engagement by local communities with armed groups, to persuade them not to target schools, can also be effective**. Community representatives have advantages of local knowledge, and being seen as politically neutral. Donors and humanitarian organisations can support such community engagement, but there can be significant challenges and risks involved.

Dedicated programming is needed for CAAFAG because their experience of conflict is vastly different to that of other children affected by conflict. Equally, CAAFAG are distinct from adult soldiers, and hence conventional demobilisation, disarmament and reintegration (DDR) programmes will not be appropriate for them. Interventions to support CAAFAG fall into three broad categories: prevention, demobilisation and reintegration.

Prevention entails risk analysis, to identify risk factors for child recruitment and thereby design interventions. These can include public education and awareness-raising about risks; community-based approaches to create a protective environment; advocacy with armed groups; birth registration/access to documentation so children can prove thier age; and physical protection measures. **Demobilisation is the formal and controlled discharge of soldiers from an armed group**. In the case of children, it typically involves a brief stay in a reception centre where they are registered (and disarmed) and given basic services. From here most move to interim care centres, where they (and their families) can be prepared for reunification. **Reintegration in families/communities is the final stage**, and can be facilitated by various measures: education/vocational training; financial or other material assistance; ensuring that all children (not just CAAFAG) get support to avoid resentment; and follow-up and monitoring. Not all children enter formal DDR processes, and it is important that these are also supported.

A big challenge with implementing DDR programmes for children is lack of funding: provision of basic services requires resources, and even more so specialised services for CAAPAG. Reintegration is a long-term process which needs sustained funding, which can be difficult. **DDR programmes lack gender-sensitivity**, and thus often fail to address the specific needs of girls. It can be also difficult for CAAFAG to adjust to family/community life after being indoctrinated by armed groups/used to military life. **There is limited research on the long-term effects of child-centred DDR programmes**, but there is some evidence that macro-level success (e.g. enrolment) is not matched at micro-level: in some apparently successful programmes, children have ended up rejected by their communties and in hardship.

Conflict has serious effects on children's mental well-being, and specific mental health and psychosocial support (MHPSS) interventions have been developed to address these. These can range from mobilisation of family/community networks, to use of non-specialised counsellors, to specialised services by mental health professionals. A systematic review of MHPSS interventions across 11 countries found that that family-level interventions enhanced the positive effects of individual-level interventions.

2. Grave Violations against Children in Armed Conflict

2.1 Grave violations

'Armed conflicts have long-term devastating impacts on children' (UN, 2022: 7). The impact of conflict on children was highlighted in 1996 in a seminal report by Graca Machel, Expert of the UN Secretary-General. 'The report exposed what was until then the invisible impact of armed conflict on children's lives, and painted a grim picture of the scale and scope of how children's rights are violated in situations of armed conflict' (UNICEF, 2022a: 7). Based on the report's findings, in 1999 the UN Security Council set out six grave violations against children in armed conflict: killing and maiming of children; recruitment and use of children by armed forces/groups; attacks on schools or hospitals; rape or other forms of sexual violence; abduction; and denial of humanitarian assistance. These are explained in Box 1.

Box 1: Grave Violations Against Children in Armed Conflict

1. **Killing and maiming of children** can be a result of direct targeting or indirect actions, including torture. Killing and maiming can be through crossfire, landmines, cluster munitions, improvised or other indiscriminate explosive devices or even in the context of military operations, house demolitions, search-and-arrest campaigns, or suicide attacks.

2. **Recruitment or use of children** in armed forces and armed groups refers to compulsory, forced, or voluntary conscription or enlistment of children into any armed force or armed group. The use of children by armed forces or armed groups refers to any capacity, including, but not limited to, children, boys, and girls, used as fighters, cooks, porters, messengers, spies, and collaborators. Girls are also recruited for sexual purposes and forced marriage.

3. **Attacks on schools or hospitals** include the targeting of schools or medical facilities that cause the total or partial destruction of facilities. Interferences such as occupation or targeting for propaganda or otherwise causing harm to schools or medical facilities or their personnel.

4. **Rape or other sexual violence** encompasses acts of rape, other sexual violence, sexual slavery and/or trafficking, enforced prostitution, forced marriage or pregnancy, enforced sterilization, or sexual exploitation and/or abuse of children.

5. **Abduction** refers to the unlawful removal, seizure, capture, apprehension, or enforced disappearance of a child either temporarily or permanently. If a child is recruited by force by an armed force or group, this is considered as two violations – abduction and recruitment.

6. **Denial of humanitarian access for children** includes the intentional deprivation or impediment of humanitarian assistance indispensable to children's survival by parties to the conflict, including wilfully impeding the ability of humanitarian or other relevant actors to access and assist affected children, in situations of armed conflict.

Source: UNICEF, 2022a: 9

Detention of children is not one of the six grave forms identified by the Security Council, though it could be included under abduction of children. One of the main reasons for detention of children by armed groups 'is the actual or alleged association of children or their families with armed groups such as Islamic State in Syria or Iraq, Boko Haram in Nigeria or Al-Shabab in Somalia' (Save the Children, 2020b: 25). Other reasons are punishment, to extract ransom, as bargaining for prisoner swaps, for sexual exploitation, as well as recruitment (Save the Children, 2020b: 25). Detained children often face torture and/or ill-treatment, including sexual violence.

Monitoring of grave violations against children

In 2005, the Security Council adopted a resolution establishing a Monitoring and Reporting Mechanism (MRM) on the above violations. 'The MRM, which informs the UN Secretary-General's reports on children and armed conflict, is designed to gather accurate, timely, objective and reliable information on six grave violations committed against children in situations of armed conflict' (Save the Children, 2023: 18). The MRM is formally established in a country 'once a clear pattern of violations that meet the UN's threshold for evidence has been demonstrated' (Save the Children, 2023: 18). These countries are listed in the annexes of the UN Secretary-General's annual reports on children and armed conflict.

The MRM system is not comprehensive: violations carried out in countries other than those where the MRM has been mandated, and violations not covered in the six forms set out by the Security Council, are not included in the data. In addition, 'access and security constraints, as well as the shame, pain and fear that survivors suffer often hamper the reporting, documentation and verification of these violations' (UNICEF, 2023). This means that the actual numbers of grave violations against children in armed conflict will undoubtedly be far higher than those recorded in the UN's annual reports.

2.2 Scale

To give an overall picture of the scale of grave violations against children in armed conflict, this review draws on the following key sources (where available): collated UN data on violations from 2005 to 2020; collated UN data on violations from 2005 to 2022; and data on violations for 2022. Together, these provide a sense both of the scale of the problem, and of recent trends.

Overall violations

- From 2005-2022, over 315,000 grave violations against children were verified, carried out in more than 30 conflict situations spanning Africa, Asia, the Middle East, and Latin America (UNICEF, 2023).

- In 2022, a total of 27,638 grave violations against children were verified, equivalent to an average of 76 violations per day – a rise of 13 percent on 2021, and the highest ever since reporting began in 2005 (Save the Children, 2023: 8). Because of under-reporting and other factors (see above), the actual figure is likely to be much higher.

- In 2022, the worst conflict-affected countries for children were the Democratic Republic of Congo (DRC) in first place, Mali second and Myanmar third. Other countries in the top ten in alphabetical order were: Afghanistan, Burkina Faso, Nigeria, Somalia, Syria, Ukraine and Yemen (Save the Children, 2023: 8)

- There has been a steady increase in the number of children living in conflict zones. The figure for 2022 was around 468 million children (one in six); this represented a 2.8 percent rise from 2021 (Save the Children, 2023: 8).

- In 2022, Africa had the highest absolute number of conflict-affected children, but the Middle East had the highest proportion of children (one-third) living in conflict zones (Save the Children, 2023: 8).

Killing and maiming of children

- From 2005-2022, over 120,000 children were verified as killed or maimed in armed conflict situations (UNICEF, 2023). The total for 2005-2020 was over 104,100 children (UNICEF, 2022b).
- Between 2016 and 2020, five countries accounted for 79 percent of all verified child casualties: Afghanistan (30 percent), Israel and the State of Palestine (14 percent), Syria (13 percent), Yemen (13 percent) and Somalia (9 percent) (UNICEF, 2022b).
- Between 2016 and 2020, state actors were responsible for at least 41 percent of all verified cases of child casualties; non-state actors were responsible for 31 percent (UNICEF, 2022b).

Recruitment or use of children

- From 2005-2022, the number of verified cases of children recruited and used by parties to conflict was 105,000 (UNICEF, 2023). The figure for 2005-2020 was over 93,000 children (UNICEF, 2022b).
- In 2022, the number of verified cases of children recruited and used by armed forces and groups was 7,610, an increase of 20 percent from 2021 (Save the Children, 2023: 8).
- Countries in which children were most affected in this way between 2005 and 2020 were the DRC, Somalia and South Sudan (UNICEF, 2022b). In 2020 there were steep increases in recruitment and use of children in Afghanistan, the Central African Republic (CAR) and Myanmar (UNICEF, 2022b).

Attacks on schools or hospitals

- From 2005-2022, there were over 16,000 verified incidents of attacks on schools or hospitals (UNICEF, 2023). The total for 2005-2020 was over 13,900 attacks, of which nearly three-quarters involved educational facilities (UNICEF, 2022b).
- In 2022, there were 2,308 verified attacks on schools and hospitals, an increase of 74 percent on the previous year (1,323 in 2021) (Save the Children, 2023: 8).
- Between 2016 and 2020, two countries - the DRC and Syria - were the most affected countries, accounting for 52 percent of all such incidents (UNICEF, 2022b).
- In the period 2005-2020, there were 2,100 verified incidents of the military use of schools (96 percent) or hospitals (UNICEF, 2022b). State actors were responsible for half of such incidents; the highest numbers of military use by security forces was verified in Afghanistan, Myanmar and South Sudan (UNICEF, 2022b).

Rape or other sexual violence

- From 2005-2022 there were over 16,000 verified incidents of rape, forced marriage, sexual exploitation and other forms of sexual violence against children (UNICEF, 2023). The total for 2005-2020 was over 14,200 children (UNICEF, 2022b). However, rape and other forms of sexual violence are especially under-reported, so actual number of cases is likely to be significantly higher.
- Girls are disproportionately affected by sexual violence: between 2016 and 2020, 97 percent of victims were girls (UNICEF, 2022b).
- In the same period (2016-2020) the main perpetrators were non-state actors, accounting for 56 percent of incidents in 2020, while state actors were responsible for about 30

percent (UNICEF, 2022b). The countries most affected over these five years were Somalia, followed by the DRC, CAR, Sudan, South Sudan and Nigeria; together these accounted for 92 percent of all verified cases (UNICEF, 2022b).

Abduction

- From 2005-2022 there were over 32,500 verified incidents of abduction of children by parties to conflict (UNICEF, 2023). The total for 2005-2020 was over 25,700 children, with two-thirds of verified cases occurring between 2014 and 2020 – pointing to a steep rise in cases (UNICEF, 2022b).

- Boys accounted for three-quarters of verified incidents of abducted children, but girls are also at risk, especially for the purpose of sexual exploitation (UNICEF, 2022b). In many cases, abducted children are also victims of other grave violations – killing, maiming, recruitment into armed groups, as well as sexual exploitation (UNICEF, 2023).

- Between 2014 and 2020, six countries together accounted for 89 percent of all recorded cases of abducted children: the DRC, Iraq, Nigeria, Somalia, South Sudan and Syria (UNICEF, 2022b). The main perpetrators were non-state actors: these accounted for 90 percent of all cases in this period (UNICEF, 2022b).

Denial of humanitarian access for children

- From 2005-2020 there were at least 14,900 verified incidents of denial of humanitarian access for children by parties to conflict, with 80 percent of these taking place between 2016 and 2020 (UNICEF, 2023). The latter reflects increased efforts to document and verify these incidents, as well as 'the increasingly difficult and shrinking space in which humanitarian actors must operate' (UNICEF, 2022b).

- Of the above verified incidents, non-state actors were responsible for 47 percent and state actors 42 percent (UNICEF, 2022b).

- Between 2016-2020, the countries with the largest numbers of such incidents were: CAR, Israel and the State of Palestine[1], Mali, South Sudan, Syria and Yemen (UNICEF, 2022b).

Detention of children: Since this is not one of the six grave violations, specific data on this is limited. However, the MRM mechanism has reported on child detentions since 2012. According to UNICEF (2022b), 'The total number of children verified as detained for their alleged or actual association with parties to conflict or security reasons has gradually increased to an average of 3,000 each year from 2016 to 2020, three times the average observed in the previous five years'. Boys make up the majority of detained children (Save the Children, 2020b: 25).

2.3 Ukraine

The conflict in Ukraine has been underway since February 2022, and has affected large numbers of children. However, only some of the data on this is included in the latest annual UN reports on children and armed conflict (up to 2022).

A report by Save the Children (2023, 41), covering 2022, found that **some 7 million children (81 percent) living in conflict-affected areas and around 7.5 million children in Ukraine faced grave risks**, including physical harm, emotional distress and displacement. It also reported 92

---

[1] Generally referred to as the Occupied Palestinian Territories (OPT)

children recruited and used by armed forces and groups; 92 children abducted; 501 educational facilities reported as damaged (383) or destroyed (118) in 2022; and 10 incidents of denial of humanitarian access (Save the Children, 2023: 41). The report noted that, even in areas where active fighting had stopped, children remained at risk of mines and unexploded ordnance (Save the Children, 2023: 41). Though not included in the report, Russia has been accused of forcibly taking tens of thousands of Ukrainian children to Russia, where they are being 'indoctrinated' to erase their Ukrainian identity and replace with with Russian identity (Havrylov, 2024). All levels of the Russian government are said to be involved in this 'kidnapping and indoctrination' initiative.

A UNICEF factsheet, released **after the conflict had been underway for 18 months, reported that at least 545 children had been killed (largely from bombardment) and at least 1,156 children injured,** while **nearly two-thirds of Ukraine's children had been forced to flee their homes** (UNICEF, 2023: 1). 'Some have fled alone, exposing them to abuse, abduction, sexual exploitation, and human trafficking. Fear, anxiety, and grief associated with violence, loss of loved ones, separation from family, and displacement persist in children's daily lives, leaving them struggling to cope' (UNICEF, 2023: 1).

The factsheet highlighted the **negative impact of the conflict on children's education**, due to damage/destruction of education facilities, displacement and risks of being in frontline areas. A November 2023 report by Human Rights Watch found that since the conflict began, over 3,790 educational facilities had been damaged or destroyed in four regions of Ukraine (Kyivska, Kharkivska, Chernihivska and Mykolaivska) (HRW, 2023). Similar factors deprive Ukrainian children of access to healthcare. **Refugee children are further disadvantaged**, including due to growing anti-refugee sentiment, rhetoric and policies, and many 'remain without access to education, healthcare and protection services' (UNICEF, 2023: 1).

2.4 Gaza

The conflict in Gaza since October 2023 has affected large numbers of children. Its and ongoing nature means it is not included in latest UN reports on children and armed conflict.

As of 14 March 2024, 31,341 Palestinians had been killed, of which at least 9,000 were women and at least 13,000 were children (UN OCHA, 2024). As of end January 2024, an estimated 7,000 bodies remained under rubble (missing people); coupled with the fact that reported figures are only for bodies taken to health facilities and morgues, this means the actual number of casualties is likely to be far higher (ACAPS, 2024: 3). The number of children killed in the Gaza conflict since October 2023 exceeds the 12,193 children killed globally in armed conflict between 2019 and 2022, making Gaza the deadliest conflict for children (UN Turkiye, 2024). Human rights groups estimate that **some 25,000 children have lost either one or both parents in the conflict** (Ruggeri, 2024). Indeed, the Gaza conflict has seen the emergence of a new acronym, WCNSF, which stands for 'Wounded Child, No Surviving Family' (Bradford, 2024).

Approximately 1.7 million people in Gaza (75 percent of the total) have been internally displaced, of whom some 850,000 are children (UN OCHA, 2024). They are living in overcrowded facilities, tents or the open air. 'The conflict has led to the destruction of safe spaces such as schools and hospitals and the denial of humanitarian aid access, leaving children in overcrowded shelters with limited access to essential goods and services' (ACAPS, 2024: 1).

Healthcare provision has been affected, one, by Israeli attacks on hospitals/health facilities, and two, by the hugely increased pressure on services as a result of the conflict. A third factor is Israeli restrictions on medicines, equipment and other supplies into the Gaza Strip. This has led,

for example, to operations being carried out without anaesthetic. **Education provision has been massively disrupted in Gaza**. Around 90 percent of school buildings in Gaza have either been damaged/destroyed or are being used as shelters for displaced persons (ACAPS, 2024: 3). The 2023/24 academic year has been suspended, affecting over 625,000 students (ACAPS, 2024: 3).

Israel cut off supplies of fuel, food and water to the Gaza strip immediately after the 7 October 2023 attacks by Hamas. 'Damage to water systems and drinking water contamination have resulted in a water shortage, putting children at high risk of dehydration and waterborne diseases' (ACAPS, 2024: 2). Children in Gaza can only access an estimated 1.5-2 litres of water per day, which is well below the recommended amount for survival (ACAPS, 2024: 2).

Aid agencies face huge obstacles in trying to get supplies into Gaza, both because of the risks due to ongoing conflict, and restrictions imposed by Israel (including lengthy checking of goods). Denial of humanitarian access, and resultant food insecurity, has become such a problem that some (including the UK and US) have resorted to air-dropping supplies. **As of end 2023, the entire population of Gaza was facing crisis levels of food insecurity**, 1.17 million were facing emergency levels, and 0.5 million catastrophic levels of food insecurity (UN OCHA, 2024). Children are especially vulnerable to malnutrition and famine, which humanitarian agencies were warning of in Gaza (as of end March 2024) (WFP, 2024). As of end February 2024, an estimated one in six children in Gaza were already malnourished (Bradford, 2024).

It is also important to highlight the **mental toll on children in Gaza as a result of the conflict**, both in the immediate and long-term. Bradford (2024) cites aid workers in Gaza:

> Thousands of children and young people in Gaza have gone through extremely distressing events, like displacement, child-family separation, death of a family member, violence...causing severe psychological effects.

> Daily struggles for basic needs, exposure to violence, and the constant threat to their sense of security shape their daily lives -- and this is having a long-lasting impact on their mental health.

Bradford (2024) warns that 'the long-term impacts of an entire generation suffering from extreme trauma and poor mental health can also not be underestimated. Exposure to violent conflict can significantly impact a child's development, with effects that endure into adulthood'. She adds that children without parental care are especially vulnerable to such effects.

Reflecting on the massive negative impact of the Gaza conflict on children, UNRWA Commissioner-General Philippe Lazzarini said: **'This war is a war on children. It is a war on their childhood and their future'** (UN Turkiye, 2024). UNICEF spokesman James Elder called the Gaza Strip, 'the most dangerous place in the world to be a child' (Ruggeri, 2024).

3. Wider/Disaggregated Effects of Armed Conflict

The effects of conflict on children extend beyond the six grave violations detailed above. A key one is psychological trauma, and undermining of children's mental health – which can have long-term consequences. It is also important to recognise that, while the effects of conflict on children will depend largely on the nature of the conflict and on the context (social, economic, political, cultural and environmental factors), these **will also be heavily influenced by identity-based characteristics**, e.g. race, gender, disability, religion (UN, 2022: 7). Two identity-based factors in particular affect vulnerability of children in conflict: gender and disability.

3.1 Psychological Trauma

Armed conflict can have serious negative effects on children's mental health. Save the Children (2019: 4-5) point to the interlocking ways in which conflict undermines children's mental well-being:

- Children experience grave violations (which have mental as well as physical effects) themselves and/or are exposed to violence;
- A protracted lack of access to basic services (food, water, sanitation, healthcare, education) can affect children's mental health and well-being;
- Conflict often leads to increased risk of violence in the home/at school/from peers;
- Insecurity, uncertainty and fears for the future – both real and perceived – cause anxiety and distress;
- Separation from caregivers (e.g. through family members being killed) or reduced capacity of caregivers (themselves traumatised by conflict) to address children's emotional needs.

The most common mental disorders in children exposed to conflict are post-traumatic stress disorder (PTSD) and depression (Frounfelker et al, 2020: 484). Khan (2022) describes the symptoms of PTSD:

> (S)ufferers may show intense fear, helplessness, anger, sadness, horror or denial. They can also develop physical symptoms including headaches and stomach aches; show more sudden and extreme emotional reactions; or have problems falling or staying asleep. Children who experience repeated trauma may develop a kind of emotional numbing to deaden or block the pain and trauma. This is called dissociation.

Children as young as three years old can suffer from depression: 'they can feel sad or hopeless, or show disinterest in things they used to enjoy. Their sleep patterns and energy levels may change, and some may even self-harm' (Khan, 2022). Other forms of mental distress manifested by children in conflict include: anxiety, fear, withdrawal from family/peers, aggression and suicide ideation (Save the Children, 2019: 6).

Beyond the immediate effects on children's mental health, experience of conflict 'can have a lasting impact on their long-term emotional, behavioural, cognitive and physical development' (Save the Children, 2019: 6).

> Longitudinal studies, during which children are examined at different points of their lives, tend to show these mental health issues persist over time, while also creating increased susceptibility to other psychological issues. Adolescents with cumulative exposure to war and those with PTSD resulting from war events have been found to have significantly higher rates of substance abuse. Children who have witnessed war and conflict have higher rates of depression and anxiety long into adulthood. Specifically, the prolonged activation of stress hormones in early childhood can reduce neural connections in areas of the brain dedicated to learning and reasoning, affecting children's abilities to perform later in their lives (Khan, 2022).

How a child's mental health is affected by conflict will depend on a number of factors, including the duration of conflict, the different types of violence children are exposed to, and 'the nature of experienced and witnessed traumatic events' (Frounfelker et al, 2020: 483). PTSD can result 'after even a single traumatic event, but repeated or prolonged trauma increases the risk' (Khan, 2022). Symptoms of disorder can increase with age, with school-age children being the

most vulnerable (Frounfelker et al, 2020: 484). A further determinant is the extent of support children receive from caregivers.

There is strong evidence for the links between exposure to armed conflict during childhood and mental health risks (Frounfelker et al, 2020). While it can be difficult to estimate incidences of mental disorders, 'most studies [of conflict-affected populations] have found significantly raised levels of disturbance compared with control populations' (Khan, 2022). For example, PTSD prevalence among children affected by the Israeli-Palestinian conflict ranged from 18 percent to 68.9 percent, while a study of children exposed to the Syrian civil war found 60.5 percent met the criteria for at least one psychological disorder (Frounfelker et al, 2020: 483).

Displaced/refugee children are exposed to multiple stressors: experience of conflict in their home countries/areas; difficulties during the journey to seek safety/refuge elsewhere; and the 'secondary trauma' associated with trying to settle in a new location (Khan, 2022). This makes displaced, and especially refugee, children highly vulnerable to psychological disorders. 'Past studies of newly arrived refugee children show rates of anxiety from 49 percent to 69 percent, with prevalence dramatically increasing if at least one parent had been tortured or if families were separated' (Khan, 2022).

3.3 Gender

Gender affects children in armed conflict in two key ways: one, it exacerbates gender norms and inequality already prevalent in society; and two, there is some differentiation between girls and boys in the types of grave violations to which they are vulnerable.

On the first, Save the Children (2020a: 10) note, '**the onset of armed conflict can often exacerbate existing gender inequalities** and gender norms may become increasingly restrictive or regressive, amplifying discriminations'. Thus, greater restrictions on girls' movements could limit access to vital health services, including sexual and reproductive health services, and to education. Save the Children (2020: 10) also link the types of grave violations girls experience to gender inequality: 'The way girls experience conflict is inextricably tied to their standing in society and their frequently subordinate role within the overarching patriarchy'.

In conflict situations, girls are at far greater risk of rape and sexual violence, as well as child and early forced marriage (CEFM). As noted above, between 2016 and 2020, 97 percent of victims of sexual violence were girls (UNICEF, 2022b). Moreover, girl survivors often face discrimination and stigmatisation by their own communities (UN, 2022: 17). 'Subsequent psychological trauma, mental health issues and distress are commonplace, sometimes resulting in suicide' (Save the Children, 2020a: 33).

While under-reported (see below) it is important to stress that boys can also be victims of rape and sexual violence. This can be distinct from sexual violence against girls, e.g. being forced to watch acts of sexual violence on others, being forced to commit such acts on family members, castration, genital shocks and beatings (Save the Children, 2020a: 34). As with girls, boy survivors can experience ongoing physical effects (e.g. anal fissures), psychological trauma and issues with social exclusion/stigmatisation (Save the Children, 2020a: 34).

There can be a number of factors driving conflict-related sexual violence. In many conservative, patriarchal societies notions of honour are tied to female 'sexual purity'. Thus sexual violence can be 'a **deliberate strategy to dishonour** and thus demoralise males by violating their wives and daughters' (Save the Children, 2020b: 29). A related driving factor is

ethnic cleansing, whereby the aim of rape/sexual violence is '"erasing" or "polluting" the ethnic group of the victim' (Save the Children, 2020a: 31). This was seen, for example, in the Bosnian conflict in the early 1990s when all sides, but particularly Bosnian Serbs, used rape as a weapon of war against Bosnian Muslims and to further their goal of ethnic cleansing (Baker, 2015). A more recent example is Myanmar, 'where the widespread and systematic sexual violence committed by the Tatmadaw was part of a campaign of violence and forced displacement against the Rohingya' (Save the Children, 2020b: 28). Armed forces/groups may also target girls (and women) for sexual violence as a **way of 'rewarding'/incentivising their fighters**, e.g. Al-Shabaab in Somalia (UN, 2022: 19). Similarly, boys can be deliberately targeted for sexual violence as a means of 'emasculating' the enemy, causing humiliation, fomenting fear and even eliciting security intelligence (Save the Children, 2020a: 33).

Rape and other forms of sexual violence are widely under-reported. In the case of girls, this is heavily influenced by societal notions of honour/shame whereby, as noted, family honour is tied to 'sexual purity' of female members, especially unmarried girls; also by worries about victims' future marriage prospects if rape/sexual violence is known. Taboo/stigma also applies to boys who are victims of rape/sexual violence: in this case, it is not 'sexual purity' but the perceived shame and humiliation (sense of emasculation) which can keep cases unreported.

While girls are more vulnerable to sexual violence, boys are more vulnerable to killing and maiming, and to recruitment as child soldiers and abduction (Save the Children, 2020a: 10). The higher rate of killing and maiming of boys stems in large part from them being in the public sphere far more than girls – who are often subject to greater restrictions on movement (UN, 2022: 17). This gives boys greater exposure to risk. In Iraq, for example, in an almost two year period from mid-2019 to mid-2021, approximately four times more boys than girls were killed or maimed – largely from ERWs and IEDs[2] while herding livestock or playing in areas that had been under Daesh[3] control (UN, 2022: 17).

Again as noted above, between 2005 and 2022, **boys accounted for three-quarters of verified incidents of abducted children** (UNICEF, 2022b). Boys are the primary targets of those recruiting children as armed combatants. 'The corollary of this is that pre-adolescent and adolescent boys, in particular, are often judged to be security threats in the context of ongoing hostilities' (Save the Children, 2020a: 22). This can make them vulnerable to other risks, such as arbitrary arrest and detention, and torture. As seen above, boys form the majority of children who suffer detention in armed conflicts.

Documentation and data on how children with diverse sexual orientation, gender identity and expression (SOGIE) are affected by conflict, specifically the six grave violations, is almost non-existent (Save the Children, 2020a: 23). A UNHCR global review to protect LGBTI[4] asylum-seekers and refugees found that parties to conflict can 'disproportionately subject LGBTI persons to discrimination, homicide, torture, displacement, sexual violence, amongst other… violations' (cited in Save the Children, 2020b: 33). Furthermore, data from elsewhere shows that LGBTI individuals are more vulnerable to physical violence (Save the Children, 2020a: 23) – so it is reasonable to assume the same will be the case in situations of armed conflict.

Of the six grave violations against children in armed conflict, **attacks on hospitals and schools** might be considered as not having a gender dimension. But Save the Children (2020a: 35) point

---

[2] Explosive remnants of war (ERWs) and improvised explosive devices (IEDs)
[3] Also know as: Islamic State of Iraq and the Levant (ISIL), Islamic State of Iraq and Syria (ISIS)/ Islamic State(IS)
[4] Lesbian, gay, bisexual, transgender and intersex people.

out that attacks on healthcare facilities and healthcare workers **can have a greater detrimental impact on girls than boys**, because of the often greater restrictions on the former's movements. In the case of schools, in some conflict situations girls' schools have been deliberately targeted by armed groups. Taliban attacks on girls' schools in Afghanistan and the neighbouring tribal belt in Pakistan are examples of this phenomenon.

Gender also affects which violations against children in conflict get the most attention. As Save the Children (2020b: 17) explain: '"the grave violations are linked primarily to the public sphere where men and boys are frequently more present" while violations against girls are constrained to more private spaces where "violations of their rights are less likely to be documented"'. For example, killing, maiming and abduction of boys – which they are more vulnerable to – happen far more openly than rape and sexual violence, to which girls are more vulnerable. This contributes to under-representation of grave violations against girls in the data.

Save the Children (2020b: 18) further note that, as well as exacerbating existing gender inequalities, **conflict can lead to greater 'private sphere' violations against girls by family/community members** (as opposed to armed groups), notably intimate partner/domestic violence and CEFM. This too is largely undocumented, and falls outside the mandate of the MRM. They call for more gendered studies of these 'secondary violations', i.e. other ways in which girls, boys and SOGIE children are affected by conflict (Save the Children, 2020b: 18).

3.3 Children with Disabilities

The World Health Organization (WHO) estimate that at least 15 percent of the world's population has some form of disability, while UNICEF puts the figure for children at 240 million, or one in ten children worldwide (UN, 2023b: 10). **The proportion of children with disabilities is believed to be higher among conflict-affected populations**. Among Syrian refugees in Jordan and Lebanon, for example, research suggests one in five children has a disability (Save the Children, 2020b: 18). Factors such as poverty, lack of access to health care and sanitation contribute to these higher rates (UN, 2023b: 10).

Children with disabilities in conflict situations are vulnerable to all six types of grave violations, and to a greater extent than children without disabilities. 'It is generally agreed that armed conflict has a disproportionate impact on persons wtih disabilities' (UN, 2023b: 10). This applies to children with disabilities as well. Reports by WHO find that children with disabilities are 3.7 times more likely to be targeted for violence compared to children without disabilities, and 2.7 times more likely to be targeted for sexual violence (Save the Children, 2020a: 30). According to UNICEF, 'children with intellectual disabilties were almost five times more likely to be subjected to sexual violence than other children' (UN, 2023b: 31). Girls with disabilities are especially vulnerable to sexual violence.

Children with disabilities can be deliberately targeted by armed groups, not to become child soldiers, but for other uses, e.g. trafficking weapons, spying, to carry out suicide attacks, and even as human shields (UN, 2023b: 28). In Iraq, for example, 'Al-Qaeda reportedly targeted orphans, street children, and children with intellectual disabilities aged 14 and younger to join its youth wing known as the Birds of Paradise. These children were reportedly recruited to carry out suicide attacks against government forces and civilian targets' (UN, 2023b: 28).

Children with disabilities are also disproportionately affected by denial of humanitarian access, and by attacks on hospitals and schools. Such children typically need specific support and services to meet basic needs; denial of humanitarian access can prevent them

securing food, water and sanitation, healthcare, assistive devices and services, and so on, leading to a worsening of condition/impairments (UN, 2023b: 36). Children with disabilities often face greater barriers accessing schools and health facilities, and in conflict situations this becomes harder still. Those who are institutionalized are especially likely to experience disruption of services (health care, nutrition, etc.) and neglect (UN, 2023b: 29). In Ukraine, nearly 50,000 children with disabilities were living in instititional care facilities; many of these facilities were destroyed or significantly damaged in the conflict, and children had to be evacuated in very difficult circumstances (UN, 2023b: 29). Save the Children (2020b: 18) note that, 'in humanitarian contexts, children with disabilities are more likely to experience psychological distress due to separation from caregivers, breakdown of routine, or high risk of abuse'.

Children can become disabled, or their existing disability can be made worse, or they can acquire secondary disabilities as a result of conflict. 'Incidents of maiming of children may lead to physical impairments, including severing of limbs and resultant mobility impairments, loss of vision or hearing, and severe burns or mutilation' (UN, 2023b: 10). Such incidents can take place in the context of hostilities, house demolitions, search-and-detention operations or suicide attacks. They can also happen when children are out – at play, going to/from school or elsewhere – especially in areas with high contamination by ERWs and IEDs (UN, 2023b: 10). Children are more vulnerable because of 'their natural curiosity and lack of awareness or understandings of the dangers' (so they are more likely to pick up such objects), and because of their smaller stature, which increases the severity of injuries (UN, 2023b: 10).

There is a lack of data on children with disabilities in conflict situations. They are 'rarely included in data collection exercises, while data are not consistently or systematically disaggregated by disability' (Save the Children, 2020a: 30). This has knock-on effects on support interventions/programming. '(T)hey remain largely invisible, with a serious lack of attention given to the barriers and unique challenges they face and inadequate consideration given to their distinct requirements' (UN, 2023b: 10). Save the Children (2020a: 30) call for more research and analysis to better understand and address the impact of conflict on children with disabilities.

4. Protecting Children in Armed Conflict

This section looks at the legal provisions in place to protect children in armed conflict situations. Legislation must be enforced in order to have a punitive and deterrent effect. This in turn requires monitoring and documentation of violations, in order to provide the evidence base to prosecute perpetrators and hold them to account.

4.1 Legal Provisions

There are a number of provisions under international humanitarian and human rights law for protection of children in the context of armed conflict. The table below lists the key ones.

Some states have committed to implementing additional standards in relation to children and armed conflict, including (ICRC, 2019: 655):

- Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups
- Vancouver Principles on Peacekeeping and Preventing the Recruitment and Use of Child Soldiers

- Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict.

Treaty/Convention	Provisions for children in armed conflict
Geneva Conventions and Additional Protocols	Prohibition of direct attacks on civilian populations/objects, and of indiscriminate attacks
	Obligations to take precautionary measures to avoid or limit as far as possible civilian casualties and damage to civilian objects
	Responsibility of states to ensure basic needs of civilian populations are met, or if unable to do so, that others (e.g. humanitarian organisations) have unimpeded access to do so
	Specific provisions for protection of children, including protection of education
UN Convention on the Rights of the Child (UNCRC) **Optional Protocol to the UNCRC on the Involvement of Children in Armed Conflict (2000)**	Defines children as people under the age of 18
	Recognises and protects their equal and indivisible social, civil, political, economic and cultural rights
	Gives children the right (among others) to life, survival and development
	Article 38 requires states to take 'all feasible measures' to protect and care for children affected by armed conflict
	Optional Protocol establishes the principle of non-recruitment and non-participation in armed conflict of children under the age of 18 years
	UNCRC most widely ratified treaty in the world; unlike many other major treaties, it does not have a derogation clause which would allow for a suspension of law under particular circumstances
African Charter on the Rights and Welfare of the Child (1990)	Only intergovernmental treaty, other than the UNCRC, to recognise and protect the full spectrum of social, civil, political, economic, health and cultural rights of children
	Ratified by almost all the countries in the African Union
	Article 22 specifically prohibits the recruitment of children as soldiers and their direct participation in fighting wars
Beijing Declaration and Platform of Action (1995)	Includes a subsection and set of strategic objectives on girls' rights to ensure that girls everywhere are able to grow up protected, educated and healthy.
	Endorsed by all UN Member States
	Platform for Action includes commitments to ensure that girls are safe from sexual and gender-based violence, able to receive an education, and able to exercise their rights to be agents of change in their own lives
	Commitments are applicable to girls living in all contexts
Rome Statute	Gives the International Criminal Court (ICC) jurisdiction over genocide, crimes against humanity and war crimes
	These include active involvement of children under 15 in hostilities, or their recruitment into armed forces/armed groups
UN Security Council and General Assembly Resolutions	Various resolutions passed, including on: children and armed conflict; women, peace and security; the protection of civilians; and youth, peace and security.
	Binding resolutions on all UN members

4.2 Enforcement and Implementation

The effectiveness of the above legal framework to protect children in armed conflict is hampered by weak implementation and enforcement. Issues include lack of compliance with international norms and standards, lack of investigation and prosecution of crimes, and shortcomings in monitoring and documentation of violations against children in armed conflict.

Abidi (2021: 8) asserts: 'implementation of the laws and political commitments designed to protect children are often lacking'. She further claims there is inconsistent application of laws. 'Alarmingly, the application of these protections appear to be predicated on which label a child is associated with and where the child is coming from. In many cases the label of internally displaced or unaccompanied child results in an affinity for protection and support, while the label of child soldier or terrorist almost guarantees a reduced level of protection in most States' (Abidi, 2021: 8).

Children in armed conflict situations need a wide range of immediate support which is common to the general population, in particular: access to safe spaces; access to humanitarian assistance; access to basic services, notably water and sanitation and healthcare. **However, conflict-affected children also have specific needs**: access to education; for children who have been abducted/detained/CAAFAG, support to reunite with their families and/or reintegrate into their communities; and for all conflict-affected children, mental health and psychosocial support (MHPSS) to deal with the mental trauma they experience, with specialised support for survivors of sexual violence and other grave violations.

This report focuses on interventions needed specifically to support children in armed conflict, i.e. access to education; support for CAAFAG and abducted/detained children; and mental health and psychosocial support (MHPSS).

5. Supporting Access to Education

5.1 Importance of Education

Armed conflict can disrupt schooling and education in numerous ways: damage/ destruction of schools/educational facilities; military use of such facilities; use of schools as shelters for displaced persons; use of force against teachers, staff and/or students; threats against schools, staff, students, etc. (these can be enough to disrupt education provision); and targeting of education facilities for ideological reasons, e.g. by groups opposed to girls' education. A further reason for targeting of girls' schools, in particular by non-state armed groups, is to kidnap girls for sexual exploitation, forced marriage, other services and/or ransom (Anglade et al, 2023: 5).

At the same time, the importance of ensuring education provision for children in situations of armed conflict cannot be overemphasised. Education provides some sense of normalcy and routine for children; schools can be safe places for children, protecting them from other risks associated with conflict; disruption to education can have significant long-term consequences for affected children, and for society as a whole (hampering development and growth). The longer children are out of education, the less likely they are to return (Anglade et al, 2023: 2). Continuity of education provision is therefore vital.

Common approaches to bring this about are outlined below. **Evaluations of education delivery in conflict give insights into what works**. Save the Children are one of the leading NGOs working to provide education in active conflict situations. A 2012 independent evaluation of Save the Children's experience in this regard, identified six principles to underpin education interventions in such contexts: i) community buy-in; ii) participation; iii) resources (physical and informational); iv) motivation; v) understanding; and vi) legal accountability (cited in Rohwerder, 2015: 3). The Dutch are also a significant actor in provision of aid to education in conflict. A 2010 evaluation of their approach highlighted a number of features contributing to effectiveness of

Dutch aid: flexibility in aid partnerships (bilateral, multilateral, civil society partnerships); decentralised decision-making allowing for context-specific approaches; combining short-term relief with longer-term capacity building; and searching for innovative strategies (cited in Rohwerder, 2015: 4).

5.2 Safe Schools Declaration (SSD)

The Safe Schools Declaration (SSD) is an intergovernmental commitment to protect students, teachers, schools and universities from the worst effects of armed conflict. In 2015, the governments of Norway and Argentina led a process among member states in the UN to develop it. 'The Safe Schools Declaration outlines a set of commitments to strengthen the protection of education from attack and restrict use of schools and universities for military purposes. It seeks to ensure the continuity of safe education during armed conflict' (GCPEA, n.d.). It includes commitments to collect (or facilitate collection of) data on attacks on education, assist victims, and investigate and prosecute perpetrators. The Declaration also provides guidance for armed forces and armed groups on measures to reduce risk to educational facilities and mitigate impact.

As of 2023, 118 countries had signed up to the Safe Schools Declaration (Anglade et al, 2023: 3). While the SSD is not legally binding, it has helped establish a normative framework for protection of education in conflict situations, as seen in the adoption of resolutions on this by the UN Security Council and the Human Rights Council (Anglade et al, 2023: 4). The SSD has also had tangible policy and practice effects in the countries which have signed up to it (Anglade et al, 2023: 4):

- Mali and Burkina Faso, two countries which have seen numerous attacks on education, have established technical committees and developed national action plans to implement the SSD;
- The Central African Republic (CAR) has prohibited the military use of schools;
- A recent study by GCPEA found that, in 13 countries which had signed up to the SSD, over the five years between 2015 and 2020, there was a drop in both military use of schools and universities, and attacks on education;
- Nigeria developed a trainer's guide for the national forces, and the government adopted the Safe School Policy. Following this, Financing Safe Schools was established to ensure that the policy could be implemented.

In 2021 the Norwegian government led an initiative to enable states who had committed to the SSD to exchange good practices and challenges faced – in effect, promoting a community of practice (Anglade et al, 2023: 4).

5.3 Enhanced Security

In areas where schools/education facilities are under threat, in particular from targeted attacks by non-state armed groups (as opposed to being in active conflict zones), **measures can be taken to enhance security**. These include: carrying out risk analyses; developing early warning systems; ensuring emergency communication systems, especially in remote areas; preparing comprehensive school-based safety and security plans for attacks; and providing security training for educators and students (GCPEA, n.d.).

In Pakistan, following an attack by the Taliban on the Army Public School in Peshawar, killing 144 (mostly children), an advisory note was issued to all schools in Punjab to increase school security through specified measures (GCPEA, n.d.). Physical protection measures included:

- Constructing boundary walls around the school up to 8 feet in height, topped with razor wire up to another 2 feet in height;
- Using a single entry/exit gate generally and using a second gate only in exceptional circumstances or as an emergency exit;
- Erecting concrete barriers at the entry/exit gate;
- Installing a walk-through gate and using metal detectors for physical search of the entrants and using bottom view mirrors for checking vehicles;
- Ensuring zigzag entry into premises by deploying concrete barriers.

5.4 Alternative Delivery of Education

Damage/destruction of schools and/or risks posed by schools/education facilities being situated in active conflict zones, could make delivery of education in those facilities impossible. In such circumstances, **governments and/or humanitarian organizations will seek to make alternative arrangements for education delivery**. These include shifting to alternative learning sites/temporary learning spaces; making use of shifts to make greater use of 'safe' education facilities; conducting summer schools/evening classes to make up for lost learning; setting up safe spaces for girls to provide non-formal and accelerated learning; and promoting remote learning (GCPEA, n.d.).

A few examples of alternative education delivery in conflict situations are as follows:

- Central African Republic (GCPEA, n.d.) – In 2006, entire communities in conflict-affected areas in northern CAR were forced to flee to the bush. With donor (including UNICEF, DFID and ECHO) assistance, teachers, parents and community members set up temporary 'bush schools' in makeshift shelters or under trees. Parents could take short teacher training courses, and served as teachers in the schools, delivering lessons to parallel the national curriculum being taught in government schools. Over 100,000 students were taught in the bush schools.
- Niger (GCPEA, n.d.) – In 2016, the Education Ministry with support from UNICEF, relocated 99 of 166 schools that had been closed because of insecurity, to safer sites. For children who could not travel to school due to insecurity, alternative education was delivered via a radio programme.
- Nigeria (GCPEA, n.d.) – In response to Boko Haram attacks on education in the country's northern states, a Safe Schools Initiative (SSI) was launched in 2014 by Gordon Brown (UN Special Envoy for Global Education) and a coalition of Nigerian business leaders. The aim was to maintain education delivery for internally displaced children. Measures included: transferring students from conflict zones to safer areas; adapting schools to accommodate double shifts; providing temporary schools in camps for IDPs; and providing tents and learning materials to encourage enrolment and retention of students in IDP camps.
- Somalia (GCPEA, n.d.) - Between 2005 and 2011, Somali Interactive Radio consistently broadcast education programmes on literacy, numeracy, life skills, health and conflict prevention. The programmes were transmitted three hours per day, five days per week on common household radio (FM band), potentially reaching over 300,000 children. In

parallel, teachers were trained in interactive teaching methods (stories, songs, etc.) that could be broadcast via radio.

- Syria (Rohwerder, 2015: 8) – Various initiatives were carried out to support education delivery during the conflict in Syria. One was the No Lost Generation Initiative (NLGI), launched in 2014 by a group of governments, donors and humanitarian organisations, and active in Syria and neighbouring countries hosting Syrian refugees. In the 2013/14 school year, it increased enrolment in Syria by around 440,000 to 3.68 million. The rise was achieved through improved school infrastructure; provision of school supplies; support for school clubs; a school feeding programme; teacher training; and development of a self-learning programme which mirrored the national curriculum for children who could not attend schools.

- Ukraine – Over 4,000 schools/education facilities have been damaged/destroyed in the past two years of conflict in Ukraine. The disruption to children's education continues that caused by the COVID-19 pandemic. A further challenge is that many Ukrainian children are displaced or refugees in other countries. A key approach being taken to deliver education to Ukrainian children is online learning. An estimated 1.9 million children are now studying fully or partly online (Brown, 2024). The Ukrainian government has mobilised private sector companies to provide devices (laptops, tablets) for remote learning. Another is shifting schools underground (e.g. metro passages), so children are safe from attacks (Koshiw, 2024). About half of Ukraine's 4.1 million school-age children attend classes in person (Koshiw, 2024). Despite the efforts to continue education delivery, Ukrainian children are falling behind their peers elsewhere in learning outcomes, as well as in development (e.g. socialisation) (Koshiw, 2024).

5.5 Community Engagement with Conflict Parties (weapons bearers)

An approach that can be effective in protecting education during conflict situations is **engagement by local communities with (largely) non-state armed groups, to persuade them not to target schools**. Community representatives can be seen as politically neutral by conflict parties – decreasing the chances of them being attacked - and the latter could even see 'PR' advantages in allowing education delivery to continue. A further advantage of community leaders and groups is local knowledge, so they 'may know and be able to negotiate with real and potential attackers more effectively than external actors' (Rohwerder, 2015: 3).

Donors and humanitarian organisations can support such community engagement, but there can be significant challenges and risks involved. It can take time to mobilise communities; the voluntary nature of their involvement can lead to high turnover or even lack of willingness to participate; any support could exacerbate existing prejudices/discrimination, or even endanger community members (Rohwerder, 2015: 4). A study by the Global Coalition to Protect Education from Attack (GCPEA) found evidence that community initiatives to protect education can be effective. It identified steps needed to promote effectiveness, notably: conducting mapping and power analysis; creating wide community ownership; promoting social cohesion; and strengthening capacity (Rohwerder, 2015: 4).

Examples of the above approach include:

- Mali (Marston, 2023: 3-4) – Initiatives by local communities (and humanitarian organizations) to protect education have led to some non-state armed groups making unilateral statements to safeguard learning. In central Mali, between 2020 and 2022,

community leaders negotiated with non-state armed groups to reopen schools and, in some cases, for fighters to move thier bases further from town and refrain from planting IEDs nearby. However, the schools were required to teach Arabic alongside French, to separate girls from boys, and the communities agreed to follow a strict version of Sharia (Islamic law).

- Nepal (GCPEA, n.d.) – UNICEF and World Education (and others) supported an effective campaign between 2000 and 2003 to keep schools safe during the Maoist insurgency. Community facilitators, mostly women, were trained to get all conflict parties to the negotiating table and agree codes of conduct to protect schools and enable the safe continuation of education. The stakeholders involved included Maoists and the army, as well as political parties, local government officials, police, community groups and school representatives. Agreed codes of conduct were displayed at school entrances, and civil society and media representatives acted as monitors to ensure the codes were followed. Agreed codes of conduct included rules such as: no weapons in the perimeter; no harassment of children in and outside schools; no targeting of schools; and no use of schools as military bases. A 'Welcome to School' campaign in 2004, aiming to raise primary school enrolment of girls and marginalized groups, used the same strategy. Community-based groups and teachers reached out to the Maoists to secure adherence or ensure non-interference with the campaign. The campaign covered 24,000 schools and resulted in the enrolment of over 500,000 additional children.

6. Supporting CAAFAG and Abducted/Detained Children

Dedicated programming is needed for children associated with armed forces and armed groups (CAAFAG) because their experience of conflict is vastly different to that of other children affected by conflict: CAAFAG will have witnessed violence, suffered violence and possibly perpetrated violence on others (Lorey, 2001). They are an especially vulnerable group, and therefore need interventions specifically tailored to them. Equally, CAAFAG are distinct from adult soldiers, and hence conventional demobilisation, disarmament and reintegration (DDR) programmes will not be appropriate for them.

Interventions to support CAAFAG fall into three broad categories: prevention of recruitment (and re-recruitment), demobilisation of CAAFAG and reintegration in their communities.

6.1 Prevention of (Re-)Recruitment

Prevention of child recruitment can take place at all stages of conflict. The first step is risk analysis or mapping, aimed at identifying risk factors for child recruitment as well as understanding the overall child protection situation in a community/area. This information can be used to design prevention interventions. Key risk factors to assess are (Lorey, 2001: 19):

- Types of children at particular risk of recruitment: age, gender, religion, race, nationality, ethnicity, geographic location, socioeconomic status;
- Groups most likely to recruit children;
- Areas where fighting is occurring or likely to occur;

- Areas where groups of children congregate, e.g. schools, orphanages, refugee camps, playing fields.

Prevention interventions can be wide-ranging (Lorey, 2001: 19-21):

- Public education and awareness-raising – to inform relevant audiences about the risks of recruitment, the protections under law (child recruitment is illegal), and steps they can take to prevent recruitment/appeal if a child is recruited. Key audiences are children, parents and caregivers, teachers, community leaders and others. Dissemination of information can be done via media (e.g. radio), through teaching in schools, via NGOs, religious groups, etc. Schools, IDP/refugee camps and orphanages are among the high risk venues that would be targeted in this way.

- Community-based initiatives – community leaders and groups can be mobilised to reinforce traditional mechanisms to protect children from recruitment and other forms of exploitation. The aim is to involve communities in creating 'a vigilant environment that protects all children from recruitment and use in armed conflict' (UNDDR, 2006: 15). Potential leaders in such approaches are community leaders, teachers and health workers, religious leaders, and even former child soldiers themselves.

- Advocacy with armed forces/groups – engagement with government forces and (where feasible) non-state armed groups can be carried out to raise awareness of the restrictions on child recruitment, the risks of prosecution if this is done, and the negative effects on children. Sensitisation could at minimum remove the 'defence' that groups were not aware of the legal norms or harmful effects of child recruitment on children's development (UNDDR, 2006: 15).

- Birth registration – If children cannot prove that they are indeed children (under the age of 18) this can increase their vulnerability to recruitment by armed forces/groups. Hence awareness-raising and facilitation of birth registration – so all children have records of their birth – is very important.

- Physical protection measures – For example, increasing security around schools, IDP/refugee camps and other sites where children stay; preventing infiltration of camps by armed groups; and locating camps away from borders/conflict zones to reduce the risk of raids by recruiters.

6.2 Demobilisation

'**Demobilisation is the formal and controlled discharge of soldiers from an armed group'** (Lorey, 2001: 22). In practice, CAAFAG can disengage from armed forces/groups in multiple ways: capture by rival/peacekeeping forces; surrender; abandonment; or desertion or escape. Demobilisation processes are usually coordinated by a UN agency, peacekeeping force or interim administration, and should be kept as short as practical: demobilisation should be seen as a 'transition' phase, on the path to reintegration into society. While the exact process can vary, **demobilisation of CAAFAG typically consists of three stages: i) reception centres/demobilisation sites; ii) interim care centres; and iii) permanent reintegration**.

Reception centres

These are **intended as a brief initial stopover for CAAFAG**. The children are registered and (for those to whom this applies) disarmed. It is important to separate children from adults, and especially their former leaders/authority structures within the armed group, since the goal is to

facilitate a rupture with military life. Services that should be provided for children include: assessment of physical and mental health; basic medical care and referral for more extensive care if required; initial social worker screening and counselling; feeding; and recreation (Lorey, 2001: 24).

From the reception centres, some children will be able to be reunified with their families, but others will need to go to interim care centres. The latter is in cases where (Lorey, 2001: 24):

- The child's family has not yet been identified and traced.
- The child's family or community needs to be prepared before receiving the child.
- The child needs special attention and care for her/his physical or psychological health.
- The child is unwilling to return home immediately.
- The area where a child's family lives remains dangerous.

Interim care centres

As the name indicates, these are **a temporary measure, ideally to prepare the child (and their families) for reunification**. As such, the centres should 'seek to establish daily routines that reflect the roles and responsibilities that children would acquire within family life: that is, avoid "institutionalizing" the children' (Lorey, 2001: 25). For the same reason, '(c)ontact with the local community should be encouraged, and activities should be implemented which promote mutual acceptance and understanding'. Examples are sports and cultural activities; these can help children connect with the community, and help the latter see them as children and reduce worries and concerns that community members may have about their return. Most centres seek to de-stress differences between child soldiers and other children, so as to reduce stigmatisation and resentment of the former. At the same time, child soldiers/other children who have experienced extreme trauma will need more intensive psychosocial support (see below). Centres must also ensure protection of children, especially from re-recruitment by armed groups. Most experts recommend that children stay in interim care centres for a minimum period, usually up to two months (Lorey, 2001: 25).

6.3 Reintegration

'The aim of child-based reintegration is to offer children a participatory support programme that has been specifically designed for their needs and gives them a viable, long-term alternative to military life' (UNDDR, 2006: 25). 'If former child soldiers are not successfully reintegrated, they are at risk of being re-recruited, living on the streets, engaging in criminal activity to support themselves, and finding coping mechanisms that can cause lasting harm to society' (Lorey, 2001: 30).

The ideal goal is family reunification. This involves far more than returning the child to their family, but rather (UNDDR, 2006: 23):

> requires mediation, including ceremonies of return if the people concerned want them to take place, to help the family recognise and deal with problems of alienation, addiction, aggression and resistance to civil forms of authority, and involve them in decisions regarding the child's re-adaptation, education, learning and training.

Various measures can facilitate children's reintegration. A key one is education: 'the higher a child's level of education, the more their reintegration is likely to succeed' (UN, 2006: 26). Since CAAFAG will typically have missed out on a significant amount of schooling, a straightforward

return to school will be difficult. The children themselves, as well as teachers, will need to make adjustments and schooling programmes should be designed specifically for such children. These will typically involve training for teachers to provide the support such children, and remedial schooling such as short-term accelerated learning classes (UNDDR, 2006: 27). For some children, return to the regular school system might still be difficult. In such cases, vocational training programmes will be needed (skills training, apprenticeships, etc.) suited to local employment opportunities, and in line with laws on child labour (UNDDR, 2006: 27).

Children and their families can also benefit from money and other forms of material assistance. 'It is overly sanguine to expect a hungry family or community to welcome demobilized children with open arms […] individuals, families, and communities who are to welcome child soldiers […] have been drained by armed conflict' (CIDA, 2005: 8). Hence, the importance of material support to promote CAAFAG reintegration.

In order to avoid resentment towards CAAFAG, **an inclusive approach to providing basic services and assistance programmes should be taken** – ensuring that other conflict-affected children also receive support. Such an approach 'allows their [child soldiers] sustainable reintegration, prevents stigmatization and avoids the impression that joining an armed force or group brings rewards' (UNDDR, 2006: 26).

Finally, the UN (UNDDR, 2006: 26) stress that: 'Family and community reunification is only the beginning of the reintegration process. **Follow up and monitoring are essential** and require careful planning, enough funding, and the collaboration of key governmental bodies, UN agencies and NGOs'. CIDA (2005: 9) echo this: 'The status of former child soldiers must be monitored for years in order to intervene quickly and well if serious problems emerge in health or social relations'. CIDA (2005: 8) estimate that 'it takes substantial means and three to five years to integrate a [child soldier] sustainably'.

Not all children enter formal demobilisation and reintegration processes. According to a 2006 UN module on children and DDR, '(a)n estimated 30 percent of child combatants never enter formal DDR, either because they are not aware of their rights, or choose to go to places that they recognise as providing safety, or because they are deliberately excluded — as is often the case with girls who are victims of forced marriages, children who have fled the armed force or group, and those who went through a demobilisation process, but did not receive any support for reintegration' (UNDDR, 2006: 20-21). The UN (UNDDR, 2006: 21) calls for flexible systems 'so that children who demobilise spontaneously can also benefit from the care and protection services they need'.

6.4 Challenges

There are challenges involved in all stages of the demobilisation process, but the most difficult is reintegration.

Funding shortfalls

The above description of typical demobilisation processes is dependent on funding and the recommended services being available. In reality, this is not always the case. Education delivery, for example, in conflict-affected countries will often be under-resourced and lacking capacity even to meet the needs of 'ordinary' children, let alone the specific needs of conflict-affected children. Similarly, while ideally CAAFAG in reception centres should be completely separated

from former adult combatants, in practice this is not always feasible – undermining the goal of creating a rupture between CAAFAG and armed groups.

As noted, reintegration is a long-term process, which can stretch over years. Lack of sustained funding can therefore undermine effectiveness. An evaluation of a UNICEF reintegration programme for former child soldiers in the DRC found that, while the first phase of the programme was successful, there was insufficient funding to cover all three to four years (UNICEF, n.d.: 8). Reintegration programmes in South Sudan and the CAR were similarly under threat from funding shortfalls (UNICEF, n.d.: 8). Funding shortfalls for DDR programmes arise because 'funding for [such] programmes has typically been provided for immediate post-conflict demobilisation and short-term reintegration support, normally for a one-year period' (Accord, 2018).

Lack of gender sensitivity

While DDR programmes for children are increasingly differentiated from those for adults, **they still fail to account for gender-specific needs**. In Sierra Leone, for example, an estimated 30 percent of former child soldiers were girls, but only 8 percent (513 girls) of former child soldiers in DDR programmes were female (Accord, 2018). This is despite girls often facing greater difficulties than boys in 'being accepted back into their families and communities, with girl mothers and their children experiencing the highest levels of rejection and abuse upon return' (UNDDR, 2006: 11). Girls can also have complicated relationships with their former captors – possibly including feelings of attachment – while some could find 'traditional' life in their home communities restrictive after being part of an armed group (UNDDR, 2006). For these reasons, experts have recommended that separate DDR programmes be developed and implemented for girls and boys, thereby allowing gender-specific needs to be addressed (Accord, 2018).

Identity and adjustment

Many armed groups operate on the premise that child recruits must sever all ties with their families and communities, and make them go through a process of indoctrination. The Lord's Army in Sierra Leone was notorious for this. The indoctrination can be so deep-rooted that, even when CAAFAG are demobilised from the armed groups, they believe what they have been taught. This can make it harder for them to adjust to being in communities which might well see those same armed groups as the enemy. Further issues arise in relation to atrocities that CAAFAG themselves might have perpetrated, including against the communities they are returning to. Truth and reconciliation, and healing processes, can be a means to overcome these challenges, but in some cases the divisions will be too great, and children could end up rejected or stigmatised to such an extent that it becomes impossible for them to stay. Given these issues, experts argue for use of the term 'integration' rather than 'reintegration'. 'Broadly speaking, "reintegration is less about reinserting former soldiers back into communities or jobs than about helping children become functional in their society – helping them find meaningful and respected social roles and create civilian identities"' (Accord, 2018).

6.5 Evidence of impact

Haer (2017: 454) asserts that 'very little research has been conducted on the effectiveness of these child-centred DDR programmes and the general problems that plague them'. Moreover, he argues that the studies which have been conducted focused on examining short-term effectiveness, and mainly on the basis of case studies. Hence, 'it is not surprising that few

studies have attempted to identify common problems across the DDR programmes for former child soldiers' (Haer, 2017: 454).

The UN's 2002 DDR programme in Sierra Leone illustrates the challenges identified above. At the macro level the programme appeared to be a huge success: 'A total of 72,490 combatants were disarmed, 71,043 demobilised, and 63,545 former combatants participated in the reintegration segment, including 6,845 child soldiers' (Accord, 2018). However, micro-level analysis revealed a different picture: 'despite the fact that the initial participation rates in the nationwide DDR programme were high, **former child soldiers lacked community acceptance and support**, and soon found themselves navigating an unstable economic environment' (Accord, 2018). It was later found that between 2,000 and 3,000 of them were subsequently 'engaged in heavy labour under harsh conditions in diamond mines' (Accord, 2019).

Conversely, UNICEF's strategy in northern Sierra Leone of using existing community groups and building positive relationships through cooperative activities, shows how trust can be rebuilt between former child soldiers and their communities.

> Pre-existing committees, called Kankalay Committees or 'togetherness groups', were re-established or newly formed. Calling themselves CDCs, these groups 'served as catalysts for collective planning and action' and enabled people to gather and talk about their experiences during war. In addition to improving communication and a sense of belonging, the committees and communities also planned projects – such as building a school or improving healthcare by constructing a health post. The fact that former child soldiers were involved in most of the construction and building processes made reintegration easier: villagers learnt to see them as a valuable part of the community (Accord, 2018).

The strategy was supported by the Christian Children's Fund (CCF), which also facilitated the establishment of conflict resolution committees, to reduce social tensions and avoid harassment throughout the working process. In addition, temporary payments were made to the former child soldiers, which served to reduce stigmatisation caused by their poverty and helped them achieve the status of diligent workers (Accord, 2018). Accord (2018) conclude: 'While trauma healing and educational, vocational and business training are vital ingredients for success, it is community mobilisation that plays the most important role in the reintegration process.'

7. Mental Health and Psychosocial Support (MPHSS)

7.1 MHPSS Interventions Pyramid

As seen, the mental health impact of armed conflict on children can be significant and long-lasting. According to Save the Children (2019: 6), 'Children are able to recover if the underlying cause of distress and anxiety is ended and they get appropriate support'. **Mental health and psychosocial support (MHPSS) programming is increasingly seen as a core component of humanitarian response**, and **specific MHPSS interventions have been developed for children affected by armed conflict** (Arega, 2023). While MH and PSS form a continuum, mental health programming focuses on treating mental health disorders, while 'psychosocial support (PSS) stresses prevention of disorders and promotion of well-being through reducing risk factors and strengthening resilience and protective factors' (Arega, 2023: 1433).

The Inter-Agency Standing Committee (IASC) for MHPSS has developed an intervention pyramid to show the multiple layers of support that are needed to provide good quality MHPSS in

emergency settings (Save the Children, 2019: 6). This pyramid comprises the following layers, in order from bottom up (Save the Children, 2019: 6):

- Basic services and security – advocacy for basic services that are safe, socially appropriate and protect dignity.
- Community and family support – including activating social networks, communal traditional supports, and supportive child-friendly spaces.
- Focused (non-specialised) services – includes healthcare provided by primary care physicians, non-medical or non-clinical basic counselling, and support from trained community support workers.
- Specialised services – provided by mental health professionals such as psychiatrists, psychiatric nurses or clinical psychologists.

While everyone in the community will need the bottom layer – basic services and security – some children and adults will also require additional support from the higher layers. Save the Children (2019: 8-9) stress the importance of education and schools, asserting: 'we know that integrating psychosocial approaches, mental health promotion and preventative interventions into education services plays a critical role in mitigating the harmful effects of exposure to conflict'.

7.2 Systematic Review Findings

Arega (2023) carried out a **systematic review of MHPSS interventions for children affected by armed conflict in low- and middle-income countries**. 23 studies were included in the review, covering 11 countries, with almost half in the Middle East. Arega organises MHPSS interventions according to 'social ecology', i.e. individual (child); family; school; community; and cultural factors. Types of interventions carried out at each level, and evidence of impact from the 23 studies, are as follows (Arega, 2023).

Individual-level interventions

Psychological first aid (PFA) is non-specialist support provided during and soon after an emergency, with the aim of preventing mental health symptoms. It includes: providing opportunities to talk about events; non-judgemental listening; preventing from further harm; asking about concerns and trying to address them. There is evidence from the 2014 Gaza conflict response that PFA can lead to benefits for children and adolescents, including safety, reduced distress, and a greater sense of control and hopefulness. Narrative exposure therapy (NET) is used for the treatment of aggression and PTSD, and involves intensive therapeutic sessions. A study in Eastern DRC found it to be effective in treating PTSD and aggression among former child soldiers.

Family-level interventions

These are activities aimed at improving parental well-being (e.g. stress management techniques, self-care, accessing social support) and building parenting skills (e.g. positive parenting in conditions of adversity, active listening). 'Generally, findings from these interventions indicate that the addition of parenting skills components and parent psychoeducation sessions had the potential to enhance the effects of interventions designed to improve children's mental health in contexts of conflict, trauma, and displacement' (Arega, 2023: 1438). For example, a family-based intervention with Burmese migrant families displaced in Thailand on parenting and family

functioning, led to improved quality of parent-child interactions and reduced use by caregivers of harsh punishment practices (Arega, 2023: 1446).

School-level interventions

On top of the reasons outlined above why education delivery is so important for children affected by armed conflict, schools can play a key role in addressing mental health/psychological trauma experienced by such children. Interventions include: teacher training (to build emotional communication skills, create a safe emotional environment in classrooms); psychosocial support counselling for children by trained school counsellors/social workers/teachers; creative expression activities; and classroom-based guidance on relaxation techniques and coping skills. 'School-based programs were effective in decreasing PTSD symptoms, depression, anxiety, impairment in daily tasks as well as strengthening protective factors (social support, hope, coping) among children and adolescents after the exposure to war-traumatic events' (Arega, 2023: 1447). For example, a teacher training programme in eastern Ukraine was found to have a positive impact on children's well-being: compared to a control group, treatment children 'showed statistically significant improvement in prosocial behaviour, emotional comfort and their relationship with peers' (Arega, 2023: 1447).

Community-level interventions

Interventions include: person-to-person support by non-specialists; opportunities for income generation, and vocational and technical skills training; arts and crafts; and emotional and mediational interactions. 'Community-based interventions have produced positive social and economic outcomes in post-conflict settings that had positive impact on the mental health of families and children' (Arega, 2023: 1449). For example, a community-based, nonclinical programme of psychosocial care to meet the psychosocial needs of at-risk children and improve social interactions with participatory approaches among Syrian refugees in Jordan, 'showed promising effects in reducing feelings of insecurity, distress, and perceived stress among war-affected youth' (Arega, 2023: 1450).

8. References

Abidi, C. (2021). 'Prevention, Protection and Participation: Children Affected by Armed Conflict'. *Frontiers in Human Dynamics*.
https://www.frontiersin.org/articles/10.3389/fhumd.2021.624133/full

ACAPS (2024). *Palestine: Impact of the Gaza Conflict on Children in the Gaza Strip*. Assessment Capacities Project (ACAPS) Thematic Report, 1 February 2024.
https://reliefweb.int/report/occupied-palestinian-territory/acaps-thematic-report-palestine-impact-conflict-children-gaza-strip-01-february-2024

Accord (2018). 'Disarmament, Demobilisation and Reintegration is not Enough'. 31 May 2018.
https://www.accord.org.za/conflict-trends/disarmament-demobilisation-and-reintegration-is-not-enough/

Anglade, M., Chapple, M. & Rushing, E. (2023). 'Protecting Education from Attack During Armed Conflict'. *Humanitarian Law & Policy*, 13 September 2023. https://blogs.icrc.org/law-and-policy/wp-content/uploads/sites/102/2023/09/Protecting-education-from-attack-during-armed-conflict.pdf

Arega, N. (2023). 'Mental Health and Psychosocial Support Interventions for Children Affected by Armed Conflict in Low- and Middle-Income Countries: A Systematic Review'. *Child Youth Care Forum*, Vol. 52. https://link.springer.com/article/10.1007/s10566-023-09741-0

Baker, C. (2015). 'The War in Bosnia-Herzegovina' in Baker, C. (2015), *The Yugoslav Wars of the 1990s.* London, Palgrave Macmillan.

Bradford, S. (2024). 'The war on Gaza is having a catastrophic impact on children, depriving them of their rights'. Bond. 28 February 2024. https://www.bond.org.uk/news/2024/02/the-war-in-gaza-is-having-a-catastrophic-impact-on-children-stripping-them-of-their-rights/

Brown, S. (2024). 'Educating Ukraine's Children is Critical to its Future'. *Financial Times*, 22 February 2024. https://www.ft.com/content/7af8a288-2762-4846-a021-8ba161e003cd

CIDA (2005). *Support to Former Child Soldiers: Programming and Proposal Evaluation Guide*. Canadian International Development Agency. https://publications.gc.ca/collections/Collection/CD4-23-2005E.pdf

GCPEA (n.d.). 'Seek to ensure the continuation of education during armed conflict'. Global Coalition to Protect Education from Attack (GCPEA). https://ssd.protectingeducation.org/implementation/seek-to-ensure-the-continuation-of-education-during-armed-conflict/

Haer, R. (2017). 'The study of child soldiering: issues and consequences for DDR programming'. *Third World Quarterly*, Vol. 38 (2). https://www.tandfonline.com/doi/epdf/10.1080/01436597.2016.1166946?needAccess=true

Havrylov, V. (2024). 'Putin accused of fast-tracking Russian citizenship for abducted Ukrainian children'. Atlantic Council, 25 January 2024. https://www.atlanticcouncil.org/blogs/ukrainealert/putin-accused-of-fast-tracking-russian-citizenship-for-abducted-ukrainian-kids/

HRW (2023). 'Ukraine: War's Toll on Schools, Children's Future'. Human Rights Watch. 9 November 2023. https://www.hrw.org/news/2023/11/09/ukraine-wars-toll-schools-childrens-future

ICRC (2019). 'Q&A: The ICRC's engagement on children in armed conflict and other situations of violence'. *International Review of the Red Cross,* 101 (911). https://international-review.icrc.org/sites/default/files/pdf/1590391258/irc101_2/S1816383119000535a.pdf

Khan, A. (2022). 'How is the Ukraine war affecting children's mental health?' *Al-Jazeera*, 31 March 2022. https://www.aljazeera.com/features/2022/3/31/how-is-the-ukraine-war-affecting-childrens-mental-health

Koshiw, I. (2024). 'How Ukraine is trying to help its "lost generation"'. *Financial Times*, 23 February 2024. https://www.ft.com/content/d9acb360-9416-413b-a57b-9c6750e26e71

Lorey, M. (2001). *Child Soldiers. Care and protection of children in emergencies: A field* guide. Save the Children. https://bettercarenetwork.org/sites/default/files/Child%20Soldiers%20-%20Care%20&%20Protection%20of%20Children%20in%20Emergencies%20A%20Field%20Guide.pdf

Marston, J. (2023). 'Protecting education from non-state armed group attacks'. *Humanitarian Law & Policy*, 11 September 2023. https://blogs.icrc.org/law-and-policy/2023/09/12/protecting-education-from-non-state-armed-group-attacks/

Rohwerder, B. (2015). *Delivering Education During Conflict*. GSDRC Helpdesk Report 1209, GSDRC, University of Birmingham. https://assets.publishing.service.gov.uk/media/57a08966ed915d622c0001d3/HDQ1209.pdf

Ruggeri, A. (2024). 'Many children must live with the trauma of war. Here's how to help them'. *BBC Future*, 21 February 2024. https://www.bbc.com/future/article/20240220-ukraine-and-gaza-the-hidden-effects-of-war-trauma-on-children

Save the Children (2018). *Healing the Invisible Wounds of War*. https://www.savethechildren.org.uk/content/dam/global/reports/health-and-nutrition/healing-invisible-wounds.pdf

Save the Children (2019). *Road to Recovery: Responding to Children's Mental Health in Conflict*. https://resourcecentre.savethechildren.net/document/road-recovery-responding-childrens-mental-health-conflict/

Save the Children (2020a). *Gender, Age and Conflict: Addressing the Different Needs of Children*. https://www.savethechildren.ca/wp-content/uploads/2020/04/SC-Gender-Age-and-Conflict-report-final.pdf

Save the Children (2020b). *Stop the War on Children: Gender Matters*. https://resourcecentre.savethechildren.net/pdf/ch1413553.pdf/

Save the Children (2023). *Stop the War on Children*. https://www.savethechildren.org.uk/content/dam/gb/c-h-team-bios-/SWOC_report_2023_WEB.pdf

UN (2022). *The Gender Dimensions of Grave Violations against Children in Armed Conflict*. https://childrenandarmedconflict.un.org/wp-content/uploads/2022/05/UN_Gender-Dimensions-Grave-Violations-Against-Children-WEB-2.pdf

UN (2023a). *UN Secretary-General Annual Report on Children and Armed Conflict*. https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2023_363.pdf

UN (2023b). *Towards Greater Inclusion: A Discussion Paper on the CAAC Mandate and Children with Disabilities in Armed Conflict*. https://childrenandarmedconflict.un.org/wp-content/uploads/2023/12/Towards-Greater-Inclusion-high-res-no-bleed.pdf

UN Turkiye (2024). 'Gaza: number of children killed higher than from four years of global conflict'. https://turkiye.un.org/en/263401-gaza-number-children-killed-higher-four-years-world-conflict

UNDDR (2006). *Children and DDR*. UN Disarmament, Demobilisation and Reintegration Resource Centre. https://www.unddr.org/modules/IDDRS-5.30-Children-and-DDR.pdf

UNICEF (n.d.). *Ending the Recruitment of Children and Use of Children in Armed Conflict*. https://watchlist.org/wp-content/uploads/2022-annual-report-final.pdf

UNICEF (2022a). *25 Years of Children and Armed Conflict: Taking action to protect children in war*. https://www.unicef.org/media/123021/file/25%20Years%20Children%20in%20Armed%20Conflict.pdf

UNICEF (2022b). 'UNICEF Fact Sheet: Progress and challenges for children living in armed conflict'. https://www.unicef.org/media/123091/file/25%20Years%20Children%20in%20Armed%20Conflict%20fact%20sheet%20EN.pdf

UNICEF (2023). '18 months of war for Ukraine's children'. Media Fact Sheet, 24 August 2023. https://www.unicef.org/ukraine/media/36846/file/18%20month%20Ukraine%20media%20factsheet.pdf

UNOCHA (2024). 'Hostilities in the Gaza Strip and Israel – Reported Humanitarian Impact, 14 March 2024 at 15:00'. https://www.unocha.org/publications/report/occupied-palestinian-territory/hostilities-gaza-strip-and-israel-reported-humanitarian-impact-14-march-2024-1500-0

WFP (2024). 'Famine imminent in northern Gaza, new report warns'. World Food Programme, 18 March 2024. https://www.wfp.org/news/famine-imminent-northern-gaza-new-report-warns

9. About this review

9.1 Suggested citation

9.2 Review overview

This Knowledge for Development and Diplomacy (K4DD) Rapid Evidence Review is based on 12 days of desk-based research. The K4DD research helpdesk provides rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development.

Rapid Evidence Reviews are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.

K4DD services are provided by a consortium of leading organisations working in international development, led by the Institute of Development Studies (IDS), with the University of Birmingham, Liverpool School of Tropical Medicine (LSTM), the University of Manchester Humanitarian and Conflict Response Institute (HCRI), Association of Commonwealth Universities, and Royal United Service Institute (RUSI).

Follow K4DD on X: @K4D_info or visit k4d.ids.ac.uk to explore all of our outputs.