

Victim Assistance and Children

March 2013



Child victims comprise children injured by mines or explosive remnants of war (ERW) as well as children whose parents, guardians or family members, including siblings, were killed or injured by mines/ERW. There is also a significant number of survivors who were injured as children, have reached adulthood and continue to have particular needs. Since child victims have specific and additional needs in all aspects of assistance, the Cartagena Action Plan (CAP) requires that victim assistance be age-appropriate. The different categories of child victims have differing yet overlapping needs that must be considered in order to be properly addressed.

Child victims

The focus of victim assistance under the Mine Ban Treaty has undoubtedly been on those people injured, because as individuals they have the greatest needs. Yet, by far the largest numbers of child victims must be those whose family member was killed or injured.¹ Specifically concerning those child victims who were not themselves physically injured, States Parties could consider a number of activities in line with the CAP. The CAP calls for states to place “particular emphasis on ensuring that mine victims have access to specialised services when needed.” In the areas of education and employment, support to the children of survivors and those killed could be improved through budgeting for resources to state institutions and non-governmental organizations (NGOs) that provide access for child victims and/or their family members, as appropriate, to education and vocational training, micro-credit, and sustainable income generation and employment opportunities—all services identified in the Recommendations on Implementing the CAP.²

Assistance to child victims – Examples from recent years

For example, in **Croatia**, efforts were reported to provide victim assistance to the family members of survivors, including information about their rights. Centers for psychosocial support assist all people in need including mine/ERW survivors and members of casualties’ families. The NGO MineAid provided psychological support groups for adults and children. In addition, financial compensation and direct financial assistance are already available to the children of those killed in some countries through dedicated war victims’ funds or transitional justice programs. However often these are overly bureaucratic and difficult to access for children and families without additional support to facilitate their registration or other processes necessary for inclusion. Information on the availability of these programs should be made widely available, as well as mapping of the relevant institutions that provide assistance, and clear instructions on how to apply for assistance.

¹ This is clear assumption given that most casualties are adults, and child victims include the children of adult survivors. In 2011 for example (latest statistics available), adults accounted for 58% of all civilian casualties for whom the age was known.

² *Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014*, Submitted by Belgium and Thailand, Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration, Second Review Conference of the Mine Ban Treaty, Cartagena, Colombia, 18 December 2009

In **Colombia**, under the “Victims’ Law”, children are recognized as victims both as survivors of landmines and conflict more generally and as family members of victims. Articles 180 and 189 of the law are dedicated to child landmine victims, highlighting the need to differentiate services to provide for their comprehensive rehabilitation and to guarantee their protection from landmines and unexploded ordnance. But through mid-2012, many organizations working with victims found that victims lacked information on how to register for these benefits.

In February 2012, **Chile** introduced a draft law designed to address the needs of mine/ERW victims through support for their comprehensive rehabilitation and financial compensation. If passed, the law would provide comprehensive benefits to child survivors and the children of victims who have died, though it does not include provisions for the children of persons who have been injured by mines/ERW.

Child survivors

Children, especially boys, are one of the largest groups of mine/ERW survivors. As survivors, children whose injuries result in amputated limbs require more complicated rehabilitative assistance than adults and they may face physical barriers to fulfill their right to education and to play. They need to have prostheses made more often as they grow, and may require corrective surgery for the changing shape of a residual limb (stump).

Long into their adult lives, survivors who were injured as children will continue to have specific needs, including corrective surgery, psychological support for trauma and help with overcoming socio-economic challenges due to interrupted schooling, as well as mobility and assistive devices. Therefore, child survivors who have reached adulthood will still often require many of the same services, assistance and support as child survivors.

Thus far, most efforts reported by states to address the needs of child victims have been limited to disaggregating data on survivors, not on their efforts to address the specific needs of survivors according to their age. Victim assistance providers rarely keep statistics that provide reliable records of how many child mine/ERW survivors or other children with disabilities have been assisted and which services have been rendered. Age-sensitive assistance has remained among the least considered aspects of victim assistance provisions.

Assistance to child survivors – Examples from recent years

In recent years, a number of developments to address the specific needs of survivors according to their age were reported in States Parties.³ These included progress in several countries, but also recognition of the remaining and ongoing challenges.

Medical care and physical rehabilitation

In **Yemen**, families of child survivors struggled to afford medical care, the timing and quality of which is vital to the long-term prospects of children after injury. In **Colombia**, most hospitals were able to provide emergency medical care specific to the needs of child survivors, but access to appropriate ongoing medical care was hampered by administrative

³ For further details about the following developments, please see the relevant 2012 Landmine and Cluster Munition Monitor Country Profiles at www.the-monitor.org.

and bureaucratic obstacles. In **Turkey**, a lack of facilities capable of addressing the rehabilitation needs of child survivors in mine-affected areas was still to be addressed.

Psychological support

In **Croatia**, the South-Eastern Europe regional center for psychosocial rehabilitation of children and young people, including mine survivors, “Model of Active Rehabilitation and Education (M.A.R.E)” was successfully established by mid-2012.

Education accessibility and awareness-raising

In many countries, child survivors have to end their education prematurely due to the period of recovery needed and the accompanying financial burden of rehabilitation on families. Accessible inclusive or special education is seldom available and further hindered by the lack of appropriate training for teachers. In **Yemen**, it was found that long periods of hospitalization together with trauma made returning to school a significant obstacle.

A lack of physical access to schooling and other public services essential to social and economic inclusion was an ongoing challenge for child survivors in many countries. Standards for physical accessibility to public spaces for persons with disabilities in **Uganda** lacked the force of law and it remained very difficult for children to access services as often as needed. Physical access to public buildings, including schools, in **Iraq** was also very limited. Child survivors in rural areas in **Colombia** faced a scarcity of school transportation and schools themselves were not adapted to the needs of children with disabilities.

In 2011, NGOs and UNICEF in **Senegal** established new projects to improve access to education for children affected by mines/ERW. In **Albania**, even as other victim assistance activities declined due to funding constraints, the education and social inclusion of child survivors remained an ongoing focus of the national victim assistance program.

Insufficient awareness of disability issues among teachers and fellow pupils can lead to discrimination, isolation, and the inability to participate in certain activities. This is a demotivating factor for child survivors to stay in school. Since 2008, a government-run inclusive education program has been operating in **Afghanistan**, which has increased the enrollment of children with disabilities. Inclusive education training for teachers, as well as children with disabilities and their parents increased in 2011. A national landmine survivors’ NGO in Afghanistan also ran education mainstreaming centers providing inclusive education and vocational training opportunities to children both with and without disabilities.