

# The Impact of ERW on Children

This article provides a brief description of the threat cluster munitions, landmines and other explosive remnants of war pose to children worldwide. The discussion of children's physical susceptibility and the psychological and socioeconomic effects that accompany wounds and disabilities provides a broad picture of the impact ERW have on children. The article also explores rehabilitative support, as several sources provide a variety of recovery strategies that focus on community support for the future well-being of child survivors.

Known as **killing fields** in Cambodia and **devil's gardens** in Afghanistan, areas contaminated with explosive remnants of war are known for their impartiality when claiming victims, the majority of whom are children.<sup>1</sup> In Southern Lebanon, submunitions continue to injure and kill children returning home after the 2006 Israeli-Hezbollah War when they mistake them for toys.<sup>2</sup> In Lao PDR, infamously the most bombed country in the world, children returning home from school are killed by handling submunitions they find on the roadside.<sup>3</sup> In May 2011, a submunition, which the victim believed to be a ball,<sup>4</sup> killed a 13-year-old boy from Western Sahara who was herding animals, and an old cluster bomb killed three boys ranging in ages six to 12 while they were playing in a garden in Southern Iraq.<sup>5</sup> Also, Libyan children living amidst the ongoing civil war suffer injuries from cluster munitions and indiscriminate mortar and rocket fire.<sup>6</sup>

## Global Picture

While civilians constitute roughly 70 percent of all casualties caused by cluster munitions, landmines and other ERW, the *Landmine and Cluster Munition Monitor* reports that children make up one-third of casualties worldwide.<sup>7</sup> UNICEF reported that from 2008-2010, children accounted for half of all civilian casualties.<sup>8</sup> Among child casualties, boys constitute the highest percentage where the gender is known, composing nearly three-fourths of all ERW casualties.<sup>7</sup> In fact, 10 countries report boys as their largest casualty group.<sup>9</sup> ERW, however, also affect girls who are often more stigmatized for injuries. Their disabilities are seen as burdens to families, and as a result, girls represent an under-reported statistic.<sup>9</sup> Along with an unfamiliarity of the various types of explosives and a tendency to play or work in hazardous areas, natural curiosity and a smaller body size render children more susceptible to the effects of ERW than adults.



Children from Lao PDR's Khammouane province draw dead-bomblets from cluster bombs that still litter their playgrounds more than 30 years after the war ended.

*Photo courtesy of Sean Sutton/MAG.*

## Susceptibility of Children

Since rural areas are most often affected, using land for farming, grazing, hunting, collecting firewood and various other activities often brings civilians into contact with ERW.<sup>10</sup> An inability to read and heed warning signs leaves children susceptible to mines, and their playful nature often leads to mistaking submunitions as balls, rations, soda cans or toys.<sup>11</sup> Furthermore, the presence of these explosives can effectively nullify the land's agricultural capability, affecting a community economically while also threatening the community's physical well-being, as the threat of detonating ERW is as potent as malnutrition and starvation.<sup>12</sup> Inhabitants may be compelled to use the land for less lucrative purposes to avoid

activities that risk contact with unexploded, subsurface submunitions and mines, effectively reducing the family income while increasing its vulnerability.<sup>13</sup> Alternatively, affected land does not always prevent inhabitants from taking risks to earn a living. To provide for their families those suffering from poverty in Cambodia, Lao PDR, Lebanon and Vietnam often feel they have no alternatives except to scour contaminated land for scrap metal. In fact, an increase in unexploded submunition accidents in Lao PDR between 2003 and 2005 can be attributed to an increase in the scrap-metal trade.<sup>14</sup>

When compared to mines, areas affected by cluster munitions may give inhabitants a false sense of security, because people trust in their ability to avoid unexploded submunitions that they believe are predominantly visible.<sup>15</sup> On the other hand, many Cambodian farmers, although aware of the subsurface dangers, cannot afford to wait for contaminated land areas to be cleared and will plow fields in spite of the risks involved.<sup>16</sup> This can result in additional child casualties because the explosive charges of cluster munitions are much greater than those of anti-personnel mines and can easily injure others nearby.<sup>13,16</sup> In subsistence cultures where victims are frequently farmers, herdsmen or refugees, injury is especially devastating since day-to-day survival depends heavily on physical abilities.<sup>10</sup>

Given that a high percentage of ERW are found in rural areas, up to 25 percent of victims live from one to six hours away from medical care providers.<sup>10</sup> In Lao PDR, areas contaminated with cluster munitions may be a several-hour walk from the nearest paved road.<sup>13</sup> Remoteness and the low positioning of vital organs leave child victims highly vulnerable to the concentrated explosive blasts of mines, submunitions and other ERW. Physical injuries caused by AP mines typically include the loss of one or both feet or lower limbs, and extensive shrapnel damage to the pelvis and abdomen.<sup>17</sup>

In a comparative study on the effects of landmines and ERW among children and adults in Cambodia, Cino Bendinelli wrote that children “sustained more invalidating disabilities, such as upper-limb amputation and bilateral blindness.”<sup>16</sup> This increased severity of injuries was associated with a child’s tendency (especially boys) to pick up and handle unexploded ordnance, sustaining more upper-body injuries, whereas adults were injured most frequently by mines, resulting in lower-limb injuries.<sup>16</sup> Notably, cluster munitions pose a greater threat because these explosives are specifically designed to kill, whereas most AP mines are designed to incapacitate and wound.<sup>13</sup> In “The Consequences for Children of Explosive Remnants of War,” Hugh Watts notes that for those fortunate enough to reach medical care, children

“typically undergo multiple operations requiring large ... quantities of transfused blood, on average more than six times as much blood as those injured by bullets or fragments.”<sup>12</sup>

After sustaining injuries, child survivors suffer severe long-term effects. The underdeveloped nature of a child’s body requires multiple operations, and several amputations may be necessary as bones grow at a faster rate than soft tissue.<sup>18</sup> Learning to use prosthetic devices is an important component of rehabilitation, and in addition to multiple follow-up surgeries, a child “may need up to 35 prostheses/modifications during his or her lifetime.”<sup>12</sup>

#### Psychological Effects

The effects of ERW are not limited to children with sustained injuries. An inability to understand war may heavily affect a child’s psychological well-being, as one’s daily routine becomes highly unpredictable.<sup>12</sup> Mental-health issues often result from traumatic experiences. In a report entitled “100 Incidents of Humanitarian Harm,” authors Esther Cann and Katherine Harrison report that children have been known to suffer “flashbacks, nightmares and hysterical aphonia, a psychological disorder in which a person loses the ability to speak following a traumatic event.”<sup>19</sup> While the terror involved in such a traumatic experience affects children, survivors are also influenced by their family’s inability to cope with resulting disabilities; this often results in guilt.<sup>20</sup> Moreover, community rejection or the rejection of one’s family can lead child survivors to feelings of depression.<sup>20</sup>

#### Socioeconomic Impact

Whereas children are highly susceptible to the physical and psychological impacts of encountering ERW, accompanying socioeconomic effects can also be detrimental to a child’s life. School attendance is low among child survivors, and stigma and isolation in developing countries mean that many children have little hope of receiving proper rehabilitation.<sup>12</sup> In addition, the presence of ERW on many roads and paths makes travel to hospitals or clinics hazardous.<sup>8</sup>

Regardless of whether the children sustain physical injuries, many are still greatly affected by the socioeconomic impact of a family member’s disability. When parents are unable to provide for themselves or their families, children may be obligated to drop out of school in order to earn a supplemental income and help support the family.<sup>17</sup> In addition, this phenomenon contributes to a child’s vulnerability to ERW, since families suffering from severe poverty may require children to work in hazardous areas for the purpose of providing income.<sup>17</sup>



Unexploded ordnance for sale in Xiang Khouang, Lao PDR.  
Photo courtesy of Paulo Kawai.

In a post on *The Blog of Physicians for Human Rights*, Deputy Director Richard Sollom relates the story of a young Burmese refugee, a boy tending to his buffalo in an infected area when a mine claimed his left leg and severely injured his right leg.<sup>21</sup> Although Sollom writes that the story is one of success—the boy received surgery, care and a prosthetic leg—Sollom noted that the boy will be unable to attend school and must continue to tend to his buffalo, the same venue that resulted in his injuries.<sup>21</sup>

#### Rehabilitative Support

Socioeconomic reintegration may be difficult for children suffering amputations and disabilities as appropriate programs are often unavailable. Moreover, peers often do not understand disability issues, and teachers are unable to prevent isolation

or exclusion of child survivors.<sup>12</sup> The need for corrective surgery and the continuous need for replacement prosthetics is also problematic, as families suffering from poverty cannot afford such treatment. Unfortunately, measuring assistance to child survivors can be difficult since many service providers do not commonly record detailed statistics; consequently, the exact nature of treatment provided to child survivors is largely unknown.<sup>9</sup> According to the *Landmine and Cluster Munition Monitor’s* 2010 report, the *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and their Destruction* (also known as the Anti-personnel Mine Ban Convention or APMBC) implicitly requires landmine survivors and their families to participate in the convention’s implementation and be fully involved in victim-assistance activities.<sup>7</sup> Provided that friends and family are




Hmong children pose by the fence made with unexploded ordnance in Xiang Khouang, Lao PDR.  
Photo courtesy of Paulo Kawai.

offering support to survivors, Save the Children, an international nongovernmental organization, noted that these existing forms of local support should not be overlooked when seeking to implement new forms of support, such as the introduction of professional aid workers.<sup>18</sup>

In their book *Globalization, Social Justice and the Helping Professions*, William Roth and Katharine Briar-Lawson write that “the chief tenet for working with victims of trauma is to, first and foremost, *remove the threat*, but the truth is that the vast majority of traumatized children continue to live within or close to the killing landmine fields.”<sup>20</sup> In order

to provide appropriate support, child survivors ought to be considered in the context of their age, culture and community.<sup>18</sup> Programs should be structured around capacity-building for not only the child, but also the child’s family.<sup>18</sup> Roth and Briar-Lawson assert that children who have suffered physically and psychologically will progress more quickly in the rehabilitation process when staying with family; similarly, children who have been separated from family members tend to fare better when placed with a foster family.<sup>20</sup>

While the threat of bodily harm involved in accidentally detonating a mine, unexploded submunition or some

other ERW is evident, the psychological and socioeconomic impacts on a child’s life are less obvious. Children are physically scarred and mentally traumatized, and when families are unable to cope with a disability, the family becomes more vulnerable to the socioeconomic after-effects of the incident. Children require specialized rehabilitative care and additional ongoing support. By understanding the various effects these weapons can have on a child’s life, more appropriate, sustainable care can be provided to those in need. 

See endnotes page 82  
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