

Armed conflicts: Pair of reports puts focus on their wide-ranging toll on children

November 5, 2018

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Article type: [AAP Policy](#)

Topics: [Injury, Violence & Poison Prevention](#)

A Jew, Muslim and Christian got together in 2014, nearly paralyzed by the horror of the war in Syria.

“We cannot keep silent about this,” was the consensus. The result is the first-ever AAP policy statement and technical report on children and armed conflict.

More than one in 10 children are affected by armed conflict. The number of people forcibly displaced from their homes now stands at 68.5 million, including more than 25 million refugees. Half of refugees are children, and most of them are displaced by armed conflict.

The urgency of the policy statement and technical report cannot be overstated.

The Effects of Armed Conflict on Children, from the Section on International Child Health, is available at <https://doi.org/10.1542/peds.2018-2585> (policy) and <https://doi.org/10.1542/peds.2018-2586> (technical report) and will be published in the December issue of *Pediatrics*.

Based on human rights principles, the policy provides a basic set of minimum standard recommendations for clinical practice, systems change and public policy. The technical report synthesizes the available knowledge as a starting point for understanding and dialogue about the issues facing children affected by conflict and how the pediatric and world community can respond.

Long-lasting effects

Armed conflict does far more than the obvious to children. Not only does it injure, kill and cause psychological trauma, conflict can lead to long-lasting harm to child health and development. Forced displacement, inadequate and unsafe living conditions, food insecurity, environmental hazards, separation from family, caregiver mental health, destruction of health systems, and barriers in access to health care and education are some downstream effects on child health. Further, combatants target children and health

workers, and children are recruited or forced to take part in combat in a variety of ways. The severity and chronicity of the stresses that children endure from armed conflict make it a toxic stress and a significant social determinant of child health.

Opportunities

The reports offer guidance in the following three areas.

Child health professionals need access to training in trauma-informed care and services. They should be prepared to diagnose and provide initial management for prevalent mental health conditions, and collaborate with refugee resettlement and other agencies.

Systems serving children exposed to armed conflict can provide access to physical, mental, behavioral, developmental and oral health and rehabilitative services. They need to protect children from abuse and exploitation, including physical abuse, kidnapping, early marriage, sexual violence, inappropriate placement/adoption, labor, drug abuse, trafficking and detention. Children's births should be registered, and children should not be made stateless.

Political advocacy efforts should seek to protect children younger than 18 years from involvement in armed conflict and to ensure that children involved in armed conflict as combatants receive rehabilitation. Governments should uphold the Geneva Conventions with respect to the sanctity of safe spaces for children and ensure medical and educational neutrality. Special protection should be afforded to displaced and refugee children, and children should not be separated from their families.

Dr. Shenoda is the lead author of the policy statement, and Dr. Kadir is the lead author of the technical report.

Resource

- [The policy statement includes a table listing resources for clinicians, relevant policy statements, legal topics, nongovernmental organizations and other documents.](#)

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