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**Report of the Special Rapporteur on the Sale and Sexual Exploitation of Children**

**About Us**

Axana Soltan is a Human-Rights Advocate. She has received her law degree from The George Washington University School of Law, where she was selected as a GW Law Merit-Based Scholar. She has received her Doctor of Law (J.D.) with the highest distinction from the University of the District of Columbia School of Law. Previously, Axana has been named as one of the contenders for *USA Youth Observer 2019*, one of the finalists for *Most Outstanding Youth Delegate*, and selected as one of the finalists for *WFUNA Young Leader of the Year 2021*. Under President Obama’s Administration, her organization was selected as a certifiable foundation for the White House Presidential Service Award. Axana has also received the U.S. Congressional Recognition for demonstrating exemplary leadership, professional achievements, and community service in her state.

Ms. Soltan is also the founder of Enhancing Children’s Lives (ECL), which is a civil society organization that is focused on protecting the constitutional rights of children and advocating for the rights of juveniles. The medical branch is focused on empowering stakeholders to advance health care by fostering responsible and high-quality digital health innovation. The organization was established in 2013 and it is organized to be a humanitarian

unit that ignites the lives of children on a global level. This paper is written by the ECL E-Board and dedicated to the United Nations.

**QUESTIONNAIRE**

**What are the current needs of the child victims and survivors to redress and reparation both in conflict and non-conflict settings?**

Children are the most vulnerable victims of conflict due to many factors. Besides being among the many civilian casualties during an armed conflict, children may be orphaned or separated from their families and become heads of households which leaves them vulnerable to forced labor, sexual exploitation or recruitment in armed forces. In environments where basic services are disrupted and livelihoods destroyed, children are often malnourished and at risk of death by preventable or curable diseases.[[1]](#footnote-1) The hardships of life in armed conflicts often force children to leave school. Many never return, even when conflict ends. Children who have experienced conflict must find ways to cope with their memories of distressing experiences which may well have long-term repercussions and affect their whole lives.[[2]](#footnote-2)

Globally, 426 million children live in conflict zones today. Nearly 200 million children are living in the world's most lethal war zones, the highest number in over a decade. And around the world, more than 89 million adolescent girls currently live in conflict zones. Children living in war-affected countries live in constant fear, experiencing grave violations of their rights, with serious impacts on their mental health. Many children living in lethal war zones are already at risk of climate change and facing unprecedented levels of hunger as well.[[3]](#footnote-3)

Thousands of children die each year as a direct result of armed violence, but millions more die from the indirect consequences of warfare - as a result of the disruption in food supplies, destruction of health services, water systems and sanitation. In poor countries where children are already vulnerable to malnutrition and disease, the onset of armed conflict can increase death rates by up to 24 times - with the under-five years at particular risk. The indirect effects of war are profound, under-appreciated and preventable. Epidemics, lack of access to medical facilities or a breakdown in food security may also be crisis events that provide the final impetus to conflict in some cases. Population displacement worsens hygiene and facilitates the spread of communicable diseases. Preliminary research suggests that for every battle death, many more people die as a result of disease or other factors connected to the war. Malaria, acute respiratory infections, diarrheal diseases, vaccine-preventable and other infectious diseases continue to be the leading causes of morbidity, disability and mortality among children. Hunger can be used as a weapon: herds, crops and the tools for food production can be looted or destroyed during combat. Siege warfare can involve the blocking of access to markets, the diversion of food relief, the poisoning of wells and the forced abandonment of farms. The combined impact of these factors can be dramatic. In Sudan, during the forced starvation in 1998, individuals were identified whose weight-to-height ratios had previously been thought incompatible with human survival.[[4]](#footnote-4)

**What are the gaps and challenges within the ambit of the international human rights and humanitarian law, in terms of both the existing framework and the implementation status to address to the needs of the child victims and survivors? What measures can be taken to overcome these gaps?**

The severe and long-term impact of armed conflict on children signals the imperative nature of addressing young victims’ needs and restoring their rights after conflict. Aptel and Ladisch note, “It is necessary… to look at both the violation itself and the consequences that ensue in order to craft a reparations package that to the greatest degree possible provides a remedy for the immediate and long-term consequences of violations against children.”29 Bearing this in mind, a greater understanding of the specific experiences of children in conflict, with particular attention to age, gender, and cultural context can further help inform how best to tailor reparations programs.[[5]](#footnote-5)

The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family’s safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child’s needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. [[6]](#footnote-6)

Screening and assessment of the child’s mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences.[[7]](#footnote-7)

**Who are the duty bearers to define, implement and provide the reparation to child victims and survivors? In what forms should the reparation be provided, how should they be assessed?**

International humanitarian law provides general protection for children as persons taking no part in hostilities, and special protection as persons who are particularly vulnerable. Moreover, children taking part in hostilities are also protected. The various aspects of the legal protection of children will be examined one after the other in the following paragraphs.

**A. General protection of children, as members of the civilian population**

During international armed conflicts, children come into the category of those protected by the Fourth Geneva Convention relative to the protection of civilian persons in time of war. By virtue of this, they benefit in particular from all the provisions relative to the treatment of protected persons, which state the basic principle of humane treatment, including respect of life and physical and moral integrity, and for- bidding, inter alia, coercion, corporal punishments, torture, collective penalties and reprisals.

As members of the civilian population, children benefit from the rules of international humanitarian law relative to the conduct of hostilities. These rules, developing the principles for distinguishing between civilians and combatants and forbidding attacks directed against civilian population, are expressed, inasmuch as they refer to international armed conflicts, in Protocol I of 1977.

In non-international armed conflicts, children are protected by the fundamental guarantees relating to the treatment of persons taking no active part in the hostilities, set forth in article 3 common to the four Geneva Conventions. Under this article, children have at least the right, during these conflicts which are often very cruel, to be treated humanely. There should not be any violence to their lives and persons or their dignity.[[8]](#footnote-8)

Protocol II of 1977 also codifies the principles according to which the civilian population as such, as well as individual civilians, shall not be the object of attack.

**B. Special protection of children, as members of the civilian population-**The Fourth Geneva Convention comprises a great many provisions in favor of children. They show that, already in 1949, it was felt that children should be especially protected against warfare. However, the principle on which the rules relating to children is based is not stated explicitly anywhere in that Convention.[[9]](#footnote-9)

How do we identify and delineate the roles of state, non-state and individual actors to ensure that reparation reach the child victims and survivors?

UNICEF also calls on states with influence over parties to conflict to use that influence to protect children. UNICEF calls on all warring parties to abide by their obligations under international law and to immediately end violations against children and the targeting of civilian infrastructure, including schools, hospitals and water sources.[[10]](#footnote-10)

**What measures are put in place to hear and understand how child victims and survivors would perceive meaningful reparation?**

1) Immediate action for children, because we are already on the ground

Because child sponsorship is already working in the places where it’s toughest to be a child, we are on the ground and positioned with existing local staff/knowledge and distribution networks to respond from the very first days of a conflict. That means different things in different places depending on the location of the conflict, and at times the communities we work with can be in the middle of the conflict or places where those affected by it escape to. Both have immediate and long-term needs. Right now, our child sponsorship programmes and presence in Romania meant our trained staff and volunteers were able to mobilize support in child protection, psychosocial, nutrition, shelter, health care and more for children and their families fleeing Ukraine, and our logistics system were able to deliver vital emergency supplies to the places they are needed most from the very start of the conflict.

2) Immediate action for children, but we can immediately mobilize funds to meet critical needs

When you sponsor a child, your gifts are always pooled with those of other sponsors supporting children in the same area and used to enable communities to tackle the worst problems their children face. Pooling funds maximizes the impact of your gifts by focusing resources on the most critical needs. When conflict breaks out, we can immediately direct part of sponsors’ pooled contributions to meeting the urgent, life-threating needs of children and families in conflict zones and for those who flee conflict and arrive in communities where we are working, it allows us to continue with longer-term support and care.

3) Long-term support, because we will be there to help children recover

Even when the conflict is over, it can take nations decades to rebuild and recover. Sponsoring a child is a commitment to walk alongside a child and their community and support them as they transform their world and break the cycle of poverty. We partner with communities for the long run, usually 15 years or more, to create lasting change. In Sierra Leone for example, we were there during the height of the civil war and we are still there 20 years after it ended, continuing to work alongside communities in 25 areas to improve children’s health, nutrition, education and protection. We continue to work in Ugandan communities, supporting children and families who escaped violence and persecution in South Sudan. Sponsoring a child means that children and communities have the support they need not just to survive today, but to thrive in a better tomorrow.[[11]](#footnote-11)

**How can States and other stakeholders deliver more effectively with respect to amplifying the effective implementation of meaningful reparation to child victims and survivors? Within the purview of international cooperation, what specific measures should be taken based on the existing structures. What is needed for a more coordinated response by the States/other international actors to provide reparation to child victims and survivors?**

States and other stakeholders must amplify the voice of child victims and survivors.

Humanitarian work to support children's and adolescents’ mental health, psychosocial well-being, and protection would be strengthened by complementing top-down approaches with more grounded, bottom-up approaches that feature children and adolescents’ cultural identity, voice, and agency. The paper outlines diverse, evidence-based methods and approaches for doing this, and calls attention to four priorities: cultural humility and reflexive practice; learning from the voices and lived experiences of children and adolescents; enabling the agency of and collective action by children and adolescents; and localizing aid by sharing greater power and funding with local stakeholders, including children and adolescents.[[12]](#footnote-12)

Stated broadly, the paper recommends that humanitarian stakeholders create a better balance between top-down and bottom-up programing approaches in which children and adolescents are key actors.[[13]](#footnote-13)

• Enable flexible programing that is guided by children's and adolescents’ lived experiences, voice, and agency; and

• Include children and adolescents as important stakeholders and actors in efforts to localize humanitarian aid.

Globally, armed conflicts and other sources of forced migration shatter the human security, rights, and well-being of large numbers of people, including children, who are defined under international law as people under 18 years of age. UNHCR (2020) estimates that globally there are 79.5 million forcibly displaced people, including 30–34 million children. An estimated one in six children grows up in conflict-affected settings (Kirollos et al. 2018). The category “children” includes people who may face very different risks and have different levels of agency and capacities. Taking note of these differences, this paper will speak of children and adolescents, with the latter comprised of people 13–17 years of age.[[14]](#footnote-14)

1. https://www.wvi.org/disaster-management/children-conflict [↑](#footnote-ref-1)
2. *Id*  [↑](#footnote-ref-2)
3. https://www.savethechildren.org/us/charity-stories/worst-conflict-affected-countries-to-be-a-child [↑](#footnote-ref-3)
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4921424/ [↑](#footnote-ref-4)
5. https://sites.tufts.edu/praxis/files/2020/05/2.-Miano.pdf [↑](#footnote-ref-5)
6. *Id* at 19 [↑](#footnote-ref-6)
7. <https://link.springer.com/article/10.1007/s00787-022-01974-z> [↑](#footnote-ref-7)
8. https://www.icrc.org/en/doc/resources/documents/article/other/57jmat.htm [↑](#footnote-ref-8)
9. https://www.icrc.org/en/doc/resources/documents/article/other/57jmat.htm [↑](#footnote-ref-9)
10. https://www.unicefusa.org/mission/emergencies/conflict [↑](#footnote-ref-10)
11. wvi.org/stories/child-sponsorship/3-ways-we-can-protect-children-conflict-zones [↑](#footnote-ref-11)
12. <https://journals.sagepub.com/doi/full/10.1177/23315024211036014> [↑](#footnote-ref-12)
13. <https://journals.sagepub.com/doi/full/10.1177/23315024211036014> [↑](#footnote-ref-13)
14. <https://journals.sagepub.com/doi/full/10.1177/23315024211036014> [↑](#footnote-ref-14)