



Towards Greater Inclusion:

A Discussion Paper on the CAAC Mandate and Children with Disabilities in Armed Conflict



Office of the Special Representative of the Secretary-General for

CHILDREN AND ARMED CONFLICT



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Abbreviations and Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
CAAC	Children and armed conflict
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CTFMR	Country Task Force for Monitoring and Reporting
DRC	Democratic Republic of Congo
DPO	United Nations Department of Peace Operations
DPPA	United Nations Department of Political and Peacebuilding Affairs
EOSG	Executive Office of the Secretary-General
ERW	Explosive remnant of war
HPOD	Harvard Law School Project on Disability
HRW	Human Rights Watch
IDA	International Disability Alliance
IDP	Internally displaced persons
IED	Improvised explosive device
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IHL	International humanitarian law
IHRL	International human rights law
MHPSS	Mental health and psychosocial support
MRM	Monitoring and Reporting Mechanism
NGO	Nongovernmental organization

OSRSG-CAAC	Office of the Special Representative of the Secretary-General for Children and Armed Conflict
OPD	Organization of persons with disabilities
PTSD	Post-traumatic stress disorder
RC	Resident Coordinator
SDG	Sustainable Development Goal
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WG	Washington Group on Disability Statistics
WRC	Women's Refugee Commission
WHO	World Health Organization





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1.

Introduction



1.1. Purpose

In January 2022, the Office of the Special Representative of the Secretary-General for Children and Armed Conflict (OSRSG-CAAC) published a study on the evolution of the United Nations' children and armed conflict (CAAC) mandate to mark its 25th anniversary. The study recognizes that the impact of armed conflict on children with disabilities is vastly understudied and underreported.¹ It also shows that data pertaining to children with disabilities in armed conflict is severely lacking. These results echo findings by the United Nations Children's Fund (UNICEF) on the critical need for data to ensure that the rights of children with disabilities in armed conflict are protected and their needs are addressed.² Respondents of the survey that informed the OSRSG-CAAC's 25th anniversary study, composed of United Nations (UN) partners involved in the implementation of the CAAC mandate at field-level, reported that children with disabilities are at heightened risk of being victims of violence, social exclusion, reduced access to services, and of suffering from the deterioration of infrastructure during armed conflict. According to survey results, 42 percent of respondents believed that children with disabilities are not given sufficient space in the implementation of the CAAC mandate.³ Respondents identified areas for enhancement if the CAAC mandate is to become more inclusive for children with disabilities, including data collection, capacity-building for child protection actors, increasing awareness in communities, governments, and among humanitarian actors, and targeted humanitarian programming for children with disabilities.

The purpose of this discussion paper is, therefore, to examine the distinct ways in which armed conflict impacts children with disabilities and to provide recommendations for making the CAAC mandate more inclusive of children with disabilities. It focuses on two main questions: (1) are children with disabilities at higher risk of experiencing grave violations, and (2) do grave violations impact children with disabilities differently? It also outlines the provisions in the international legal framework that are specific to children with disabilities in situations of armed conflict, for the purposes of raising awareness about these provisions and, thus, promoting a rights-based approach to disability. This discussion paper is intended for a broad audience of actors involved in the implementation of the CAAC mandate, including members of UN Country Task Forces for Monitoring and Reporting (CTFMRs), UN child protection and human rights staff; humanitarian agencies; and civil society organizations,

- 1 Office of the Special Representative of the Secretary-General for Children and Armed Conflict (OSRSG-CAAC), "Study on the Evolution of the Children and Armed Conflict Mandate, 1996-2021," January 2022, <https://childrenandarmedconflict.un.org/wp-content/uploads/2022/01/Study-on-the-evolution-of-the-Children-and-Armed-Conflict-mandate-1996-2021.pdf>, p. 52.
- 2 UNICEF, "Children with Disabilities in Situations of Armed Conflict: Discussion Paper," 2018, <https://www.unicef.org/media/126116/file/Children-with-Disabilities-in-Situations-of-Armed-Conflict-Discussion-Paper.pdf>, p. 14.
- 3 Office of the Special Representative of the Secretary-General for Children and Armed Conflict (OSRSG-CAAC), "Study on the Evolution of the Children and Armed Conflict Mandate, 1996-2021," January 2022, <https://childrenandarmedconflict.un.org/wp-content/uploads/2022/01/Study-on-the-evolution-of-the-Children-and-Armed-Conflict-mandate-1996-2021.pdf>, p. 53.

including those working on disability rights and organizations of persons with disabilities (OPDs). In addition, this discussion paper is intended to help inform policy discussions surrounding the CAAC mandate, including within the UN Security Council, the UN General Assembly, and the Human Rights Council, as well as more informal structures such as Groups of Friends on CAAC.

This discussion paper marks the first instalment in a series of reports to be published by the OSRSG-CAAC addressing the impact of armed conflict on children with disabilities. It will be followed by three country-specific companion reports focused on the situation of children with disabilities in Colombia, the Democratic Republic of the Congo (DRC), and Iraq, chosen for both geographical balance and the prevalence of grave violations against children, as well as the long-standing work of CTFMRs and local actors, including OPDs. These forthcoming companion reports will seek to explore the issues presented in this discussion paper and help build an evidence base on which to act and with which to measure progress on protecting children with disabilities in armed conflict.

1.2. Methodology

The research methods used for gathering information for this discussion paper include:

1. A desk review of existing literature including the consultation of primary sources, such as key legal texts, and review of secondary sources from academic institutions, think tanks, government agencies, UN offices, humanitarian organizations, advocacy and human rights organizations, and media outlets. The survey used to inform the 25th anniversary study on the evolution of the CAAC mandate, published by OSRSG-CAAC in 2022, was also reviewed.
2. A total of 23 semi-structured individual interviews with CAAC experts, disability inclusion experts, policy makers, and legal scholars in New York and Geneva, as well as child protection officers, members of civil society organizations – including OPDs – and government representatives in Colombia, the DRC, and Iraq. The latter interviews will be incorporated into the companion reports on these three countries, which will be published by the OSRSG-CAAC at a later stage.





2.

Background

Data on children with disabilities in situations of armed conflict is challenging to obtain. This is owed, in part, to significant differences in the ways countries define and measure disability; the quality and methods of data collection; the reliability of sources; and low disclosure rates, given a general lack of awareness and understanding of disability, fear of stigma, discrimination, and violence against persons with disabilities and their families, and their frequent isolation.⁴ In situations of armed conflict, the difficulty of obtaining data on children with disabilities is also owed to a lack of awareness and limited technical capacity on disability inclusion of humanitarian or other actors operating in such contexts. Despite these challenges, it is estimated that at least 15 percent of the world's population has some form of disability, according to the World Health Organization (WHO).⁵ Today, this global prevalence rate of 15 percent corresponds to more than 1 billion people living with some form of disability. UNICEF estimates that nearly 240 million children—or one in 10 children worldwide—have disabilities.⁶

While comprehensive figures on the number of children with disabilities living in situations of armed conflict remain unavailable, several factors suggest that the percentage may surpass global averages.⁷ These factors include the devastating impacts of armed conflict on children; correlating factors such as poverty, lack of access to health care, nutrition, sanitation, and hygiene, and high rates of sexual violence, all of which could potentially heighten the likelihood of long-term impairments; as well as the existing challenges of data collection in countries affected by armed conflict⁸; and the impact of discrimination and stigma which often prevents families from registering children with disabilities with government authorities or humanitarian organizations.⁹

Despite factors suggesting a significantly high number of children with disabilities living in situations of armed conflict, they 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. Parties to conflict often fail to consider children with disabilities, including in military doctrines, training, planning, or in the conduct of hostilities, putting children with disabilities at higher risk of being killed or injured, subject to violence,

4 Brigitte Rohwerder, *Disability Inclusion: Topic guide*, Birmingham, UK: GSDRC, University of Birmingham, November 2015, <https://gsdrc.org/wp-content/uploads/2015/11/DisabilityInclusion.pdf>, p. 7.

5 World Health Organization (WHO), "World Report on Disability," December 14, 2011, <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability>, p. 29.

6 UN Children's Fund (UNICEF), "Seen, Counted, Included: Using Data to Shed Light on the Well-Being of Children with Disabilities," November 2021, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

7 According to the United Nation's Humanitarian Needs Assessment Programme (HNAP), approximately 28 percent of the current population in Syria is estimated to have a disability, which is almost double the global prevalence rate of 15 percent. See: <https://www.hi-deutschland-projekte.de/lnob/wp-content/uploads/sites/2/2021/09/hnap-disability-in-syria-investigation-on-intersectional-impacts-2021.pdf>.

8 UNICEF, "Children with Disabilities in Situations of Armed Conflict: Discussion Paper," 2018, <https://www.unicef.org/media/126116/file/Children-with-Disabilities-in-Situations-of-Armed-Conflict-Discussion-Paper.pdf>, p. 4; Brigitte Rohwerder, *Disability Inclusion: Topic guide*, Birmingham, UK: GSDRC, University of Birmingham, November 2015, <https://gsdrc.org/wp-content/uploads/2015/11/DisabilityInclusion.pdf>, pp. 12-13, 21-23, 28.

9 Robert Mardini, Editorial, Persons with Disabilities in Armed Conflict: From Invisibility to Visibility," *International Review of the Red Cross*, No. 922, November 2022, <https://international-review.icrc.org/articles/editorial-persons-with-disabilities-in-armed-conflicts-from-invisibility-to-visibility-922>.





or unable to access humanitarian assistance.¹⁰ In humanitarian action, children with disabilities are rarely included in assessments and other data collection exercises, resulting in a lack of humanitarian interventions tailored to address their specific requirements, including with regard to accessibility.¹¹ Despite the lack of data, it is generally agreed that armed conflict has a disproportionate impact on persons with disabilities.¹² Given their unique circumstances and the barriers known to affect them, the number of children with disabilities adversely affected during armed conflict is likely significant.

Still, some progress has been made to protect children with disabilities in armed conflict. Years of work by the disability rights movement and its allies led to the adoption in 2006 of the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol. The adoption of the CRPD represented a ground-breaking shift in the way disability was understood, and working in tandem with existing legal frameworks for the protection of children's rights and of civilians in armed conflict, it strengthened legal protections for children with disabilities in armed conflict.¹³ The CRPD also created momentum for the reaffirmation of international and regional legal protections for persons with disabilities, including through UN Security Council Resolution 2475 (2019) on the protection of persons with disabilities in armed conflict and the African Disability Protocol (2018). The UN Human Rights Council established the mandate of the Special Rapporteur on the rights of persons with disabilities in 2014 through its Resolution 26/20.¹⁴

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- 10 Helen Durham and Gerard Quinn, "Lifting the cloak of invisibility: civilians with disabilities in armed conflict," Humanitarian Law & Policy, blog, International Committee of the Red Cross (ICRC), <https://blogs.icrc.org/law-and-policy/2022/04/21/civilians-disabilities-armed-conflict/>.
- 11 UNICEF, "Guidance: Including Children with Disabilities in Humanitarian Action," 2017, https://sites.unicef.org/disability/emergencies/downloads/UNICEF_General_Guidance_English.pdf, p. 15.
- 12 UN Security Council, Resolution 2475 (2019), S/RES/2475, June 20, 2019, [https://undocs.org/s/res/2475\(2019\)](https://undocs.org/s/res/2475(2019)).
- 13 For more on the CRPD and how it changed thinking around persons with disabilities, see section 3 of this discussion paper, on "International Legal Framework."
- 14 "Special Rapporteur on the Rights of Persons with Disabilities," International Justice Resource Center, <https://ijrcenter.org/un-special-procedures/special-rapporteur-on-the-rights-of-persons-with-disabilities/>.

Governments have also come together to support the inclusion of disability into international frameworks on economic and social development, such as the Sustainable Development Goals¹⁵ (SDGs) and the Sendai Framework for Disaster Risk Reduction,¹⁶ as well as on humanitarian action, such as the Charter on Inclusion of Persons with Disabilities in Humanitarian Action.¹⁷ Meanwhile, the UN has taken steps towards becoming more inclusive of persons with disabilities, with the Secretary-General's adoption in 2019 of the UN Disability Inclusion Strategy, which provides the foundation for promoting disability inclusion across the three pillars of the UN's work: peace and security, human rights, and development.¹⁸ Humanitarian agencies have developed guidance and practical tools to aid the identification of and response to the specific requirements of adults and children with disabilities in humanitarian settings; these include the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action,¹⁹ the Humanitarian Inclusion Standards for Older People and People with Disabilities,²⁰ and UNICEF's Guidance on Including Children with Disabilities in Humanitarian Action²¹ and its accompanying Disability Inclusive Humanitarian Action Toolkit.²² A reference group comprised of UN and other international agencies, nongovernmental organizations (NGOs), and OPDs, has been established to sustain the gains made for the inclusion of persons with disabilities in humanitarian action and to support further progress.²³ In December 2022, the



- 15 "Sustainable Development Goals," UN, website, accessed March 23, 2023, <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>.
- 16 "Sendai Framework for Disaster Risk Reduction 2015-2030," UN World Conference, adopted March 18, 2015, Sendai, Japan, <https://www.undrr.org/quick/11409>.
- 17 "Charter on Inclusion of Persons with Disabilities in Humanitarian Action," adopted May 2016, World Humanitarian Summit, Istanbul, Turkey, <https://humanitariananddisabilitycharter.org/>.
- 18 "UN Disability Inclusion Strategy," UN, 2019, <https://www.un.org/en/content/disabilitystrategy/>.
- 19 "Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action," Inter-Agency Standing Committee (IASC), 2019, <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>.
- 20 "Humanitarian inclusion standards for older people and people with disabilities," Age and Disability Capacity Programme (ADCAP), Age and Disability Consortium, February 7, 2018, <https://spherestandards.org/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/>.
- 21 "Guidance: Including Children with Disabilities in Humanitarian Action," UNICEF, 2017, https://sites.unicef.org/disability/emergencies/downloads/UNICEF_General_Guidance_English.pdf.
- 22 "Disability Inclusive Humanitarian Action Toolkit," UNICEF, 2019, <https://www.unicef.org/documents/disability-inclusive-humanitarian-action-toolkit>.
- 23 For more information, visit the website of the Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action, which at this writing is co-chaired by the International Disability Alliance (IDA), CBM Global, and UNICEF: <https://www.internationaldisabilityalliance.org/drg>.



first United Nations Global Advocate for persons with disabilities in conflict and peacebuilding situations was nominated.

While more work needs to be done to implement these frameworks and operational guidelines, they have undoubtedly brought greater attention to the issue of disability in situations of armed conflict. They also demonstrate a recognition by policy makers, humanitarian and development organizations, donors, and other stakeholders of the urgency of providing protection and care for children with disabilities in armed conflict. Greater attention and investment are still needed in several areas, including data collection and meaningful consultation with the disability community, which would facilitate a better understanding of the extent to which children with disabilities are at risk of experiencing grave violations and how they are impacted, including the ways in which these impacts differ from those affecting other children. Given the various issues outlined above, this discussion paper aims to encourage dialogue and information exchange on the gaps and challenges for the effective protection of children with disabilities in armed conflict.



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3.

International legal framework



This section provides an overview of the international legal framework for the protection of the rights of children with disabilities in situations of armed conflict. It discusses international human rights and humanitarian law treaties, UN Security Council resolutions, and regional conventions by analysing the ways in which they have strengthened the legal protections for children with disabilities in armed conflict and promoted a human rights-based approach to disability.

3.1. International Human Rights Law

The two main treaties of international human rights law (IHRL) that protect the rights of children with disabilities, including in situations of armed conflict, are the Convention on the Rights of the Child (CRC) and the CRPD. In addition to expressly affirming their applicability in armed conflict, the most significant ways in which these two treaties complement and strengthen provisions of international humanitarian law (IHL) on the protection of children with disabilities are the terminology they use and their promotion of a human rights-based approach to disability. When the Geneva Conventions were adopted in 1949, disability was viewed primarily in terms of medical needs, or what is known as the medical model of disability, which understands disability as “a problem of the individual that is directly caused by a disease, an injury, or some other health condition and requires medical care in the form of treatment and rehabilitation.”²⁴ Under IHL, therefore, persons with disabilities are categorized as part of the “wounded,” “sick,” or “infirm.” The CRPD departs from this model by defining persons with disabilities not in terms of their impairments, but rather, in terms of the barriers that prevent their participation in society on an equal basis with others. This contemporary and evolving interpretation of the terminology will be discussed in more detail below in the subchapter dedicated to the CRPD.

Convention on the Rights of the Child (1989)²⁵

Adopted in 1989, the CRC has since been ratified by 196 countries, making it the most widely ratified human rights treaty in the world.²⁶ It defines a child as every human being below the age of 18 years and sets out specific obligations for governments to ensure that children’s rights are respected, protected, and fulfilled.

24 Sophie Mitra, “The Capability Approach and Disability,” *Journal of Disability Policy Studies*, Volume 16, Issue 4, 2006, pp. 236-247.

25 Convention on the Rights of the Child (CRC), adopted November 20, 1989, UNGA Res. 44/25, entered into force September 2, 1990, <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

26 Congressional Research Service, “The United Nations Convention on the Rights of the Child,” July 27, 2015, <https://crsreports.congress.gov/product/pdf/R/R40484/25>.

In addition to the protections that apply to all children under the convention, the CRC identifies specific rights and protections for children with disabilities. These include:

- ▶ Article 2(1), which calls on States Parties to respect and ensure the rights of all children, without discrimination of any kind, including on the basis of disability;
- ▶ Article 23(1), which recognizes the right of children with disabilities to lead a full and decent life, in conditions that ensure their dignity, promote self-reliance, and facilitate their participation in the community;
- ▶ Article 23(2), which recognizes the right of children with disabilities to receive special care;
- ▶ Article 23(3), which provides for special assistance to be made available to children with disabilities free of charge, whenever possible; and
- ▶ Article 23(4), which calls on States Parties to engage in the exchange of information pertaining to preventive care and treatment of children with disabilities, in order to improve the ability of States to provide rehabilitation, education, and vocational services for affected children.

The CRC also includes specific provisions that apply to situations of armed conflict and can be invoked for the protection of the rights of children with disabilities in such contexts. Namely, Article 38(4) of the CRC obligates States Parties to “take all feasible measures to ensure protection and care of children who are affected by an armed conflict.”

Convention on the Rights of Persons with Disabilities (2006)²⁷

Adopted in December 2006, the CRPD garnered more signatories on its opening day than any other UN convention before it.²⁸ Today, it has been ratified by 186 countries. Culminating years of advocacy and efforts to change attitudes towards disability, the CRPD has enabled a major cultural shift in the way that persons with disabilities are viewed: from passive “objects” of medical treatment, charity, and social protection, to active “subjects” with equal human rights and agency.²⁹ According to the CRPD, persons with disabilities are “those who have

27 Convention on the Rights of Persons with Disabilities (CRPD), adopted December 13, 2006, UNGA Res. 61/106, entered into force May 3, 2008, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>. See also: Optional Protocol to the Convention on the Rights of Persons with Disabilities, adopted December 13, 2006, UNGA Res. 61/106, entered into force May 3, 2008, <https://www.ohchr.org/en/instruments-mechanisms/instruments/optional-protocol-convention-rights-persons-disabilities>.

28 UN Department of Economic and Social Affairs (DESA) Division of Inclusive Social Development, “Convention On The Rights Of Persons With Disabilities (CRPD),” accessed March 25, 2023, <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>.

29 UN Office of the High Commissioner for Human Rights (OHCHR), “The Convention on the Rights of Persons with Disabilities: Training Guide, Professional Training Series No. 19,” 2014, https://www.ohchr.org/sites/default/files/Documents/Publications/CRPD_TrainingGuide_PTS19_EN_Accessible.pdf.



long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”³⁰



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This stands in sharp contrast to the medical model of disability by promoting a human rights-based approach to disability and providing a more modern understanding of disability as the consequence of the interaction between an individual and an environment that does not accommodate the individual's differences. In other words, the CPRD recognizes “... *that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers* ...”³¹ The notion of disability as an evolving concept has allowed for learning and new practices to

be applied and used to better protect children with disabilities. For example, the Committee on the Rights of Persons with Disabilities has advised using the term “psychosocial impairment” instead of “mental impairment” (which is the term included in the CRPD definition),³² as this allows for a broader understanding of mental health care needs, and just as importantly, mental health care responses.

The CRPD applies to the protection and promotion of rights of both adults and children with disabilities. It also outlines several specific provisions for the protection of children with disabilities, including:

- ▶ Article 7(1), which obligates States Parties to “take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children”;
- ▶ Article 7(2), which notes that all actions concerning children with disabilities should take into account their best interests; and

30 CRPD, Art. 1.

31 CRPD, Preamble.

32 Laura Davidson, “A Key, Not a Straitjacket: The Case for Interim Mental Health Legislation Pending Complete Prohibition of Psychiatric Coercion in Accordance with the Convention on the Rights of Persons with Disabilities,” *Health and Human Rights Journal*, June 22, 2020, pp. 163-178, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7348443/>.

- ▶ Article 7(3), which guarantees the right of children with disabilities to express their views freely on all matters affecting them, in accordance with their age and maturity, and obligates States Parties to provide the necessary assistance to children to do so.

Like the CRC, the CRPD provides specific provisions for situations of armed conflict.³³ Under Article 11, States Parties must take “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict [...]”



3.2. International Humanitarian Law

IHL provides general protection for children as members of the civilian population, as well as special protection for them as particularly at risk individuals.³⁴ The IHL provisions that protect children are found in the fourth Geneva Convention of 1949 on the protection of civilians in time of war and in Additional Protocols I and II of 1977 on the protection of victims of international and non-international armed conflicts, respectively. Common Article 3 of the four Geneva Conventions provides two important protections for children: humane treatment and non-discriminatory treatment. While disability is not expressly referenced in Common Article 3, it falls under “any other cause.”³⁵

33 The CRPD Committee is in the process of preparing a General Comment on Article 11 of the CRPD. The purpose of the General Comment will be to provide recommendations to State Parties of the CRPD on measures they should adopt to ensure full compliance with their obligations to respect, protect and fulfil the human rights of persons with disabilities in situations of armed conflict. See: OHCHR, “Day of General Discussion and call for written submissions on article 11 of the Convention,” February 15, 2023, <https://www.ohchr.org/en/calls-for-input/2023/day-general-discussion-and-call-written-submissions-article-11-convention>.

34 Under Customary IHL, Rule 138 provides that the “elderly, disabled, and infirm affected by armed conflict are entitled to special respect and protection.” See ICRC’s International Humanitarian Law Databases, <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule138>.

35 UN General Assembly, Report of the Special Rapporteur on the Rights of Persons with Disabilities, A/76/146, July 19, 2021, <https://undocs.org/A/76/146 para. 45>.



Geneva Convention IV (1949)³⁶

In addition to Common Article 3 of the four Geneva Conventions, the fourth Geneva Convention includes several provisions that are relevant for the protection of children, including children with disabilities, in situations of armed conflict. These include:

- ▶ Article 14, which provides for the establishment of hospitals and safety zones for certain protected individuals, including wounded or sick persons and children under the age of 15, among others;
- ▶ Article 23, which provides for the distribution of humanitarian aid to vulnerable persons with specific needs, including children under 15;
- ▶ Article 24, which provides for the protection of orphaned or separated children;
- ▶ Article 38(5), which ensures preferential treatment for children;
- ▶ Article 50, which guarantees care and education for children in occupied territories, as well as their identification and the registration of their parentage; and
- ▶ Article 51, which prohibits the enlistment and forced labour of children.

Additional Protocol I (1977)³⁷

Additional Protocol I of the Geneva Conventions on the protection of victims of international armed conflicts expands protection for civilians, including children. Like the fourth Geneva Convention, it includes several specific provisions to protect children in armed conflict, including:

- ▶ Article 77(1), which affords special respect, protection, care and aid for children in armed conflict;
- ▶ Article 77(2), which prohibits the recruitment of children in armed forces under the age of 15 and the participation in hostilities of children under the age of 18;
- ▶ Article 77(3), which provides special protection to child combatants under the age of 15, regardless of whether or not they are prisoners of war (POWs);

36 Geneva Convention (IV) relative to the Protection of Civilian Persons in Time of War, adopted August 12, 1949, 75 U.N.T.S. 287, entered into force October 21, 1950, <https://ihl-databases.icrc.org/en/ihl-treaties/gciv-1949>.

37 Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), adopted June 8, 1977, 1125 U.N.T.S. 3, entered into force December 7, 1978, <https://ihl-databases.icrc.org/en/ihl-treaties/api-1977>.

- ▶ Article 77(4), which calls for children who have been arrested, detained, or interned to be held separately from adults, except when held together with their families;
- ▶ Article 77(5), which prohibits use of the death penalty for children under the age of 18; and
- ▶ Article 78, which prohibits parties to conflict from evacuating children who are not their own nationals to a foreign country, with an exception for temporary evacuations on compelling medical or safety grounds, requiring parental consent and ensuring their education, while also facilitating their safe return.

Additional Protocol II (1977)³⁸

Additional Protocol II of the Geneva Conventions elaborates on protections for victims caught up in non-international armed conflicts, such as civil wars. It expands and complements the protections contained in Common Article 3. Article 4(3) of Additional Protocol II provides specific protections for children in non-international armed conflicts. In particular, it requires the provision of necessary care and aid to children, including education and family reunification, and it prohibits the recruitment of children under the age of 15 and their participation in hostilities. Lastly, it provides for special measures to be taken, as necessary, to remove children temporarily from areas where hostilities are taking place, with the accompaniment of a guardian or caregiver.

3.3. United Nations Security Council Resolutions

Since 1999, the UN Security Council has passed 13 thematic resolutions on children and armed conflict, including Resolutions 1261, 1314, 1379, 1460, 1539, 1612, 1882, 1998, 2068, 2143, 2225, 2427, and 2601. While these resolutions have strengthened the international legal framework for the protection of children in situations of armed conflict, they have not put in place concrete measures for the protection of children with disabilities, despite recognizing their specific requirements.

In their preambles, Security Council Resolutions 2225 (2015) and 2427 (2018) recognize the importance of ensuring that the specific requirements of children with disabilities are addressed in situations of armed conflict, including access to health care, psychosocial support, and education. Resolution 2601 (2021) is the only Security Council resolution on CAAC to date that includes an operative paragraph mentioning children with disabilities, urging Member States to provide “sustainable, timely, appropriate, inclusive and accessible

38 Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-international Armed Conflicts (Protocol II), 1125 U.N.T.S. 609, entered into force December 7, 1978, <https://ihl-databases.icrc.org/en/ihl-treaties/apii-1977>.



assistance to children with disabilities who are affected by armed conflict, including reintegration, rehabilitation, and psychosocial support” and to ensure “access to education on an equal basis provided in the context of armed conflict.”³⁹

Under its thematic agenda on the Protection of Civilians, the Security Council has adopted Resolution 2475 (2019) on the protection of persons with disabilities in armed conflict.⁴⁰ This resolution significantly raised the attention of the Security Council and other international-level policy makers to the situation of persons with disabilities in armed conflict, and reinforced the obligations of parties to conflict to protect this group. Although all the provisions of Resolution 2475 are applicable to children with disabilities, children are only explicitly mentioned in the context of their specific requirements for assistance. Provisions that are relevant for the protection of children with disabilities in armed conflict include the following, all of which are consistent with the CRPD:

- ▶ Operative paragraph (OP) 4 of Security Council Resolution 2475 calls for disability-inclusive assistance, including reintegration, rehabilitation, and psychosocial support, to effectively address the specific requirements of children with disabilities (among others);
- ▶ OP 6 urges Member States to enable the meaningful participation and representation of persons with disabilities in humanitarian action, conflict prevention, resolution, reconciliation, reconstruction and peacebuilding;
- ▶ OP 8 urges Member States to take steps to eliminate discrimination and marginalization on the basis of disability in situations of armed conflict, recognizing multiple forms of discrimination based on intersections of various identity markers, including age and gender; and
- ▶ OP 9 calls for information and recommendations concerning people with disabilities in reports and briefings about armed conflict, and disability-disaggregated data within the UN’s reporting to the Security Council.

Resolution 2475 therefore calls for measures that, if implemented, will strengthen the implementation of the CAAC mandate, so that it can become more inclusive of children with disabilities. This will be further discussed in the “Recommendations” section of this paper.

39 UN Security Council, Resolution 2601 (2021), S/RES/2601, October 29, 2021, <https://undocs.org/s/res/2601>(2021), para. 13.

3.4. Regional Instruments

Regional instruments have been adopted that either specifically aim at protecting the rights of persons with disabilities, such as the Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons with Disabilities,⁴¹ or that include some provisions – among others – on the protection of persons with disabilities, such as the European Social Charter⁴² and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (“Protocol of San Salvador”).⁴³ However, only two regional instruments expressly and affirmatively protect the rights of children with disabilities in situations of armed conflict: the African Charter on the Rights and Welfare of the Child (ACRWC) and the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa (also known as the “African Disability Protocol”).

While these two instruments closely mirror the CRC and the CRPD, they were adopted because the CRC and CRPD failed to address concerns that are specific to the African context. On the protection of children, these concerns include the situation of children living under apartheid, specific disadvantages facing African girls, the African conception of community, and the role of extended family in children’s upbringing.⁴⁴ On the protection of persons with disabilities, these concerns include discrimination against persons with albinism and persons living with HIV/AIDS, and the harmful effects of practices, customs, traditions, and beliefs that result in marginalization and violations of disability rights.⁴⁵ The African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (commonly known as the “Kampala Convention”) is also included in this section as it provides specific protections to internally displaced persons (IDPs) with disabilities, including children.

40 UN Security Council, Resolution 2475 (2019), S/RES/2475, June 20, 2019, <https://undocs.org/s/res/2475>(2019).

41 Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons with Disabilities, entered into force September 14, 2001, <https://www.oas.org/juridico/english/treaties/a-65.html>.

42 European Social Charter, Council of Europe: see the 7th edition of the European Social Charter collected texts; the European Social Charter (ETS No. 35), adopted in 1961; the Revised European Social Charter (ETS No.163), adopted in 1996.

43 Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights “Protocol of San Salvador,” entered into force November 16, 1999, <http://www.oas.org/juridico/english/treaties/a-52.html>.

44 Jones Adu-Gyamfi and Frank Keating, “Convergence and Divergence between UN Convention on the Rights of the Child and the African Children’s Charter,” *Sacha Journal of Human Rights*, Volume 3, Number 1, January 2013, pp. 47-58, <http://hdl.handle.net/10454/10988>.

45 Serges Alain Djoyou Kamga, “A Call for a Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa,” *African Journal of International and Comparative Law*, Volume 21, Number 2, June 2013, pp. 219–249, <https://law.utexas.edu/wp-content/uploads/sites/31/2019/02/A-call-for-a-protocol-on-the-African-Charter-on-Human-and-People%E2%80%99s-Rights-on-the-rights-of-persons-with-disabilities-in-Africa.pdf>.





African Charter on the Rights and Welfare of the Child (1990)⁴⁶

The ACRWC contains several provisions specific to children with disabilities, including:

- ▶ Article 13(1), which establishes the right of children with disabilities to special protections that ensure their dignity and promote self-reliance and active participation in the community;
- ▶ Article 13(2), which obligates States Parties to ensure access to appropriate assistance for children with disabilities, including skills and vocational training and recreational opportunities; and
- ▶ Article 13(3), which obligates States Parties to progressively facilitate freedom of movement and access for children with disabilities.



Additionally, the ACRWC provides specific protections for children in situations of armed conflict, including:

- ▶ Article 22(1), which requires States Parties to respect and ensure respect for the provisions of IHL affecting children;
- ▶ Article 22(2), which requires States Parties to take measures to ensure children do not take direct part in hostilities and to refrain from recruiting children; and
- ▶ Article 22(3), which requires States Parties to conform with their obligations under IHL, protect civilians in armed conflict, and take all measures to protect and provide care for children affected by armed conflict.

⁴⁶ African Charter on the Rights and Welfare of the Child (ACRWC), OAU Doc. CAB/LEG/24-9/49 (1990), entered into force November 29, 1999, https://au.int/sites/default/files/treaties/36804-treaty-african_charter_on_rights_welfare_of_the_child.pdf.

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (2018)⁴⁷

The African Disability Protocol includes several provisions that are relevant for the protection of children with disabilities in armed conflict. These include Article 12, which calls on States Parties to take specific measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, forced displacements, and humanitarian emergencies. The Protocol also contains several provisions that are specifically applicable to children with disabilities, including:

- ▶ Article 28(1), which requires States Parties to ensure children with disabilities' full enjoyment of rights on an equal basis with other children;
- ▶ Article 28(2), which requires States Parties to respect and promote the rights of children with disabilities to enjoy a full and decent life, in conditions of dignity, self-reliance, and active participation in the community;
- ▶ Article 28(3), which requires States Parties to ensure the best interests of the child are the primary consideration in all actions undertaken concerning children with disabilities; and
- ▶ Article 28(4), which obligates States Parties to put in place policy, legislation, and other measures aimed at ensuring the rights and welfare of children with disabilities.

African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (2009)⁴⁸

Article 9(2)(c) of the Kampala Convention concerns the protection of persons with disabilities, obligating States Parties to provide protection for and assistance to IDPs with specific requirements, including separated and accompanied children and persons with disabilities, among others.

47 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa, adopted by the 30th Ordinary session of the Assembly of the AU, Addis Ababa, Ethiopia, January 29, 2018, https://au.int/sites/default/files/treaties/36440-treaty-protocol_to_the_achpr_on_the_rights_of_persons_with_disabilities_in_africa_e.pdf.

48 African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), adopted by the Special Summit of the AU, Kampala, Uganda, October 23, 2009, entered into force December 6, 2012, https://au.int/sites/default/files/treaties/36846-treaty-kampala_convention.pdf.





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4.

Heightened Risk: Children with disabilities and grave violations

In 1996, in order to better protect children in situations of armed conflict, the UN established the CAAC mandate through General Assembly Resolution 51/77.⁴⁹ Since then, this unique instrument was followed by 13 Security Council resolutions on CAAC, including Resolution 1612, adopted in 2005, which established the MRM on the six grave violations committed against children in situations of armed conflict. The MRM marked an important milestone in the evolution of the CAAC mandate, as the UN uses the information gathered through the MRM to engage with parties to conflict to end and prevent grave violations against children.



As previously emphasized in this discussion paper, data on children with disabilities in situations of armed conflict are crucial yet challenging to obtain due to various factors. These factors include a lack of awareness and understanding of disability, variations in how diverse actors define and measure disability, the quality and methods of data collection and resulting lack of disability-disaggregated data, the unreliability of sources, and the high levels of stigma leading to low disclosure rates. These challenges are reflected in the relative absence of data available on children with disabilities

collected through the CAAC mandate. Another aggravating factor worth considering is the limited access to information concerning the situation of children, including children with disabilities, in areas controlled by armed groups. As of July 2022, the International Committee of the Red Cross (ICRC) estimated that at least 175 million people lived in areas controlled by armed groups.⁵⁰

Due to the current lack of data on children with disabilities in armed conflict, it is not possible to discern the prevalence of grave violations committed against them. Nonetheless, it is known that children, by nature of their age and maturity, are highly vulnerable to violence and abuse in situations of armed conflict,⁵¹ and that persons with disabilities are disproportionately affected by armed conflict, facing increased risk of acute harm and violations.⁵² Additionally,

49 UN General Assembly, Resolution 51/77, A/RES/51/77, February 20, 1997, <https://undocs.org/a/res/51/77>.

50 Matthew Bamber-Zryd, "ICRC engagement with armed groups in 2022," ICRC Humanitarian Law and Policy Blog, January 12, 2023, <https://blogs.icrc.org/law-and-policy/2023/01/12/icrc-engagement-armed-groups-2022/>.

51 UNICEF, "Children with Disabilities in Situations of Armed Conflict: Discussion Paper," 2018, <https://www.unicef.org/media/126116/file/Children-with-Disabilities-in-Situations-of-Armed-Conflict-Discussion-Paper.pdf>.

52 Alice Priddy, "Disability and Armed Conflict," Academy Briefing No. 14, Geneva Academy of International Humanitarian Law and Human Rights, April 2019, <https://www.geneva-academy.ch/joomlatools-files/docman-files/Academy%20Briefing%2014-interactif.pdf>.



research has revealed that serious violations of IHRL and IHL directed against persons with disabilities often remain unnoticed and unaddressed by the international frameworks designed to prevent, investigate, and prosecute such acts.⁵³ The intersection of these vulnerabilities and the lack of oversight regarding violations against persons with disabilities suggest that children with disabilities may be at a greater risk of experiencing violence and abuse in situations of armed conflict compared to their peers. Interviews conducted for this study further support this notion.

This section examines each of the six grave violations and the specific factors that may place children with disabilities at higher risk of experiencing these violations. It further seeks to understand the differential impact of grave violations on children with disabilities, even when the exact extent of that impact remains undetermined.

4.1. Recruitment and Use

Recruitment and use of children in armed conflict refers to compulsory, forced, or voluntary conscription or enlistment of children into armed forces or armed groups, as well as the use of children by armed forces or armed groups in any capacity, including, but not limited to, as cooks, porters, messengers, spies, and collaborators.⁵⁴

Children with disabilities may face heightened risk of recruitment by armed groups in certain contexts. Desperate parents or caregivers living in poverty may be more susceptible to accepting financial incentives offered by armed groups in exchange for their children; this is highlighted by findings that households with family members with disabilities generally face higher levels of poverty.⁵⁵ This can be especially true for children with intellectual disabilities who often rely on their families or caregivers and may face barriers to engaging in economic activities to support their families. Children with disabilities also face a higher risk of abandonment or separation from their parents or caregivers while fleeing violence;⁵⁶ experience from armed conflicts around the world has shown that children without parents or caregivers face an increased risk of recruitment.⁵⁷ Additionally, due to high levels of stigma,

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- 53 William I. Pons, Janet E. Lord and Michael Ashley Stein, "Addressing the accountability void: War crimes against persons with disabilities," *International Review of the Red Cross*, No. 922, November 2022, <https://international-review.icrc.org/articles/addressing-the-accountability-void-war-crimes-against-persons-with-disabilities-922>; and William I. Pons, Janet E. Lord and Michael Ashley Stein, "Disability, Human Rights Violations, and Crimes Against Humanity," *American Journal of International Law*, Vol. 116, Issue 1, 2021, 58-95, <https://doi.org/10.1017/ajil.2021.41>.
- 54 OSRSG-CAAC, UNICEF, and DPKO, "Field Manual: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict," June 2014, https://www.mrmtools.org/files/MRM_Field_5_June_2014.pdf, p. 9.
- 55 Brigitte Rohwerder, *Disability Inclusion: Topic guide*, Birmingham, UK: GSDRC, University of Birmingham, November 2015, <https://gsdrc.org/wp-content/uploads/2015/11/DisabilityInclusion.pdf>, p. 15.
- 56 Emina Čerimović, "At risk and overlooked: Children with disabilities and armed conflict," *International Review of the Red Cross*, No. 922, November 2022, <https://international-review.icrc.org/articles/at-risk-and-overlooked-children-with-disabilities-and-armed-conflict-922>, p. 201.
- 57 ICRC, "Children," <https://www.icrc.org/en/war-and-law/protected-persons/children>.

discrimination, and lack of inclusive education in many conflict-affected countries, children with disabilities are less likely to attend school. Out of school children may be at higher risk of exploitation and abuse, including recruitment and use by armed groups.⁵⁸

Information from interviews conducted for this study suggests that children with disabilities may be used by armed groups for purposes other than soldiering, such as for trafficking weapons, spying, carrying out suicide attacks, or even being used as human shields. For example, in Iraq, 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.⁵⁹ These children were reportedly recruited to carry out suicide attacks against government forces and civilian targets.⁶⁰ There have also been reports of armed groups offering money to children and young adults with disabilities to commit suicide bombings.⁶¹ Children with intellectual disabilities may not fully comprehend what they are being asked to do.⁶²

Children with disabilities who are recruited or used by armed forces or groups face significant risks of being killed or seriously wounded, including by experiencing the exacerbation of existing impairments or by acquiring secondary impairments. They also face a high risk of developing post-traumatic stress disorder (PTSD) or depression as a result of the violence and abuse they experience. PTSD has been shown to be associated with impairments in functioning across numerous psychosocial areas.⁶³ Lastly, children with disabilities may face barriers accessing services in the context of the reintegration of children formerly associated with armed forces or armed groups, including mental health and psychosocial support (MHPSS), due to perceptions that these services do not require to be inclusive.

4.2. Killing and Maiming

Within the MRM framework, the term “killing and maiming”⁶⁴ refers to any action in the armed conflict context that results in the death or serious injury of one or more children, including torture.⁶⁵ Children may be killed or maimed as a result of direct targeting as well as indirect actions, such as crossfire or the detonation of landmines, cluster munitions, improvised

58 UNICEF, “More than 855,000 children remain out of school in North-West and South-West Cameroon,” November 5, 2019, <https://www.unicef.org/press-releases/more-855000-children-remain-out-school-north-west-and-south-west-cameroon>.

59 Mariam Kirolos, Caroline Anning, Gunvor Knag Fylkesnes, and James Denselow, *The War on Children*, Save the Children, 2018, https://www.savethechildren.org.uk/content/dam/global/reports/education-and-child-protection/war_on_children-web.pdf, p. 23.

60 Ibid.

61 Benedetta Argentieri, “Iraq’s deaf, dumb and disabled forgotten in the conflict,” Al-Arabiya News, June 16, 2016, updated May 20, 2020, <https://english.alarabiya.net/features/2016/06/16/Iraq-s-deaf-dumb-and-disabled-forgotten-in-the-conflict>.

62 Ibid.

63 UNICEF, “Children with Disabilities in Situations of Armed Conflict: Discussion Paper,” 2018, <https://www.unicef.org/media/126116/file/Children-with-Disabilities-in-Situations-of-Armed-Conflict-Discussion-Paper.pdf>, p. 12.

64 The use of the term “killing and maiming” will be discussed in greater detail later in this paper, under the “Recommendations” section.

65 OSRSG-CAAC, UNICEF, and DPKO, “Field Manual: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict,” June 2014, https://www.mrmtools.org/files/MRM_Field_5_June_2014.pdf, p. 9.



explosive devices (IEDs), or explosive remnants of war (ERW).⁶⁶ Between 2005 and 2021, the UN verified more than 300,000 grave violations against children in armed conflict, of which 122,000, or 40 percent, involved the killing and maiming of children.⁶⁷ No other grave violation has been verified at this scale.⁶⁸

Children with disabilities are more likely to experience neglect, especially in situations where they are institutionalized, meaning they may lack access to health care, nutrition, education, and other basic services.⁶⁹ This also means lack of access to mine risk education, which is often delivered in schools but in inaccessible formats. Institutions are often understaffed,⁷⁰ which may lead to situations of abandonment or separation from caregivers during attacks or displacement, leaving them at higher risk of being killed or seriously injured. For example, nearly 100,000 children, half of them with disabilities, lived in institutional care facilities prior to the escalation of violence in Ukraine.⁷¹ Many of these facilities were destroyed or significantly damaged during hostilities,⁷² and children were evacuated in extremely difficult circumstances, exposing them to the risk of being injured or killed.⁷³



66 Ibid.

67 OSRSG-CAAC, Library, <https://childrenandarmedconflict.un.org/virtual-library/>; Keyan Salarkia et al., Killed and Maimed: A Generation of Violations against Children in Conflict, Save the Children, 2020, <https://www.savethechildren.org.au/getmedia/7a75bb97-d18f-45e5-8b3e-9f5c89231afa/killed-and-maimed-a-generation-of-violations.pdf.aspx>, p. 3.

68 Keyan Salarkia et al., Killed and Maimed: A Generation of Violations against Children in Conflict, Save the Children, 2020, <https://www.savethechildren.org.au/getmedia/7a75bb97-d18f-45e5-8b3e-9f5c89231afa/killed-and-maimed-a-generation-of-violations.pdf.aspx>, p. 12.

69 Human Rights Watch (HRW), "Children with Disabilities: Deprivation of Liberty in the Name of Care and Treatment," March 7, 2017, <https://www.hrw.org/news/2017/03/07/children-disabilities-deprivation-liberty-name-care-and-treatment>.

70 Ibid.

71 UNICEF, "Guidance for protecting displaced and refugee children in and outside of Ukraine," November 2022, <https://www.unicef.org/emergencies/guidance-protecting-displaced-children-ukraine#2>.

72 UNICEF, "Ukraine Country Office Annual Report 2022, <https://www.unicef.org/media/136811/file/Ukraine-2022-COAR.pdf>.

73 Human Rights Watch (HRW), "We Must Provide a Family, Not Rebuild Orphanages: The Consequences of Russia's Invasion of Ukraine for Children in Ukrainian Residential Institutions," March 2023, https://www.hrw.org/sites/default/files/media_2023/03/crd_ukraine0323web.pdf.

Early warning systems and evacuation procedures may not be designed or adapted for children with disabilities, leaving them in harm's way during emergencies. Children with mobility impairments may be unable to flee without assistance, while those with hearing impairments may not be able to hear sirens or emergency announcements made over loudspeakers. Additionally, children with intellectual disabilities might find it difficult to comprehend the situation or instructions to leave a targeted area.⁷⁴

Of the six grave violations, killing and maiming is the one most directly associated with causing new or secondary impairments.⁷⁵ 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. These incidents may also cause trauma, leading to psychosocial disabilities, both for direct victims and for those children who have witnessed the killing or maiming of others. These incidents can happen in the context of military operations, house demolitions, search-and-arrest campaigns, or suicide attacks. They can also happen while children are on their way to school or while at play in areas contaminated by ERW. Due to their natural curiosity and lack of awareness or understanding of the dangers, children are more likely to pick up what they perceive as shiny objects.⁷⁶ Children's smaller stature can also have an impact on the severity of injuries they sustain. A 2019 study by Save the Children found that children in situations of armed conflict who were affected by blast injuries had significantly higher need for health services and experienced injuries of a greater intensity than adults.⁷⁷

4.3. Rape and Other Forms of Sexual Violence

Within the context of the MRM, the grave violation referred to as "rape and other forms of sexual violence" includes acts of rape and other sexual violence, sexual slavery and/or trafficking, enforced prostitution, forced marriage or pregnancy, enforced sterilization, or sexual exploitation and/or abuse of children.⁷⁸ In 2021, the UN verified 1,326 cases of rape and sexual violence of children in armed conflicts worldwide, representing a 20 percent increase from the previous year.⁷⁹ These figures likely capture only a fraction of all cases, as rape and sexual violence are chronically underreported, owing to factors such as stigma, fear of reprisals, lack of reporting and referral systems, and limited availability of support services.⁸⁰

74 Human Rights Watch (HRW), "UN: High Risk in Conflicts for Children with Disabilities," February 2, 2022, <https://www.hrw.org/news/2022/02/02/un-high-risk-conflicts-children-disabilities>.

75 UNICEF, "Children with Disabilities in Situations of Armed Conflict: Discussion Paper," 2018, p. 10.

76 UNICEF, "Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance," November 2014, <https://www.unicef.org/media/73581/file/Assistance-to-Victims-Landmines-2014.pdf.pdf>.

77 James Denselow, Jess Edwards, and Keyan Salarkia, *Blast Injuries: The Impact of Explosive Weapons on Children in Conflict*, 2019, Save the Children, https://resourcecentre.savethechildren.net/pdf/ch1325872_2_0.pdf/, p. 5.

78 OSRSG-CAAC, UNICEF, and DPKO, "Field Manual: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict," June 2014, https://www.mrmtools.org/files/MRM_Field_5_June_2014.pdf, p. 10.

79 UN General Assembly, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, A/77/143, July 27, 2022, <https://undocs.org/A/77/143>, para. 5.

80 Ewa Sapiezynska, "Global Weapon of War: Sexual Violence against Children in Conflict," Save the Children, February 18, 2021, <https://www.savethechildren.net/blog/weapon-war-sexual-violence-against-children-conflict>.



Children with disabilities, especially girls, are more likely to be vulnerable to rape and sexual violence.⁸¹ According to a report from UNICEF, children with intellectual disabilities were almost five times more likely to be subjected to sexual violence than other children.⁸² Data from the Women's Refugee Commission (WRC) shows that the risk of violence, including rape and other forms of sexual violence, in camps and urban refugee settings is significantly higher for women with physical disabilities and women and girls with intellectual disabilities.⁸³ The United Nations Population Fund (UNFPA) – the UN sexual and reproductive health agency – reports that girls with disabilities are at particular risk of “virgin rape,” which is when individuals believe the dangerous and false myth that persons with HIV/AIDS or other sexually transmitted infections can be cured by having sexual intercourse with a virgin. Girls with disabilities are often incorrectly believed to be asexual and therefore presumed to be virgins, making them particularly at risk to this form of sexual violence.⁸⁴ Factors contributing to the vulnerability of children with disabilities to sexual violence include high levels of stigma and exclusion that may result in their isolation, lack of protective social networks, heightened risk of being unaccompanied or becoming separated from parents or caregivers, and for some children increased vulnerability due to care needs and reliance on others for support and communication.

When it comes to reporting cases of sexual violence, children with disabilities and their families are less likely to report for many of the same reasons noted above, as well as out of fear of not being believed. Officials receiving reports may be less inclined to believe children with disabilities and their families, owing to paternalistic attitudes towards children with disabilities, negative stereotypes, and the perception that children with disabilities are often desexualized and not regarded as potential targets of sexual violence. It is important to emphasize that sexual violence encompasses situations where perpetrators exploit an individual's inability to give consent. In other words, the inability to give consent “is not only based on a person's age [...] but may also result from other circumstances, such as certain types of psychosocial or psychological impairments,”⁸⁵ and certain communication barriers.

81 Sara La Vecchia, “The protection of women and girls with disabilities in armed conflict: Adopting a gender-, age- and disability-inclusive approach to select IHL provisions,” *International Review of the Red Cross*, No. 922, November 2022, <https://international-review.icrc.org/articles/the-protection-of-women-and-girls-with-disabilities-in-armed-conflict-922>, p. 164.

82 UNICEF, “The State of the World's Children 2013: Children with Disabilities,” May 2013, <https://www.unicef.org/media/84886/file/SOWC-2013.pdf>, p. 44.

83 Women's Refugee Commission (WRC), “Gender-based Violence among Displaced Women and Girls with Disabilities: Findings from Field Visits 2011–2012,” February 17, 2013, <https://www.womensrefugeecommission.org/research-resources/gender-based-violence-among-displaced-women-and-girls-with-disabilities-findings-from-field-visits-2011-2012/>.

84 UNFPA, “Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights,” November 2018, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf, p. 129.

85 Sara La Vecchia, “The protection of women and girls with disabilities in armed conflict: Adopting a gender-, age- and disability-inclusive approach to select IHL provisions,” *International Review of the Red Cross*, No. 922, November 2022, <https://international-review.icrc.org/articles/the-protection-of-women-and-girls-with-disabilities-in-armed-conflict-922>, p. 184.



Like other child survivors, children with disabilities may experience serious physical injuries and/or psychological trauma as a result of sexual violence. For children with pre-existing impairments, secondary impairments may arise, or existing ones may be exacerbated. Injuries from rape and sexual violence can include fistulas for girls. Although fistulas can be treated with surgery, survivors often do not have access to adequate medical care for an operation of this nature,⁸⁶ and the impact of the violation and the stigma associated with it may lead to long-term psychological conditions.⁸⁷ Children with disabilities

who endure rape are also at risk of contracting sexually transmitted infections such as HIV/AIDS. Moreover, they are often excluded from healthcare services for the treatment of such illnesses or can be subjected to coercive medical procedures such as forced sterilization.⁸⁸

Child survivors of sexual violence with disabilities face serious risk of discrimination, stigma, and rejection, which may lead to higher risks of depression, psychological trauma, and even suicide. Disability is highly stigmatized in many conflict-affected countries, and children with disabilities face significant levels of discrimination and rejection.⁸⁹ Rape and sexual violence also carry significant stigma for survivors in many parts of the world,⁹⁰ further increasing the risk of exclusion for child survivors with disabilities.

86 The ACQUIRE Project, "Traumatic Gynecologic Fistula: A Consequence of Sexual Violence in Conflict Settings," May 2006, <https://fistulacare.org/archive/files/8/8.3/tf-report-english.pdf>, p. X.

87 Physicians for Human Rights (PHR), "War-Related Sexual Violence in Sierra Leone: A Population-Based Assessment," 2002, <https://phr.org/wp-content/uploads/2002/06/sierra-leone-sexual-violence-2002.pdf>; Nissou Ines Dossa et al., "Fistula and Other Adverse Reproductive Health Outcomes among Women Victims of Conflict-Related Sexual Violence: A Population-Based Cross-Sectional Study," *Birth*, Vol. 41, No. 1, 2014, 5-13, <https://doi.org/10.1111/birt.12085>.

88 UNFPA, "Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights," November 2018, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf, p. 103.

89 UNICEF, "Factsheet: Children with Disabilities," August 2022, <https://www.unicef.org/media/128976/file/UNICEF%20Fact%20Sheet%20-%20Children%20with%20Disabilities.pdf>, p. 5.

90 OSRSG-CAAC, "The Gender Dimensions of Grave Violations against Children in Armed Conflict," May 2022, https://childrenandarmedconflict.un.org/wp-content/uploads/2022/05/UN_Gender-Dimensions-Grave-Violations-Against-Children-WEB-2.pdf.



4.4. Abduction

Abduction refers to the unlawful removal, seizure, capture, apprehension, taking or enforced disappearance of a child either temporarily or permanently for the purpose of any form of exploitation of the child.⁹¹ Children can be seized, captured, or taken from their homes, schools, places of worship, and other public spaces, including roads and playgrounds. Children in situations of armed conflict can also be abducted during raids on villages and in ambushes, from IDP camps or farms, on their way to or from school, the market or a field, while gathering firewood or water, or shepherding.⁹² In 2021, the UN documented the abduction of more than 3,400 children in armed conflicts globally, representing a 20 percent increase over the previous year.⁹³ The abduction of girls alone increased by 40 percent.⁹⁴

The abduction of children in situations of armed conflict is typically a means to an end that often leads or is concomitant to other grave violations against children, including recruitment and use, rape and other forms of sexual violence, and killing and maiming, and can also occur in the context of attacks on schools and hospitals.⁹⁵ The harm resulting from a child's abduction in conflict zones is therefore compounded by the consequences that often follow this violation, including other grave violations, as well as trafficking and enslavement.⁹⁶

The factors that increase the vulnerability of children with disabilities to abduction in armed conflict are similar to those already mentioned in relation to other grave violations. For example, children with disabilities face heightened risk of being unaccompanied or separated from their parents or guardians, especially in contexts of displacement. When armed attacks occur, children with disabilities may be left behind by their caregivers, especially when evacuation routes are inaccessible. In many countries affected by armed conflict, children with disabilities may not have access to assistive devices, such as wheelchairs or hearing aids.⁹⁷ When they do, such devices may be left behind during evacuations or displacement, leaving these children even more at risk of being abducted, injured, or killed.

The impact of abduction on children with disabilities also mirrors that of other grave violations. For example, children with disabilities face a high risk of developing post-traumatic stress disorder (PTSD) or depression as a result of the violence they experience, and often face barriers accessing mental health and psychosocial support (MHPSS) services.

91 OSRSG-CAAC, UNICEF, and DPKO, "Field Manual: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict," June 2014, https://www.mrmtools.org/files/MRM_Field_5_June_2014.pdf, p. 10.

92 OSRSG-CAAC, "Guidance Note on Abduction," April 2022, https://childrenandarmedconflict.un.org/wp-content/uploads/2022/05/22-00040_Abduction-Guidance-for-CAAC_FINAL_WEB-1.pdf, p. 14.

93 UNGA, Report of the SRS-CAAC, A/77/143, July 27, 2022, <https://undocs.org/A/77/143>, para. 5.

94 Ibid.

95 OSRSG-CAAC, "Guidance Note on Abduction," April 2022, https://childrenandarmedconflict.un.org/wp-content/uploads/2022/05/22-00040_Abduction-Guidance-for-CAAC_FINAL_WEB-1.pdf, p. 25.

96 OSRSG-CAAC, "The Six Grave Violations against Children in Armed Conflict: The Legal Foundation," updated 2013, https://childrenandarmedconflict.un.org/publications/WorkingPaper-1_SixGraveViolationsLegalFoundation.pdf, p. 21.

97 Human Rights Watch (HRW), "It was really hard to protect myself: Impact of Armed Conflict in Syria on Children with Disabilities," September 2022, https://www.hrw.org/sites/default/files/media_2022/09/syria0922_web.pdf, p. 33.

4.5. Attacks Against Schools and Hospitals

“Attacks against schools and hospitals” is an umbrella term used to describe those acts that put at risk the integrity of schools, hospitals, education and medical personnel, and children seeking medical care or education, and undermine children’s rights to education and health care in situations of armed conflict.⁹⁸ They include targeted attacks on schools or medical facilities that cause total or partial destruction of the facility; attacks or threats of attack against teachers, students, medical personnel, and medical transport; and looting, pillaging, or wanton destruction of property. Such attacks often reduce the capacity of schools and hospitals, limit children’s access to education or health care, and sometimes render these facilities completely unusable, leading to their forced closure.⁹⁹



While children with disabilities are not necessarily more likely to experience attacks on schools and hospitals, the impacts they suffer as a result of these attacks can be devastating. Children with disabilities in many conflict-affected countries face high levels of discrimination and stigma in the education system. They may also require specific support and services which are not readily available in conflict zones, such as accessible buildings and facilities, adapted and effective learning methods, educational materials in accessible formats and languages, and assistive devices and technologies.

Challenges accessing such support and services may be further compounded when schools are attacked.

The combination of these circumstances means that children with disabilities are more likely to be left out of school compared to their peers. For those children with disabilities who do manage to attend school, attacks can pose additional barriers to their education. Following such attacks, students – or their parents – may experience fear and discontinue their attendance. In some cases, damage may render schools inaccessible, causing forcible closures. Disruptions to education may lead to further isolation of children with disabilities, contributing to depression, trauma, and other psychological harm. In addition, attacks may

98 OSRSG-CAAC, “Guidance Note on Security Council Resolution 1998,” May 2014, <https://childrenandarmedconflict.un.org/publications/AttacksonSchoolsHospitals.pdf>, p. 5.

99 Ibid., p. 6.



prevent children with disabilities from accessing complementary services that are often provided in schools, such as food, psychosocial support and counseling or medical care.¹⁰⁰ Out-of-school children are at a higher risk of violence, abuse, and exploitation, including recruitment and use by armed groups, sexual violence, and domestic violence. These risks are further compounded for children with disabilities, who are already vulnerable to such threats due to disability-related barriers and discrimination.

Attacks on hospitals have detrimental effects on all children's access to health care and medical treatment. This holds true for children with disabilities and may be exacerbated for those requiring specific medical care, treatments, counselling, therapy, rehabilitation, or assistive technology that requires regular access to services usually only provided in healthcare facilities. As with schools, attacks on hospitals and healthcare centres may result in their closure, leading to the breakdown of health systems that would otherwise mitigate the impact of injury or illness and prevent long-term or secondary impairments from occurring.¹⁰¹ In addition, and as described in section 4.2. on killing and maiming, children with disabilities who live in institutional care facilities are at risk of being injured or killed when these institutions are attacked, either because they are abandoned or separated from caregivers or are unable to flee without assistance. The same holds true for children with disabilities who may live in hospitals or healthcare facilities, either temporarily or permanently, and are at higher risk of being injured or killed when these facilities are attacked.

4.6. Denial of Humanitarian Access to Children

Denial of humanitarian access is the intentional deprivation or impediment of humanitarian assistance indispensable to children's survival by parties to conflict, including wilfully impeding the ability of humanitarian or other relevant actors to access and assist affected children, in situations of armed conflict.¹⁰² It is often a deliberate tactic of armed conflict which can take many forms, including:

[...] attacks against relief workers and convoys; bureaucratic and administrative impediments, such as cumbersome registration procedures and denial of entry visas for humanitarian personnel; suspension or diversion of aid; and interferences with programming decisions, such as the selection of beneficiaries or areas of intervention. Parties to conflict have also used siege and blockade tactics to deny the delivery of relief supplies to civilians.¹⁰³

100 UN Educational, Scientific and Cultural Organization (UNESCO), "COVID 19, Technology-Based Education and Disability: The Case of Colombia," 2021, <https://unesdoc.unesco.org/ark:/48223/pf0000377773>, p. 30.

101 UNICEF, "Children with Disabilities in Situations of Armed Conflict: Discussion Paper," 2018, <https://www.unicef.org/media/126116/file/Children-with-Disabilities-in-Situations-of-Armed-Conflict-Discussion-Paper.pdf>, p. 14.

102 OSRSG-CAAC, UNICEF, and DPKO, "Field Manual: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict," June 2014, https://www.mrmtools.org/files/MRM_Field_5_June_2014.pdf, p. 10.

103 Pascal Bongard and Laura Perez, "Denial of Humanitarian Access for Children: Legal, Policy, and Operational Challenges," Watchlist on Children and Armed Conflict and Fordham University's Institute of International Humanitarian Affairs, June 2022, https://watchlist.org/wp-content/uploads/watchlistfordham-policynote_denial_of_humanitarian_access_final_for_web.pdf, p. 2.

As with attacks on schools and hospitals, the denial of humanitarian access indirectly violates children's rights. As a result, children with disabilities are not any more likely to experience this grave violation than other children. However, because they may require specific support and services to meet their basic needs, children with disabilities are disproportionately impacted by the denial of humanitarian access. The denial of humanitarian assistance can prevent children with disabilities from accessing food, nutrition, water and sanitation, healthcare, assistive devices and services, MHPSS, and education. This, in turn, may lead to exclusion as well as worsening of health outcomes—including chronic health conditions, such as malnutrition or poliomyelitis—which may lead to new or exacerbate existing long-term impairments.¹⁰⁴

In situations where blockades have left civilians without access to essential goods and services, children with disabilities may face additional hardships. For example, those with limited mobility may experience heightened isolation if they cannot access public or private transportation due to fuel shortages. Furthermore, those who depend on electricity to operate essential devices such as nebulizers for respiratory support, electric wheelchairs, or other assistive technology are at serious risk of worsening health problems due to electricity shortages.¹⁰⁵

Finally, as detailed in this section, children with disabilities are at an elevated risk, not only of enduring grave violations, but also of experiencing more detrimental consequences of these violations in comparison to their peers. When the denial of humanitarian access obstructs the delivery of child protection services, the likelihood of children with disabilities facing these risks is even more pronounced.

104 UNICEF, "Children with Disabilities in Situations of Armed Conflict: Discussion Paper," 2018, <https://www.unicef.org/media/126116/file/Children-with-Disabilities-in-Situations-of-Armed-Conflict-Discussion-Paper.pdf>, p. 12.

105 Human Rights Watch (HRW), "Gaza: Israeli Restrictions Harm People with Disabilities," December 3, 2020, <https://www.hrw.org/news/2020/12/03/gaza-israeli-restrictions-harm-people-disabilities>.





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5.

Recommendations for a disability-inclusive mandate on CAAC

This section identifies areas that require greater attention and investment with relation to children with disabilities in situations of armed conflict. It makes recommendations aimed at strengthening the implementation of the CAAC mandate, so that it can become more inclusive of children with disabilities.

5.1. Strengthening Data Collection on Disability

In 2005, the UN Security Council established the MRM on grave violations as an incident-based monitoring and reporting system.¹⁰⁶ The purpose of the MRM is to gather “accurate, timely, objective and reliable” information on grave violations committed against children in situations of armed conflict.¹⁰⁷ As an incident-based system, the MRM monitors and reports all incidents of grave violations against children perpetrated by all parties to conflict in the situations of the CAAC agenda where it is established. The information undergoes a rigorous verification process before it can be shared with the UN Security Council through reports issued by the Secretary-General.

Disability-Disaggregated Data

MRM data is disaggregated by violation and, whenever such information can be collected and verified, by age and sex¹⁰⁸; it is not, however, disaggregated by disability, which means that information relating to the specific impact of armed conflict on children with disabilities has not been systematically captured by the MRM, nor reflected in the reports of the UN Secretary-General.¹⁰⁹ UNICEF has considered the gaps in data broadly collected on the situation of children with disabilities, noting: “... data disaggregated by disability are



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¹⁰⁶ UN Security Council, Report of the Secretary-General on Children and Armed Conflict (A/59/695-S/2005/72), February 9, 2005, <https://undocs.org/s/2005/72>, paras. 58-137.

¹⁰⁷ OSRSG-CAAC, UNICEF, and DPKO, “Guidelines: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict,” June 2014, [https://www.mrmtools.org/files/MRM_Guidelines_-_5_June_2014\(1\).pdf](https://www.mrmtools.org/files/MRM_Guidelines_-_5_June_2014(1).pdf), p. 7.

¹⁰⁸ OSRSG-CAAC, UNICEF, and DPKO, “Field Manual: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict,” June 2014, https://www.mrmtools.org/files/MRM_Field_5_June_2014.pdf, pp. 13, 26, and 29.

¹⁰⁹ UNICEF, “25 Years of Children and Armed Conflict: Taking Action to Protect Children in War,” June 2022, <https://www.unicef.org/media/123021/file/25%20Years%20Children%20in%20Armed%20Conflict.pdf>.



lacking in both development and humanitarian contexts. Further, even where disaggregated data are available, they are rarely disaggregated by age, sex and other factors, which hinders an understanding of the diversity of experiences of children with disabilities.”¹¹⁰ In the case of MRM data, the absence of disability-disaggregated data signifies a gap in understanding how children with disabilities are differently impacted by armed conflict—even though they are affected by all six grave violations—and what their experience of accessing support and services is.

In order to strengthen MRM data collection and analysis related to children with disabilities, the Washington Group Questions for children, known as the “Child Functioning Module,” could be incorporated into the set of questions used by MRM monitoring staff as part of the existing MRM data collection methodology. The Washington Group on Disability Statistics is a group working under the UN Statistical Commission that focuses on disability measures suitable for censuses and national surveys.¹¹¹ The Child Functioning Module is a data collection tool that has proven effective in collecting quality and comparable data on children with disabilities.¹¹² In March 2017, a joint statement issued by multiple UN agencies, Member States, and OPDs, recommended the Child Functioning Module as the appropriate tool for data disaggregation on children with disabilities for the 2030 SDGs.¹¹³

It is important to recognize that incorporating the Child Functioning Module into the existing MRM data collection methodology is not without challenges, nor is it a “quick fix” for the absence of disaggregated data on children with disabilities in situations of armed conflict. The Child Functioning Module might not capture all data on grave violations impacting children with disabilities, and its introduction would require a phased approach, including field testing by MRM monitoring staff and periodic assessments for efficacy. However, it would be an important first step in promoting inclusive data collection and highlighting the differentiated impact of armed conflict on children with disabilities, which is essential for addressing inequalities¹¹⁴ and strengthening the protection of this group. Furthermore, it would equip the MRM with a foundational tool to start building an evidence base on grave violations against children with disabilities. This, in turn, would contribute to shaping policies and a humanitarian response that account for the needs of all children.¹¹⁵ As highlighted in

110 UNICEF, “Factsheet: Children with Disabilities,” August 2022, <https://www.unicef.org/media/128976/file/UNICEF%20Fact%20Sheet%20-%20Children%20with%20Disabilities.pdf>, p. 6.

111 UNICEF, “Module on Child Functioning: Concept Note,” February 2017, <https://data.unicef.org/resources/module-child-functioning-concept-note/>, p. 1.

112 UNICEF, “Producing Disability-Inclusive Data: Why It Matters and What It Takes,” July 2020, <https://data.unicef.org/resources/producing-disability-inclusive-data-why-it-matters-and-what-it-takes/>.

113 International Disability Alliance (IDA), “Joint Statement by the Disability Sector: Disability Data Disaggregation,” March 2007, <https://www.internationaldisabilityalliance.org/data-joint-statement-march2017>.

114 Internal Displacement Monitoring Center (IDMC), “Advancing disability-inclusive action on internal displacement,” December 2022, https://www.internal-displacement.org/sites/default/files/publications/documents/221201_IDMC_DisabilityReport.pdf, pp. 11 and 15.

115 UNICEF, “Seen, Counted, Included: Using Data to Shed Light on the Well-Being of Children with Disabilities,” November 2021, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

the IASC's Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, using disaggregated data ensures the "identification of the most at-risk population."¹¹⁶ Without disability-disaggregated data, humanitarian response programmes are less likely to be inclusive of children with disabilities.

A More Inclusive Understanding of Maiming

Monitoring and reporting on the violation of "maiming" is an integral component of the CAAC mandate. Under the definition of "killing and maiming"—one of the six grave violations—it means "any action that causes a serious, permanent or disabling injury, or scarring or mutilation to a child."¹¹⁷ As noted in section 4 of this discussion paper, maiming can happen as a result of direct targeting or indirect actions including crossfire, landmines, cluster munitions, IEDs, or other explosive devices.

While the term maiming has been used consistently across the international legal framework on CAAC, as well as in most arms trade or weapons control treaties, it is nonetheless in tension with the CRPD because it reinforces the medical model approach to disability, which understands disability as an ailment or set of ailments requiring treatment, correction, or rehabilitation, thereby perpetuating the belief that acquiring or having a disability is something to be avoided or prevented, and that persons with disabilities are to be pitied.¹¹⁸ The use of the term "maiming" has also had an impact on MRM data collection. Because the definition of maiming focuses on physical injuries acquired as a result of armed conflict, MRM monitoring personnel generally do not gather information on non-physical disabilities, such as psychosocial disabilities. These disabilities may include the long-term effects of trauma from experiencing or witnessing atrocities, such as armed attacks, explosive blasts, or rape and other forms of sexual violence.¹¹⁹

The ICRC has addressed similar tensions in IHL, which uses terms such as "infirm" and "wounded and sick" to refer to "persons with disabilities," and the term "disablement" for "disability." In a note on IHL terminology, the ICRC explains that the use of these terms "... was a product of the social and historical context of its time and is certainly outdated in light of contemporary understandings of disability, [but] this does not detract from the fact that already in 1949 and subsequently in 1977, persons with disabilities were recognized as requiring protection under IHL."¹²⁰

116 Inter-Agency Standing Committee (IASC), "Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action," July 2019, <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>.

117 OSRSG-CAAC, UNICEF, and DPKO, "Field Manual: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict," June 2014, https://www.mrmtools.org/files/MRM_Field_5_June_2014.pdf, p. 9.

118 Human Rights Watch (HRW), "UN: High Risk in Conflicts for Children with Disabilities," February 2, 2022, <https://www.hrw.org/news/2022/02/02/un-high-risk-conflicts-children-disabilities>.

119 See, for example, UNFPA Iraq, "Including and Empowering Persons with Disabilities: Equal Rights and a Life Free of Violence," December 14, 2022, <https://iraq.unfpa.org/en/news/including-and-empowering-persons-disabilities-equal-rights-and-life-free-violence>.



In order to strengthen data collection and analysis regarding children with disabilities, a reflection on the monitoring and reporting of “maiming” could prove helpful for considering the term in its relations with disabilities, including non-physical disabilities, as part of the existing MRM data collection methodology. To that end, the development of a technical guidance note on the monitoring and reporting of the grave violation of “killing and maiming” children could provide the space for that reflection and support capacity-building of MRM monitoring staff to collect information on this grave violation in a more inclusive manner. It would also reflect the recommendations made during UN regional consultations on the implementation of the CAAC mandate held from 2018-2020, which call for technical guidance on all six grave violations, including on killing and maiming to “...help clarify the complex monitoring, documentation and reporting of maiming”.¹²¹ These regional consultations were convened jointly by the OSRSG-CAAC and UNICEF in Amman, Bangkok, Dakar, and Nairobi to discuss common challenges with CTFMRs, their equivalents in non-MRM countries, including UN Country Teams, and the Regional Offices of UN entities, in order to strengthen the implementation of the CAAC mandate, and the protection of children affected by armed conflict.



5.2. Consultation with Persons with Disabilities

In addition to strengthening the collection of data on children with disabilities in situations of armed conflict, greater efforts are required to facilitate the meaningful participation of persons with disabilities, including children, and the organizations that represent them in decision-making processes about them.

Consultation with persons with disabilities and OPDs is a core element of the international legal framework on the rights of persons with disabilities. For example, under its general obligations, the CRPD requires States Parties to “closely consult with and actively involve

120 International Committee of the Red Cross (ICRC), “How the law protects persons with disabilities in armed conflict,” December 13, 2017, <https://www.icrc.org/en/document/how-law-protects-persons-disabilities-armed-conflict>.

121 OSRSG-CAAC and UNICEF, “Consolidated Recommendations from the Regional Consultations on Children and Armed Conflict,” October 2021, https://childrenandarmedconflict.un.org/wp-content/uploads/2021/10/21-00068_CAAC_Report2021_final.pdf, p. 6.

persons with disabilities, including children with disabilities, through their representative organizations”¹²² on all decision-making processes concerning issues relating to persons with disabilities. The Committee on the Rights of Persons with Disabilities further elaborates on the participation of persons with disabilities, through their representative organizations, in the implementation of the CRPD in its General Comment 7, which will be discussed in more detail below.¹²³ In Resolution 2475, the Security Council stresses the importance of “sustained consultation and dialogue between persons with disabilities, including their representative organizations, and humanitarian organizations and national and international decision makers.”¹²⁴

The importance placed on consultations with persons with disabilities and OPDs reflects the shift towards disability inclusion and a human rights-based approach to disability, which emphasizes that “persons with disabilities are actors of change and possess unique knowledge and lived experience of disability that others do not. [They...] know better what can be done to enhance their rights and wellbeing.”¹²⁵ In addition, facilitating the active participation of persons with disabilities and OPDs in decision-making processes about them is key to removing barriers that prevent their full participation in society on an equal basis with others. This helps explain why the clarion call of the disability rights movement has been “nothing about us without us.”

Consultation with OPDs

Consultation with persons with disabilities and OPDs is at the heart of the UN Disability Inclusion Strategy, which requires UN entities to consult and actively involve a diversity of persons with disabilities through their representative organizations, at global, regional and national levels.¹²⁶ In this respect, the Committee on the Rights of Persons with Disabilities defines OPDs as “... non-governmental organizations led, directed and governed by persons with disabilities, who compose a clear majority of their membership.”¹²⁷

In the context of the CAAC mandate, consulting with OPDs could support the mainstreaming of disability inclusion into the implementation of the mandate.¹²⁸ For example, global and

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- 122 Convention on the Rights of Persons with Disabilities (CRPD), adopted December 13, 2006, UNGA Res. 61/106, entered into force May 3, 2008, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>, Article 4.3.
 - 123 UN Committee on the Rights of Persons with Disabilities, “General comment No.7 on Article 4.3 and 33.3 - the participation of persons with disabilities in the implementation and monitoring of the Convention,” CRPD/C/GC/7, November 9, 2018, <https://undocs.org/CRPD/C/GC/7>.
 - 124 UN Security Council, Resolution 2475 (2019), S/RES/2475, June 20, 2019, [https://undocs.org/s/res/2475\(2019\)](https://undocs.org/s/res/2475(2019)).
 - 125 “Guidelines on Consulting Persons with Disabilities: Indicator 5,” United Nations Disability Inclusion Strategy, May 2021, https://www.un.org/sites/un2.un.org/files/un_disability-inclusive_consultation_guidelines.pdf.
 - 126 “UN Disability Inclusion Strategy,” UN, 2019, <https://www.un.org/en/content/disabilitystrategy/>.
 - 127 “Guidelines on Consulting Persons with Disabilities: Indicator 5,” United Nations Disability Inclusion Strategy, May 2021, https://www.un.org/sites/un2.un.org/files/un_disability-inclusive_consultation_guidelines.pdf, p. 11.
 - 128 Consultations on disability inclusion for the MRM could be an additional way of reporting against benchmarks under Indicator 5 of the UN Disability Inclusion Strategy Entity Accountability Framework and the UN Country Team (UNCT) Accountability Scorecard. See: “Guidelines on Consulting Persons with Disabilities: Indicator 5,” United Nations Disability Inclusion Strategy, May 2021, https://www.un.org/sites/un2.un.org/files/un_disability-inclusive_consultation_guidelines.pdf.



regional OPDs could provide valuable insights into new research on disability-inclusive data collection and analysis methods that may be under development for use in humanitarian contexts and that could be tested by CAAC monitoring and reporting staff. Furthermore, actively involving global and regional OPDs in broader consultations with NGOs on the CAAC mandate would help ensure that the “experiences and needs [of children with disabilities] are adequately reflected in the evidence being generated.”¹²⁹ Another way to implement consultation with OPDs could be through consultations on disability inclusion at national level through CTFMRs and their equivalents in non-MRM countries. For example, OPDs with specific knowledge and information on the impact of armed conflict on children with disabilities could brief the CTFMRs and their equivalents on good practices for integrating the Child Functioning Module into the set of questions used by MRM staff as part of the existing data collection methodology. Indeed, UNICEF has recognized that the “production of inclusive data demands the involvement of persons with disabilities in all data collection processes and outcomes.”¹³⁰

It is of particular importance that consultations with OPDs consider intersectionality and aim to engage a diversity of persons with disabilities. While all persons with disabilities face discrimination and social exclusion, the intersection of disability with other factors such as age, gender, sexual orientation, ethnicity, or socioeconomic background may produce further inequalities and increase barriers to full participation in society. For example, refugees with disabilities, indigenous persons with disabilities, women and children with disabilities, or persons with psychosocial and intellectual disabilities experience multiple and intersecting forms of discrimination that may lead to extreme poverty, criminalization, and/or violence. The views of these groups are usually underrepresented in civil society engagement and decision-making processes about persons with disabilities.¹³¹

Participation of children with disabilities

The CRC recognizes the right of all children—including those with disabilities—to express their views freely on all matters concerning them, in accordance with their age and maturity.¹³² The participation of children in decision-making processes about them is not only a right, but it also helps build their capacity for active citizenship and fosters more inclusive and responsive social structures.¹³³

129 UNICEF, “Producing Disability-Inclusive Data: Why It Matters and What It Takes,” July 2020, <https://data.unicef.org/resources/producing-disability-inclusive-data-why-it-matters-and-what-it-takes/>.

130 UNICEF, “Producing Disability-Inclusive Data: Why It Matters and What It Takes,” July 2020, <https://data.unicef.org/resources/producing-disability-inclusive-data-why-it-matters-and-what-it-takes/>.

131 “Guidelines on Consulting Persons with Disabilities: Indicator 5,” United Nations Disability Inclusion Strategy, May 2021, pp. 9, 10, 17, and 37, https://www.un.org/sites/un2.un.org/files/un_disability-inclusive_consultation_guidelines.pdf.

132 Convention on the Rights of the Child (CRC), adopted November 20, 1989, UN General Assembly Resolution 44/25, entered into force September 2, 1990, <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>, art. 12.

133 OSRSG-CAAC, “Practical Guidance for Mediators to Protect Children in Situations of Armed Conflict,” February 2020, <https://childrenandarmedconflict.un.org/wp-content/uploads/2020/10/Practical-guidance-for-mediators-to-protect-children-in-situations-of-armed-conflict.pdf>.

However, there are still many barriers preventing children from fully realizing their right to free expression and civic participation. Children are often perceived as too young, inexperienced, or immature to meaningfully engage in such processes, and as a result, policy makers may deny or hinder children's access to decision-making fora. Facilitating meaningful participation of children in such processes requires careful consideration of their best interests, including implementing measures to ensure that their participation is both protective and appropriate for their age and level of maturity; this may be especially challenging in armed conflict and post-conflict settings. In these contexts, there may be limited access to civic space that is safe and accessible. The free expression of views and participation in civic space may, in fact, entail significant personal risk, including that of reprisals against participating individuals. Additionally, for children with disabilities in armed conflict situations, the barriers to participation are multiplied as a result of the frequent lack of accessibility of participative platforms for their involvement, including physical accessibility and materials in accessible formats, and ableist assumptions¹³⁴ which further contribute to their discrimination and social exclusion.

In recent years, there has been some progress towards recognizing the need for greater meaningful consultation of children affected by armed conflict about decisions impacting their rights, needs, and protection. Specifically, several initiatives have been launched to encourage the participation of

children in peacebuilding. In its Resolution 1612 (2005), the Security Council calls upon all parties concerned "to ensure that the protection, rights and well-being of children affected by armed conflict are specifically integrated into all peace processes, peace agreements and post-conflict recovery and reconstruction planning and programmes."¹³⁵ In a 2017 presidential statement, the Security Council encouraged the Special Representative of the Secretary-General for Children and Armed Conflict (SRSG-CAAC), together with relevant child protection actors, "to carry out lessons learned initiatives in order to compile comprehensive



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134 "Ableism" is defined as "the underlying system of values that results in stigma, discrimination, and, ultimately, the exclusion of persons with disabilities from development and humanitarian action." See: UNICEF, "Factsheet: Children with Disabilities," August 2022, <https://www.unicef.org/media/128976/file/UNICEF%20Fact%20Sheet%20-%20Children%20with%20Disabilities.pdf>, p. 5.

135 UN Security Council, "Resolution 1612 on Children and Armed Conflict," S/RES/1612(2005), July 26, 2005, [https://undocs.org/S/RES/1612\(2005\)](https://undocs.org/S/RES/1612(2005)).



best practices on the CAAC mandate, including practical guidance on the integration of child protection issues in peace processes,”¹³⁶ which led to the publication of the “Practical Guidance for Mediators to Protect Children in Situations of Armed Conflict” by the OSRSG-CAAC in 2020.¹³⁷ In his 2022 report to the Security Council on the Responsibility to Protect, the Secretary-General spotlighted the role of children and young people in preventing and addressing atrocity crimes, recognizing the role they can play “not only as beneficiaries of interventions, but also as partners in peace.”¹³⁸

While these initiatives represent a positive and welcome step towards advancing children’s rights, children with disabilities continue to be significantly excluded from decision-making processes that concern them. Greater attention must be paid to putting in place measures to ensure that consultation processes involving children are accessible for those with disabilities. The Committee on the Rights of Persons with Disabilities, through its General Comment 7, has called on States Parties to the CRPD to adopt legislation and regulations and to develop programmes to promote understanding and respect for the will and preferences of children, and consider their personal evolving capacities at all times.¹³⁹ It has also encouraged States Parties to organize meetings in which children with disabilities are invited to express their opinions and to submit essays elaborating on their first-hand experiences or life expectations, which could be used to inform decision-making processes.¹⁴⁰ With specific regard to peacebuilding, mediators and child protection actors could benefit from guidance on promoting the safe inclusion of children with disabilities in peace processes. Indeed, existing guidance, such as the OSRSG-CAAC’s “Practical Guidance for Mediators to Protect Children in Situations of Armed Conflict,” could be updated to be inclusive of disability.

Persons with disabilities, including children, and the organizations that represent them are a largely untapped resource in the essential process of peacebuilding in post-conflict situations.¹⁴¹ They are best placed to express their own requirements and experiences, which are necessary for the development of policies, programmes, and interventions to protect their rights and wellbeing.

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- 136 UN Security Council, “Statement by the President of the Security Council,” S/PRST/2017/21, October 31, 2017, <https://undocs.org/S/PRST/2017/21>.
- 137 OSRSG-CAAC, “Practical Guidance for Mediators to Protect Children in Situations of Armed Conflict,” February 2020, <https://childrenandarmedconflict.un.org/wp-content/uploads/2020/10/Practical-guidance-for-mediators-to-protect-children-in-situations-of-armed-conflict.pdf>.
- 138 UN Security Council, “Report of the Secretary-General on the Responsibility to Protect: Prioritizing Children and Young People,” A/76/844-S/2022/428, May 26, 2022, <https://undocs.org/S/2022/428>.
- 139 UN Committee on the Rights of Persons with Disabilities, “General Comment No.7 on Article 4.3 and 33.3 – The Participation of Persons with Disabilities in the Implementation and Monitoring of the Convention,” CRPD/C/GC/7, November 9, 2018, <https://undocs.org/CRPD/C/GC/7>, para. 25.
- 140 UN Committee on the Rights of Persons with Disabilities, “General Comment No.7 on Article 4.3 and 33.3 – The Participation of Persons with Disabilities in the Implementation and Monitoring of the Convention,” CRPD/C/GC/7, November 9, 2018, <https://undocs.org/CRPD/C/GC/7>, para. 26.
- 141 UN General Assembly, Report of the Special Rapporteur on the Rights of persons with Disabilities, A/76/146, July 19, 2021, <https://undocs.org/A/76/146>, para. 101.

5.3. Training and Capacity Building

Although the adoption of the CRPD and other international legal instruments represent a major cultural shift in the way that persons with disabilities are viewed and in the promotion of a human rights-based approach to disability, the prevailing lack of awareness and understanding of the rights of persons with disabilities and the barriers they face remains a significant obstacle to the realisation and protection of their rights. This holds especially true for children with disabilities in situations of armed conflict, who are even further marginalized as a group.

Awareness raising initiatives and the provision of training and capacity building on the rights of persons with disabilities can lead to a greater understanding of the issues they face and promote the protection of their rights. This has been recognized by the CRPD, which calls upon States Parties to adopt measures to raise awareness of issues relating to persons with disabilities and foster respect for their rights and dignity.¹⁴² The CRPD also calls on States Parties to support international cooperation on promoting the protection of the rights of persons with disabilities, including by facilitating and supporting capacity building initiatives, such as the exchange and sharing of information, experiences, training programmes, and best practices.¹⁴³ Similarly, the UN has recognized the need to strengthen the capacity and competence of its staff with regard to disability rights and inclusion, in order to successfully mainstream a disability perspective into UN policies and programmes. As noted in the UN Disability Inclusion Strategy:

Staff members who are responsible for programme design and implementation, as well as those responsible for technical advisory services, require capacity development to ensure that a human rights-based approach to disability is reflected in their work at all times. Capacity gaps will be addressed comprehensively and systematically, including through awareness-raising campaigns and training, at the individual, entity and system-wide levels[.]¹⁴⁴

Training and capacity building on disability rights and inclusion are a key element towards strengthening implementation of the CAAC mandate by making it more inclusive of children with disabilities. Concretely, such training could help make data collection on children in armed conflict more inclusive of disability and promote greater consultation with persons with disabilities and OPDs about implementation of the CAAC mandate. Persons with disabilities and OPDs would have an important role to play in the design and delivery of training materials and capacity building on disability rights and inclusion.

142 CRPD, art. 8.

143 Ibid., art. 32.

144 "UN Disability Inclusion Strategy," UN, 2019, <https://www.un.org/en/content/disabilitystrategy/>.





Without limiting the scope of potential recipients, this discussion paper considers three distinct groups involved in or contributing towards the implementation of the CAAC mandate who should be prioritized for capacity building initiatives on disability rights and inclusion. Although this is certainly not an exhaustive list, the three “beneficiary” groups of such training should include MRM staff, humanitarian child protection staff, and military commanders, including those deployed to UN peace operations.

MRM Staff

As highlighted earlier in this discussion paper, there exists a notable lack of data concerning children with disabilities in armed conflict and their specific requirements, and yet, the MRM does not currently collect data on children with disabilities. In addition to increasing consultation with OPDs, building MRM staff capacity on disability could help address these gaps. Specifically, MRM staff – which can include UN human rights and child protection officers – should receive

training on the Child Functioning Module and how to identify all children with disabilities, including non-physical disabilities, such as psychosocial and intellectual disabilities, in addition to physical, visual, and hearing disabilities. Furthermore, capacity building on disability rights and inclusion would assist MRM staff to engage with OPDs at the national level and facilitate their participation in consultations on disability rights and inclusion in the implementation of the CAAC mandate.

Humanitarian Child Protection Staff

Children with disabilities are among the most marginalized and at-risk populations in situations of armed conflict, yet they are all too often excluded from accessing humanitarian assistance. As this discussion paper has repeatedly underscored, the inclusion of children with disabilities requires a better understanding of the specific challenges they face in situations of armed conflict and the impacts thereof. This holds true in the context of humanitarian action, where interventions must be tailored to meet these children’s specific requirements if they are to be accessible for all children.



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There have been numerous noteworthy initiatives aimed at promoting disability rights and inclusion in humanitarian action. These include, but are certainly not limited to, UNICEF's Guidance on Including Children with Disabilities in Humanitarian Action and its accompanying Disability Inclusive Humanitarian Action Toolkit, and the IASC's Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, as mentioned in the "Background" and "Recommendations" sections of this discussion paper. However, there needs to be greater investment in the

dissemination of these materials, including the provision of training on disability rights and inclusion to child protection staff, particularly those working in situations of armed conflict. Such training could help them identify and address the specific requirements of children with disabilities, including in the context of the reintegration of children formerly associated with armed forces or armed groups. Humanitarian coordination mechanisms, such as the Global Protection Cluster's Child Protection Area of Responsibility and The Alliance for Child Protection in Humanitarian Action, could contribute to such efforts through the development and dissemination of training materials, and the delivery of training modules.¹⁴⁵ Training on disability rights and inclusion could also enhance the capacity of humanitarian child protection personnel to more effectively facilitate the participation of persons with disabilities, including children, and OPDs in discussions relating to humanitarian response. Notably, OPDs could play an important role in contributing to risk analysis, monitoring, preparedness, and response actions.¹⁴⁶

145 Child Protection Area of Responsibility: <https://www.cpaor.net/>; The Alliance for Child Protection in Humanitarian Action: <http://alliancecpha.org/en>.

146 "Guidance: Including Children with Disabilities in Humanitarian Action," UNICEF, 2017, https://sites.unicef.org/disability/emergencies/downloads/UNICEF_General_Guidance_English.pdf, p. 30.



Military Commanders

As previously noted, in numerous contexts, persons with disabilities, including children, are often overlooked in the formulation of military doctrines, training, planning, or in the conduct of hostilities, putting them at an elevated risk of being killed or injured, subjected to violence, or able to access humanitarian assistance.¹⁴⁷ The invisibility of children with disabilities is especially stark during proportionality assessments, which are fundamental for the protection of civilians under IHL. The principle of proportionality prohibits attacks which may be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated by the attack.¹⁴⁸ Moreover, the principle of precaution mandates ongoing diligence to prevent harm to the civilian population and civilian objects. This involves taking all feasible measures to verify that intended targets are neither civilians nor civilian objects, and providing effective advance notice of potential attacks that could impact the civilian population.¹⁴⁹

Despite the fact that an estimated 15 percent of the world's population has some form of disability—with this percentage likely higher in conflict-affected areas—military commanders too often assume that civilian populations are largely homogenous and fail to take into account the presence of persons with disabilities.¹⁵⁰ This has a direct impact on several fronts: failure to consider the impact of an attack on persons with disabilities, including children with disabilities, in comparison to other civilians, and failure to issue early warnings or implement evacuation procedures that are accessible to persons with disabilities, including children with disabilities, as described in section 4 of this discussion paper. As a result, children with disabilities are exposed to increased risks during the conduct of hostilities.

Providing military commanders with training on disability rights and inclusion would raise their awareness on the importance of collecting reliable data on the demographic composition of the civilian population. OPDs could play a critical role in providing this type of valuable information, along with important information on the type of infrastructure that serves or impacts persons with disabilities in areas where hostilities are most intense. Likewise, consultations by military commanders of OPDs on the development of early warning systems or evacuation procedures is crucial for their effectiveness, as articulated in the

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- 147 Helen Durham and Gerard Quinn, "Lifting the cloak of invisibility: civilians with disabilities in armed conflict," Humanitarian Law & Policy, blog, International Committee of the Red Cross (ICRC), <https://blogs.icrc.org/law-and-policy/2022/04/21/civilians-disabilities-armed-conflict/>.
- 148 International Committee of the Red Cross (ICRC), "International Expert Meeting Report: The Principle of Proportionality," September 3, 2018, <https://www.icrc.org/en/document/international-expert-meeting-report-principle-proportionality>.
- 149 Jean-Francois Quéguiner, "Precautions under the law governing the conduct of hostilities," International Review of the Red Cross, Volume 88, Number 864, December 2006, https://www.icrc.org/en/doc/assets/files/other/irrc_864_queguiner.pdf.
- 150 Alice Priddy, "Who is the civilian population? Ensuring IHL is implemented for the protection of the entirety of the civilian population – including persons with disabilities," International Review of the Red Cross, No. 922, November 2022, <https://international-review.icrc.org/articles/who-is-the-civilian-population-ensuring-ihl-is-implemented-including-persons-with-disabilities-922>.

Sendai Framework for Disaster Risk Reduction regarding the inclusion of “...women, children and youth, persons with disabilities, poor people, migrants, indigenous peoples, volunteers, the community of practitioners and older persons in the design and implementation of policies, plans and standards.”¹⁵¹

Lastly, training on disability rights and inclusion of military commanders being deployed to UN peace operations would also impact the protection of children with disabilities in situations of armed conflict. Existing guidance and agreements such as the Specialized Training Materials on Child Protection for UN Military,¹⁵² the 2017 Policy on Child Protection in UN Peace Operations,¹⁵³ and the 2012 United Nations Infantry Battalion Manual,¹⁵⁴ lay out the obligations of UN Military on the protection of children in situations of armed conflict, but rarely refer to children with disabilities, if at all. Applying a disability inclusion lens to these existing guidelines, as well as to the 2017 Vancouver Principles,¹⁵⁵ during pre-deployment training of UN troops would further the goal of making visible the protection and assistance needs of children with disabilities in the conduct of hostilities.



UNICEF/UN0612074/ Sanchez

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