

Landmines and Children

Landmine and Cluster Munition Monitor Fact Sheet

March 2010

- A total of **5,197 new casualties** from mines, explosive remnants of war (ERW) and victim-activated improvised explosive devices (IEDs) were recorded in 75 countries and other areas in 2008.¹ This included 1,266 people killed and 3,891 injured; the status of the remaining 40 casualties is unknown.
- Males (boys and men) comprised 91% of all casualties where gender details were known, while females (girls and women) accounted for 9%.²
- In 2008, civilians accounted for nearly two-thirds (61%) of recorded casualties. Civilians continue to make up most casualties, however as a percentage of total casualties they continued to decrease from 71% in 2007 and 81% in 2005.
- Although fewer casualties were registered in 2008 than in previous years, the number of mine/ERW survivors continued to increase.
- Many casualties went unreported; 27% of casualties (1,408) occurred in countries/areas without a formal data collection mechanism (up from 25% in 2007).

Child Casualties³

- The largest group of recorded casualties remained men of working age, but children constitute a significant group of those falling victim to mines, and especially ERW. In 2008, children accounted for 28% of casualties where the age was known (1,184 of 4,214), but, more significantly, children accounted for 41% of the civilian casualties.
- Reporting indicates that children are often injured or killed when their daily activities bring them in contact with mines/ERW: as they travel to school, play, or help to contribute to family incomes in tenuous post-conflict economies. In 2008, 44% of casualties occurring during livelihood activities were children.⁴
- Some mine-affected communities believe that children are at greater risk because, while adults are familiar with and avoid mined areas, children are more likely to enter restricted areas. In Mozambique in 2008, six of the nine mine/ERW casualties were children who were playing in known mine/ERW contaminated areas.⁵

States and areas with the most child casualties in 2008

States	Boy	Girl	Unknown	Total Child Casualties
Afghanistan	342	51	0	393
Cambodia	75	22	0	97

¹ The weapons categories included are: antipersonnel mine, antivehicle mine, unspecified mine, submunition, other ERW, victim-activated IED, and unknown device. The totals in this fact sheet include casualties caused by victim-activated IEDs, which function as antipersonnel mines and are therefore prohibited by the Mine Ban Treaty. Although remote-detonated IEDs cause a significant number of casualties in several countries and create similar needs for victim assistance, casualties due to these weapons are not included because they are not victim-activated. Similarly, casualties due to victim-activated antivehicle mines are included, but not remote-detonated.

² Although women and girls comprise a smaller percentage of the total recorded casualties, they are often under-reported and they face additional discrimination, including abandonment and limited access to medical services in some countries. In some countries, such as Yemen, Iraq and Afghanistan, girls with disabilities are often hidden, and not reported to census or survey teams. In many other countries, such as the DR Congo, Uganda and Angola, women are abandoned and left isolated. See, for example, country chapters of Landmine Monitor annual reports for 2008, 2007, and 2006. See also the story of ICBL Ambassador Margaret Arach Orech at www.icbl.org/index.php/icbl/About-Us/Ambassadors/margaret.

³ A child casualty is defined as a civilian under the age of 18.

⁴ See *Landmine Monitor Report 2009*, p. 52. This figure excludes casualties that occurred when an individual was deliberately dealing with explosive devices for economic gain.

⁵ See *Landmine Monitor Report 2009*, p. 556.

Chad	47	9	9	65
Lao PDR	47	16	0	63
Colombia	37	9	0	46

The number of child casualties decreased in 2008 to 1,184 (down from 1,407 in 2007). However, it is certain that many child casualties remain unidentified in casualty statistics because:

- the age and/or date of birth of casualties is not recorded; almost 20% (983) of total casualties in 2008 were of unknown age;
- not all countries use the same age limit to determine whether a person is still a child (age limits can range from 15 to 21); and
- certain countries use an age range rather than actual ages (for example, between 15 and 21 years), which makes classification in the child or adult category impossible.

Countries with high percentages of child casualties in 2008

State or area	Child Casualties	Total Civilian Casualties	Child % of Civilian Casualties
Lao PDR	63	100	63%
Nepal	46	73	63%
Afghanistan	393	704	56%
Chad	65	120	54%
Sudan	29	61	47%

Child casualties and gender

Nearly three-quarters of child casualties in 2008 were boys (869 casualties or 73%). In 10 countries and areas (Chad, El Salvador, Eritrea, Jordan, Lao PDR, Nepal, Somalia, Somaliland, Sudan, and Yemen), boys were the largest single casualty group. This is a significant increase compared to 2007, when boys were the largest casualty group in just Chad, Kosovo, and Lao PDR.

In many countries contaminated with mines/ERW, boys are more involved than girls in outdoor activities during which they are likely to come across mines and ERW, such as herding, gathering wood and food, or collecting scrap metal. Boys are more prone than girls to deliberately handling explosive devices. Accordingly, boys accounted for 45% of total civilian ERW casualties (other than casualties from cluster munition remnants), while girls accounted for 9%.

Though there were fewer girl casualties than boys, girls are still affected. Female child casualties are believed to be among the most under-reported groups. In some countries, disability is seen as a stigma that needs to be hidden, especially for girls, so many girl casualties are not reported, do not receive medical or other care, and are considered a burden on their families.

In **Afghanistan**, 67% of recorded female casualties were girls under 18 (51 of 76). In countries like **Yemen**, where girls traditionally herd sheep, they constitute a high-risk casualty group. For example, in 2008, a quarter of casualties (five) in Yemen were female and all girls who became casualties (three) were tending animals; similarly in 2007, three of five female casualties were girls that were tending animals and two were women carrying out other livelihood activities.

Child casualties by device, activity and location⁶

Evidence shows that ERW, usually found on the ground's surface and often of interest to children, are an increasing cause of child casualties, especially when countries are in conflict or are transitioning out of an

⁶ The device categories are: antipersonnel mine, antivehicle mine, unspecified mine, submunition, other ERW, victim-activated IED, and unknown device.

emergency situation. Recovering and selling metal from ERW provides children with pocket money or can be the child's contribution to the family's income.

Children are often more vulnerable to ERW present in or near a community as they might be unaware of the danger or distracted while playing. In addition, children, sometimes unaware of what the dangerous artifact they have discovered actually is, might bring the object into the home or school—potentially causing more casualties. However, in some situations, particularly in countries with significant scrap metal trade such as Lao PDR, Vietnam, or Cambodia, children knowingly handle explosive devices.

In 2008, children made up nearly 50% of casualties resulting from cluster submunitions (52 of 105); 57% of casualties from other ERW and 20% from anti-personnel mines, in all cases where the age of the casualty was known. In Lao PDR, a country severely affected by cluster munitions, children constituted the largest group of cluster munition casualties in 2008. In Cambodia, children also made up the largest group of cluster munitions casualties.⁷

Children (mainly boys) were nearly 57% of total ERW casualties. Boys were particularly affected by ERW in Afghanistan, Cambodia, Chad, Eritrea, Lao PDR, Nepal, Sudan, and Yemen in 2008. ERW (excluding submunitions) was also the only device category where girls accounted for significantly more casualties than women.

Children, and particularly boys, are vulnerable to casualties because of tampering with explosive devices in agricultural and recreational areas. In **Nepal**, children represented almost two-thirds of all casualties (46 of 73), and 93% of the child casualties occurred while tampering with explosive devices. In **Afghanistan in 2008**, children constituted 56% of all civilian casualties (393 of 704). This represents an increase from 48% in 2007, a result of an increased number of ERW incidents involving children.

Assistance to child casualties

Victim assistance providers rarely keep statistics that are reliable measurements of how many child mine/ERW survivors or other children with disabilities have been assisted and which services have been rendered. However, child survivors have specific and additional needs in all aspects of victim assistance.

In a 2009 survey of more than 1,600 survivors from 25 affected countries, nearly two-thirds of respondents found that services for children were “never” or “almost never” adapted to their age level and needs.⁸ Children whose injuries result in amputated limbs require more complicated rehabilitation assistance; they need to have prostheses made more often as they grow and corrective surgery for changing stumps.

Few countries or health systems report on the capacity they have to address this situation. In **Lebanon** and **Colombia**, survivors are only entitled to free replacement prosthetics after two and five years, respectively—a time-period not adapted to the needs of a growing child.

In many countries, child survivors have to end their education prematurely due to the period of recovery needed and the accompanying financial burden of rehabilitation on families. Psychological support for children experiencing trauma is rarely available although the psychological effects last for many years (and sometimes for the rest of their lives).

Accessible inclusive or special education is seldom available and further hindered by the lack of appropriate training for teachers. In addition, insufficient awareness of disability issues among teachers and fellow pupils can lead to discrimination, isolation and the inability to participate in certain activities. This is a demotivating factor for child survivors to stay in school. As a result, education rates among child survivors are

⁷ See *Landmine Monitor Report 2009*, p. 51.

⁸ Handicap International, “Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak out on Victim Assistance,” Brussels, 2 September 2009, p. 210.

lower, while school drop-outs are more frequent, which results in diminished employment prospects later on.

On the positive side, in 2007, **Mozambique** announced that access to inclusive education had increased for children with disabilities, and, in 2008, called upon NGOs working with the disabled to support the implementation of inclusive education. In addition, in 2009, the Vietnamese government reported that “The number of children with disabilities enrolled in secondary and tertiary education increases each year.”⁹

International Legal Mechanisms and Child Survivors

Increasingly, international disarmament, humanitarian and human rights conventions are recognizing the need to provide specialized attention to child survivors and other children with disabilities to ensure their full inclusion in society. Taken together, they provide a powerful framework to advocate for the rights of child survivors.

Convention	Provision Addressing Child Survivors	Text
Convention on Cluster Munitions	Article 5	“Each State Party . . . shall . . . adequately provide age- and gender-sensitive assistance . . .”
Convention on the Rights of Persons with Disabilities	Preamble	“Recognizing that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child”
Cartagena Action Plan adopted by States Parties to the Mine Ban Treaty	CAP IV.12	“States Parties are resolved to provide adequate age- and gender-sensitive assistance to mine victims”
Convention on the Rights of the Child	Article 24	“States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”

⁹ See *Landmine Monitor Report 2009*, p. 1155.