Victims and Survivors of Armed Violence

Responding to Rights and Needs

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Executive Summary

This paper reviews key areas of policy and service provision relevant to the rights of victims and survivors of armed violence. It notes the broad humanitarian and development impact of armed violence in both conflict and non-conflict settings, and introduces a rights-based approach to victims and survivors of violence that has been developed over recent decades. It then summarizes key issues in areas of health, justice and social and economic inclusion and considers the implications for national level planning. It concludes with broad recommendations to strengthen international responses to the impact of armed violence.

1. Introduction

An international response to the problem of armed violence should have as its starting point "the people that are affected by armed violence – both the first-order victims and the wider communities and societies that also suffer consequences."[1] Data on the impact of armed violence are limited internationally, but recent research suggests that every year, conservatively at least 740,000 people are killed, directly or indirectly, by armed violence. Hundreds of thousands more are injured or suffer psychological trauma; and millions of others live in families and communities that bear the social and economic burden of this violence.

Armed violence is one of the top ten causes of death in more than 40 countries worldwide, and is the fourth leading cause of death for people between the ages of 15 and 44. Certain countries in conflict experience particularly elevated levels of violence. Between 2004 and 2007, primary examples of this included Afghanistan, Colombia, the Democratic Republic of Congo, Iraq and Sudan. In other areas, non-conflict armed violence associated with violent crime and interpersonal violence is a pervasive problem. Sub-Saharan Africa, Latin America and the Caribbean regions are most seriously affected by non-conflict armed violence. Their homicide rates are approximately three times the global average.[2]

Armed violence can have a disproportionate impact in poorer settings. People with life-threatening but salvageable injuries are six times more likely to die in a low-income setting (36 percent mortality) than in a high-income setting (six percent mortality).[3] Furthermore, weaknesses in health and other social infrastructure mean that low-income settings are more vulnerable to the indirect impacts of armed violence.[4] Within countries, armed violence may be relatively localized, and is often most acute in rural and urban areas with poor governance.[5]

Men and boys are both the largest group of victims and the main perpetrators of armed violence. In cases when men are the direct victims, women may be rendered economically vulnerable as single heads of households, or they may have to take care of survivors, which then makes it harder for them to perform other social and economic tasks.[6] Women are also often the targets of intimate partner and sexual violence.[7] In armed conflicts, sexual violence is primarily directed at women and girls and represents a substantial proportion of overall victimization. This is often hidden due to sparse and unsystematic data collection.[8] Finally, women and girls who are victims of armed violence often face huge stigma and suffer social exclusion.[9]

Armed violence undermines the Millennium Development Goals (MDGs) through its impact on lives and livelihoods, reinforcement of gender inequalities, population displacement, and disruption of social and economic systems (including schools and schooling, medical facilities, sanitation provision and rule of law),[10] This paper focuses on responses to the direct impact of armed violence on individuals, their families and communities. This is not to ignore the profound indirect costs of armed violence. Analyses have suggested that for every person killed directly by armed violence, between four and 15 people die indirectly.[11]

1 OECD, *Armed Violence Reduction: Enabling Development,* 2009.
2 Geneva Declaration Secretariat, *Global Burden of Armed Violence,* 2008.
3 World Health Organization, *Guidelines for essential trauma care,* 2004.
4 Geneva Declaration Secretariat, *Global Burden of Armed Violence,* 2008.
5 OECD, *Armed Violence Reduction: Enabling Development,* 2009.
6 Centre for Humanitarian Dialogue, *Revcon Policy Brief: The Skeleton in the Closet – Survivors of Armed Violence,* 2006, p. 2; Centre for Humanitarian Dialogue, *Surviving gun violence in El Salvador: a tax on firearms for health,* Background paper No.3, 2007, p. 2.
7 Geneva Declaration Secretariat, *Global Burden of Armed Violence,* 2008, p. 121.
8 Geneva Declaration Secretariat, *Global Burden of Armed Violence,* 2008; During the Rwanda conflict, an estimated 200,000 women were subjected to rape, see Hoeffler, A. & Reynal-Querol, M. *Measuring the Costs of Conflict,* 2003.
9 Stensrud, E. and Husby, G. *Resolution 1325: From rhetoric to practice: A report on women's role in reconciliation processes in the Great Lakes in Africa,* 2005, CARE Norway and PRIO.
10 OECD, *Armed Violence Reduction: Enabling Development,* 2009, p.30 AV and MDGS.
11 See Geneva Declaration Secretariat, *Global Burden of Armed Violence,* 2008; World Health Organization, World Report on Violence and Health, 2002, Table 8.2.

2. Responding to the rights of victims and survivors

Armed violence denies people their fundamental rights, including the rights to life, personal security, an adequate standard of living and social participation. The breadth of armed violence impact and the necessary responses pose a significant challenge for low-income countries and states weakened by long-term violent conflicts. In some contexts, refugees and internally displaced persons (IDPs) remain dislocated due to ongoing insecurity. Meeting the needs of these populations involves an additional level of complexity.[12] Yet, even in low-income settings it is possible to implement low-cost improvements in policies and services if individuals and institutions are prepared to take responsibility for reform. Likewise, in higher-income regions changes still can be made to save or improve lives. If there is enough political will and strong national ownership, substantial improvements in assistance to victims of armed violence can be carried out at low cost.

A focus on the victims of armed violence should not result simply in a call for special services. Rather it should provide a mechanism that supports mainstream efforts to address issues of health, justice and disability, whilst providing a lens for a more specific focus where this can identify special needs or cast light on the limitations of existing provisions.[13] Improving services for victims of armed violence across areas of health, justice and social inclusion requires long-term commitment. Responding to the rights and needs of victims of armed violence provides a morally pressing basis for seeking improvements in vital services, and a focus around which partnerships for reform and wider development progress can be built.

Victim assistance should be provided on a non-discriminatory basis (i.e. people should not receive special assistance because of the means used to harm them, but rather based on their needs). However, it is important to recognize that violence of any kind has special characteristics. For example, unlike 'accidents', violence breaches fundamental social norms and expectations. From a physical health perspective, violence may simply produce an 'injury', but breaking social norms has far-reaching implications for the victims and the necessary responses. People often become armed violence victims because social, economic or institutional systems of protection – key functions of an effective state – have failed them. Not all incidents of armed violence are 'illegal', but armed violence victimization always raises questions of law and justice.[14]

Victims and survivors of armed violence include persons who, individually or collectively, have suffered harm, including physical or psychological suffering, economic loss or substantial diminution of their fundamental rights. This includes, where appropriate, the immediate family or dependants of direct victims.[15] Recent decades have seen growing acceptance that a rights-based approach to victim assistance provides a strong framework for understanding state obligations and strengthening responses to the impact of violence. This approach has now been developed through legally binding instruments and policy commitments. Relevant instruments include the 2006 Convention on the Rights of Persons with Disabilities, and the 2008 Convention on Cluster Munitions. These have set new legal standards in this area and are founded on recognizing that states and their partners have responsibilities to help victims and survivors of armed violence towards fully realizing their rights. A list of key existing instruments is included in Annex A.

As this model of 'victim assistance' has been developed, participants have identified various cross-cutting principles of armed violence reduction that are relevant across all sectors. These are summarized in Annex B.

12 Geneva Declaration Secretariat, *Global Burden of Armed Violence,* 2008, p. 56.

13 In line with the comments on 'twin-tracking' in Kett, M. and Van Ommeren, M. *Disability, conflict, and emergencies,* in *The Lancet,* Vol. 374, November 28, 2009, pp.1801-2.

14 De Greiff, P, *Articulating the Links Between Transitional Justice and Development: Justice and Social Integration,* in Transitional Justice and Development: Making Connections, De Greiff and Duthie Eds. 2009, Social Science Research Council, New York.

15 Following, in very abbreviated form, the UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, 1985.

In its 2002 World Report on Violence and Health, the World Health Organization called for strengthening responses for the victims of armed violence. This need has been raised to the level of 'urgent' in the UN Secretary-General's 2006 study on all forms of violence against women,[16] as well as in the 2006 UN study on violence against children.[17] Meanwhile, armed violence victim assistance is included as a programming component in the 2009 Guidelines on Armed Violence Reduction published by the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD-DAC).[18] Strengthening commitment to respond to the rights and needs of victims of armed violence therefore accords with an established body of obligations. As we shall see in the sections that follow, when this response is put into practice it should build upon fundamental aspects of established development and humanitarian practice.

Meeting the needs of armed violence victims and survivors requires adequate health, justice, and social and economic inclusion policies and services. The goal of providing this assistance is to reduce the direct impact and effects of violence, and to reduce indirect risk-factors and context-specific drivers of further violence. When victim assistance is implemented through specific projects, it should be recognized as a component of armed violence reduction programming.[19] However, effective development across broad sectors requires that targets for improved services need to be incorporated into national plans that are consistent with international standards and, where necessary, supported through international cooperation.

3. Meeting health needs

Armed violence has its most immediate direct impact on a person's health through death or disability. It can also cause a range of physical, psychological and subsequent social effects. Direct injuries may take a wide variety of forms, including puncture wounds, damage to internal organs, amputations, burns and poisoning. Armed violence also increases illness or disease associated with sexual violence, including HIV infection or other sexually transmitted diseases. In addition, it can impose a longer-term genetic impact if victims are exposed to chemicals and radiation.[20]

Injury patterns from firearms and explosive weapons are complex and generally consume disproportionately high levels of medical resources per patient. In turn, the impact of this high cost often makes both the victim and their family much poorer.[21] Medical care for armed violence victims can also divert scarce resources from other medical and public health priorities. Armed violence victims often have serious mental health problems including increasing rates of fear, anxiety, depression, post-traumatic stress disorder and suicidal behaviour.[22] Immediate medical responses should also be sensitive to the particular needs of people who have suffered sexual violence. They need to be evaluated for sexually transmitted infections (STIs), preventive care, and follow-up (including procedures to refer victims to other services).[23]

16 United Nations Secretary-General, A/61/122/Add.1, *In-depth study on all forms of violence against women: Report of the Secretary-General,* 6 July 2006.
17 United Nations Secretary-General, A/61/299, *Report of the independent expert for the United Nations study on violence against children,* 29 August 2006.
18 OECD, *Armed Violence Reduction: Enabling Development,* 2009, Annex C.
19 The OECD has described armed violence reduction programming as follows: *Direct* – meaning programming that specifically targets the reduction and prevention of armed violence and its effects [emphasis added]. *Indirect* – meaning development programming streams that are not focused solely on reducing or preventing armed violence, but which contains mainstream AVR elements so that programming is AVR-sensitive *and* includes AVR sub-goals. OECD, *Armed Violence Reduction: Enabling Development,* 2009.
20 World Health Organization, *World Report on Violence and Health,* 2002, Table 8.2.
21 Small Arms Survey, *Small Arms Survey 2006: Unfinished Business,* Oxford; Landmine Action, *Explosive violence: the problem of explosive weapons,* 2009, London. Centre for Humanitarian Dialogue, *Assistance to survivors of armed violence in Burundi,* Background paper No.2, 2006, quotes a 2004 MSF survey in Burundi that: three out of four patients need to go into debt or sell belongings to pay medical bills; 17.4 percent of people requiring treatment had no access to health care, primarily due to financial considerations.
22 World Health Organization, *World Report on Violence and Health,* 2002, Table 8.2; Centre for Humanitarian Dialogue, *Trauma as a consequence – and cause – of gun violence,* Background paper No.1, 2006, notes that the mechanisms of some psychosocial responses to trauma remain disputed. In particular, it is suggested that such responses are not considered in isolation from a cultural context. See comments on this debate in Flouri, E. *Post-Traumatic Stress Disorder (PTSD): What we have learned and what we still have not found out,* in the *Journal of Interpersonal Violence,* Vol.20, No.4, April 2005. See also Van Ommeren, M. Sharma, B. and de Jong, J. *Culture, trauma, and psychotrauma programmes,* in *The Lancet,* Vol 350, August 23, 1997, p. 595; Kett, M. and Van Ommeren, M. *Disability, conflict, and emergencies,* in *The Lancet,* Vol 374, November 28, 2009, pp. 1801-2.
23 WHO and UNHCR, *Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons,* Revised edition 2004.

Trauma care

When a person is a victim of armed violence, the quality and timeliness of trauma care they receive at medical facilities is key to determining their chances of survival and whether there will be severe long-term harm. Armed violence contributes to 'injury' as a major public health problem, and mechanisms for responding to the immediate impact of armed violence serve to strengthen responses to injury across society more broadly.[24] Various projects have suggested that low cost sustainable improvements can be made to health care through training 'first-responders' and existing medical staff involved in caring for armed violence victims, as well as better organizing existing resources and equipment.[25]

Many initiatives to improve responses to injury may be effective in both violence-prone and non-violent settings, but may need different approaches to levels of local resourcing. For example, in Cambodia and Iraq, in pre-hospital contexts, training village first-responders and paramedics proved effective in reducing death from injuries (including landmine and unexploded ordnance incidents, road traffic accidents and other causes) from 40 percent to 9 percent. In Ghana, developing a national ambulance service has meant that injured people receive hospital care more quickly. In Mexico, adjustments in organizing and training emergency medical service staff have resulted in fewer deaths. In Qatar, Thailand and Vietnam, the quality of hospital trauma care management practices has been upgraded, in some cases without increasing budgets.[26]

Psychosocial services

Armed violence often breaches social norms, and in doing so causes significant psychological and emotional suffering for individual victims. These patterns of violence can also undermine the long-term mental health and psychosocial well-being of affected communities and population groups. In particular, armed conflict has been strongly associated with a deterioration in collective mental health. In the Bosnian and Cambodian conflicts, rates of depression among refugees reached 14-21 percent (Bosnia) and 68 percent (Cambodia). Rates of post-traumatic stress disorder (PTSD) for Bosnian and Cambodian refugees were 18-53 percent (Bosnia) and 37 percent (Cambodia). Conflict within countries (i.e. civil unrest or wars) often causes huge jumps in the rates of sexual violence and rape, and has been associated with increased post-conflict rates of suicide among females of child-bearing age.[27] Studies have also shown that post-conflict psychiatric conditions extend beyond PTSD and include a range of mood and other anxiety disorders.[28]

There is an obvious need to treat the psychosocial impacts of armed violence. However, in most low-income and middle-income countries, progress in related mental health service development has been slow. In some cases, the lack of recognition of armed violence mental health needs in the MDGs has served to divert attention from the issue. However, in many contexts there are serious practical barriers to progress in mental health services. These include overly centralized existing capacities, limited and overstretched human resources working without ongoing support and lack of strategic leadership. In addition, in many countries there has been limited civil society advocacy to improve access to effective and humane mental-health care.[29]

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24 The World Health Organization promotes approaches to essential trauma care developed to provide inexpensive and achievable improvements in facility-based trauma care, and trauma care prior to hospital admission. WHO, *Guidelines for essential trauma care,* 2004; WHO, *Prehospital trauma care systems,* 2005. These approaches suggest that improvements in organization, planning and quality improvement systems can result in better in trauma treatment services, and hence in better outcomes for injured persons, with minimal increases in expenditures. See also WHO, *Guidelines for trauma quality improvement programmes,* 2009.

25 Centre for Humanitarian Dialogue and Inter-Parliamentary Union, *Missing Pieces: A guide for reducing gun violence through parliamentary action,* 2007, pp. 71, notes Mock, C. et al (2003), 'Strengthening care for injured persons in less developed countries: a case study of Ghana and Mexico', *Injury Control and Safety Promotion,* 10, pp. 45-51. Also the work of Trauma Care Foundation in building first responder capacity in response to landmine incidents, Husum, H. et al (2003), *'Rural prehospital trauma systems improve trauma outcome in low-income countries: a prospective study from North Iraq and Cambodia', Journal of Trauma, 54,* pp. 1188–96.

26 WHO (forthcoming), *Strengthening care for the injured: Success stories and lessons learned from around the world.*

27 Ghobarah, H., Huth, P. & Russett, B., *The post-war public health effects of civil conflict,* Social Science & Medicine 59: pp. 869-884, 2000; Collier, P., Elliott, L., Hegre, H., Hoeffler, A., Reynal-Querol, M. & Sambania, N., *Breaking the Conflict Trap Civil War and Development Policy,* World Bank/OUP, 2003.

28 de Jong, J. Komproe, I. and Van Ommeren, M. *Common mental disorders in post-conflict settings,* in *The Lancet,* Vol 361, June 21, 2003, pp. 2128-2130.

29 Saraceno, B. Van Ommeren, M. *et. al. Barriers to improvement of mental health services in low-income and middle-income countries,* in *The Lancet,* Vol 370, September 29, 2007, pp. 1164-1174.

Rehabilitation

Rehabilitation services may be required for armed violence victims suffering long-term physical, psychiatric and psychosocial consequences. These services should enable people to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life - particularly in health, employment, education and social services.[30] WHO's World Health Assembly (its decision-making body) has urged states to promote and strengthen community-based rehabilitation programmes as an integral part of the health system.[31] In fact, there are examples of relatively low-cost peer-to-peer survivors support programmes that could be further developed.[32] Improved outcomes have also resulted when injured patients and their family members are engaged in rehabilitation work early on in the medical recovery process.[33]

Analysis of rehabilitation assistance given to victims of landmines suggests that in affected countries, there have been steady advances in providing physical rehabilitation services because they are more available, more efficiently managed and have stronger minimum standards. However, in the same analysis, rehabilitation services for psychosocial issues (including alcohol and drug abuse, anxiety disorders and other stress conditions) were found to be internationally significantly weaker. The centralization of certain specialised services only in major cities, and the costs associated with transport and leaving work for extended periods have been identified as barriers to rehabilitation services even where these do exist.[34] This has been noted as a problem in relation to health and specialised services more broadly.

Improving responses in trauma care, psychosocial services and rehabilitation is recognized as requiring political commitment at institutional, state/provincial and national levels. This commitment can come from individuals, but is more likely to be effective if based on partnerships across government, non-governmental organizations (NGOs), civil society and the community.[35]

Data collection and public health planning

Effective national policies, plans and legal frameworks to lessen the impacts of armed violence on the population require collecting and publicly reporting data, including information on the incidence and impact of armed violence, the needs and priorities of armed violence victims and the availability and quality of relevant services. Data collection is a legal obligation in such instruments as the Convention on Rights of Persons with Disabilities and the Convention on Cluster Munitions. These data need to be disaggregated by sex, age and other relevant factors, and made available to all relevant stakeholders.[36]

When appropriate, data-gathering mechanisms should be integrated into national injury surveillance and other relevant public health systems.[37] Deaths from armed violence are usually recorded by both the medical and the criminal justice system. However, health system armed violence death figures are often much higher than those recorded by the police. This makes it important to understand the different approaches to data collection. Different methodologies of data collection and estimation are appropriate for different purposes, but they can be complementary as long as their strengths and limitations are understood.[38]

Meanwhile, community-based data-gathering and monitoring by civil society and affected communities can be a valuable complement to official data collection systems. In addition, wider public health projections are also useful for more broadly estimating the burden of violence on populations.

30 Convention on the Rights of Persons with Disabilities, Art 26 1. See also, ILO, UNESCO and WHO, CBR: *A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities, Joint Position Paper 2004.*

31 2005 WHO World Health Assembly Resolution 58.23, *Disability, including prevention, management and rehabilitation.*

32 For example Tolliver, W. Landmine Survivors Network Victim Assistance Programs in The Journal of Mine Action, December 2002, also relating to gunshot survivors Centre for Humanitarian Dialogue and Inter-Parliamentary Union, *Missing Pieces: A guide for reducing gun violence through parliamentary action,* 2007, p. 68.

33 WHO (forthcoming), *Strengthening care for the injured: Success stories and lessons learned from around the world.*

34 Handicap International Belgium, *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance,* September 2009.

35 See Saraceno, B. Van Ommeren, M. *et al. Barriers to improvement of mental health services in low-income and middle-income countries,* in *The Lancet,* Vol. 370, September 29, 2007, pp. 1164-1174, and WHO (forthcoming), *Strengthening care for the injured: Success stories and lessons learned from around the world.*

36 On disaggregation of data, see *Report of the independent expert for the United Nations study on violence against children,* A/61/299, 29 August 2006, p. 27.

37 WHO has called on the international community to enhance capacity for collecting data on violence, including the development and propagation of internationally accepted standards for data collection such as the international classification for external causes of injuries and the injury surveillance guidelines developed by the World Health Organization and the United States Center for Disease Control and Prevention.

38 Geneva Declaration Secretariat, *Global Burden of Armed Violence,* 2008.

4. Providing justice

In a society, violence constitutes a breach of normal social protection. All victims of violence (including indirect victims) should have access to justice and fair treatment.[39] Even when incidents of armed violence are not illegal, victims have a right to proper process in relation to the law.

Judicial and administrative mechanisms should be established and strengthened where necessary to enable victims to obtain redress through speedy, fair and accessible formal or informal procedures. The processes of justice should not serve to re-traumatize the victim. They should be sensitive to particular issues of gender-based violence, and recognize that there are often significant challenges for women who pursue justice in these cases.[40] In line with international standards, victims should be informed of their rights, the solutions available, the necessary legal processes, and should have help to participate in the justice system.[41]

Beyond this, the state has a responsibility to ensure that all personnel in the legal and criminal justice, health and education systems are competent to meet armed violence victims and survivors' needs and rights through professional education, training and other capacity-development programmes.[42] The OECD has recommended that "strengthened and accountable criminal/restorative justice approaches need to be reinforced and integrated with targeted development assistance, improved governance, community mobilization and other development approaches."[43]

Where possible, all data on individual incidents of violence need to be gathered in a way that makes them admissible to the mechanisms of judicial processes.[44] To achieve this while keeping in mind the need to be sensitive to people who have experienced trauma, certain minimum international standards have been developed and adopted to document forms of violence, including torture and sexual violence.[45] This should cover people killed, injured or traumatized by armed violence.[46] This process of documentation also helps ongoing efforts to resolve the fate of missing persons.[47]

In addition to formal judicial processes, transitional justice measures including criminal prosecutions, truth commissions, victim reparations, and vetting or other forms of institutional reform, can be important components of a broader societal response to violence. In the context of severe abuses of human rights, transitional justice mechanisms serve to recognize the harm experienced by victims, and to promote trust in social institutions and the rule of law.[48] These mechanisms should also serve to empower individuals and communities by bringing to the fore previously marginalized or silenced voices, and bridging gaps between groups that have been in conflict.[49] These mechanisms may also provide an opportunity to examine and reform underlying social and economic conditions that have resulted in violence.[50]

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39 In line with UNGA, A/RES/40/34, 1985, Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power.

40 See for example Stensrud, E and Husby, G, *Resolution 1325: From rhetoric to practice: A report on women's role in reconciliation processes in the Great Lakes in Africa,* 2005, CARE Norway and PRIO, p.10, p. 23

41 United Nations Office for Drug Control and Crime Prevention (UNODCCP), *Handbook on Justice for Victims: On the use and application of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power,* New York, 1999, provides guidance on the development of victim assistance programming, particularly within the criminal justice system, including: crisis intervention; counselling, advocacy; support during investigation of a crime; support during criminal prosecution and trial; support after case disposition; training for professionals and allied personnel on victim issues; violence prevention and other preventions services; public education on victim issues. See also United Nations Secretary-General, A/61/122/Add.1, *In-depth study on all forms of violence against women: Report of the Secretary-General,* 6 July 2006, p. 106.

42 United Nations Secretary-General, A/61/122/Add.1, *In-depth study on all forms of violence against women: Report of the Secretary-General,* 6 July 2006, p. 106.

43 OECD, *Armed Violence Reduction: Enabling Development,* 2009, p. 47.

44 This would be a corollary of the right of parties to fair trail and guarantees necessary for legal defence (Universal Declaration of Human Rights, Art 11.). Certain crimes are defined by the impact of violence on the individual.

45 See the Istanbul Protocol, 1999, *The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.* See also, WHO, 2003, *Guidelines for medico-legal care for victims of sexual violence and* WHO / UNHCR, Revised edition 2004, *Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons.*

46 As an issue of principle, this echoes obligations under international humanitarian law for states to document deaths of both civilians and combatants under their authority, and in certain treaties to document deaths from specific weapons (1949 Geneva Convention I, Art 15 – 21, Geneva Convention II, Art 120-121, Geneva Convention IV, Art 16, Art 129-131, Additional Protocol I (1977), Art 32-34. 2008 Convention on Cluster Munitions, Art.5 (1)).

47 See, International Commission on Missing Persons, Fact Sheet, ICMP.COS.58.3.doc. In the context of armed conflict see also Additional Protocol I (1977), Art 32-34.

48 De Greiff, P, *Articulating the Links Between Transitional Justice and Development: Justice and Social Integration,* in Transitional Justice and Development: Making Connections, De Greiff and Duthie Eds. 2009, Social Science Research Council, New York, p. 59, Social justice and integration.

49 Stensrud, E and Husby, G, Resolution 1325: *From rhetoric to practice: A report on women's role in reconciliation processes in the Great Lakes in Africa,* 2005, CARE Norway and PRIO, p. 15: Another important part of the reconciliation work is the widows' organizations who consciously work to include women from different sides of the conflict; those who were widowed as a result of the genocide, and women who have lost their husbands for other reasons. These organizations work to bridge the divide between the groups of Rwandan society by focusing on the fact that women from all sides are victims of the conflict.

50 LaPlante, L. *Transitional Justice and Peace Building: Diagnosing and Addressing the Socioeconomic Roots of Violence through a Human Rights Framework,* in *The International Journal of Transitional Justice,* Vol. 2, 2008, p. 342, 353.

BOX 1

Victims who are also perpetrators of violence

Some victims of armed violence have also been perpetrators of violence (or may be suspected of having been perpetrators). However, this does not limit their entitlement to equal access to necessary forms of assistance. However, the rights of individuals to access certain forms of assistance may be limited through due legal process. Victims of armed violence incarcerated under a legal process should have their fundamental rights secured on an equal footing with other prisoners in accordance with international standards.[51] In some contexts, perpetrators of violence may have special rehabilitation and reintegration needs, i.e. child soldiers and people with mental disorders.[52] If relevant, these considerations may be included in disarmament, demobilization, rehabilitation and reintegration (DDRR) programming. This support may be important in preventing further violence beyond the interests of the individual beneficiaries. The OECD has noted the support should serve to strengthen the resilience and legitimacy of state-society relations.[53]

5. Building social and economic inclusion

Armed violence can leave victims and survivors with pronounced physical, psychological, and social disabilities. Without adequate responses, these effects can lead to impaired access to the full enjoyment of key social functions, including access to justice, to education, to economic participation and to full social and economic inclusion. For example, in El Salvador survivors of gun violence have reported their biggest problem is that they cannot work to earn money, provide for their family, and care for their children.[54] In many developing countries, over 90 percent of children with disabilities do not attend school. This highlights the need for families, communities and governments to work together to promote accessible and inclusive education.[55] When individuals, groups or societies experience armed violence, they often suffer reduced access to education and vocational training, and decreased economic opportunities.[56] Meanwhile, exposure to violence often encourages individuals to participate in it in the future.[57]

Adequate policies and practices need to be put in place to ensure that the health impacts of armed violence are not allowed stop individuals from participating to their fullest in social and economic life.[58] In this respect, the needs of armed violence victims could be met by fully implementing the provisions of the 2006 Convention on the Rights of Persons with Disabilities. Among other things, this Convention requires states to promote education, economic participation, adequate standards of living and participation in political and social life.

Even with these commitments, analysis of landmine survivors' experiences shows that a large proportion continue to feel alienated from economic life, and that there have been only limited advances in promoting survivors' access to education or vocational training. There is widespread theoretical recognition that victim assistance should not be approached solely as a medical issue, but this is often not followed through in practice. Additional efforts are needed to strengthen job placement opportunities and develop vocational training that is both accessible and in line with local market demands.[59] Other economic initiatives may involve small loans and training to start businesses, apprenticeships, work with employers to make workplaces more accessible, as well as strengthening and monitoring of employment rights, and helping people to access those government support schemes that are on offer.[60]

51 For an overview of such standards see Penal Reform International, 2001, Making standards work: an international handbook on good prison practice, (online at: http://www.penalreform.org/making-standards-work-en.html).
52 See for example Julie Guyot, 2007, Suffer the Children: The psychosocial rehabilitation of child soldiers as a function of peace-building. WHO recommends that people with mental disorders be diverted away from the criminal justice system and towards mental health services, WHO (2005), Mental Health, Human Rights and Legislation: WHO's Framework.
53 OECD, Armed Violence Reduction: Enabling Development, 2009, p. 47.
54 Centre for Humanitarian Dialogue, Surviving gun violence in El Salvador: a tax on firearms for health, Background paper No.3, 2007.
55 Leonard Cheshire Disability, Working globally for inclusive development, 2007.
56 Geneva Declaration Secretariat, Global Burden of Armed Violence, 2008, p.62 notes the potentially cyclical pattern of deprivations relating to education and income.
57 Centre for Humanitarian Dialogue and Inter-Parliamentary Union, Missing Pieces: A guide for reducing gun violence through parliamentary action, 2007, p.63; follows Bingenheimer, J B et al (2005), 'Firearm exposure and serious violent behavior', Science, 308, pp. 323-6, that "exposure to small arms violence approximately doubles the probability that an adolescent will perpetuate serious violence over the two subsequent years."
58 UK Department for International Development, Disability, poverty and development, 2000.
59 Handicap International Belgium, Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance, September 2009, also International Campaign to Ban Landmines, Landmine Monitor Report, 2009, p. 66-69.
60 Leonard Cheshire Disability, Working globally for inclusive development, 2007.

However, if programmes put too strong a focus on income generation, this can neglect the challenges that people with disabilities often face in converting income into a fulfilling quality of life.[61] Community-based rehabilitation programmes can combine responses to health needs with processes to promote empowerment and inclusion. This can also counter some of the problems of centralization noted with respect to more traditional models of service provision. The UK's Department for International Development has suggested the long-term goal of projects needs to be support for people with disabilities, so they can control their own lives and play a decisive role in any services that are created.[62] As shown in the next section, this has direct parallels in the need for inclusion and active participation of survivors of armed violence in the processes of national planning.

BOX 2

Convention on the Rights of Persons with Disabilities

With 144 Signatories and 82 Parties as of March 2009, the 2006 Convention on the Rights of Persons with Disabilities demonstrates that states across the whole economic spectrum are able to make commitments to ensure fundamental rights. This Convention articulates the legal obligations of states towards people suffering disabilities as a result of the impact of armed violence (on an equal footing with all forms of disability). Addressing the needs of armed violence victims should provide a mechanism for strengthening efforts towards meeting those commitments, through a stronger recognition of these themes within structures of development planning and cooperation.

6. Improving national planning services for armed violence victims and survivors

The scope of services required to provide an effective response to armed violence survivors' rights and needs means that priority should be given to establishing victim assistance targets and indicators that are integrated across the major streams of national development planning.[63] Survivors' 'voices' should be at the forefront of planning, implementation, monitoring and reporting on victim assistance efforts.[64] Furthermore, national strategies and plans should be developed with organizations that represent victims of armed violence.[65]

There are already positive examples indicative of such an approach. For example, Bosnia Herzegovina has established social targets for victims of landmines within specific 'mine action' activity streams, as well as for 'victims of war' more broadly within sector priorities for social and pension policy.[66] Afghanistan has identified "lack of vocational training for returnees and disabled people" as a key issue for its national development strategy, and has linked this lack to the background of ongoing conflict in the country.[67] Guinea-Bissau's Poverty Reduction Strategy Paper (PRSP) highlights people with disabilities. It particularly discusses people affected by landmines and explosives under its targets to improve the living conditions of vulnerable groups. These examples point the way to a more systematic approach to helping victims of armed violence, while also supporting wider national development.

61 Kuklys, W. *Amartya Sen's Capability Approach: Theoretical Insights and Empirical Applications,* 2005.
62 UK Department for International Development, *Disability, poverty and development,* 2000.
63 Certain targets would fall within more general indicators regarding disability, but it is important to recognize that the needs of armed violence victims as a whole extend beyond issues of disability – incorporating also issues of trauma care and of justice.
64 Handicap International Belgium, *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance,* September 2009, p. 233.
65 UK Department for International Development, How to note: Working on Disability in Country Programmes, October 2007.
66 Office of the BiH Coordinator for PRSP, 2004, *Mid-term Development Strategy of Bosnia and Herzegovina (PRSP) 2004-2007.*
67 International Monetary Fund, 2008, *Islamic Republic of Afghanistan: Poverty Reduction Strategy Paper,* May 2008.

However, translating these plans into tangible improvements requires effective and authoritative national coordination and monitoring. Evidence shows that even when assistance to survivors of armed violence has been incorporated into documents such as peace agreements, PRSPs and other national plans of action, funding shortfalls have limited implementation.[68] The NGO, Handicap International Belgium, has warned of the need for plans to be realistic and has noted that "progress is about coordination, monitoring and the practical use of the resources states have, rather than those they would like to have."[69]

The international community also has a responsibility to provide support to armed violence victims where necessary. Legal instruments such as the 1997 Mine Ban Treaty and the 2009 Convention on Cluster Munitions have developed the concept of victim assistance not as a way of burdening states with additional obligations, but as a way of ensuring commitment to meet needs the needs of survivors, including strengthening financial and technical assistance between states. Structured efforts to support victims of armed violence as an integral part of national strategies should facilitate donors providing financial assistance in the form of budget support and sector programmes. However, the primary requirement for helping armed violence victims is national political commitment to use available resources to create positive change.

7. Conclusions

In areas experiencing high levels of armed violence, responding effectively to the needs and rights of victims remains a significant challenge and a major reason for urging better-structured preventive efforts to reduce armed violence internationally. The challenge is daunting, but the burden is shared across a number of sectors and a range of partners. In many areas, mechanisms have been identified to strengthen policies and services without incurring great additional costs.

To strengthen responses to meet armed violence victims and survivors' rights and needs, this paper suggests that:

- States should affirm that they recognize the rights of victims of armed violence and commit themselves to ensuring access to justice, care and rehabilitation, and social and economic inclusion;
- States should strengthen national public health capacities to measure and monitor patterns of armed violence;
- Programming and policies developed to help victims of armed violence should be recognized as a component of armed violence reduction programming;
- Indicators on assistance to victims of armed violence should be incorporated into national development plans across health, justice, disability, social and economic inclusion sectors and elsewhere;
- Where necessary, meeting targets for effectively achieving the rights of victims and survivors should be supported through international development cooperation.

States bear the primary responsibility for fulfilling their citizens' rights. However, this will only be effectively achieved through states, international organizations, NGOs, local civil society groups and survivors of armed violence working in a committed partnership to achieve meaningful improvements.

68 Centre for Humanitarian Dialogue, *Assistance to survivors of armed violence in Burundi,* Background paper No.2, 2006, p. 1.
69 Handicap International Belgium, *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance,* September 2009, also International Campaign to Ban Landmines, *Landmine Monitor Report,* 2009, p. 66-69.

Annex A: Key international commitments

A growing number of commitments recognize the rights and needs for support assistance for armed violence victims and survivors. The following instruments are particularly relevant:

- The 1985 UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, and the 1989 resolution on its implementation;
- The 1993 UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities;
- The 1997 Mine Ban Treaty, including the 2009 Cartagena Action Plan;
- The Basic Principles on the Use of Restorative Justice Programmes in Criminal Matters, adopted by ECOSOC, 2000;
- The 2005 World Health Assembly Resolution 58.23, Disability, including prevention, management and rehabilitation;
- The Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime adopted by the United Nations Economic and Social Council (ECOSOC), 2005;
- The 2006 Convention on the Rights of Persons with Disabilities;
- The 2006 Geneva Declaration on Armed Violence and Development;
- The 2008 Convention on Cluster Munitions;
- The 2008 Plan of Action on Victim Assistance under Protocol V of the UN Convention on Certain Conventional Weapons.

Existing international humanitarian law recognizes certain legal obligations towards victims of armed violence in the context of armed conflict, and delineates special responsibilities for treating victims and survivors that have been combatants, for example the Geneva Conventions I, II, IV and the Additional Protocols of 1977.

Annex B: Cross-cutting principles for victim assistance

For all types of victim assistance, there are several interlinked key cross-cutting principles. These have been identified in instruments such as the 2009 Cartagena Action Plan based on the practical experiences of states and organizations working to improve victim assistance:

- ## Assistance should be inclusive

  Victim assistance should be available, affordable, accessible and sustainable and should ensure the inclusion and full and active participation of victims and survivors and their representative organizations, as well as other relevant stakeholders. This includes being sensitive to the effects of trauma and to the needs of indirect victims of violence. Assistance should be provided in a manner that is culturally appropriate and that respects cultural norms.

- ## Assistance should be provided on a non-discriminatory basis

  Access to services should be available in a form that does not discriminate against or amongst victims of armed violence, or between survivors of armed violence and other persons with disabilities.

- ## Assistance should be gender-sensitive

  In particular, assistance should support women victims and survivors through adequate and accessible services that foster their safety and agency.

- ## Assistance should be age-sensitive

  Justice, health and social service systems should be designed to meet the needs of people of all ages, including the special needs of children and the elderly.

- ## Assistance should be open, accountable and transparent

  All forms of assistance should be undertaken in an open, accountable and transparent manner. This should extend to transparency about funding and methodologies to gather health data on the incidence and impact of armed violence.

- ## Assistance should be provided through an integrated approach

  Victim assistance should be integrated into broader national policies, plans and legal frameworks related to disability, health, human rights, education, employment, development and poverty reduction.

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