

Children after the War: Long Lasting Sufferings and Invisible Threats

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“I was running to escape. A rocket hit on the middle of the road···, I found my father bleeding. He was still trying to help us···. Then another bullet shot through his body. My mother was trying to save him, but···he said to us, ‘ I am going to die. You do not have to help me any more. Go, just go’ ” .¹”

“···it’ s hard to have fun when at that same moment he might be in the middle of a battle. I could be laughing and singing and right at that moment, he could be getting shot or bombed, or maybe he’ s hurt or scared. Why should I have fun when he’ s not?²”

When the war is over, people feel relieved and say, “Peace has come” . However the “invisible battlefield” does not soon go away. The direct and immediate casualties from civil wars are only the tip of the iceberg of their long-term consequences for human misery.

The Convention on the Rights of the Child was unanimously adopted by the United Nations General Assembly on 20th of November 1989. This Convention declares that people under 18 years of age need special care and protection that adults do not. Almost all the states in the world support this convention³ and recognize that children have human rights too. However, it’ s obvious that war kills many children. War hampers children’ s growth. War damages children’ s mental and physical

¹ Mihane, a 8 year old girl living in Prishtina, said at a group therapy after the war. Yamamoto Mika, *Boku no mura wa senjo datta*, Magazine House, 2006, p.186.

² Erika, a 17 year old girl, whose father was serving in Afghanistan, when she was interviewed. Deborah Ellis, *Off To War: Voices of Soldiers’ Children*, Groundwood Books, 2008, p.59.

³ As of December 2005, nearly all states are parties. Somalia and the United States have not yet ratified but have signed it, indicating their support.

health in direct and indirect ways.

Recent wars have killed, maimed and exploited children more callously and more systematically than ever before. Over 90% of victims affected by wars are civilians. Brutal violence, such as killing civilians, systematic rape, destruction of crops, poisoning of wells, all happen exactly where children are living. During the 1990s, more than 2 million children died as a result of armed conflicts. More than three times that number are permanently disabled or seriously injured⁴. Within the last 10 years, about 20 million children have lost their homes. Half of all refugees and internally displaced people are children. Many children suffer from malnutrition, diseases and sexual violence. Children are not only the target of violence, but at least 300,000 children are forced to exercise violence as child soldiers⁵.

War damages the infrastructures of the society, such as roads, electricity, gas lines. That, in turn, aggravates social conditions and threatens human relationships, which are essential for children to grow. If factories and delivery systems are destroyed, economic activities are hampered. It could mean that parents cannot earn enough to raise their children so there will be more children who have to work to help their parents. When schools are attacked, children lose their chance to learn. That limits children's potential capabilities in the future.

Food production and supply are often disrupted during conflict. Landmines and the threat of attacks force farmers to stop working on plots of land too far from their homes which, in turn, causes food shortages. Malnutrition increases the risk of death of children. For children under five who are severely malnourished, the risk of death is more than eight times that of children who are nourished⁶.

When wars are fought where people are living, it greatly raises the subsequent risk of death and disability from many infectious diseases, including malaria, tuberculosis, and other infectious respiratory diseases. Overall, women and children

⁴ Graca Machel, *The Impact of War on Children*, Hurt & Company, London, 2001, pp.1.

⁵ Machel, *op.cit.*

⁶ Machel, *op.cit.*, p.75. Decreasing access to food, waters, adequate transportation and damaging the health infrastructures leads negative health outcomes. A. Reza, J.A. Mercy, E. Krug, 'Epidemiology of violent deaths in the world,' in *Injury Prevention*, 2001, 7, p.109.

are the most common long-term victims⁷. Furthermore, patient care is affected and the distribution of drugs and other medical supplies are hampered by the war. Health systems do not function properly. When sanitation systems, such as water service and sewage, or hospitals are not functioning, children's lives can be directly in danger. Small children under the age of five are especially vulnerable to diseases.

The chaotic and brutal circumstances of war aggravate all of the factors that fuel the HIV/AIDS pandemic. HIV/AIDS devastates children by leaving millions orphaned; by killing teachers, health workers and other public servants⁸. In an aggravated situation, medical or other professionals flee the country. This makes it even more difficult for society to provide children safe circumstances.

When children lose their parents or immediate families, their environment changes greatly. Their family income decreases drastically and it leads to harsh situations for children. Families without adults are most vulnerable. They often face difficulties in supporting themselves. Some of those children are forced to prostitute; others join military or criminal organizations in order to survive.

For example, between August 1998 and April 2001, armed conflict in the eastern part of the Democratic Republic of Congo caused at least 2.5 million civilian deaths, according to a recent study by the International Rescue Committee. One-third of those who died were children younger than five. Only 14 % of the total deaths, about 350,000, were caused directly by violence. The majority of casualties were due to disease and harsh conditions. For example, people would flee into the forest when a village was attacked, often at night. If they got sick and were not eating, they often died⁹.

Children are in the process of growing, not only physically, but also mentally.

⁷ Hazem Adam Ghobarah, Paul Huth, Bruce Russett, 'Civil Wars Kill and Maim People- Long After the Shooting Stops' in *American Political Science Review*, Vol.97., No.2, May 2003, p.200. This study suggests that civil wars increase the risk of death and disability through the breakdown of norms and practices of social order, with possible increases in homicide, transportation accidents, other injuries, and cervical cancer. One theory suggests that war causes socialization for aggression and that socialization for aggression causes high rates of homicide. In addition, weapons remaining in war stricken regions are associated with mortality and injuries even after wars are over. Raza, Mercy, Krug, *op.cit.*, p.109.

⁸ Machel, *op.cit.*, p.5.

⁹ Machel, *op.cit.*, p.68.

So it is a heavy psychological burden if they witness atrocities: killing, brutal violence, or they face life-threatening experiences. When they lose family members or familiar circumstances such as their houses and their favorite toys, children show some symptoms, including anxiety, sleep disorder, nightmare, decreased appetite, developmental disorder and delay. Some children behave violently and others suffer depression.

According to the official report, during the Bosnian war (1992-1995), 16,693 children were killed. They were murdered, frozen or starved to death. The war had a great impact on surviving children. 64% percent suffer from traumatic disorders, 24% of them have severe psychosomatic symptoms. At a childcare center in Banja Luka, the second largest Bosnian city, 14,995 children were treated from 1992 to 1994. They showed speaking- and behavioral disorders, neurosis, apathy, anxiety, learning difficulties and emotional disorders¹⁰.

Children do not begin a war, but they are greatly, if not mostly, affected by a war, because they are in the process of growing and need protection from adults. They are not only victimized by the war directly, but also the damage remains long after the war has ended through physical and mental after-effects. They also face new threats after the war, suffering from remaining weapons and toxic substances. Furthermore, damages are transmitted across generations and the children who did not experience the war at all suffer from disease or disabilities through wounded genes and child abuse by traumatized parents.

In this article, I focus on the children who are living in former battlefields and the children whose parent(s) were sent to the battlefield. These children live far distances from each other and will never see each other, but they both suffer from the same war.

¹⁰ Marija Keskic, Kriegstraumatisierte Kinder in Bosnien und Kroatien, in Christian Buetter, Regine Mehl, Peter Schlaffer, Mechthild Nauck hrg., *Kinder aus Kriegs- und Krisengebieten*, Campus Verlag, Frankfurt/New York, S.113.

1. Damages caused by remaining weapons

For the children who live around the former battlefield, the most immediate danger is remaining weapons: anti-personnel landmines and unexploded munitions and contamination from chemical or atomic weapons. These dangers continue to threaten people even after several decades since the end of war.

1.1. Landmines and unexploded munitions

Landmines and unexploded munitions are invisible dangers in a former battlefield. Landmines have been widely used because they are cheap. Some are available for only 300 yen (3 US dollars). It is estimated that about 100 million landmines are laid in the world at present. As for cluster bombs, 360 million cluster submunitions have been used up until now, and 30 million submunitions are estimated to be unexploded in 23 countries. People know that these landmines and unexploded munitions exist. But they must continue doing their daily activities, even though they cannot know exactly where these real threats are. So people face ‘the battlefield’ unexpectedly.

Landmines and unexploded submunitions indiscriminately kill and injure military targets and civilians. They affect many more civilians than military personnel, killing and injuring people who are returning to their homes and carrying out their daily activities after the war. Three out of four casualties of landmines and unexploded munitions occur after the end of war.

Cluster munitions are imprecise weapons, designed to strike a wide surface area by dispersing smaller yet highly lethal explosive submunitions. Cluster munitions are often scattered across hundreds of meters, and more than 1,000 submunitions can be dispensed at a time. Some types of cluster bomb contain up to 2,000 submunitions. At least 10% of them remain unexploded. During the Gulf War in 1991, about 50 million cluster bombs were used. Some of them had a failure rate up to 40%, leaving the land contaminated with an estimated 4 million submunitions, which is as dangerous

as anti-personnel landmines. Each submunition is approximately 5-10 centimeters and is shaped like a ball or a can. Some types are very colorful. These types of submunitions attract children.

Furthermore, as time passes, landmines and unexploded cluster munitions become more invisible as, for example, bush grows around them, making them even harder to find. Moreover, as the munitions age, they will explode more easily needing much smaller shocks to detonate.

In parts of south-east Asia, including Laos, Vietnam and Cambodia, unexploded cluster munitions continue to cause significant casualties more than 30 years after they were used by attackers. In January 2008, children activated unexploded submunitions. Four died and five others were severely wounded. They had wanted to collect crabs for food. In Laos, at least 11,000 casualties have occurred due to unexploded submunitions since the war ended in 1973.

In 2006, a total 5,751 casualties, including 1,367 people killed by landmines and unexploded munitions, were recorded in 68 countries and areas. This is 16% less than in 2005. This reduction of casualties can be attributed to positive effects of international actions against anti-personnel mines. Civilians accounted for three-quarters of recorded casualties¹¹. However, these are only the *recorded* casualties. Because of inadequate data collection, the actual total number of mine casualties is unknown, but a long standing estimate numbers 15,000 – 20,000 per year. Although the number of casualties has declined, the number of mine survivors in the world continues to grow. There are at least 473,000 survivors, many of them needing life-long care¹². Most survivors sustained multiple injuries. They suffered burns, loss of eyesight or hearing, and needed amputations, often of multiple limbs.

Globally, more than a third of casualties from explosive remnants of war are children¹³. Children are curious about what is new, yet they often do not have enough

¹¹ International Campaign to ban Landmines, *Landmine Monitor Report 2007*, Mines Action Canada, 2007, pp.48.

¹² *Op. cit.* 2007, p.2.

¹³ United Nations General Assembly, *Report of the Special Representative of the Secretary-General for Children and Armed Conflict*, A/62/228, Distr.: General, 13 August 2007, p.18.

knowledge about danger. They do not have much experience and fail to judge dangerous situations as such. For the children who are living in a ‘contaminated area’ with anti-personnel landmines and or unexploded munitions, they face life-threatening danger while going about their daily activities such as animal tendering, collecting water, going to school or playing with friends in their back yard. Boys constitute the vast majority of child casualties, averaging between 85 and 90%. The majority of child casualties occur while carrying out livelihood activities. A small percentage (around 10%) of casualties occurs while tampering or playing with cluster submunitions¹⁴.

Afghan teenager Soraj Ghulam Habib was severely hurt by an unexploded munition when he was 10 years old. He went out with his cousins for a picnic in a public park. On the way home, he saw a yellow can on the sidewalk. He picked it up and wanted to open it. Then it exploded. It was the same color as the emergency food parcels air-dropped by U.S. planes. But that yellow can was a cluster bomb from U.S. aerial bombing to oust the Taliban regime in Afghanistan. “It was a dangerous weapon, but it looked nice, it looked very interesting to a child” , Habib said. He lost both of his legs and is now severely disabled¹⁵.

When children step on landmines, they are much more likely to be killed than adults because of their smaller body size. Yet, children older than 5 years old can be even more resilient than adults and have great potential to recover. However, they have difficulties because their bodies are still growing. Younger amputee patients require new artificial limbs every 6 to 12 months due to their growth, while an adult may go up to five years between re-fittings. In addition to the costly refittings, children sometimes need several operations to accommodate their growth.

A 10 year old boy, Altin, had just come back to his home village in Kosovo after the war. And he happened to activate an unexploded submunition and lost both of

¹⁴ Handicap International, *Fatal Footprint: The Global Human Impact of Cluster Munitions, Preliminary Report*, November 2006, p.43.

¹⁵ Robin Millard, Afghan teenage cluster bomb victim battling for ban, <http://warvictims.wordpress.com/2008/05/20/afghanistan-afghanistan-teenager-cluster-bom...> (October 2,2008)

his legs. “While I was tending cows and playing, there was a big explosive tone and I do not remember at all any more” . His 13 year old cousin Adem was playing with him and lost his right eye and both legs. He said, “I wanted to remove something in the garden. Then it exploded” . “My toes hurt at night. They sometimes itch. I wake up and try to touch them. But there is nothing” ¹⁶.

When children are hurt and become disabled, they need medical care, which needs to be paid for. It is sometimes more expensive to have special education for disabled. A disabled family member could aggravate the family’ s household. If survivors’ family cannot afford these costs, children will be deprived of education. The impact of this lasts for their whole life. Survivors face multiple difficulties.

Damages are not only physical, but also social. In a society with prejudice against disabilities, victimized children will be discriminated against. Once disabled, children will face difficulties to work or to get married. A 12 year old girl in Southern Lebanon, Zahra Hussein Soufan lost her thumb and her relationship with other children.

“I can’ t play. I don’ t go out. I used to have fun with my friends. But I can’ t play with them anymore. They keep teasing me about my fingers and they tease me about my thumb- that it won’ t grow back” , she said. She wishes that her thumb grows back and her hand will be OK. Habib in Afghanistan has similar experiences as Zahra.

“I wanted to go outside and play with my friends, but they did not want to play with me. They said that now I was a wheelchair user, I was not able to do anything” .”

Cluster munitions injure but also do not lead us to be in society” .

Landmines and unexploded cluster submunitions remain ‘alive’ long after the war and threaten people’ s lives indiscriminately. The Convention on the Prohibition of the Use, Stockpiling, Production, and Transfer of Anti-Personnel Mines and on Their Destruction (Mine Ban Treaty) entered into force on March 1 1999. Signed by 122 governments in Ottawa, Canada in December 1997, it was ratified by 156 countries by 2008. Japan ratified it in 1997 and completed destruction of its 1 million anti-personnel mines arsenal¹⁷. Cluster bombs kill and maim civilians after the

¹⁶ Yamamoto, *op.cit.*, p.193.

¹⁷ Except landmines for training.

war too. Diplomats agreed to back an international ban on the manufacture, use or stockpiling of these munitions, following 12 days talks in Dublin in May 2008. The treaty has been signed in Oslo on December 3 2008 by more than 100 countries including Japan. The treaty will be individually ratified by each nation and come into force about 6 months after the first 30 countries have ratified it. It obliges nations to destroy all stockpiles within 8 years and to clear contaminated land within 10.

1.2. Chemical and atomic weapons

Although landmines or cluster bomb submunitions are hidden, once exploded, people can see the damages clearly. To the contrary, contamination by chemical and atomic weapons harms people in a more invisible way. It is the threat hiding behind the place where people are living. Exact causalities of the damages caused by those substances are not visible at all. It does not explode. People can neither see, hear, smell, nor feel its danger. It's difficult to recognize how dangerous the real threat is, even though people face the threat in their usual and accustomed places. It seems like it does not exist, but it is a threat hiding among daily lives.

During the Vietnam War, between 1961 and 1971, the United States military used 72 million liters of herbicides, including Agent Orange, for defoliation and crop destruction. These herbicides were sprayed over 12% of the soil of South Vietnam. Agent Orange contained dioxin, one of the most toxic chemicals artificially invented. Dioxin is highly carcinogenic and causes various kinds of cancers, birth defects, and degenerative diseases, such as spina bifida. It is estimated that 3-4 million Vietnamese are still affected by it and 150,000 children have deformities nearly 40 years after the war. Their birth defects, according to Vietnam Red Cross records, can be readily traced back to their parents' exposure to Agent Orange during the war, or the consumption of dioxin-contaminated food and water since 1975.

Embryos which were exposed to the toxic substances cannot even be born alive. Some babies are born without eyes or arms, or are missing internal organs, while

others are hydrocephalus. Many other deformed babies, including those that are non-viable, have ambiguous genitalia or are born with mental retardation. At To-Du Hospital in Ho Chi Min city, many deformed embryos are stored. Some have no brain, or no limbs, others have two heads. The rate of deformed birth at this hospital was over 1 % in 2002, which is a 10 times higher risk compared with that in European countries¹⁸. Vet and Dok, who also received medical treatment in Japan, were among them. They were born connected, sharing the lower half of the body in 1981.

The children, whose fathers were sent to the Vietnam War, have the same kinds of deformations. Risk of miscarriages, stillbirth and deformation is 15 times higher than normal in cases where fathers are Vietnam veterans in the United States.

The toxin of dioxin indiscriminately aggravates the health of people on the both sides, friend or enemy. Vietnam veterans have begun to demand official medical care for their diseases. It took more than 20 years for people to recognize its danger in the United States. As of 1998, nearly 6,000 US Vietnam Veterans had qualified for government benefits to cover medical costs related to Agent Orange exposure. However, the causality between their diseases and herbicides is still not scientifically clear. It is not possible to prove how the contamination of herbicides causes individual damage.

We have another weapon, which is claimed to be 'safe' (no lasting effect on the human body), because its causal relationship to diseases is not scientifically proven. It is depleted uranium munitions.

Depleted uranium (DU) is a by-product from the process that enriches natural uranium ore for use as fuel in nuclear reactors and nuclear weapons. So there is plenty of it. DU is radioactive, highly dense, and a toxic heavy metal. Because its gravity is 1.7 times heavier than lead and it is hard, missiles with DU warheads can penetrate hard armor. When a DU penetrates armor or hits a hard surface, DU forms a cloud of finely dispersed particles in air (called 'aerosol') during penetration. This may cause a dust explosion, since DU ignites spontaneously in contact with air.

DU munitions were confirmed to have been used for the first time in the 1991

¹⁸ Kitamura Gen, *America no Kagaku Sensohan-zai*, Nashinoki-sha, 2005, p.315.

Gulf War, followed by Bosnia and Herzegovina in 1994-95, then 1999 in the Kosovo conflict, and 2003 in Iraq. The chemical toxicity of uranium leads to strong effects within hours or days after body contamination, but radiological effects may occur after years. Exposure to radiation from DU can be external (mainly by close contact of DU to the skin), internal (by inhalation or ingestion) and may result in an increased risk of cancer. At low levels of exposure the additional risk of cancer is thought to be very low. Importantly, any radiation effects based on DU occur only in the long-term, requiring typically 10-20 years before symptoms appear. Effects of DU can be long-term with the re-suspension of particles and groundwater contamination.

DU lasts long and threatens people indiscriminately in terms of space and time. Therefore some people denounce DU munitions as an inhuman weapon. In 1996, United Nations Sub-Commission urged all states to curb the production and the spread of weaponry containing depleted uranium with other weapons of mass destruction or with indiscriminate effect, in particular nuclear weapons, chemical weapons, fuel-air bombs, napalm, cluster bomb, biological weaponry.

NATO used DU munitions to attack a tank repair facility in Hadzici village near Sarajevo in 1994. After the war, Serb residents in this village were forced to migrate to the town Bratunac near the border. An expert study on the incidence of cancer in the mortality rate during the period between 1996-2000 among 4,500 to 5,000 people who are displaced from Hadzici and settled in Bratunac municipality in 1995, found that the mortality rate of the people from Hadzici was up to 4 times higher than that of the local population. The rate of cancer was significant in the total mortality rate and was significantly higher among the residents coming from Hadzici than among other groups¹⁹.

Damage caused by radioactive ray is more devastating to children than adults. Since the Gulf War in 1990-91, cancer among children, such as leukemia, has increased in Iraq. Miscarriages, stillbirths and deformation have increased, too. At Basra maternity hospital in the southern part of Iraq, some kind of deformation

¹⁹ Report of the Secretary-General, *“Effects of the use of armaments and ammunitions containing depleted uranium”*, A/63/170, 24 July 2008, p.7.

occurred in one out of 50 deliveries.

Among British, U.S. American, and Italian soldiers who were sent to the Gulf War or former Yugoslavia, not a few suffer from various kinds of diseases. Some of their children have inherent disabilities such as deformation of limbs, although the causal relationship with the Gulf War is not proven. According to a study done by the Michigan State in the USA, 67% of children of 251 veterans suffer serious diseases or inherent disabilities²⁰.

2. Battlefields brought into families

Children living in former battlefields face the direct but invisible threat of remaining weapons. Children living in a country far away from the battlefield suffer from another kind of ‘battlefield’ in an even more invisible way.

Participating in a war as a soldier carries a high cost. Part of that cost is being paid by the military families who are left behind, especially the children²¹. As the Convention on the Rights of the Child stipulates, it is important for a child to live with their parent(s). However, the US army sent 23,000 single parents to the Gulf War, therefore, about 32,000 children were left separated from their parents. There are also cases of children where both parents were sent to the war. In 2006, 700,000 American children under age 5 had a parent deployed in military service. Many are separated from fathers or mothers for a year at a time.

Children can be very anxious when their parents, who foster and protect them, are taken away from them. Preschool children think that their parents are gone from their home, because they have done something wrong, and feel guilty for the absence of their parent(s). Older children are worried that their parent(s) will die or be hurt. Loss of one parent through deployment can lead to fears that the other parent will also be lost and no one will take care of the children. Children aged 3 to 5 are normally

²⁰ Rekka Uran Kenkyukai, Hoshano-heiki • Rekka Uran, Gijitsu to Ningen, 2003, p.28.

²¹ Ellis, *op. cit.*, p.10.

fearful of monsters, ghosts, bodily injury, and other fantasies. These normal fears may be exaggerated by separation from a parent. Children capable of understanding war and its dangers may feel helpless to assist the parent. The most frequent complaints of children are abdominal ones followed by sleep disturbances, headaches, decreased motor activity, withdrawal, moodiness, and school phobia²².

The stress of having an Army spouse in a combat zone leads to a 60% increase in the rate of severe maltreatment of children by the spouse left behind. In active-duty Army families in which a soldier was deployed to combat at least once between September 2001 and December 2004, there were 1,985 recorded incidences of child maltreatment. During deployment, the rate of maltreatment by female civilian spouses was three times higher than when their Army spouse was home. The most common form of mistreatment was neglect, failure to provide adequate care, supervision and, in some cases, abandonment. The rate of neglect by female spouses was four times higher during their spouse's deployment. The rate of physical abuse by female spouses doubled during those times. Overall, the rate of maltreatment – mild, moderate and severe – for males and females increased 40% when one spouse was deployed²³.

People hope that the reunion with deployed family members will be wonderful and solve all those problems. However, when deployed family members are lucky enough to come home safe, children suffer other difficulties. Veterans with PTSD cannot have sound relationships with their families or intimate people and often abuse substances including alcohol or drugs. That makes their lives even more difficult. It is not unusual for veterans with PTSD to abuse their own children. Even if the children are not the direct targets of violence, witnessing violence against a parent, often their mother, can cause greater mental damage than any physical violence to the children themselves.

²² Wayne Blount, Amos Curry, Jr., 'Family Separation in the Military', in *Military Medicine*, Vol. 157, February 1992, p.77.

²³ The researchers had been working with the Army for several years to look at "child maltreatment in the context of their family problems." The study analyzed linked data from 2 confidential electronic data systems: the Army Control Registry and Army human resources data. Debora A. Gibbs, Sandra L. Martin, Lawrence L. Kupper, Ruby E. Johnson, 'Child Maltreatment in Enlisted Soldiers' Families During Combat-Related Deployments,' in *Journal of American Medical Association*, August 1, 2007, Vol.298, No.5, p.528-535.

Children of veterans with PTSD exhibited more behavior problems than did children of veterans without PTSD. Emotional numbing is consistently associated with veterans' perceived relationships with their children. Disinterest, detachment and emotional unavailability that characterize emotional numbing may diminish a father's ability and willingness to seek out, engage in, and enjoy interactions with his children, leading to poorer relationship quality²⁴.

In the recent war against terror, it is not obvious where the battlefield is and who the enemies are. In Iraq or in Afghanistan, it is common that soldiers are attacked while patrolling in a city. Soldiers have to go into civilian houses to search for 'insurgents'. In the U.S. military, soldiers are told to keep international humanitarian laws. Each soldier is obliged to judge who is or is not an 'insurgent'. Soldiers are under serious psychological pressure risking their own lives. When they kill or hurt non-combatant civilians or, more seriously, children, they feel guilty and blame themselves.

Participation in abusive violence has a substantial effect on the severity of PTSD. Participation in abusive violence can be associated with especially virulent forms of PTSD involving intense self-hatred and loathing and a profoundly impaired capacity to form trusting, positive relationships. One study found a significant, direct relationship between participation of veterans in abusive violence during the Vietnam War and behavioral disturbances in their children some 15-20 years later²⁵. Children of PTSD fathers were generally rated as significantly more likely to exhibit an inadequate level of self-control resulting in various externalizing problem behaviors such as aggression, hyperactivity and delinquency. These children were perceived as having

²⁴ The study examined the differential pattern of associations between the symptom clusters of PTSD and the perceived father-child relationships of 66 male Vietnam veterans. Ayelet Meron Ruscio, Frank W. Weathers, Lynda A. King, and Daniel W. King, 'Male War-Zone Veterans' Perceived Relationships With Their Children: The Importance of Emotional Numbing, in *Journal of Traumatic Stress*", Vol.15, No.5, October 2002. p.355.

²⁵ The study examined the relationship between participation in abusive violence in Vietnam and behavioral disturbances among aged 6-16 in the next generation. Robert Rosenheck, Alan Fontana, 'Transgenerational Effects of Abusive Violence on the Children of Vietnam Combat Veterans,' *Journal of Traumatic Stress*, Vol.11, No.4, 1998, pp.731-742.

difficulty establishing and maintaining friendships²⁶.

As it frequently occurs in Vietnam veterans' homes, the children are not told why their father is so troubled or so distant. As a result they often blame themselves for their father's unhappiness or his withdrawal from them. In secondary traumatization, the child, in some manner, relives his father's traumatic war experiences or becomes obsessed with the war-related issues, which trouble and concern the veteran. The child may have nightmares about Vietnam, or combat, or worry a great deal about death and injury. In some cases, children as young as 3 or 4 years old have learned to imitate their fathers and hide under their beds when an airplane or helicopter flies overhead.²⁷

According to the RAND report, as of January 2008, a total of 30,721 troops had been wounded in action in Iraq and Afghanistan, with approximately 3,000 of them suffering from severe wounds and illness, including amputations, serious burns, spinal cord injuries, blindness and traumatic brain injuries. Another 300,000 U.S. troops suffer from major depression or post-traumatic stress from serving in the wars in Iraq and Afghanistan. There was a significant rise in homicides and suicides, transportation deaths, and other unintentional injuries (the latter two are likely to include misclassified suicides) in the U.S. population immediately following the Korean and Vietnam wars²⁸. Nowadays about 30% of U.S. soldiers are women and one third of these are mothers. Through their harsh experience in the battlefield, some of them are mentally damaged and have difficulty to love their own children and cannot take care of them. What will happen to those children and their families?

Conclusion

Long after a war has ended, children are exposed to an invisible 'battlefield' .

²⁶ The study on 107 veterans completed a parent's behavior checklist on their 191 children. John Persons, Thomas J. Kehle, Steve V. Owen, 'Incidence of Behavior Problems Among Children of Vietnam War Veterans', *School Psychology International*, Vol.11, 1990, p.253-259.

²⁷ Aphrodite Matsakis, *Vietnam Wives: Facing the Challenges of Life with Veterans Suffering Post-Traumatic Stress*, The Sidran Press, Baltimore, 1996, p.228-277.

²⁸ Ghobarah, Huth, and Russet, *op.cit*, Vol.97., No.2, May 2003, p.192.

Children who are living in former battlefields and children whose parent(s) were sent to the battlefield are in much different situations. Nevertheless, they have some common agonies. Both are hurt psychologically and economically, when their parent(s) are killed, maimed or suffer diseases because of war. Children living in former battlefields have to survive a ‘battlefield contaminated with remaining weapons’ everyday. Children, whose parent(s) served in a war, also have to live in a kind of ‘battlefield’ . This ‘battlefield’ is brought by their parent(s) to their homes, which ought to protect children and be a resting place. Children, who witnessed atrocities during a war, have difficulty in controlling their emotions, even after they grow up. The same symptom torments children whose parent(s) suffer from PTSD. Toxic substances from chemical or atomic weapons indiscriminately hurt people who were in the battlefield. Wounded genes remain within the body and can be transmitted to the next generations.

Children are in the process of growing and are very sensitive. They are vulnerable physically and psychologically. Therefore they will be influenced greatly by the war. On the other hand, children, especially teenagers, are resilient and have the potential ability to recover or to cope with new environments. Some say that the effect of counseling for mental damages can be greater for children than for adults. In spite of their suffering, children have great potential to grow.

Habib, who exploded a cluster submunition in Afghanistan, was taken to hospital. He was so heavily injured that the doctors wanted to give this 10 year old boy a lethal injection. His father disagreed. Four months later, surviving multiple operations, Habib was able to go home. He was 17 years old when he called for a ban on cluster bombs at the international conference in Dublin 2008. He now works in his hometown, Herat with the Kabul-based ALSO, the Afghan Landmine Survivors’ Organization. He said, “I try to bring back my dreams I had before: to work hard and offer the help that I can to my people, my community and my country” .

Dok, who was born a deformed twin in Vietnam, was operated on to separate him from his brother Vet when they were 8 years old. Vet was bed-ridden for 19 years and then died. Dok, however, has learned a variety of skills, now works at an

institution for disabled children. He also got married.

Children suffer from the wars, which they never have begun. But they are not just victims of the wars. They have a clear message to adults who begin wars. “I want everyone to know that sending a soldier to Iraq is like sending the whole family with them. Everyone is affected, not just the ones we send off. There are mothers or fathers that are taking care of their kids at home by themselves” ²⁹.

²⁹ Lindsey, a girl living in San Diego, the United States sent these message to Public Broadcasting Service(PBS), http://www.pbs.org/newhour/extra/features/july-dec06/militarywomen_12-18.html (September, 16, 2008)