POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

American Academy of Pediatrics
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The Effects of Armed Conflict on Children and Adolescents: Policy Statement

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The effects of armed conflict on children are devastating, with more than 520 million children and adolescents residing in conflict zones worldwide. Armed conflicts not only cause death and destruction but also lead to widespread displacement, exposing children to physical injuries, sexual violence, family separation, food insecurity, and disruption of essential services like education and health care. All pediatricians and health care providers play crucial roles in addressing the complex challenges faced by children in these settings. Pediatric professionals are called to advocate for policy reforms, ensure culturally appropriate, sensitive, and trauma-informed care and community support, and engage in research to mitigate short- and long-term harm and promote resilience. Strategic interventions include ensuring access to health care and mental health services, safeguarding education, and providing bereavement and psychosocial support during and after resettlement. In doing so, pediatricians can help protect children's rights and foster a future where every child, regardless of conflict, has the opportunity to thrive.

INTRODUCTION

Globally, over 520 million children and adolescents—1 in 5—reside in armed conflict zones, with millions displaced as a result of these conflicts.[1] These infants, children, and adolescents younger than 18 years of age, hereafter referred to collectively as "children,"[2–4] are disproportionately affected by conflict compared with adults[5] and are among the world's most vulnerable populations.[6–8]

The number of children in armed conflict settings (CIACS) has steadily risen since 2000.[9–11] These conflicts are often intense and protracted, leading to breakdowns of governance, social protection structures,

abstract

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economies, and essential services, as well as prolonged displacement of populations.[11,12] Modern conflicts are increasingly complex, which makes it difficult to access and support affected populations and to monitor and report the impacts on children.[11,12]

Preserving the rights of all children and meeting their basic needs in armed conflict settings is of paramount importance in pediatrics.[2–4,11] Pediatricians and pediatric organizations play critical roles in policy advocacy, clinical care provision, educational initiatives, and research to improve practices that are responsive to age, gender, and disability in preventing, mitigating, and addressing harm to CIACS.[13,14] Children in situations of armed conflict exhibit vulnerabilities that differ from adults. Their physiology, behavior, exposures, developmentally sensitive periods, and unavoidable dependency on adults for protection and sustenance subject them to effects that are unique to their condition. We recognize and emphasize these distinct childhood features in the analyses and recommendations outlined below.

EFFECTS OF ARMED CONFLICT ON CHILDREN

Discussions around CIACS must be guided by common definitions and key conventions, treaties, and documents relevant to violence against children in these settings (Table 1). Table 2 summarizes selected rights from the United Nations Convention on the Rights of the Child (UNCRC).[2–4] Conflict-related disruptions to health information systems or a lack of reliable, disaggregated data and sources of information may contribute to either over- or underreporting of child mortality and morbidity rates.[10] Knowledge of the existing evidence and understanding the overall short- and long-term impacts on children and families will assist pediatricians and pediatric societies in their care of these children and interventions.[10,15,16] The principles of trauma-informed care are foundational to the approach to CICAS. Per the 2021 AAP clinical report, "[Trauma-informed care] is defined by The National Traumatic Stress Network as medical care in which all parties involved assess, recognize, and respond to the effects of traumatic stress on children, caregivers, and health care providers. This includes attention to secondary traumatic stress (STS), the emotional strain that results when an individual hears about the first-hand trauma experiences of another. In the clinical setting, [trauma-informed care] includes the prevention, identification, and assessment of trauma, response to trauma, and recovery from trauma…"[17]

TABLE 1. Definitions and Select Conventions, Treaties, Laws, and Statements Relevant to Violence Against Children in Armed Conflict

Abduction[12]	Unlawful removal, seizure, capture, apprehension, taking, or enforced disappearance of a child either temporarily or permanently for the purpose of exploitation.
Armed conflict[12,92]	International armed conflicts occur when one or more state(s) have recourse to armed force against another state, regardless of the reasons or the intensity of this confrontation. Noninternational armed conflicts are protracted armed confrontations occurring between governmental armed forces and the forces of one or more armed groups, or between such groups arising on the territory of a state.
Asylum seeker[10]	A person who seeks safety from persecution or serious harm in a country other than his or her own and awaits a decision on the application for refugee status under relevant international and national instruments.
United Nations Convention on the Rights of the Child (UNCRC) (1989)[2,4]	The convention outlines the inherent rights and protections to which all children, without discrimination, below the age of 18 are entitled.
Displacement[52]	Process in which people are compelled to flee or leave their homes or places of habitual residence in order to avoid the effects of armed conflict.
Geneva Conventions (1949) and the Additional Protocols (1977)[93,94]	Its key principles include humanity and nondiscrimination, to protect civilians, wounded and sick soldiers, prisoners of war (POWs), and medical personnel and facilities. The Geneva Conventions and their Additional Protocols contain a number of rules specifically regarding the required special respect and protection of children.
Optional Protocol to the UNCRC on the involvement of children in armed conflict (2000)[3,4]	Protocol ensures that members of armed forces under the age of 18 do not take part in hostilities. It also prohibits the compulsory recruitment of children into armed forces. It furthermore prohibits any recruitment by armed groups and requires support for the demobilization, recovery, and reintegration of any unlawfully recruited children into society.
Recruitment[12,51]	Compulsory, forced, or voluntary conscription or enlistment of children into any kind of armed force or armed groups.
Refugee[10]	A person who is legally recognized as having a "well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country."
Unaccompanied children[44]	Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so (also called unaccompanied minors).

TABLE 2. Summary of Key Articles of the United Nations Convention on Rights of the Child in the Areas of Protection, Promotion, and Participation[2,3]

Topic	Article	Right
Right to Life	6	Right to life
	9	Right to not be separated from parents
	19	Right to be protected from all forms of abuse and violence
	20	Right to special attention (e.g., adoption and fostering if deprived of family)
	32	Right to be protected from economic exploitation
	33	Right to be protected from illicit drugs
	34	Right to be protected from all forms of sexual exploitation
Rights of Promotion: Life, Survival, and Development to Full Potential	24	Right to the highest standard of health care
	27	Right to a standard of living adequate for the child's physical, mental, spiritual, moral, and social development
	28	Right to an education
	31	Right to relax and play
Rights of Participation: Having an Active Voice	7,8	Right to an identity (name, family, and nationality)
	12,13	Right to express views freely and to be listened to
	17	Right to access to information
	23	Right for children with disabilities to enjoy life and participate actively in society
	42	Right to know their rights

Physical Violence and Injuries

CIACS may become unintended victims of violence, be targeted specifically by combatants, or be forced to commit acts of violence themselves.[12,18] Practices such as the use of landmines, cluster munitions, and explosive remnants of war are particularly harmful to children, who are less likely to recognize the dangers or know their locations.[5,19–22] Physical injuries like disfigurement, amputations, burns, and traumatic brain injuries can permanently alter a child's life course,[5,10,15,16,22–25] and the uniqueness of their developing brains increases their risk for long-term complications from these injuries, including cognitive and neurologic impairments.[26,27] Injuries from explosives and burns often require extensive interventions, and delays in treatment because of damaged or overwhelmed health care systems can worsen long-term disabilities, disfigurement, functional impairment, and physical and psychological development of injured children.[14,19,21–26]

Sexual and Gender-Based Violence and Impacts on Reproductive Health

Conflict, displacement, and detention heighten children's vulnerability to sexual and gender-based violence (SGBV),[28–30] which is often underreported both during and outside conflicts; children may also witness SGBV being perpetrated on others.[12] In addition to physical consequences, such as sexually transmitted infections or injuries that may damage the reproductive system and affect future fertility, SGBV can lead to serious, long-term emotional, psychological, sexual, and behavioral consequences, as well as social exclusion.[9,10,12,29] Stigma and fear often prevent children and adolescents who have suffered SGBV from seeking medical care, further exacerbating their vulnerability,[10,16] while others may experience intimate partner violence if forced to marry their perpetrator.[31,32] Limited access to contraceptives, coupled with increased sexual violence, may lead to a rise in unintended pregnancies and abortions.[9,32] While women and girls are disproportionately affected by SGBV, male individuals are also at risk of sexual violence, and gender-nonconforming individuals face increased risk of targeted violence in conflict settings.[12,29,30]

Other Gender and Sexual Orientation Considerations

Conflicts have devastating effects on the lives and dignity of girls.[28,29,31,33,34] Girls in conflict zones are 2.5 times more likely to be out of school than boys and less likely to return to school after the conflict ends.[31,35] Essential services such as reproductive health care and counseling may be disrupted or inaccessible, leading to long-term emotional and sexual consequences.[31] Additionally, in some countries where women and girls are restricted from engaging with male professionals and health care providers, concurrent limitations on female aid workers in humanitarian responses may result in access to humanitarian relief for girls and women being denied altogether.[13,31,34,36–40]

LGBTQIA+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, plus others) individuals are also often targeted by armed groups during conflicts, increasing their vulnerability to violence, displacement, and discrimination.[41–43] When displaced, LGBTQIA+ individuals may have difficulty navigating transit zones where they may face daily harassment, violence, and

discrimination.[41] They may also have difficulty claiming asylum or refugee status, especially if hosting countries are not welcoming toward LGBTQIA+ people.[43]

Child Separation

When children are separated from their caregivers or siblings—whether during flight from conflict, via forced separation, or because of the injury, kidnapping, or death of a caregiver—they may experience life-threatening consequences or profound long-term health effects (including mental illness, externalizing behaviors, developmental challenges, destabilized family structures, economic impacts, and disrupted educational attainment).[26,27,44] Unaccompanied children fleeing conflicts face detention, discriminatory treatment, limited access to essential services, long delays in family reunification, and vulnerability to exploitation.[10,15,16,44–46] If children return home, they may find their communities destroyed, their families missing, and little or no psychosocial support available for healing.[10,44]

Abduction and Trafficking

Abduction, encompassing unlawful removal of a child for exploitation, manifests in various forms such as forced conscription, sex trafficking, or kidnapping for ransom, retaliation, or for prisoner exchanges.[12] Conflict situations escalate child abduction and trafficking risks, particularly for girls, and armed groups often employ these practices to perpetuate instability and hinder peace-building efforts.[31,47,48]

Children Associated With Armed Forces and Armed Groups

Between 2005–2021, the United Nations and other organizations documented the recruitment of more than 93 000 children in armed conflict.[10,15,16,49] Recruitment can be compulsory, forced, or conscripted enlistment into armed forces or groups.[2–4,10,12,16,50,51] Multiple coercive forces can pressure children into recruitment, such as poverty; the need to support self or family; a need for protection after experiencing violence, neglect, or abuse at home or within communities; a perceived sense of duty; peer or family pressure; desire for revenge for what happened to family or community; being a victim of grooming; or prevailing ideology.[12,50] Common roles include acting as guards at checkpoints, porters or cooks, spies or recruiters, those who clear mines, suicide bombers, or for sexual purposes.[12,32] Following demobilization, children, particularly girls, face difficulties integrating into communities, especially if they had children during their time with armed forces or experienced SGBV.[29,31,32]

Detention

Children affiliated with armed forces and armed groups may face prolonged detention because they may be treated as perpetrators rather than victims.[10,13,15,16,34] If detained, children are especially vulnerable to injury, illness, and abuse during detainment,[13,51] and detained children may be physically or sexually abused; denied adequate nutrition, sanitation, or medical care; and kept in isolation or crowded cells without family contact.[13,34,51]

Food Insecurity and Malnutrition

Political instability, disruptions in food supplies, and climatic factors contribute to widespread acute malnutrition, chronic growth stunting, hunger and starvation as psychosocial stressors, and high mortality rates, particularly among women and girls.[9,31] Economic and political sanctions imposed on conflict-involved nations exacerbate poverty and negatively affect children's nutritional health.[5] Moreover, siege and starvation tactics used as weapons of war lead to acute and chronic malnutrition with long-term effects on children's growth, cognitive development, immune function, and overall health.[10,12,26,27]

Limited Access to Safe Water, Sanitation and Hygiene

Limited access to safe drinking water in conflict zones contributes to economic and political instability. Such instability fosters the spread of communicable diseases such as measles, typhoid fever, cholera, and polio.[10,13,15,52] Children face additional challenges in managing menstrual health during armed conflict, which can worsen school attendance and social participation.[13,31]

Denial of Access to Humanitarian Support

The denial of humanitarian access and besieging of civilian populations is common in armed conflicts, with armed parties intentionally depriving or impeding the passage of humanitarian assistance and relief supplies necessary to prevent significant harm or even death.[12,13,36–40] The denial of access includes, but is not limited to, refusal of entry of humanitarian personnel into conflict-affected areas, deliberate attacks on humanitarian workers, placing limits on which humanitarian workers may enter, or exposing humanitarian workers to security risks because of intentional decisions or poor coordination when managing the separation of civilian areas from conflict zones.[13,34,36–40]

Targeting of Health Care Systems and Infrastructure

Although international humanitarian law[53] protects hospitals in conflict zones, these protections are not guaranteed, and perpetrators are not always held accountable.[39,54–57] The infrastructural impact of conflict on both access to and quality of care contributes to poor outcomes for CIACS.[58] Attacks often encompass physical violence, threats, intimidation, assault, kidnappings, hijackings of ambulances, and bombings of health care facilities, all of which severely restrict access to health care for children and families.[9,36–40,56] Many health care workers continue to work in conflict zones despite dangerous conditions; severe

limitations in medications, supplies, equipment, and electricity; and exposure to trauma and death.[36–40,59] Some health care professionals flee conflict zones, diminishing specialty care like pediatrics and exacerbating the loss of vital health services in communities.[36–40,60] The destruction of medical infrastructure, whether by targeting such infrastructure or by use of health care facilities as bases or shelters for combatants, prevents injured and sick from seeking medical assistance and undermines key public health functions including vaccine delivery and disease surveillance.[10,12,15,16,36–40]

Targeting of Schools, Child Care Centers, and Play Areas

Safe spaces for children, such as schools, child care centers, and play areas, are critical for children's overall well-being in their society, providing reliable and nurturing environments in which to grow and flourish.[13,34,35,46,61] Such spaces are impacted by armed forces and armed groups as a result of indiscriminate crossfire, looting, direct targeting, or use as bases, shelters, or shields.[12,13,34,35,46,61,62] Rebuilding education systems and damaged or destroyed school and play infrastructure may require years of investments.[13,34,35,46,61]

Disruption of Education

The United Nations estimates that in 2024 more than 52 million children worldwide were out of school due to armed conflict,[63] and many more live with prolonged interruptions in schooling because of lack of safety or their schools being damaged or destroyed.[13,46,62] The closure of schools increases children's vulnerability to abuse, exploitation, early marriage, and recruitment into armed forces.[13,32,35,46,61] Prolonged interruption in schooling and learning losses have long-term impacts on children's futures and, over time, result in impaired economic growth for societies at large.[10,13,15,16,35,46,61]

Toxicologic Considerations

People in conflict zones may be exposed to chemical weapons and radiation, and children and pregnant people are disproportionately affected due to their unique physiological characteristics. Physiological vulnerabilities of childhood—including greater surface area to body weight ratio, lower fluid reserve, lower seizure threshold, and faster respiratory rates—put children at higher risk of injury and poor health outcomes.[64] These characteristics all increase the likelihood of acute injuries and chronic health issues such as cancers and developmental delays.[10,15,16,26,27,65–69]

Considerations for Neonates in Conflict Settings

Neonates are particularly vulnerable in conflict settings because of risks to the fetus and pregnant mother, with higher rates of stillbirths and neonatal mortality occurring in conflict settings.[31,70,71] Factors impacting neonatal care include impeded access to facility-based care for deliveries or complications during labor, a practice to schedule cesarean sections and medically induced labor to avoid delivering during peaks of violence, and family decisions to leave the medical facility just hours after birth.[31,58,72,73] Additionally, ill neonates may face limited access or transport, prolonging referral times, and compromised quality of care because of high patient volume, flight of qualified professionals, or lack of equipment or utilities.[31,58,72,73] Breastfeeding may be significantly disrupted because of maternal malnutrition, displacement, poor education and support, or maternal death. Breast milk substitutes may not be readily available or, when mixed with contaminated water, can lead to infant malnutrition and waterborne disease.[31,58]

Considerations for Children With Chronic Conditions, Special Health Care Needs, and Disabilities

Protracted conflicts disrupt health care services, complicating management of noncommunicable diseases like diabetes, hypertension, chronic respiratory diseases, and cancers.[11] Children with chronic conditions may not be able to access critical medications (eg, insulin), receive regular medical care or laboratory monitoring, or access hospitalization when complications arise. Further, for children who required special services before the conflict for their condition, such as physical or occupational therapy, nutritional support, or mental health and psychosocial support services (MHPSS), these services may be significantly decreased or absent in conflict settings.[14,74]

Children with psychosocial, cognitive, and intellectual disabilities face compounded challenges during conflict situations.[13,14,74–76] When families escape conflict, they may face critically challenging circumstances, leaving behind children with disabilities. Children with disabilities may not be able to flee attacks, may not know how or be able to take steps to protect themselves, and may have limited access to the vital services, therapies, or assistive or prosthetic devices they need to grow, thrive, and survive.[13,14,52,74–76] Children with intellectual disabilities, cognitive impairment, or neurodiversity can be particularly at risk of recruitment and use by armed forces or armed groups.[51,74,75] Additionally, children with sensory, intellectual, neurodevelopmental, and social-emotional disabilities encounter stigma and may live with a lack of trained educators and inclusive learning environments, exacerbating their challenges during conflict.[14,74–76]

Mental Health Considerations

Children are particularly vulnerable to the psychosocial impact of armed conflict because of limited experience, skills, and resources to independently meet their own developmental, socioemotional, mental, and behavioral health needs.[26,27,67,77] This can result in both short- and long-term effects on their psychological functioning, emotional adjustment, health, and developmental trajectory,

particularly when children experience acute on chronic stressors, and they require access to targeted MHPSS per best practice recommendations.[14,26,27,67,77–80]

Short-term psychological harm to children centers around adjustment difficulties including worries, fears, and anxiety; sadness or depression; disruptions in sleep or eating; difficulties in attention and learning; substance use and other risk-taking behaviors; and developmental and social regression.[26,27,67,77,81,82] Disruption of family structures, baseline poverty, erosion of societal norms and trust, hunger or starvation, exacerbation of environmental hazards, and threat of caretaker disability, illness, or death arise from the impact of physical violence and threat to life, grief, and loss.[67,77–79] In addition to resulting in mental illness such as posttraumatic stress disorder (PTSD) and depressive and anxiety disorders, deprivation and untreated toxic stress from conflict can have enduring health effects, such as contributing to heart disease, diabetes, and mental health disorders, particularly for children in critical periods such as early childhood and adolescence.[27,67,77–79,81,82] These adverse childhood experiences can lead to alteration of neurocognitive and neuroendocrine functions, leading to changes in learning, behaviors, physiology, and elevated risks for educational difficulties and substance abuse.[18,26,27,46]

When parents/caregivers are left in severe distress and overwhelmed by an emergency, their abilities to care for their children may be compromised, with compounding negative effects that have implications on a family's health across generations.[67,77,80] Conflict may also harm mothers, causing stress during pregnancy that may lead to epigenetic modifications affecting their child's health and well-being.[83,84]

Grief and Loss

The death of a parent, sibling, or other caregiver during armed conflict is associated with numerous secondary losses, including loss of family income, stability, and emotional support, which can themselves threaten the physical

TABLE 3. Recommendations That Address the Efforts of the American Academy of Pediatrics Related to State, Federal, and Global Policies

Recommendation to support relevant state, federal, and global policies that:	Examples
1. Ensure policies and recommendations align with the principles of the United Nations Convention on the Rights of the Child (UNCRC).[2–4,21,32,51]	- Advocate for ratification of the UNCRC. - Advocate for unrestricted and safe humanitarian access in conflict zones. - Support policies for humanitarian pauses that allow children and their families to receive life-saving aid and health care. - Advocate for children in asylum hearings to receive appropriate representation in all legal proceedings.
2. Improve access to quality health care for children in armed conflict settings and during and after resettlement.[36–40,44]	- Support policies to strengthen health care systems serving CIACS (see Table 4). Ensure high-quality acute care, continuity of care for children with medical complexity or chronic conditions, and access to vaccinations and preventive care. - Ensure that children associated with armed forces and groups are treated with compassion, consideration for the coercive factors that led to their involvement, and the trauma they endured. - Advocate for access to interpretation services as needed for displaced children and caregivers. - Advocate for policies that guarantee the protection of health workers in conflict zones. - Advocate for policies and initiatives that educate armed forces or groups on the obligation of military institutions to prevent exposing children to armed conflict. - Advocate for the evacuation and safe passage for referral of CIACS with urgent medical needs to areas where health care needs can be addressed, without separation from caregiver. - Advocate for the integration of child health impact data into policy development and implementation.
3. Expand access to mental health and psychological support and services (MHPSS) for children in armed conflict settings and during and after resettlement.[14,36–40,67,78,79]	- Advocate for MHPSS programs in humanitarian settings. - Advocate for appropriate psychosocial support for asylum-seeking families impacted by conflict. - Advocate for interpretation services for delivering quality psychological services to displaced children.
4. Increase access to educational services and safe spaces for children in armed conflict settings and during and after resettlement.[13,35,46,61]	- Advocate for inclusive education policies for CIACS. - Advocate for the integration of children's basic education services into humanitarian aid packages. - Advocate for the provision of safe spaces where affected children can engage in educational and recreational activities. - Advocate for the protection of child spaces from arms or weapon storage.
5. Support the safe resettlement of children, minimizing the negative effects of protracted displacement and foster resilience.[45,80,88]	- Advocate for programs and policies that allow refugees entry into the United States and asylum protections for CIACS and their families. - Advocate for simplification of refugee resettlement pathways to promote timely resettlement. - Advocate for promoting the family unit with reunification, when possible. - Advocate for culturally informed and linguistically appropriate legal and psychosocial services and supports. - Advocate for ensuring child and family safety in refugee or internally displaced persons camps and during migration/passage.

safety, health, and well-being of grieving children.[45,67,77] Further, the loss of parents may force children and adolescents into parental roles for younger siblings.[34] In addition to bereavement, CIACS may face grief from many other concurrent losses, such as the loss of home, education, interaction with friends and extended family and neighbors, and a sense of safety and security.[46,66–68,77–79,85,86] When family members may be presumed dead, kidnapped, missing, or be of unknown status, the grieving process may become more complicated and prolonged. Even when deaths are confirmed, bodies may be missing or unretrievable, and ongoing conflict or displacement may make traditional mourning rituals and gatherings unsafe or impractical, further isolating grieving children.[78,87]

Considerations for Children During Resettlement

After children leave areas of armed conflict and begin the process of resettlement, they continue to face immense challenges to their health and well-being. Barriers leading to uncertainty for families and ongoing risks to children include a lack of safe resettlement options, protracted displacement, limitations to the numbers of refugees accepted for resettlement, limited funding for resettlement programs, and lack of support for new arrivals. Relocation and integration into new countries, cultures, communities, or families, limited access to education and health care, and uncertainty about the family's and child's status and future all create numerous financial and psychosocial challenges leading to ongoing stress and grief beyond what was experienced directly from the armed conflict.

ACTIONABLE RECOMMENDATIONS

In light of the profound challenges endured by CIACS, it is vital to establish clear and actionable recommendations to guide those providing care for these children. The scope of these recommendations is broad to account for the diverse types of providers, professionals, and actors involved in the care of CIACS, addressing their unique needs and circumstances. This framework provides a roadmap for health care professionals and may also be considered by pediatric associations worldwide. Tables 3–6 summarize

TABLE 4. Recommendations for Strengthening Systems

Recommendations	Examples
1. Provide comprehensive care and advocacy for refugee and asylum-seeking children.[10,45,88–90]	- Develop comprehensive health service systems—including physical, mental, dental, and developmental care—for children affected by armed conflict, ensuring holistic support through collaboration with relevant organizations. - Closely collaborate with government agencies and community organizations to ensure that newly arrived child refugees or asylum seekers are referred to, and receive, appropriate medical, behavioral, and dental health services, as well as necessary legal representation.
2. Ensure systems protect children from abuse, violence, exploitation, and trafficking.[10,47,89]	- Domestic and global systems, such as government border agencies and state departments, should prioritize the protection of children (displaced and nondisplaced) affected by all forms of violence from: ○ Kidnapping in secure and nonsecure zones; ○ Sexual exploitation and child marriage; ○ Inappropriate placement and adoption practices; ○ Child labor; ○ Drug abuse; ○ Trafficking and other forms of exploitation; ○ Unjust detention or punishment; and ○ Forced or coerced military service. - Ensure safe environments that provide the essential needs of food, housing, and education - Ensure proper legal representation for displaced children.
3. Guarantee that all children are registered at birth, and prioritize family reunification while safeguarding their living standards and education.[10,89]	- Establish systems to register all children at birth and enable reunification for those separated from their families across borders. - Prohibit the unnecessary separation of children from their families, except in cases of abuse or neglect, and regularly review care plans for children in state custody to ensure their best interests. - Provide special care for children with disabilities to support independent living.
4. Encourage child participation in their communities, respecting their views, freedoms, and agency, while fostering their resilience, and including their voice in rebuilding and peacekeeping efforts.[10,89]	- Work individually and within systems to enhance the participation of children and youth in their communities, ensuring their rights to: ○ Express views; ○ Practice religion; ○ Associate freely; ○ Maintain privacy; and ○ Access information. - Encourage children's active participation in their care, in their communities, and in shaping programs and policies that affect them.

TABLE 5. Recommendations for Providing Culturally Appropriate, Sensitive, and Trauma-Informed Care

Recommendations	Examples
1. Provide culturally appropriate, sensitive, and trauma-informed care.[17,91]	- Provide appropriate interpretation services in health care settings. - Distribute linguistically appropriate, plain language translated materials in native languages for patients and families affected by armed conflict. - Seek to modify or update these tools and materials to be relevant via translation and cultural adaptation.
2. Deliver appropriate, accessible, context-adapted, and high-quality health care services to children affected by armed conflict.[13,14,17,34,36–40,74,78,79,91]	- Implement principles of trauma-informed care during health care encounters. - Identify resources and referrals for care, even if children lack health insurance coverage. - Expand health care access to all children. - Ensure access to pediatric care and psychosocial support for families seeking asylum or migrating from conflict areas.
3. Include mental health and psychosocial support services (MHPSS) as part of health care interventions for children in armed conflict settings (CIACS).[14,17,34,36–40,67,74,78–81,91]	- Provide MHPSS to children from conflict settings according to best practice guidelines. - When possible, connect children and families with caregiver and self-support initiatives, including opportunities for peer-support, youth groups, and practical assistance with livelihoods, child care, and respite. - Incorporate broad MHPSS for children and their families in existing programs at schools and other educational facilities. - Offer ongoing, long-term support, including rehabilitation services and mental health care, until necessary infrastructure is rebuilt.
4. Collaborate with international health organizations to provide needed clinical expertise, addressing gaps in care.[17,34,91]	- Support efforts to provide technical assistance to colleagues providing health care to CIACS (ie, telemedicine support, specialist teleconference, or resource sharing). - Share relevant educational tools and materials with pediatric health care providers practicing in conflict zones in a way that is accessible and free of charge. - When benefits outweigh risk, enable content experts to travel to conflict-affected countries to offer training, local systems strengthening, and long-term capacity building. - Advocate for accessible and openly available clinical protocols and guidelines that address the unique emotional and psychological needs of children, their siblings, and caregivers who have experienced armed conflicts.

TABLE 6. Recommendations for Promoting Research

Recommendation	Examples
1. Uphold ethical research practices involving children affected by armed conflict.[13,46]	- Prioritize research related to children in armed conflict settings (CIACS) that is ethically sound, trauma-informed, and in accordance with the special needs and considerations for this population.
2. Address known gaps in the care of CIACS by advancing research to understand the health impacts, mitigating factors, and developmental outcomes of these children.[14,26,27,31,32,43,50]	- Examine the pediatric morbidity and mortality burden caused by armed conflict and develop evidence-based intervention strategies to address these issues. - Examine settings where changes to types of weapons (eg, stopping landmine use) or signing of treaties related to the rights of children may have led to improved health outcomes for CIACS. - Prioritize local, national, or multi-institutional research examining: a. Population-level data on the health effects of armed conflicts on children b. Disaggregated data that include information on age-specific impacts of armed conflicts c. Impact of military activities on children who experience the effects of armed conflict d. Epigenetic effects on children of parents in armed conflict e. Outcomes for children held in detention f. Long-term effects of chronic toxic stress g. The effect of armed conflict on children's psychosocial functioning, ensuring representation across ages and areas h. The needs of special populations of children, including children with disabilities, children with chronic conditions, children and girls associated with armed forces and armed groups, children who identify as LGBTQIA+, and neonates i. The role of social determinants in shaping the outcomes for CIACS j. The efficacy of intervention initiatives including identification of any unintended negative consequences, including attention to long-term outcomes
3. Promote collaboration with national and international organizations addressing the effects of armed conflict on children.[13,46]	- Develop and share evidence-based clinical guidelines for pediatric care in conflict zones. - Promote the collaborative adaptation, development, and evaluation of clinical protocols that draw on existing global best practice guidance on mental health and psychosocial support for emergency-affected populations. - Collaborate on research initiatives among health care professional associations with a similar focus on the wellbeing of children. Explore optimal child health metrics for humanitarian responses, collaborating with academic institutions, pediatric societies, governments, and international organizations to advance this research.

recommendations addressing the effects of armed conflict on children, with specific actions that pediatric providers and organizations may take to promote the health and well-being of these children.

Policy recommendations are grouped into 4 areas: 1) those that address the efforts of the American Academy of Pediatrics related to state, federal, and global policies; 2) those that relate to health care systems; 3) those addressing the provision of culturally appropriate, sensitive, and trauma-informed care, with an emphasis on resiliency; and 4) the promotion of related research. The following summarizes the key recommendations in each of these areas, which are elaborated further in Tables 3–6.

Recommendations that address the efforts of the American Academy of Pediatrics related to state, federal, and global policies (Table 3):

1. Ensure policies and recommendations align with the principles of the United Nations Convention on the Rights of the Child (UNCRC).[2–4,21,32,51]
2. Improve access to quality health care for children in armed conflict settings and during and after resettlement.[36–40,44]
3. Expand access to mental health and psychological support and services (MHPSS) for children in armed conflict settings and during and after resettlement.[14,36–40,67,78,79]
4. Increase access to educational services and safe spaces for children in armed conflict settings and during and after resettlement.[13,35,46,61]
5. Support the safe resettlement of children, minimizing the negative effects of protracted displacement and foster resilience.[45,80,88]

Recommendations for strengthening systems (Table 4):

1. Provide comprehensive care and advocacy for refugee and asylum-seeking children.[10,45,88–90]
2. Ensure systems protect children from abuse, violence, exploitation, and trafficking.[10,47,89]
3. Guarantee that all children are registered at birth, and prioritize family reunification while safeguarding their living standards and education.[10,89]
4. Encourage child participation in their communities, respecting their views, freedoms, and agency, while fostering their resilience, and including their voice in rebuilding and peacekeeping efforts.[10,89]

Recommendations for providing culturally appropriate, sensitive, and trauma-informed care (Table 5):

1. Provide culturally appropriate, sensitive, and trauma-informed care.[17,91]
2. Deliver appropriate, accessible, context-adapted, and high-quality health care services to children affected by armed conflict.[13,14,17,34,36–40,74,78,79,91]
3. Include MHPSS as part of health care interventions for CIACS.[14,17,34,36–40,67,74,78–81,91]
4. Collaborate with international health organizations to provide needed clinical expertise, addressing gaps in care.[17,34,91]

Recommendations for promoting research (Table 6):

1. Uphold ethical research practices involving children affected by armed conflict.[13,46]
2. Address known gaps in the care of CIACS by advancing research to understand the health impacts, mitigating factors, and developmental outcomes of these children.[14,26,27,31,32,43,50]
3. Promote collaboration with national and international organizations addressing the effects of armed conflict on children.[13,46]

CONCLUSIONS

CIACS are among the most vulnerable populations worldwide, making it vital for pediatricians to advocate for their health and well-being. No child should suffer harm because of ethnicity, religion, culture, or their family's beliefs and values. Harm to children should never be used as a tool or tactic in war or conflict. All children must be protected from the direct impacts of conflict, and their basic needs—such as food, shelter, and health care—must be ensured. By upholding these principles, pediatricians can help create a healthier future for all children, ensuring that every child has the opportunity to thrive, even amidst the devastation of armed conflict.

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ABBREVIATIONS

CIACS: children in armed conflict settings
LGBTQIA+: lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, plus others
MHPSS: mental health and psychosocial support services
SGBV: sexual and gender-based violence
UNCRC: United Nations Convention on the Rights of the Child

The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

All policy statements, clinical reports, and technical reports from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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