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Susan McKay

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The Effects of Armed Conflict on Girls and Women

Susan McKay

Nursing and Woman's Studies
University of Wyoming

This article discusses the gender-specific effects of armed conflict on girls and women that are addressed by the Machel Study. Among the most traumatic of these effects is sexual exploitation and gender-based violence, each having profound psychosocial consequences. Other gendered effects occur when girls are recruited as child soldiers, girls and women become internally and externally displaced refugees, and public health services, such as reproductive health care, are inadequate or unavailable. The Machel Study emphasizes women's proactive roles as peacebuilders and challenges governmental and nongovernmental organizations (NGOs) to focus greater attention upon building women's capacities in order to better protect children's physical and psychosocial well-being.

The impact of armed conflict on children, especially infants and young children, cannot be considered in isolation from women. Because women are the primary child caregivers, when they are affected by war, so are children. In many cultures, mothers, older sisters, aunts, and grandmothers share responsibility for children's physical and psychosocial development. As men leave to fight, women are increasingly responsible for maintaining the social fabric of their communities. During and after wars, women are instrumental in providing a sense of family and community continuity that supports children's healing from war-related trauma. Women's physical and psychosocial health and survival are therefore critical to the well-being of children, both during and after armed conflict. And yet, the perilous conditions children experience in war zones are often discussed in isolation from the women who nurture and care for them.

Written work produced within mainstream scholarship in disciplines such as anthropology, sociology, and women's studies and by nongovernmental organizations (NGOs) and the United Nations (UN) has increased global awareness about the effects of armed conflict upon women. Consequently, women's stories are being told more often than in the past and increased international attention is given and action organized on their behalf. We now have a greater understanding of the ways that armed conflict is gender-specific and recognize that women and girls are clearly targeted in tactics of war. In particular, sexual violence toward women has become the focus of much attention on the part of human rights organizations and women's advocacy groups. The increased focus on gender is not limited to effects of armed conflict but advocates for the development of women's capacities by involving them in negotiations to end fighting, in the development of peace accords and judicial processes, and in reconstructing communities as well as building peace and effecting reconciliation (e.g., Ferris, 1993; McKay, in press; United Nations, 1995).

THE GRAÇA MACHEL STUDY

The purpose of the Graça Machel Study was to begin monitoring the situation of children in conflict zones and to mobilize action on their behalf. An important dimension of the study was the attention to gender-distinct effects of armed conflict upon girls and women, which had been neglected in previous UN documents on children. Although not covered in depth, the inclusion of gender analysis represents a significant shift in emphasis, which highlights the important roles women play in children's physical and psychosocial survival during and after armed conflict. For example, the Study notes that women's roles in protecting and sustaining children and families are well-recognized (paragraph No.309). Because of their roles as caretakers, the Study emphasizes that women's roles should be expanded to include the "economic, political, and security arenas" (paragraph no. 309).

In addition to describing the negative effects of armed conflict upon girls and women, the study also highlights women as actors, peacemakers, and agents of change, describing the important roles women play as peacemakers and peacebuilders. Specifically, the Study recognizes that governmental organizations and NGOs should "utilize the ideas, knowledge, and experience women have gained from protecting their children, maintaining families, and sustaining communities (paragraph No.309). The Study also notes that traditionally women's administrative skills have been underappreciated. Women can do much to lead others toward peace through organization and action. The Brief Field Report by Brunet and Helal (this issue) provides a specific example of how women's resistance to victimization during war led to the development of a women's coalition in Rwanda. This alliance has powerfully advocated for justice in seeking prosecution of war criminals accused of perpetrating gender-specific crimes such as rape.

The purpose of this article is to highlight and integrate the various points made by the Machel Study on the effects of armed conflict on girls and women. I will describe sections of the study that are gender-specific, identify psychosocial implications, and extend the Study's discussion. Because psychology has not demonstrated much interest in the effects of armed conflict upon girls and women, supporting literature is derived from public health, feminist, legal, governmental and NGO sources. There does, however, exist a body of knowledge about the psychosocial effects of violence on women, predominately about violence in the home (e.g., Comas-Diaz & Jansen, 1995; Herman, 1992). Consistent with the Machel Study's definition of the term *child*, I refer to a female child under the age of 18 years as a girl, although this cut-off point varies cross-culturally.

WOMEN AND ARMED CONFLICT

The UN *Platform for Action* (1995) described how girls and women are especially affected by armed conflict because of their unequal status in society and their sex. Among the specific effects experienced by women of all ages are displacement, loss of home and property, loss or involuntary disappearance of close relatives, poverty and family separation and disintegration, victimization through acts of murder, terrorism, torture, involuntary disappearance, sexual slavery, rape, and sexual abuse. If one intends to destroy a culture, women are tactical targets of special significance because of their important roles within the family structure (Seifert, 1993). Compounding these gender-specific effects are the lifelong social, economic and psychologically traumatic consequences of armed conflict and foreign occupation and domination (UN, 1995).

Women's responsibilities during and after armed conflict are formidable. They hold families and communities together through their key roles in food production, economic activities, caring for children and other family members (Bennett, Bexley, & Warnock, 1995), and they act to preserve the social order (UN, 1995). They risk their lives by crossing minefields and braving shelling and bombing while seeking food, water, and firewood (Gardam, 1997). Although not often involved in the decisions leading to conflict or its end, women serve important roles in nurturing values of reconciliation in their children (El-Bushra & Lopez, 1994). In some war-torn countries, such as Rwanda (where women now make up 70% of the population), there may be so few men that women are called upon to assume the responsibilities of both mother and father, in addition to dealing with their own deep wounds (Human Rights Watch/Africa, 1996). Because armed conflict often requires women to take on expanded and sometimes new roles and responsibilities, they may experience greater equality with men. After fighting stops the resumption of normal life and traditional roles often curtails progress made in elevating women's status.

The Machel Study eloquently addresses how girls and women are differentially affected by armed conflict and describes the tremendous challenges in responding to gender-specific violence. Although statistics are increasingly available on sexual violence against women during warfare, they are not generally available for the other ways that women suffer during armed conflict (Gardam, 1997). Gardam observed that this is hardly surprising because, traditionally, men compile the data and inevitably assign women to categories used for male civilians, thus ignoring, and consequently obscuring, the unique suffering of women. Gardam (1997) argued that [girls and] women suffer under a double disability compared to combatants because women possess inferior status not only as civilians but more so as women civilians. For example, although 38% of residents suffered from malnutrition in Kabul in 1995, the figure was much higher among girls, because in Afghan culture boys are fed first and girls frequently receive leftovers. El-Bushra and Lopez (1994) observed how few support systems exist at the community level for women suffering psychosocial effects of conflict and how most governmental agencies do not consider psychosocial assistance as part of their work. NGOs seldom focus on women's psychosocial problems resulting from armed conflict (El-Bushra and Lopez, 1994).

For these reasons, the Machel Study has made an important contribution by including gender in its analysis. I will elaborate on its contribution by discussing the following major themes and their implications: gender-specific sexual violence, girl soldiers, public health and the survival of women and children, displacement of girls and women in refugee camps, and increasing women's capacities in peacebuilding during and after armed conflict.

SEXUAL EXPLOITATION AND GENDER-BASED VIOLENCE

Historically, rape has been minimized as an unfortunate but inevitable part of war, if not ignored (Brownmiller, 1975), and has not been viewed as a violation of international humanitarian law. In times of armed conflict, sexual abuse, including acts such as rape, forced oral sex, mutilation of sexual organs, forced pregnancy, and prostitution, is used as an extension of the battlefield (Wilbers, 1994). The Machel Study points out that rape is now recognized as a deliberate weapon of war to humiliate and weaken the morale of the perceived enemy, to terrorize populations, and to force the enemy to flee. Rape is a sexual expression of aggression and, in general, is characteristic of extreme torture; when committed during war, rape can be regarded as the ultimate symbolic humiliation of the male enemy (Seifert, 1993). For example, in Rwanda, acts of rape and sexual mutilation were not accessory to the killings but were carried out with the aim of eradicating the Tutsi, according to surviving Tutsi women (Human Rights Watch/Africa, 1996).

Rape is not a recent phenomenon of war but is part of the history of armed conflict. During this century there is abundant evidence of the existence of massive rape, for example, in one month in 1937, 20,000 women were raped by Japanese in Nanking, China. In 1971 a quarter of a million East-Pakistani women were raped by West-Pakistani soldiers (Wilbers, 1994). More recently, massive rape, such as has occurred recently in the former Yugoslavia and in Rwanda, has been identified as a war crime, a violation of human rights, and a crime against humanity. In the former Yugoslavia, rape of Bosnian women by Serbs, referred to as ethnic cleansing, may have been used not only as a tool of war but to implement a policy of impregnation in order to further destroy one people so that another people could proliferate (Fisher, 1996).

The Machel Study is replete with discussion of purposeful sexual violence toward women in multiple settings: in the community, in camps for displaced persons, and during flights to safety. Female children may be raped along with their mothers and both may be forced (along with other family members) to observe each other being raped. Girls may be ostracized when their mothers have been raped. Adolescent girls are particularly vulnerable to sexual violence because of their smaller size and younger age and because they are thought to be less apt to be infected with the HIV/AIDS virus or other sexually-transmitted diseases. In addition to the physical effects upon immature bodies and the traumatic psychological effects from sexual abuse, girls experience risk of death through exposure to HIV and other sexually transmitted diseases, such as occurred in Northern Uganda during the 1980s (Bennett, Bexley, & Warnock, 1995).

Other health effects of sexual abuse are throat irritation from being forced to perform oral sex, and prolonged rectal bleeding and pain if victims have been forced to have anal intercourse. Additionally, girls and women must contend with the humiliation, shame, and anguish engendered by sexual violence: flashbacks, difficulty re-establishing intimate relationships, persistent fears, and a blunting of enjoyment in life (Swiss & Geller, 1993). They may avoid seeking medical treatment because of fear of being judged (Human Rights Watch/Africa, 1996). Suicide rates are high. Tompkins (1995) notes that the psychological injury of wartime rape stems from the destruction of a woman's sense of control over her body and life. With forced pregnancy, women may be psychologically traumatized and unable to have normal sexual or childbearing experiences (Fisher, 1996). The unwanted pregnancies that result from rape often lead to unsafe abortions. Young girls giving birth are more prone to complications such as muscle injury and chronic pelvic inflammatory diseases (PID) that can lead to lifelong problems such as incontinence and sterility. In bearing the children of their aggressors, they may be no longer marriageable in their own society. Fisher (1996) observed the critical importance that reproduction plays in the continued existence of the psychological identity and the religious or ethnic identity (or both) of a group. Women forced to carry and bear the children of their aggressors suffer serious mental, physical, and spiritual harm. The long-term

psychosocial effects of rape are difficult to resolve and often are ignored as postconflict communities focus upon reconstruction.

Although not discussed in the Machel Study, girls and women who have been sexually assaulted may benefit from community-based "cleansing" actions that help with their reintegration into the community and aid psychosocial healing. Just as community rituals have been found to be important in reintegrating child soldiers back into their communities (Wessells & Monteiro, *in press*), rituals may also help women who have been abused. As pointed out by Swiss and Geller (1993), many cultures focus not upon intrapsychic processes, as in the Western model of healing psychological trauma, but upon the healing of the relation between the "psychological" and "social" aspects of being. The wounds of war may be most amenable to community-based treatments sensitive to the local context. "This is not to ignore or minimize the medical and psychological sequelae of rape, which may be severe, but rather to situate them in a cultural, social, and political framework that expands the therapeutic potential for overcoming the suffering engendered by rape" (Swiss & Geller, 1993, p. 614).

Unfortunately, prosecution of rape perpetrators has rarely occurred. The Machel Study points out that only 8 perpetrators have been indicted despite a projected estimate of 20,000 rapes (Malone, 1996) in the former Yugoslavia. Human rights organizations and activists are vociferous about the importance of overcoming impunity for gender-specific violence and incorporating women more fully within the judicial proceedings of international bodies so that justice occurs (see related discussion by Brunet & Helal, *this issue*). Brunet and Rousseau (1996) argued that impunity has important psychological implications because it supports "psychological phenomena like denial and silence versus acknowledgment and disclosure, shame and guilt versus rehabilitation and working through, being stuck in the past versus the ability and freedom to move ahead and integrate" (Sveaass, 1994, p. 213).

The Machel Study points out that gender balance "must be sought when nominating or promoting candidates for judicial and all relevant international bodies, including the International Tribunals for the former Yugoslavia and for Rwanda, the International Court of Justice and other bodies related to the peaceful settlement of disputes" (UN, 1996, paragraph No. 106). Further, gender-specific training is important for legal and medical program personnel, prosecutors, judges and other officials who respond to crimes of rape, forced pregnancy, and other forms of gender-based violence in armed conflict.

GIRL SOLDIERS

The Machel Study emphasizes that girls, like boys, are recruited as child soldiers, although they are fewer in number and their responsibilities are usually gender spe-

cific (see Mendelsohn & Straker, this issue). Girls may be “volunteers,” often because of family poverty and their families’ inability to sustain them, or they may be involuntarily seized by the military. Like boys, girls may join opposition groups for protection, for example, when their own parents have been killed. Unaccompanied children are also picked up by soldiers for “humanitarian” reasons. Regardless of how they are enlisted, girls often are required to serve as camp cooks, to wash clothes, and care for the wounded. In contemporary wars, girls and young women may be compelled to seek economic livelihood by providing sexual services. They may be forced into prostitution or other forms of sexual exploitation because they need food, shelter, safe conduct through war zones, or require papers or privileges for themselves and their families. The Machel Study reports that girls as young as 12 years have sexually submitted themselves to paramilitary forces as a means of protecting their families from other groups.

The Machel Study reports that reunification with families may be especially troublesome because a formerly cheerful 12-year-old may return home as a sullen 16-year-old who feels newly assertive and independent. Girl soldiers who have been raped or sexually abused, in part because of cultural beliefs and attitudes, can find it very difficult to stay with their families or to have any prospects of marriage. With few alternatives for economic survival available to them, girls and young women may eventually turn to prostitution. The arrival of peacekeeping forces often perpetuates prostitution. For example, in Mozambique after the peace treaty was signed in 1992, girls from ages 12 to 18 years were recruited into prostitution by soldiers of the UN Operation.

PUBLIC HEALTH EFFECTS

Public health refers to the provision and protection of conditions that allow people to achieve physical, mental and social well being (Mann, Drucker, Tarantola, & McCabe, 1994) and depends upon several basic and essential conditions such as the availability and quality of food, water, and access to health services. Without these conditions, individual and social life must be drastically reorganized. Armed conflict creates disproportional negative health effects for girls and women. When women cannot carry out their normal responsibilities, cannot protect and feed their children, or are malnourished and starving themselves, they are less physically and psychologically available to their children.

As the public health infrastructure is destroyed, so is access to life-saving health and medical care. The Machel Study, as well as other sources (e.g., Levy & Sidel, 1997; Mann et al., 1994), report the wide-ranging effects of armed conflict upon health and health services. Women in zones of armed conflict face continual danger of direct or accidental attacks as they go about their daily business. Whether women are working in their fields or searching for food, water, or fuel, selling pro-

duce by the roadside or taking part in community activities, there is risk of attack, or being caught in the crossfire (El-Bushra & Lopez, 1994). In Africa, women do 80% of the work in food production and thus are most likely to be injured by landmines, either during or after armed conflict. They thus lose their ability to work in the fields and for that reason may be abandoned by their husbands (Ashford & Huet-Vaughn, 1997). Girls who lose limbs from landmines or other weapons of war are less likely than boys to be fitted with prostheses, thus suffering lessened opportunities for normal lives.

The Machel Study contains numerous references to devastating effects that occur as access is reduced to reproductive health services, such as family planning and treatment for sexually transmitted disease. Among major public health effects noted are:

1. **Pregnancy and birth complications.** The Machel Study recognizes the integral tie between the reproductive health of pregnant women and girls with the health of infants and children. Lack of food, shelter, sanitation, and safe water jeopardizes girls' and women's reproductive status. Girls may experience pregnancies and abortions that their young bodies are ill prepared to handle, compounded by lack of access to medical care (Ashford & Huet-Vaughn, 1997; Mann et al., 1994). When girls become pregnant, regardless of whether or not pregnancy has occurred forcibly, they are at greater risk for complications because of their physical immaturity and also because many experience infection as a result of unsafe or incomplete abortions. Girls giving birth in the absence of trained birth attendants and in unhygienic conditions are at risk of chronic pelvic inflammatory disease and muscle injury that may result in incontinence. Without basic health and medical services, girls and young women increase their risks for both morbidity and mortality. Breastfeeding mothers who are malnourished or otherwise impacted by hunger, exhaustion, and trauma may be less able to nourish their infants and young children or to physically support their pregnancies.

2. **The public health infrastructure.** The Machel Study emphasizes the importance of continuity of care and long-term follow up in health services. Yet during war, health personnel become increasingly scarce because they give direct service to the military, are killed themselves, or leave the country. The Machel Study describes the direct targeting of health facilities as a tactic of war. For example, in Nicaragua between 1982 and 1987, 106 of 450 health units were eventually put out of service and 37 health posts were closed due to the destruction. Further, when health services are dominated by men, the result may be an underutilization of services by girls and women due to cultural or religious, or both, reasons. This is why in emergency situations the number of female health and protection workers needs to be increased.

3. In addition to general public health effects arising from armed conflict, the Machel Study discusses the effects of sanctions as blunt instruments that markedly

reduce the capacity of the health system to maintain the quality of food, water, and air. Resource shortages often result, and the burden falls most heavily upon the poor. For example, in Iraq, the effect of economic sanctions has resulted in most civilians living in extreme poverty with many children and women receiving only two-thirds of their daily caloric needs (Hoskins, 1997). The percentage of low-birth weight babies increased from 4% in August 1990 to 22% by 1995. This high incidence of low-birth weight babies is likely to result in malnourished children who, in turn, will suffer from physical and mental retardation.

DISPLACEMENT OF GIRLS AND YOUNG WOMEN IN REFUGEE CAMPS

The number of internally displaced people is estimated by the Machel Study to be over 30 million; another 27 million refugees cross national borders, bringing the total number of displaced persons to an estimated 57 million. The vast majority of these millions are women and children, constituting some 80% (UN, 1995). Displaced women and children are threatened by deprivation of home and goods and services. Prior to becoming refugees, women often suffer sexual violence as a form of political persecution (United Nations High Commissioner for Refugees [UNHCR], 1995). In its section on refugees and internally displaced children, the Machel Study details how refugee girls and women are especially vulnerable to physical and sexual assault while they are in transit or resettling. Within camps, women and adolescent girls frequently experience sexual assault and other forms of violence because of family breakdown and general lack of protection, for example when there is poor lighting around latrines. Well-designed camps can reduce the problems of camp security and improve women's physical and psychological health.

The combination of displacement, war, and deprivation of fuel, food, and medicine can result in large increases in death rates (Mann et al., 1994). The Machel Study notes that pregnant and lactating women in camp require particular attention, as do children with disabilities. Gender bias compounds the problems of survival in camps, for example, in refugee camps in many countries men eat first so that starving women and children stay alongside well-fed men (Ashford & Huet-Vaughn, 1997).

The Machel Study highlights how distribution of resources such as food, water, firewood and plastic sheeting is usually in the hands of men. Girls and women, especially those who are heads of households, may be subject to abuses of power, with their accompanying psychosocial effects, such as needing to grant sexual favors to obtain resources for survival in camps. Women heads of households are particularly at risk. Refugee women need to be involved in decision making on all issues that involve them and their children.

INCREASING WOMEN'S PEACEBUILDING CAPACITIES

Women have long been actors in peacebuilding processes, but they have usually worked in less visible ways than men and much more at community levels than "at the table." This, however, is changing as substantive global initiatives aim at increasing women's leadership and political capabilities. For example, the UN *Platform for Action* (1995) has as one of its objectives, to increase the participation of women in conflict resolution at decision-making levels. It recommends that action be taken to promote equal participation of women and to provide equal opportunities for women's participation in all forums, all levels of peace activities, and particularly at decision-making levels.

To its credit, the Graça Machel Study explicitly recognizes the activity of women as active agents of peacebuilding and conflict resolution at the local level and advocates for their greater participation at national, regional, and international levels. The report relates the national and international strategies for empowerment and capacity building in women, families, and communities to the goal of improved protection of children. Women's groups play critical roles in peacebuilding activities, such as demilitarizing communities, promoting healing and reconciliation processes related to children's war experiences, and reintegrating children back into the community. Further, women's groups and organizations are often influential in promoting the presence of women at the negotiating table where they can act as their own advocates and agents for peace. An example is the United Nations Development Fund for Women (UNIFEM) program in Africa, namely, African Women in Crisis, which is working to strengthen the capacity of women's peace movements throughout Africa. The Machel Study recommends that women be incorporated as key members of peace missions, reconciliation forums, negotiation teams, and all peacebuilding efforts.

CONCLUSIONS

Psychologists concerned with reducing the psychosocial impact of armed conflict upon children must include women in their clinical work and action research. Investigating differential psychosocial effects of armed conflict upon girls and boys and the appropriate healing modalities for children within their cultural context is a critically important direction. If such effects exist, there may be ways to strengthen women's resources so that they, in turn, can provide better psychosocial and physical protection for their children is crucial. The buffering and sustaining roles of women in mediating the effects of armed conflict for children is also important to investigate.

If children are to be protected and nurtured, there must be women and mothers to sustain and rebuild homes and communities. Women, therefore, must be

safeguarded from gender-specific violence and, when it occurs, supported in their own psychosocial healing. Their peacebuilding efforts must be promoted at all levels: local, regional, national and international. In turn, children will be beneficiaries.

REFERENCES

- Ashford, M. W. & Huet-Vaughn, Y. (1997). The impact of war on women. In B. Levy, & V. Sidel (Eds.), *War and public health* (pp. 186–196). New York: Oxford University Press.
- Bennett, O., Bexley, J., & Warnock, K. (Eds.). (1995). *Arms to protect, arms to fight: Women speak out about conflict*. London: Panos.
- Brownmiller, S. (1975). *Against our will: Men, women and rape*. New York: Simon and Schuster.
- Brunet, A., & Rousseau, S. (1996). *Acknowledging violations, struggling against impunity: Women's rights as human rights*. Working paper presented at the Consultation and Planning Meeting for the Campaign Against Impunity in Africa, Ouagadougou, Burkina Faso.
- Brunet, A., & Helal, I. S. (1998) Brief field study: Monitoring the prosecution of gender-related crimes in Rwanda. *Peace and Conflict: Journal of Peace Psychology*, 4, 393–397.
- Comas-Diaz, L., & Jansen, M. (1995). Global conflict and violence against women. *Peace and Conflict: The Journal of Peace Psychology*, 1(4), 315–331.
- El-Bushra, J., & Lopez, E. (1994). *Development in conflict: The gender dimension*. New York: Oxford University Press.
- Ferris, E. (1993). *Women, war and peace*. Uppsala, Sweden: Life and Peace Institute.
- Fetherston, A. B. (1995). UN Peacekeepers and cultures of violence. *Cultural Survival Quarterly*, 19(1), 19–23.
- Fisher, S. (1996). Occupation of the womb: Forced impregnation as genocide. *Duke Law Journal*, 46, 91–133.
- Gardam, J. (1997). Women and the law of armed conflict: Why the silence? *International and Comparative Law Quarterly*, 46, 55–80.
- Herman, J. (1992). *Trauma and recovery*. New York: Basic.
- Hoskins, E. (1997). Public health and the Persian Gulf War. In B. Levy, & V. Sidel (Eds.), *War and public health* (pp. 254–278). New York: Oxford University Press.
- Human Rights Watch/Africa. (1996). *Shattered lives: Sexual violence during the Rwanda genocide and its aftermath*. New York: Human Rights Watch.
- Levy, B., & Sidel, V. (Eds.). (1997). *War and public health*. New York: Oxford University Press.
- Malone, L. (1996). Beyond Bosnia and in re Kasinga: A feminist perspective on recent developments in protecting women from sexual violence. *Boston University International Law Journal*, 14, 319–340.
- Mann, J., Drucker, E., Tarantola, D., & McCabe, M. (1994). Bosnia: The war against public health. *Medicine and Global Survival*, 1, 130–146.
- McKay, S. (1998). From war to peace: Women and societal reconstruction. In L. Lorentzen & J. Turpin (Eds.), *The women and war reader* (pp. 348–362). New York: New York University Press.
- Mendelsohn, M., & Straker, G. (1998). Child soldiers: Implications of the Graça Machel/UN Study. *Peace and Conflict: Journal of Peace Psychology*, 4, 399–413.
- Seifert, R. (1993). *War and rape: Analytic approaches*. Geneva, Switzerland: Women's International League for Peace and Freedom.

- Sveaass, N. (1994). The psychological effects of impunity. In N. J. Lavik, N. Nygard, N. Sveaass, & E. Fannemel (Eds.), *Pain and survival: Human rights violations and mental health* (pp 211–220). Oslo, Norway: Scandinavia University Press.
- Swiss, S., & Giller, J. E. (1993). Rape as a crime of war: A medical perspective. *JAMA, Journal of the American Medical Association*, 270, 612–615.
- Tompkins, T. (1995). Rape as war crime. *Notre Dame Law Review*, 70, 845–890.
- United Nations. (1995). *Platform for action*. New York: Author.
- United Nations. (1996). Impact of armed conflict on children: Report of the expert of the Secretary-General Ms. Graça Machel (Document A/51/306 & Add. 1). New York: Author.
- United Nations High Commissioner for Refugees. (1995). Refugees, feminine plural. *Refugees, II*, 3–9.
- Wessells, M., & Monteiro, C. (In press). Culture, healing, and post-conflict reconstruction in Angola: A community-based approach to assisting war-affected children. In U. Gielen, J. Fish, & J. Draguns (Eds.), *Handbook of Culture, Therapy, and Healing*.
- Wilbers, M. (1994). Sexual abuse in times of armed conflict. *Leiden Journal of International Law*, 1, 43–71.