

## IANSA position paper: Assistance to survivors of small arms misuse\*

For every individual killed by small arms, many more survive with serious injuries, often permanent disabilities that impede the resumption of a normal way of life. Since the PoA was agreed in 2001, millions of people have been injured through non-fatal small arms violence. The economic, emotional and psychological effects of armed violence on survivors are huge, and also inflict a heavy toll on their families, friends, colleagues and neighbours.

As the population of survivors continues to grow, their long-term needs and those of the people who care for them should be appropriately addressed. For example, many survivors are left unable to walk, and even in developed countries where wheelchairs are widely available this results in severe loss of personal mobility. In developing countries where such facilities are not widely available, it is disastrous. Reconstructive surgery is also prohibitively expensive in many countries. For example, Patamule, a 17-year old from the Democratic Republic of Congo (DRC), was shot in the face in September 2001. He survived thanks to first aid treatment. It took Patamule and his family one year to raise enough money to pay for the reconstructive surgery he needed, which would provide a year of primary education for 100 children in the DRC (US \$6000).

### How does the Programme of Action (PoA) address the problem?

The PoA addresses survivor assistance very weakly. It does not explicitly refer to the subject, although the opening declarative sentences of the PoA express the grave concern of States for:

- human suffering (paragraph 4)
- the humanitarian and socio-economic consequences of small arms misuse (paragraph 2)
- the devastating consequences of small arms misuse on children (paragraph 6)
- the negative impacts of small arms misuse on women and the elderly (paragraph 6)

### Progress since 2001

#### Progress at the global level

Several global health and human rights initiatives are relevant to the UN small arms control process. The 2006 Small Arms Review Conference (RevCon) is an opportunity to build understanding on this dimension of the small arms challenge

In December 2001, the UN General Assembly adopted a resolution to establish an Ad Hoc Committee to consider proposals for a **global Disability Convention**. The 2004 draft convention includes a number of articles relevant to gun violence survivors who have been left with disabilities. Draft Article 20 of the proposed Convention would require States to

take effective measures to ensure liberty of movement with the greatest possible independence for persons with disabilities.

Similar commitments are enshrined in the **UN World Programme of Action Concerning Disabled Persons** (1982), and regional plans such as those in the **African Decade of Disabled Persons** (2000–2009).

The WHO Global Campaign for Violence Prevention is based on recommendations from the first World Report on Violence & Health (2002). One goal of this campaign is to improve services for victims of violence.

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\* For reasons of style only, the terms ‘weapons’, ‘small arms’ and ‘firearms’ are used interchangeably in this paper. All these terms more properly refer to ‘small arms and light weapons (SALW)’. These are weapons that can be carried and used by one or two people, including handguns, assault rifles, machine guns, grenade launchers, anti-tank or anti-aircraft guns and light mortars. Light weapons, ammunition, grenades, landmines, and explosives are also part of this category.

**Progress at the national and regional level**

In the legally-binding **EU Joint Action** (2002) States agreed to

provide financial and technical assistance to programmes and projects ...[which might include] weapons collection, security sector reform and demobilisation and reintegration programmes as well as **specific victim assistance programmes**.

Among the many survivor assistance programs are the Transitions Foundation in Antigua (Guatemala), which provides specialised services, such as prosthetics and wheelchairs, to small arms victims, and the ‘Disabling Bullet’ project in Chicago (US), which helps injured gunshot victims adjust to their new life.

**IANSA recommendations to States:**

- **Assess the gaps in service provision to survivors in National Action Plans on Small Arms, and develop measures for filling these gaps.**

Although the right to health recognises the primacy of prompt treatment for all injured persons, regardless of the context or the legal status of the victims, the reality sometimes falls considerably short of this. States have a responsibility to ensure that adequate health facilities and medical personnel are available to serve the medical needs of all victims of armed violence. This should include emergency response systems, trauma care, and rehabilitation services.

- **Invest in trauma care for victims of small arms violence.**

Prompt medical treatment cannot always rely on the availability and expertise of health professionals. Providing emergency first aid training for police officers and others likely to be the first to find an injured person — first responders — can be a low-cost and effective way to reduce fatalities and excessive injuries.

- **Coordinate measures to help survivors of sexual violence.**

Sexual violence is widely used as a tool of war. States should address the trauma of sexual violence, as well as the physical effects on the reproductive health of women and girls. For example, these concerns can be incorporated in disarmament, demobilisation and reintegration programs.

- **Incorporate consideration for the needs of women in post-conflict situations.**

As primary care-givers, as well as mothers, the essential role of women and their special needs and vulnerabilities in post-conflict situations need appropriate acknowledgment in order to further the reconstruction and development of peaceful communities.

- **Promote research on the trauma of witnessing gun violence or its aftermath.**

Understanding the effects of being threatened by or witnessing firearm violence is necessary to help raise awareness of the problem. The trauma is likely to be greater than that associated with being threatened by or witnessing other forms of violence.

- **Include survivors of armed violence in small arms program design and intervention activities.**

Victims of nonfatal small arms misuse are a constituency that can help identify risk factors and contribute to interventions and policy development. Through health service providers, advocacy organisations and government agencies, their opinions and input may provide fresh insights on issues that are not well understood, including how to reduce the demand for small arms.

- **Include stakeholders who are in a position to consider the needs of survivors of armed violence on National Coordination Agencies on Small Arms.**

The PoA requires National Coordination Agencies to be ‘responsible for policy guidance, research and monitoring of efforts to prevent, combat and eradicate the illicit trade in small arms and light weapons in all its aspects’. This should include ‘tertiary’ prevention, which reduces the worst consequences of the problem, including access to rehabilitation services, psychosocial support, trauma counselling and employment.

In order to deliver this commitment, membership of National Commissions should include stakeholders such as health professionals, supporters and caregivers, as well as survivors, who are often voiceless in decisions that affect their own future.

- **Promptly establish a strong international mechanism to monitor the situation of children in specific armed conflicts.**

The 2005 UN General Assembly resolution on children in armed conflict established an instrument to monitor armed violence against children in specific armed conflicts. The UN Security Council Working Group on Children and Armed Conflict should ensure that the monitoring instrument is dedicated and properly-resourced with a mandate that provides a real opportunity to stop violations against children in armed conflict.

- **Strengthen the links between the UN small arms process, injury prevention and victim assistance, and pursue research into the impact of prevention activities in firearm-affected areas.**

Greater engagement of the health community would help to identify clearer goals and approaches to tackling the small arms problem. In advance of the 2006 RevCon, the annual World Conference on Injury Prevention and Safety Promotion (April 2006 in South Africa) should issue a statement to the world's governments on the key issues associated with armed violence injury prevention.