

## **A 'vector of rights' approach for public health: towards an intersectional human rights framework for considering the prevention and treatment of harms to girl child soldiers**

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The pervasive use of girls as soldiers for sexual and domestic purposes is a common global phenomenon. From a public health perspective, the impact of sexual violence on the mental and physical health and development of these girls is profoundly different from that experienced by boys and adult women in armed conflict. Human rights frameworks — restricted to either women or children — do not address this complex public health reality. This article seeks to develop a rights-based structure of analysis to address these intersecting gender- and age-specific harms.

Through a case study of the civil war in Sierra Leone, the authors find that girl soldiers experience a cumulative vulnerability that is not merely additive in nature — girls do not simply face sexism in one context and age-related prejudice in another. Acknowledging this complex reality, this article advances an intersectional rights-based public health paradigm that would view these composite oppressions as interacting and mutually reinforcing under a 'vector of rights'. Where there is no singular state apparatus to confront these overlapping harms and fulfil these human rights obligations together, the article concludes that international organisations, as representatives of the international community, have a heightened duty as non-state actors to protect girls from harm, proposing complementary international institutions to realise this vector of rights.

### **Introduction**

Armed forces, both regular and irregular, are known to recruit or abduct forcibly girls and female youth as soldiers, domestics and sex slaves. A variety of serious public health consequences arise from the targeted violence, particularly sexual, that

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occurs through the captivity, enslavement and forced 'marriage' of girls in fighting forces. Sierra Leone is a dramatic example of this abuse and exploitation, wherein civil war led to the creation of an estimated 12,000 of these girl child soldiers.<sup>1</sup> To realise the human rights of these girls, it is necessary to consider the public health implications of their harms holistically, because effective prevention of violence and treatment of its effects must address the underlying structural determinants of health implicated in multiple violations of the different intersecting rights of girls and female youth.

As a grave public health concern, girl children and female youth<sup>2</sup> in internal armed conflict are most vulnerable as women and as children, yet they experience a unique complex of overlapping gender- and age-related harms unaccounted for by independent women's or children's human rights frameworks. In addressing the synoptic public health harms arising from abduction, sexual slavery and forced labour, this human rights analysis of public health research data reveals that girl child soldiers experience a cumulative vulnerability that is more than the sum of its parts and therefore requires a new rights paradigm that acknowledges this complex reality: namely, a paradigm wherein multiple axes of discrimination, oppression, exploitation and violence are seen as interacting, reinforcing and mutually constitutive.

This article seeks to develop a 'vector of rights' framework commensurate to addressing the overlapping rights violations suffered by girl child soldiers. In making this argument for intersectional obligations under a vector of rights approach, the authors describe the abduction, forced domestic labour, sexual slavery and captive marriage of girl child soldiers in internal armed conflict, looking specifically to Sierra Leone's civil war as a case study. The authors then outline the myriad individual human rights norms violated by the lived experiences of girl child

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1 Compounding the complex practical challenges to work in the field of youth and conflict is the lack of sufficient quantitative data on the dimension of the problem (Stark et al 2007; Annan et al 2006). As a result, any numeric figures of children and youth associated with fighting forces noted in this paper are at best a broad estimate, rather than a result of systematic research (Wessells 2006).

2 In keeping with the humanitarian literature, the authors use the terms 'girl child' (prepubescent) and 'female youth' (teenage, or young adult), both to connote the important distinction between *children (or youth)* associated with fighting forces and adult soldiers, and to emphasise the unique position of the *female/girl* child soldier as compared to boys/male youth (UNICEF 2005). Acknowledging the many practical definitional challenges to the term 'child' among varied cultures (Stark et al 2007; Sommers 2006), the authors rely on the recently endorsed terminology and definition of a child as a person under 18, as stated in the 2007 Paris Commitments (UNICEF 2007).

soldiers, illustrating how human rights treaties for children and for women have been brought to bear individually for the protection and treatment of separate gender- and age-specific harms to girls in fighting forces. Through this outline, the authors highlight insufficiencies of an atomised rights framework for female children/youth in armed conflict, arguing that a new, comprehensive framework is necessary. This new framework, a 'vector' approach to human rights, is then justified by the authors as part of an intersectional approach to the complex public health harms to girl child soldiers. Amplified by state abuse against girl children and female youth, girl soldiers experience profound health consequences when internal conflict often causes a state's governance, infrastructure and enforcement mechanisms to collapse to such a point that there is arguably no state to bear its international obligations. Acknowledging Sierra Leone's perpetration of such harms, this analysis concludes that legally proscribed duties inhere in the international community *as a whole*, creating a heightened duty of international cooperation on all states as well as on international nongovernmental organisations (NGOs) to both prohibit and remedy the gender- and age-specific harms to girls and female youth in fighting forces pursuant to their 'vector' of rights. Finally, in examining the collective legal obligations of the international community in realising the proposed vector of rights, the authors offer a number of institutional remedies that could provide some of the necessary *special* attention to the specific health needs and vulnerabilities of girls and female youth forced to be soldiers, domestics and sex slaves.

## Background

Over the past decade, several West and Central African countries have experienced extensive periods of conflict, including, but not limited to, conflicts in Côte d'Ivoire, the Democratic Republic of the Congo (DRC), Northern Uganda, Liberia and Sierra Leone. In more than 30 countries worldwide, approximately 300,000 children and youth have been forcibly conscripted into armies and militias, among them girls and adolescent women (UNICEF 2005). This part describes the public health ramifications of 'girl child soldiers' — abducted and forcibly conscripted as fighters, porters, cooks and sex slaves (CSUCS 2006) — focusing on the specific case of Sierra Leone.

### *The girl as soldier and slave*

The 'pervasive use' of girls in fighting forces for sexual *and* domestic purposes exists throughout the world (Mazuranna et al 2002, 119; Sommers 2006), including Central and South America, Asia, Europe, the Middle East and Africa (McKay 2005). As recognised by the United Nations, '[c]hildren [under 18] are being recruited and used as child soldiers on a massive scale. Girls face additional risks, particularly sexual

violence' (UN 2003, 4). In conscripting child soldiers, armed forces have not confined themselves only to those taking direct part in hostilities (that is, carrying arms), but also to *any* 'boys and girls, used as fighters, cooks, porters, messengers, spies or for sexual purposes' (UNICEF 2007; Kenny and Bah 2007). While there is agreement that girls are especially vulnerable to being 'recruited for sexual purposes or forced into marriage' (UNICEF 1997), few international legal forums have addressed the unique roles and sexual victimisation of girls as both young soldiers and as domestic sex slaves when they are associated with fighting forces (Machel 1996; Denov and Maclure 2004; Becker 2004; Kostelny 2004).<sup>3</sup>

Child soldiers and their reintegration are typically perceived of and depicted in the media and literature as *male* youth carrying a small weapon (Crane 2007; Burman and McKay 2007; Kostelny 2004). Where issues of child soldiers are discussed in international law, there is not sufficient detailed explanation of the *special* public health needs or the unique victimisation of girls and no recognition of the implications of these harms as a structural determinant of their health and life outcomes. In so doing, these pronouncements (UNICEF 1997; UN 2003) reinforce the essentialist view that all women's and children's human rights abuses are the same, obscuring any holistic human rights analysis of the overlapping gender- and age-specific harms to girl child soldiers. Even where recent reports on children and armed conflict have expounded on the harms to girls (UN 2006), they have largely ignored female youth concerns and perspectives, and specific individual country cases.

Despite the increasing numbers of girls and female youth in fighting forces, growing evidence documents how, *unlike boys*, female child and youth soldiers remain virtually invisible as a highly marginalised group, receiving little attention at community, national and international levels either during or after conflict (McKay and Mazurana 2004; McKay 2005; Denov and Maclure 2004; 1999; Verhey 2004; Stark 2006; Burman and McKay 2007; Stavrou 2005). Indeed, formerly abducted girls and female youth face huge reintegration challenges regarding limited availability of work, marriage opportunities and access to or control over resources (Burman and McKay 2007; Stavrou 2005). The continuing absence of direct attention to their plight — in international law, among international development agencies, in conflict research and in youth intervention programming (Leibig 2005; Stavrou 2005; Sommers 2006) — undermines any adequate attempt to prevent and treat their gender- and age-specific harms pursuant to current human rights frameworks.

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3 Even among those who discuss the unique harms of the girl child, there is often little discussion of the harms they face in armed conflict as child soldiers (for example, Goonesekere 2006).

Violations of the rights of girls and female youth, through multiple and interacting forms of harm, including physical and sexual violence, reveal underlying structural determinants of harm (WHO 2002) and constitute structural violence to female youth in fighting forces (Farmer 2003). The punishing prejudice of neglect for their complex suffering and vulnerabilities has profound implications for public health, with corresponding implications on wider social determinants of health, including poverty, child development, housing and education (Marmot and Wilkinson 2005; Link and Phelan 2005; Lynch et al 2000).

Examining these health harms, girls are physiologically different from boys and developmentally distinct from women (Stavrou 2005; Verhey 2004; Kostelny 2004), experiencing both age-based harms with a gender dimension and gender-based harms with an age dimension.

First, girl ex-soldiers have age-based physical and psychosocial health needs (Stavrou 2005; Annan et al 2006) related to their unique vulnerabilities at neurobiological (UNICEF 2002) and developmental levels (Wessells 2006; Boothby 1992). The dominance of adults in peace-building and reconstruction activities and processes, with limited child-sensitive interventions, means that girls are vulnerable as children to psychosocial distress and to abysmal economic options post-conflict (Sommers 2002; Annan et al 2006). Evidence shows that former girl soldiers experience chronic and severe mental health traumas (Machel 2005), including post-traumatic stress from witnessing or committing acts of violence and other psychosocial harms from prolonged shame, confusion and guilt (Denov and Maclure 2004; Troyer 2005). But such age-based vulnerabilities impact girls differently, as girls run a *higher* risk than boys of being excluded from formal disarmament, demobilisation and reintegration (DDR) processes, and yet may also have greater difficulty or willingness to resume what are considered to be normal, age-appropriate gender roles (Stark et al 2007).

Second, girls experience several gender-based harms that are, in fact, categorically different from what occurs with men/boys in armed conflict — women and girls are more likely to experience violations of both civil and political rights and economic and social rights — experiencing suffering more indirectly from internal violence and oppression (Phelps 2007). Like most women's general experiences of conflict, the plight of girl soldiers captures the 'myriad of vulnerabilities created by repressive and conflicted societies for women' (Ni Aoláin and Turner 2007). As female combatants, girl and female youth soldiers *disproportionately* suffer a range of abuses from violent acts of commission as well as acts of omission or neglect, including family separation, displacement, abductions, forced recruitment, sexualised torture, forced labour, rape, forced prostitution, forced termination of pregnancy and

mutilation (UNICEF 1997; Happold 2005). Although boys and young men in fighting forces suffer the harms of sexual violence (Betancourt et al 2005), rape of females in captivity has consequences that cannot befall men/boys — women/girls can have miscarriages, they can become incapable of having children, they are physically more vulnerable to sexually transmitted infections (STIs) and they can be forced to bear children conceived in rape (Phelps 2007). Outside of these debilitating physical and psychological sequelae of sexual violence, formerly abducted girl soldiers confront additional gender-based harms from social isolation and condemnation as 'spiritually contaminated' (Stark 2006; Kostelny 2004). Unlike that of boys, sexual abuse of girl soldiers specifically forces girls and female youth to more fully transgress gender norms, resulting in community rejection, physical and verbal abuse, extreme stigmatisation, inability to marry and abandonment to poverty (Amnesty International 1997; McKay 2005; Kostelny 2004; Stark 2006).<sup>4</sup>

It is indisputable that these unique gender-based harms also intersect with age, when it is girls and female youth who, in particular, are more often forced to be 'comfort women' or 'wives' for sexual services to male combatants (Veale 2003; Stavrou 2005; Human Rights Watch 2006). Unlike adult women, the forced sexual servitude of female youth as 'wives' and domestics leads to acute threats of early pregnancy and child/youth motherhood — placing them at higher risk for maternal mortality or for morbidity from abdominal pain, cervical tearing, infections and complications during child-bearing, which can have long-term repercussions on the health and development of both the girl mother and her infant (Veale 2003). Additionally, the gender roles that force many girls and female youth soldiers to have domestic responsibilities, such as taking care of younger children, further impose a unique age-related toll on their physical and mental health (Denov and Maclure 2004). Returning girl mothers have been found to be the most vulnerable to extreme marginalisation post-conflict (Burman and McKay 2007) and, since most of the children of these girls suffered severe health problems, including malnutrition, malaria and respiratory ailments (Kostelny 2004), girl child soldiers are uniquely burdened with the greatest risk of caring for sick children without social or economic supports.

When the only public health approach specifically targeted to *female youth* (and girls) is reproductive health programming (Sommers 2006), the severe dearth of reproductive health services in combat zones (Freedman and Maine 1995) will disproportionately violate girl soldiers' multiple rights to rehabilitative services

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4 By contrast, family and community reception of boy ex-combatants is 'generally strong and relatively few former abductees report any difficulties' (Annan et al 2006).

(including psychosocial and economic reintegration), creating a vicious cycle of gender- and age-specific physical and mental health effects on their lives and on the lives of the children borne of their enslavement. The psychosocial, physical and economic impacts of the complex age- and gender-based vulnerabilities unique to girls and female youth associated with fighting forces can have serious cross-generational implications in reproducing an excluded and resentful underclass (Stavrou 2005), requiring action to address the underlying determinants of life outcomes for the girl mother and her 'bush baby'. Thus, in suffering unique and trans-generational harms to their health and wellbeing from both direct and indirect rights abuses based on their age and gender, girls and female youth constitute a highly marginalised group with a distinct identity (Burman and McKay 2007), requiring a rights approach commensurate to the composite harm of being a girl child soldier.

### *Sierra Leone case study*

The civil war in Sierra Leone is an illustration of this pattern of composite and overlapping harms to girl child soldiers.<sup>5</sup> The war — pitting the Sierra Leone Army (SLA) and pro-government civilian militias known as the Civil Defense Forces (CDFs) against the rebel Revolutionary United Front (RUF) — raged throughout the country, including trans-border regions, for more than a decade. In March 1991, RUF forces invaded Sierra Leone from neighbouring Liberia and occupied the eastern regions of the country, securing access to lucrative diamond reserves (Gberie 2006). With many SLA soldiers joining the RUF to become part of the new rebel Armed Forces Revolutionary Council (AFRC), the AFRC eventually overthrew President Ahmad Tejan Kabbah's regime in a 1997 coup d'état, whereupon the RUF was invited to join the new regime. Although the signing of the Lomé Peace Accord (1999) officially ended the war, setting parameters for the DDR program, the peace was short-lived, descending into a 'no-holds-barred fight between the international mining companies for control of Sierra Leone's diamonds' (Perez 2000). What remained of the so-called 'Diamond Wars' raged on for three more years, leaving over half of the pre-war population displaced, 50,000 dead, 100,000 mutilated and more than 250,000 women, female youth and girls raped (UNICEF 2005).

Although many female combatants clearly did contribute as 'perpetrators of terror' in Sierra Leone's 'culture of violence' (Keairns 2002; Mazurana and McKay 2003), girl

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5 This case study is based on secondary data analysis of the work of researchers in the field, who have investigated more directly the lived experiences of girl ex-combatants and the public health harms they have suffered.

child soldiers were also victims of violence, particularly sexual violence (UNICEF 2005; Denov and Maclure 2004; Happold 2005). While boys in Sierra Leone were also forced to work in the same supportive and combative roles as girls, including as sexual slaves (Betancourt et al 2005), girls faced a far greater risk of abduction and captivity *specifically for* sexual purposes (Kostelny 2004; Stark 2006; Burman and McKay 2007). Disadvantaged and vulnerable as female and young, girl soldiers were *disproportionately* affected by abduction and forced recruitment,<sup>6</sup> making up over 60 per cent of abducted children (UNICEF 2005) and nearly 9 per cent of all soldiers in Sierra Leone (Mazurana and Carlson 2004; Mazurana and McKay 2003).

As many as 20,000 girls were subjected to rape during the conflict (Lowicki and Pillsbury 2002), a large percentage of whom were forced into 'marriages' as a form of sexual servitude (McKay 2005; Stark 2006). As the experience was described by a former girl child soldier:

One day the rebels attacked the village where I lived. I hid and watched as they killed my relatives and raped my mother and sisters. I thought if I joined their army, I would be safe. In the army, I was trained to use a gun and I performed guard duty. I was often beaten and raped by the other soldiers. One day, a commander wanted me to be his wife, so I tried to escape. They caught me, whipped me, and raped me every day for many days. When I was just 14, I had a baby. [Taylor and Kroc 2007.]

Women and girls reported gross human rights violations committed by all sides in the internal conflict. Within the RUF movement, violence against women and children became routinised as part of the conscription process as, failing to attract local support, the RUF movement widely practised forced conscription and abduction of children and adults (Mazurana and McKay 2003). The SLA forces also subjected women and girls to abduction, rape, mutilation and murder, forcing many of these female children to 'exchange sex for protection' (Mazurana and Carlson 2004, 11). Even within government forces, girls became members of the CDFs, where they too suffered significant sexual abuse.

Once recruited, girls occupied multiple positions simultaneously in the Sierra Leonean fighting forces. In addition to performing non-combat gender stereotypical domestic duties — especially caring for children and serving as sexual servants (Kostelny 2004)

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6 Denov and Maclure discuss how none of the girls they interviewed, whether victims or ex-combatants, reported that they volunteered or willingly joined the rebels in Sierra Leone. Instead, they 'all revealed that they had been abducted by the RUF under circumstances of extreme coercion, violence and fear' (Denov and Maclure 2004, 7).

— over 60 per cent of girl child soldiers were forced to be 'wives' and thereby suffered the described harms of sexual slavery (Mazurana and Carlson 2004). Ironically, girl child soldiers often sought to be 'bush wives', as coupling with a commanding officer could bring protection from wider sexual violence (for example, gang rape and sexual torture) (Denov and Maclure 2004). The pervasive use of girls in Sierra Leone's fighting forces for these domestic and sexual purposes amplifies and reinforces their unique developmental and physiological vulnerability<sup>7</sup> (compared to adult women and male youth) to the composite harms of sexual violence, creating insalubrious gender- and age-specific effects on these girls and, if mothers, their children.

Girl soldiers were not only developmentally vulnerable as youth to forced drug use by Sierra Leone fighting forces (UNICEF 2002; Stark 2006), but they also suffered gender-specific health problems related to female genital injuries from sexual violence, including swelling, fistulae (traumatic and obstetric), vaginal discharge, genital itch, pain from cutting the vagina and trauma to the genito-anal regions and bladder (Mazurana and McKay 2003). Less visible consequences of the absence of condoms and family planning in conflict zones were STIs, including syphilis, gonorrhoea and HIV/AIDS (the relative risk of HIV is also greater as a consequence of taking drugs). In many of these cases, extensive genital damage — including severe female genital excision rituals, as practised in Sierra Leone<sup>8</sup> — contributed to girl child soldiers' increased physiological vulnerability to these STIs as compared to boys.

The consequent composite harms to female youth in fighting forces were unique to their multifaceted vulnerabilities from *various subordinations acting together* (Burman and McKay 2007). With pubescent girls serving primarily to provide sex as captive wives, many would inevitably give birth to children, who would be raised within the armies to serve as future child combatants (McKay 2005; Happold 2005). During the war, girl soldiers and their babies conceived during their sexual enslavement often died or were physically disabled because of *youth* pregnancy-related problems (UNICEF 2005).<sup>9</sup> Dangerous child-bearing practices against *female* youth were ubiquitous in the fighting forces, placing girls at greater risk of death in the bush than

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7 Epidemiological evidence shows that teenage girls are at greatest risk for severe psychological disturbance (severe depression and suicide) after being raped and sexually abused, compared to other vulnerable groups, including war-affected adult women and boy refugees (Stark et al 2007).

8 Circumcision for girls in Sierra Leone involves the removal of the clitoris and labia minora, with the entire area subsequently sewn together — a practice often referred to as 'female genital mutilation' (Shepler 2004, 23).

9 Premature motherhood has long been known to increase the girl mother's risk of maternal and child mortality (Save the Children 2004).

adult females or boys from, respectively, either unsafe abortions or intentional killing at the hands of armed forces (Mazurana and McKay 2003).

The profound public health implications of these acute, multilayered vulnerabilities characterising the lived realities of girls in fighting forces also stem from the far-reaching indirect health consequences of socioeconomic discrimination and gender-based violence during community reintegration (UNICEF 2005; McKay 2005). In the aftermath of the conflict, communities often physically and verbally abused girls due to their association with rebel groups and the extreme gender-based stigma of having been raped (IASC 2006; Stark 2006; Burman and McMay 2007). Social exclusion was a common phenomenon for most former girl soldiers in Sierra Leone, especially for girl mothers (McKay 2005; Mazurana and McKay 2003; Stark 2006), forcing them to live in poverty following the war (HRW 2003).<sup>10</sup> More than boys, sexual abuse and captivity of girl soldiers forces them to fully pervert/invert Sierra Leone's gender norms about role behaviours and sexuality, leading to more pronounced stigma from being viewed as spiritually contaminated, an abomination and a bringer of community misfortune (Kostelny 2004; Stark 2006; Burman and McKay 2007). With direct evidence of their sexualised violations, girl mothers are at greatest risk of extreme marginalisation, stigmatisation and economic deprivation (Burman and McKay 2007).

This dire economic neglect of Sierra Leonean girl ex-combatants has provided few options for survival except sex work (Mazurana and McKay 2003; Burman and McKay 2007), furthering the cycle of violence, disease and poverty borne of their war-time experiences and thereby contributing to their enduring gender- and age-related public health threats.<sup>11</sup> Having been largely excluded from the formal DDR processes (Kenny and Bah 2007; Stavrou 2005; Stark 2006; Burman and McKay 2007), the systematic age- and gender-based disadvantage in the reintegration processes has meant that girls in Sierra Leone are continuing to be disproportionately affected by the harms against them, even after the conflict ended, stemming from their distinct identity as females and as children/ youth.

### **The individual human rights of girl child soldiers**

A series of international treaties independently address the proscription against abduction, forced labour, sexual slavery and captive marriage. However, while many

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10 By contrast, a study of ex-RUF male youth showed that no boys experienced discrimination upon return to their communities (Betancourt et al 2005).

11 The public health implications of sex work derive from the continuation of girls' uniquely acute vulnerability to STIs (both *new* and *repeated* infections); physical violence and further sexual exploitation in the post-conflict setting; and poverty-mediated health effects for them and their children.

**Table 1: Individual rights applicable to girl child soldiers**

Human rights treaty	Rights implicated by the harms to girl child soldiers
The 1967 International Covenant on Civil and Political Rights (ICCPR)	<ul style="list-style-type: none"> <li>• Right to life</li> <li>• Right to liberty</li> <li>• Right to security of the person</li> <li>• Right to dignity</li> <li>• Right to personhood</li> <li>• Right to non-discrimination</li> <li>• Right to be free from torture or cruel, inhuman and degrading treatment</li> <li>• Right to be free from slavery</li> </ul>
The 1978 Convention on the Elimination of Discrimination Against Women (CEDAW)	<ul style="list-style-type: none"> <li>• Equal right to be free from sexual abuse and exploitation</li> <li>• Equal right to freely decide a sexual partner</li> <li>• Equal right to freely decide the number and spacing of her children</li> </ul>
The 1989 Convention on the Rights of the Child (CRC)	<ul style="list-style-type: none"> <li>• Right not to be recruited</li> <li>• Right to protection</li> <li>• Right to development</li> <li>• Right to family unity, integrity and care</li> </ul>

human rights treaties (and their respective treaty enforcement bodies) address individual harms from individual rights violations to girl child soldiers, none acknowledges their overlapping rights *as a unified whole*. Rather, the human rights implicated in the complex public health realities of girls and female youth as soldiers, domestics and sex slaves, as revealed by the Sierra Leone case, are addressed individually in separate international and regional human rights treaties. Even though girls have special health needs and vulnerabilities distinct from those of boys and women, girls have traditionally been categorised as either 'children' or 'women' in international law and in public health programming (Burman and McKay 2007). Given publication constraints, we focus specifically on the civil and political rights<sup>12</sup> codified within three of these traditional treaties (Table 1) — the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination

12 The authors focus here on negative rights not bound by the principle of progressive realisation (Steiner and Alston 2000) but recognise that there are many positive rights implicated by the lived experiences of girl child soldiers. This limitation notwithstanding, the authors find that the addition of disparate economic, social and cultural rights frameworks — including the right to health — would only lend further credence to the authors' proposed vector of rights framework.

of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC) — to reveal how the current treaty-driven human rights framework fails as a mechanism for protecting girls and female youth in armed groups against a cumulative vulnerability to myriad intersecting gender- and age-specific harms.

### *Non-derogable rights*

Sexual slavery of girl child soldiers violates a number of civil and political rights codified in the ICCPR and subsequent treaties based on this seminal covenant (Gruskin and Tarantola 2004). Among these rights, certain civil and political rights in the ICCPR are distinguished as non-derogable — among them, the human rights to be free from torture or cruel, inhuman and degrading (CID) treatment (Art 7); from slavery and servitude (Art 8); and from the arbitrary deprivation of life (Art 6) — and thus restrictions cannot be placed on them even if argued to be necessary in time of public emergency (ICCPR, Art 4). With regard to the freedom from torture, Art 2 in the Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (CAT) clarifies that ‘no exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture’. Extended in the CRC, children are not only protected from slavery as an absolute right, but they are also protected ‘from all forms of sexual exploitation and sexual abuse’ (Art 34). In the context of Sierra Leone’s civil war, the state could not derogate from international proscriptions against slavery, torture or CID treatment, and arbitrary deprivation of life, wherein the sexual slavery of girl soldiers as domestic servants and/or captive wives constituted a direct violation of both non-derogable civil and political rights and specific rights of the child to be free from slavery and CID treatment.

Further, the principle of non-discrimination and substantive equality is fundamental to human rights theory and practice (ICCPR, Arts 2(1) and 4(1); CEDAW, Art 1; CRC, Art 2) and, as such, is now thought to be beyond derogation by any state under any circumstances (Henkin et al 1999). In this context, ‘discrimination against women’ refers to ‘any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women ... of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field’ (CEDAW, Art 1), a principle extended to the girl child by the Vienna Declaration<sup>13</sup> (1993, ¶ 18). Similarly, the principle of non-

13 Although the Vienna Declaration explicitly notes that ‘[t]he human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights’ (UN 1993, ¶ 18), this declaration has been criticised for failing to address the overlapping rights at the intersection of age- and gender-specific discrimination (Sullivan 1994).

discrimination against children, albeit in consistently gender-neutral language, finds that 'States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind ...' (CRC, Art 2). Sierra Leone violated this principle through targeted abductions and sexual enslavement of girl child soldiers that involved discrimination on the grounds of both their sex and their age, often done for the purpose of committing other rights violations.

Finally, the non-derogable human right to life, while independently protected by the ICCPR (Art 6), is formally linked to several civil and political rights as well as other rights of the woman and child. Girl child soldiers in Sierra Leone faced the arbitrary deprivation of life by state commission and omission, particularly among those who, becoming pregnant from their sexual slavery or forced marriage, too often died in the bush from premature pregnancy, dangerous child-bearing practices or intentional killing of their unborn babies. In the context of the right to life, childhood is entitled to *special* care and assistance (CRC, Preamble), including both the civil and political and the economic and social components of the right to life, to 'ensure to the maximum extent possible the survival and development of the child' (CRC, Art 6). In Sierra Leone, all girl child soldiers were threatened with the arbitrary deprivation of life, not only because of the direct realities of war but also because of the increased vulnerability to HIV infection and maternal mortality among sexual slaves bound to fighting forces. Given the CRC's obligation to ensure the survival and development of the child, it is more protective than the ICCPR, reifying Sierra Leone's obligations to protect the human right to life by prohibiting the sexual slavery of girl child soldiers in armed conflict. Through this omission, the state not only allowed these girl child soldiers to die by the foreseeable consequences of their gender- and age-specific plight, but the state also neglected to provide the special care and assistance necessary to realise their health, growth and development.

### ***Right to sexual autonomy and freedom from sexual and gender-based violence***

Discrimination based on female sex and age has left girl children vulnerable to violence, abuse, neglect and exploitation. The 1995 Beijing Platform for Action stresses that women of all ages are vulnerable to violence and violations of their human rights, including, but not limited to, rape and sexual slavery. Thus, delegates in Beijing found that the prevention of sexual and gender-based violence against women (SGVAW) necessarily includes the prohibition of sex discrimination, and therefore obligates states to eliminate violence against women through appropriate anti-discrimination measures. In protecting girls from SGVAW, the CRC requires states 'to protect children from all forms of physical or mental violence, injury or

abuse, maltreatment or exploitation, including sexual abuse' (Art 19(1)). These rights derive from the right to personhood (ICCPR, Art 16), an explicitly non-derogable human right, which is violated when sexual enslavement assaults the bodily integrity, sexual autonomy and personal security of girl child soldiers (Fried 2003; UNICEF 2005). As such, sexual slavery of girl child soldiers, as a form of gender-based discrimination and violence, is seen to implicate a number of overlapping human rights as an assault on the bodily integrity and sexual autonomy of the individual girl child (ICCPR, Arts 9 and 10). Additionally, a number of inter-related rights specific to women are implicated in the denial of their sexual autonomy, including sexual slavery and violating a woman's right to be free from sexual assaults, exploitation (CEDAW, Art 6) and forced marriage; to decide freely and responsibly the number and spacing of her children; to choose a spouse freely; and to enter into marriage only with her free and full consent (CEDAW, Art 16(1)). By virtue of their position as girl child soldiers in Sierra Leone, these girls were sexually abused and even prostituted by combatants in the military and rebel compounds. In this context, not only did the government of Sierra Leone not act to suppress the exploitation of girl child soldiers, but the SLA/CDFs also actively participated in this gross abuse of human rights, violating the girls' basic human rights as young women to sexual autonomy and denying them freedom from rape/forced sex, unwanted pregnancies and premature motherhood.

### *Rights of the child*

All children have a human right not to take a direct part in hostilities, through which states are obligated not only to 'refrain from recruiting any person who has not attained the age of fifteen years into their armed forces', but also to take 'all feasible measures to ensure protection and care of children who are affected by an armed conflict' (CRC, Art 38(2) and (3)).<sup>14</sup> Expanding this prohibition, both the African Charter on the Rights and Welfare of the Child (1990) and the Optional Protocol to the CRC (2000) prohibit the recruitment of children under the age of 18 into armed forces. All sides of the Sierra Leone conflict were in violation of this right of the child not to take part in hostilities, given that: first, the average age of girls who entered the armed forces was 12 years (CRC, Art 38; Mazurana and Carlson 2004); second, abduction and sexual enslavement of girl child soldiers forced them to perform work that was hazardous and harmful to their health and development (CRC, Art 32; Leibig 2005); and third, abduction of girls by fighting forces deprived them of family

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14 Other international treaties related to the recruitment of children and their use in hostilities include the four Geneva Conventions of 1949 and their two Additional Protocols of 1977; the 1998 Rome Statute of the International Criminal Court; and the ILO's Worst Forms of Child Labour Convention 182 of 1999 (Mazurana and McKay 2003).

unity and connection to their parents (CRC, Art 9; UNICEF 2005). Because of the prevalence of these harms among the girl children of Sierra Leone, the sexual slavery of girl child soldiers has effectively crippled the state through the 'loss of a generation' (Shepler 2004, 32).

### **An intersectional 'vector of rights' approach to girl child soldiers**

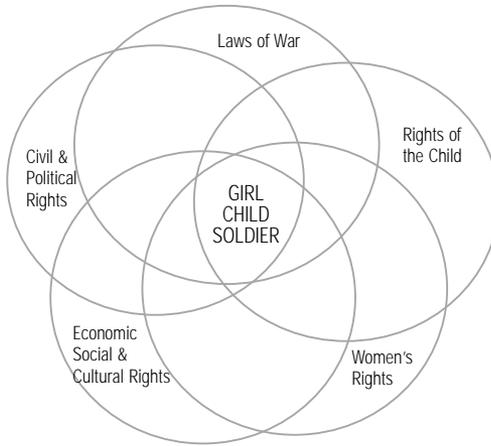
This delineation of the multiple and varied human rights that are violated by the abduction, captivity and sexual enslavement of girl child soldiers in Sierra Leone highlights the acknowledged understanding that human rights are indivisible, interdependent and inter-related (UN 1993). Yet, there is a visible absence of any international legal forum that can theoretically and programmatically address the mutually reinforcing harms to girl child soldiers resulting from the various forms of subordination related to their intersecting identities based on age and gender. Although the rights codified in the ICCPR, CEDAW and CRC (and other treaties not addressed here) each apply to some facet of the experience of girl child soldiers, no single human right, nor single treaty, can prevent and treat the multifaceted and intersecting harms they suffer. Further, while the CRC and CEDAW are more comprehensive in human rights protections for children and for women, respectively, no forum exists to ensure that they are effectively joined and coordinated in legal and public health interventions, thereby creating an imperative for a holistic approach to existing individual human rights frameworks. Applied together, these human rights can be seen to (inter)act 'intersectionally'<sup>15</sup> in both direct and indirect ways, *with the breach of one right affecting the realisation of others and creating a net effect that is greater than the sum of its individual harms* (Crooms 1997).

The harms seen here do not derive from the lack of a human rights framework, but rather from the myriad, separate frameworks, reflecting '[t]he predominant narrow, relatively static notion of women's human rights [that] does not adequately reflect the experience of women ... who may experience discrimination or human rights violations as a result of both gender and another ground' (Bond 2003, 73). Because these girl child soldiers hold more than one identity for which they are systematically disadvantaged, the consequences of multiple marginalities for girl child soldiers are fairly predictable — there is simply silence of and about girl child soldiers (Denov and Maclure 2004). While the 1990s saw a human rights focus on the rights of the girl child, this decade has seen 'a shift away from a specific focus on the girl child at international, regional and national levels' (Goonesekere 2006, 7). This silence in

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15 The idea of intersectionality was first introduced by North American 'critical race theory' scholars to relate feminist analysis to the experience of race (Crenshaw 1991; 1998).

**Figure 2: A 'vector of rights' approach to considering girl child soldiers' experiences**



human rights discourse to the harms to girl child soldiers calls for a more 'nuanced human rights analysis that would account for multiple forms of human rights abuses occurring simultaneously' (Bond 2003, 74), with a corresponding call for 'new multivalent structures that allow for the heteroglossy of stories of sexual violence against women in conflict' (Phelps 2007).

Building on existing jurisprudence regarding international intersectionality and women's rights (Crenshaw 1991; 1998; Buss 2007; Satterthwaite 2005), we propose a holistic 'vector of rights' approach for considering the complex public health harms to girl child soldiers, applying this vector through a structural intervention to violence, its determinants and consequent harms (Fullilove et al 2000). As a Venn diagram, Figure 2 illustrates how this composite rights framework examines all treaties together and all the rights in each treaty together, as a unified 'vector of rights',<sup>16</sup> encompassing multiple rights of the girl child soldier under a single anti-essentialist banner. Only when a vector of rights framework takes into consideration

16 An analogous application of a 'vector of rights' approach to human rights is seen in the human right to development. In his interpretation of the right to development, Arjun Sengupta has noted that:

It is convenient to describe [the right to development] in terms of an improvement of a 'vector' of human rights, which is composed of various elements that represent the different economic, social, and cultural rights as well as the civil and political rights. The improvement of this vector, or in the realization of the right to development, would be defined as the improvement of some — or at least one — of those rights without the violation of any other rights. [Sengupta 2003, 3.]

the various forms of subordination *as they act together* can the international community apply human rights most effectively to prevent and treat the complex dynamics of intersecting and mutually constitutive gender- and age-specific health harms to girl child soldiers as a composite whole.

### ***Intersectional state obligations to prevent and treat harms to girl child soldiers***

A holistic human rights perspective on girl child soldiers can employ public health measures in preventing violence to girls and female youth and treating its effects. As a public health problem, violence can be measured in terms of its health consequences, allowing it to be understood in terms of the risk factors that result in harm and to be prevented through interventions that ameliorate those risks, strengthen existing protective factors and reduce harm when violence occurs (Gruskin 2003). Moreover, in recognising the health harms to girl child soldiers as a human rights issue, analysis of the public health problem can focus on the legal obligations of governments to address girl child recruitment as an underlying determinant of health,<sup>17</sup> with the vector of rights framework paralleling the interdisciplinary public health approach of the health and human rights movement (Mann et al 1999) in obligating states to respect, protect and fulfil the human rights that underlie health.

To prevent and treat violence against girl child soldiers in armed conflict, human rights focuses on the accountability of national governments, both to girl children and to the international community (Miller 2003). This vector framework of interconnected and indivisible rights alters the obligations on the state because it captures the complex public health reality in which the particular social positioning of girl child soldiers is unassimilable into the independent discursive paradigms of either women's rights or children's rights. In applying an intersectionally focused 'vector' of rights, the state would be obligated to engage in a rights-based inter-treaty dialogue (Scott 2000). By understanding and framing the intersectionally interacting human rights of girl child soldiers as a *composite* (higher organisational level) right, a vector of rights approach obligates states to take responsibility in national policy for their (international) duty to prevent the complex public health harms to girl children in internal armed conflict and to rehabilitate those girl child soldiers who survive the conflict.

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17 The rise of the 'ecological model' in public health scholarship has led researchers to address 'underlying determinants of health' and — through this appreciation of the broader, distal social conditions that structure health — examine 'the causes of disease in the way society organises itself, produces and distributes wealth, and interacts with the natural environment' (Parker and Aggleton 2003).

In preventing harm, states would be obligated under this vector of rights to respect (by not committing sexual violence, exploitation and enslavement); to protect (by ensuring others do not violate or limit girls' rights); and to fulfil (by creating the social conditions within which girls cannot be recruited) the human rights of girl child soldiers. Examining state responsibility for such gross violations, 'a state is responsible for *acts of officials or official bodies*, national or local, even if the acts were not authorized by or known to the responsible national authorities and even if expressly forbidden by law, decree or instruction ... [where] no steps have been taken to prevent them or to punish the perpetrators' (Steiner and Alston 2000, 234, emphasis added). In the Sierra Leone case, the state failed to fulfil these overlapping human rights obligations where it was directly responsible for gross rights violations by state officials in its armed forces and in forces under its control and where it was indirectly responsible for taking no action to protect these girls' rights from recruitment and harm by others (Happold 2005). Pursuant to a vector approach to the rights of girl child soldiers, governments would be compelled: first, to take appropriate legislative, administrative and other measures to explicitly prohibit the abduction, captivity and sexual enslavement of girl child soldiers; second, to end state policies that encourage or condone the conduct that underlies the complex public health harms to girl child soldiers; and third, to measure state progress against concrete treaty-based benchmarks.

When harm has already occurred to girl child soldiers, a state must investigate violations promptly, thoroughly and impartially, and, where appropriate, take judicial action against those responsible in accordance with domestic and international law. In addition to criminal prosecution of perpetrators, a state must provide treatment to victims, including equal and effective access to civil and criminal remedies and restitution for physical, mental, social and economic harms (Ndulo 2007). As to this latter obligation, girls require significantly different rehabilitation remedies, given their unique and multifaceted vulnerability to sexual violence as both women and children, particularly among those returning with 'bush babies' who suffer social and economic harm due to their stigma-induced social exclusion (IASC 2006). Sierra Leone has failed to implement effective remedies to redress violations against the girl child soldiers in both the Truth and Reconciliation Commission (TRC) and the DDR program (UNICEF 2005), denying them post-conflict rehabilitation services — services that are critical to addressing the scope of gender- and age-specific harms suffered by girl child soldiers. Although the Lomé Peace Agreement recognised the particular victimisation of women during the Sierra Leonean civil war, the experiences of gender- and age-based violence among girl child soldiers were often overlooked in the transition process (UNICEF 2005). This occurred because of the over-classification of abducted girls and young women as 'wives', who were explicitly excluded from formal entrance into the DDR program (Mazurana and Carlson 2004; Denov and Maclure 2004).<sup>18</sup> Ignoring the complex existence of girl soldiers through this reductionist classification extended the

suffering they faced during the war: the majority of returning girl abductees continued to be subjected to social discrimination; exclusion; physical and verbal hostility; and escalated levels of sexual violence in the post-conflict setting (Veale 2003; UNICEF 2005; McKay 2005; Mazurana and McKay 2003). While the TRC has found under Sierra Leonean law that 'these forced marriage arrangements were and are inhumane acts and should forever be recognised as a crime against humanity' (UNICEF 2005, 30), more affirmative rehabilitation services are needed — including gender-specific *and* child-sensitive medical and psychological care, as well as social and legal services — to repair the overlapping gender- and age-specific harms to girl child soldiers.

### ***International obligations: the duty of state cooperation and non-state actor responsibility***

In resolving issues of state responsibility, the protection of girl child soldiers is often complicated by the impotence of state governance structures during internal armed conflict, necessitating a form of applied international intersectionality to create obligations on other states, international organisations and non-state actors to realise the rights of girl child soldiers. Internal armed conflict — characterised by a total breakdown of law, security and community structures (UNICEF 2005) — exemplifies in the extreme how a state's governance, infrastructure and enforcement mechanisms can collapse to the point that there is arguably no state to bear the legal obligation to respect, protect and fulfil the human rights of girl child soldiers. Given the absence of a functioning state, these legal obligations under international human rights law can fall upon the international community to prioritise interventions necessary to ameliorate the harmful conditions experienced by girl child soldiers (Falk 1993). In this context, there is a need to analyse the proposed vector of human rights obligations inhering not simply in the intersectional obligations of a *single* state party but, rather, in the international community of states, operating through international organisations to create an inter-treaty framework (Goonesekere 2006).

This obligation to treat the gender- and age-specific harms suffered by girl child soldiers belongs to all states. Among other extra-territorial obligations, the obligation

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18 In addition to the explicit exclusion of 'wives' from the DDR (Mazurana and Carlson 2004), since girl child soldiers often performed non-combatant roles, they were also excluded in the initial 'cash for weapons' approach to the Sierra Leone DDR process, wherein financial and educational benefits were provided only in return for weapons (Denov and Maclure 2004).

of mutual judicial assistance supports this collective role, whereby states 'shall afford one another the greatest measure of assistance in connection with criminal proceedings' (CAT, Art 9). Such obligations *erga omnes* derive from 'the outlawing of acts of aggression, and of genocide, as also from the principles and rules concerning the basic rights of the human person, including protection from slavery' (Steiner and Alston 2000, 225 note 13).<sup>19</sup> These normative standards construct a *collective duty* of 'international cooperation' in prohibiting and prosecuting the public health harms to girl child soldiers, particularly where the state is dissolved or 'rogue' as a result of internal armed conflict.

In preventing and treating harm across state boundaries, the vector of gender- and age-specific harms to girl soldiers is of such seminal import as to harm the community of states as a whole in a manner amenable to international resolution (WHO 2002). Because the violation of any one right violates the entire composite right not to be a girl child soldier, there exist legitimate international interests in taking prohibitive and redressive action when *any* state within the international community fails to do so (Melbourne Declaration 1996). Should a state fail to prevent or redress the gender- and age-specific harms to girl child soldiers through its own national remedies — as was long the case in Sierra Leone — there exists a legal imperative within the international human rights framework to support other states in intervening to end the violence; seeking to prevent recruitment of girl child soldiers; prosecuting individuals responsible for gross human rights violations; and providing rehabilitative services to redress the gender- and age-specific harms to girl child soldiers.

Thus, the effective realisation of human rights as part of every state's dual responsibility to prohibit and redress the public health harms to girl child soldiers is inextricably linked to international cooperation, both among states and between states and international organisations. When a particular government no longer exists effectively to represent the state as a duty bearer of human rights obligations, the UN and other international organisations have a duty to fill the gap independently (Crawford 2002; Goonesekere 2006). As seen in the Sierra Leone case, in the absence of an effective state, the duty to protect girl child soldiers obligates collective action to ensure the pre-eminence of the vector of human rights of girl children. This prevention of violence and other harms to girl child soldiers can only

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19 In such instances, international law applies universal jurisdiction to require every state to apply its laws to punish certain offenses, even where the state has no territorial links with the offense or nationality of the offender (or even the victim) (Steiner and Alston 2000).

be successful when international organisations and NGOs<sup>20</sup> bear witness to harm; monitor government action and inaction contributing to human rights violations; and apply political pressure to help prevent even greater excesses of violence (Gruskin 2003; Leaning 2003).

### **Institutional remedies**

Realising these state and international obligations will require the international community to develop forums at which to raise a comprehensive claim and to implement comprehensive fact-finding, analysing the public health harms to girl children in internal armed conflict under this composite human rights framework. In applying a vector of rights approach to the gender- and age-specific harms faced by girl child soldiers, members of the international community must act to prevent and treat the various human rights violations that fall within the vector's purview. This re-framing of existing international law would serve to create a conceptually sound and programmatically effective web of accountability to compel action to prevent and treat the harms to girl child soldiers before, during and after armed conflict. To operationalise this vector of rights approach, this part of the article discusses five prospective institutional mechanisms to apply this vector to the multiple and intersecting gender- and age-specific harms to girl child soldiers.

### ***Individual criminal prosecution: international tribunals and truth commissions***

Through criminal prosecution, either at the International Criminal Court or at ad hoc tribunals such as the Sierra Leone TRC, international trials of individuals for human rights abuses during armed conflict serve a range of important social functions, including retribution, deterrence and absolution (Charlesworth 1999). Given these functions, criminal justice can respond to the intersecting harms of girl child soldiers by providing: accountability (ensuring that perpetrators of harm answer for their crimes through public acknowledgement of their criminal responsibility); elimination of impunity (prosecuting and punishing perpetrators of harm); and deterrence (setting a cautionary example for future would-be perpetrators) (Ndulo 2007). However, despite the allure of individual criminal accountability as a

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20 While international law acknowledges self-monitoring and evaluation to be an obligation of states, it also finds essential the independent monitoring of non-governmental organisations by, for example, parliamentary committees, NGOs, academic institutions, professional associations, youth groups and independent human rights institutions (CRC Committee 2003).

retributivist punishment and moral deterrent, the reliance on individual criminal accountability alone is a problematic reaction to crimes against women generally (Charlesworth 1999; Phelps 2007) and to redressing the myriad harms to girl child soldiers more specifically (Goonesekere 2006).

Focusing only on allocation of criminal responsibility can divert key stakeholders from investigating the societal causes of the complex public health and human rights harms to girl child soldiers, obscuring the structural relations of power and multiple axes of discrimination that underlie these harms pursuant to a vector of rights approach (Ni Aoláin and Turner 2007). To alleviate these underlying causes of harm, there must be international accountability to address individual, state and international responsibility for preventing and treating the harms to girl child soldiers.

### *Human rights monitoring, state reporting and general comments or recommendations*

In accordance with the current approach to human rights monitoring, a vector of rights approach to girl child soldiers could be implemented by the committees specific to each treaty implicated by violations of the intersectional vector (for example, ICCPR, CEDAW, CRC). For issues involving girl child soldiers, the committees could individually require that states report on implementation of all rights contained in the vector, not simply those codified in the applicable treaty. These thematic clusters in country reports would strengthen each convention's holistic integration of economic, social and cultural rights with civil and political rights, thereby implicitly reinforcing the inter-relation and indivisibility of human rights (Alston and Crawford 2000). Furthering this state reporting effort, treaty committees could issue general comments or recommendations under the vector of rights approach in examining the composite right of girl child soldiers. Although this operationalisation cannot progress without initial difficulties on conceptual (where a convention mandates the committee to interpret only violations of that convention) and practical (where an absence of coordination between treaty bodies would hamper enforcement) grounds (Alston and Crawford 2000), the enforcement of a vector approach to the harms of girl child soldiers would be enhanced through this institutionalisation of inter-treaty dialogue, avoiding duplication and inconsistency through intersectional coordination under the mantle of a vector of rights.

### *Foreign aid and conditional funding for special NGO projects*

To concretise the important public health efforts of international organisations in both proscribing and redressing the gender- and age-specific harms to girl child

soldiers, it is necessary to enforce the duty of international cooperation in obligating states to condition foreign aid as well as NGO funding on compliance with human rights standards (Hammonds and Ooms 2005), with a particular focus on the public health harms to girl child soldiers. Given the role of these organisations in collapsed states, they should be seen as an integral part of the institutional remedies in the field for implementing the intersectional human rights of girl children associated with fighting forces. The active role of NGOs enhances the capacity for more critical, more focused and better targeted examination of state human rights treaty reporting (Alston and Crawford 2000). Through the close cooperation with and involvement of NGOs, consistent with international calls to engage NGOs active in children's rights<sup>21</sup> (CRC, Art 45), funding and foreign aid can be conditioned on the realisation of the vector of rights protective of girl child soldiers. By fulfilling the duty of international cooperation, fiscal conditionalities by states would establish a tenable institutional remedy to support the vector of rights approach to prohibiting and redressing the complex public health harms to girl child soldiers (Pogge 2002).

### ***UN Special Rapporteur on Girl Child Soldiers***

In developing and implementing a vector of rights approach to the intersectional harms to girl child soldiers, there is a need to appoint a Special Rapporteur on the Rights of the Girl Child Soldier. While the UN Special Representative for Children and Armed Conflict clearly has a significant role to play in addressing the concerns

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21 Many NGOs are working either directly with girl child soldiers or indirectly through gender-based violence programs or child soldier programs (for example, Christian Children's Fund (CCF), International Rescue Committee, the Child Rights Information Network, Forum for African Women Educationalists, War Child International and Save the Children). Through the Sealing the Past and Facing the Future (SEFAFU) program, CCF-Sierra Leone has contributed greatly to the healing and reintegration of girls and girl mothers used as sex slaves by the fighting forces — raising awareness of rape and sexual violence; providing psychosocial support, vocational training and microfinancing; and creating bylaws and imposing fines for abuse and mistreatment of girls (Kostelny 2004). A collaborative 'participatory reaction project' between World Vision, Save the Children, Trans-cultural Psychology Organisation and Concerned Parents Association is working directly with girl child soldiers to develop reintegration methods specific to the needs of girl ex-combatants who are 'not fitting into the "standard" models for integrating child soldiers' (Veale 2007). Finally, the Girl Child Network in Zimbabwe has worked to protect and promote the rights of the girl child and to support the economic, political, social and cultural empowerment of the girl child in order for her to assert those rights in the home, school and community during peacetime.

of girl child soldiers (Happold 2005), her work is subsumed by a plethora of complex and cross-cutting issues related to all children affected by armed conflict. A proposed Special Rapporteur on Girl Child Soldiers — with a mandate to issue general reports, conduct country missions and issue complaints through letters — would be the ultimate embodiment of a rights-based, intersectional and comprehensive approach to the vector of rights of the girl child soldier. This Special Rapporteur, strategically positioned within the UN system and the international community, would serve to complement the work of treaty bodies and UN representatives in clarifying these intersectional rights and enhancing accountability for the complex public health harms to girls associated with fighting forces.

Buttressing other proposed institutions in responding to the grave gender- and age-specific public health harms to girl child soldiers, a Special Rapporteur would be the most concrete institutional remedy for implementing the interacting human rights of the girl child. Because a Special Rapporteur would not be restricted to any one treaty framework, as is the case with treaty committees, she or he would be able to engage actively in coordinating the inter-treaty dialogue necessary to support a vector of rights approach to the unique harms to girl child soldiers (Weissbrodt 1986). Further, this Special Rapporteur would be strategically positioned to cooperate with and receive crucial evidence from states, international organisations and NGOs, serving as a crucial communications bridge between the international human rights treaty bodies; between the international community and states; and between states and non-state actors. Finally, a Special Rapporteur, by investigating specific violations of the vector of rights (independently or through an individual complaint system), would be able to initiate dialogic relations with states failing to redress violations of the girl child's right not to be a soldier (Alston and Crawford 2000), spurring constructive communication with violative governments.

### *Institutionalising dialogic relations: an Inter-Agency Committee on Girl Child Soldiers*

As a forum for beginning this necessary inter-treaty dialogue, an Inter-Agency Committee on Girl Child Soldiers would be well-suited to establish procedures for investigating violations of the vector of rights of girl child soldiers. Based on the successful and extensive fact-finding work of the Inter-American Commission on Human Rights (LeBlanc 1977), an Inter-Agency Committee on Girl Child Soldiers — broadening the scope of applicable rights through a vector of rights approach — would provide interdisciplinary perspectives to and interdisciplinary research on the human rights of girl child soldiers that would emphasise the complex public health harms neglected by traditional adjudicative approaches to civil and political rights

violations (Goonesekere 2006). Like a Special Rapporteur, an Inter-Agency Committee on Girl Child Soldiers could draw upon the complex network of treaties and various international organisations to develop inter-treaty obligations for harms that, as seen in the Sierra Leone case, have fallen outside the protection of any single convention. An Inter-Agency Committee on Girl Child Soldiers would not only create a permanent institutional structure from which to declare international law relevant to girl child soldiers, but would do so with a view to 'bringing to bear multiple angles of vision' (Alston and Crawford 2000, 405), whereby a multiplicity of voices and disciplinary perspectives (from both government and civil society) can enhance collective insight on the intersecting gender- and age-specific harms to girl child soldiers. With a mandate to address the girl child soldier through a vector of rights, an Inter-Agency Committee can address the 'need to develop human rights law as a whole' by overcoming the 'current fragmentation of the international system stemming from each treaty served by its own organ and interpreted within many state systems' (Alston and Crawford 2000, 40). As an *interdisciplinary* organisation that cuts across all issues of public health significance and works to mainstream human rights in its combined approach to prevention and treatment, this proposed Inter-Agency Committee on Girl Child Soldiers would best be housed within the World Health Organization (WHO), which could most fruitfully facilitate the vector of rights approach under its mandate to examine underlying determinants of health (WHO 2007).

## Conclusion

By examining internal armed conflict in Sierra Leone, it is clear that the existence of girl child soldiers has debilitating, long-term, even trans-generational, health consequences — from sexual slavery to the spread of HIV to the complete destruction of pre-conflict family unity and social cohesion. The harm to each individual girl child soldier presents human rights dilemmas unaccounted for by current rights frameworks. By examining violations of intersectional rights within a vector of rights paradigm, however, human rights can more adequately address the public health ramifications of war on the girl child's experience as soldier, domestic and slave. ●

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