

CIVILIAN CASUALTIES AND WAR-RELATED DISABILITIES:

an Analysis of Justice, Development,
and Inclusion Challenges



CIVILIAN CASUALTIES AND WAR-RELATED DISABILITIES: **an Analysis of Justice, Development, and Inclusion Challenges**

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L'Osservatorio – Centro di ricerche sulle vittime civili dei conflitti

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With the support of



Project "Solidarietà è Futuro", implemented with funding granted by the Ministry of Labor and Social Policies under the Fund for Financing Initiatives and Projects of National Relevance pursuant to Article 72 of Legislative Decree No. 117 of July 3, 2017, as amended. Call for Proposals 2/2024.

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I 1. INTRODUCTION

1.1 The Transformation of War and the Centrality of Civilian Victims

Over the past twenty years, international literature has seen considerable growth on the effects of armed conflicts on civilians. In the twentieth century the focus was primarily on military aspects — strategies, weaponry, and power relations between states — but since the 2000s research has increasingly shifted toward the multiple impacts of conflicts on civilian populations.

This shift is closely linked to the transformation of war itself¹. While in early twentieth-century interstate wars most victims were combatants, today the situation is reversed: in many contemporary conflicts, **more than 70–90% of victims are civilians**². In **2023** the UN recorded a **72% increase in civilian deaths** compared to 2022, identifying Gaza, Sudan, Ukraine, and Myanmar as among the most critical contexts³. Civilian harm is therefore not merely “collateral damage”⁴ but reflects a **profound change in the nature of war**, in which civilians are increasingly direct targets.

Several factors contribute to this trend: the prevalence of **asymmetric**⁵ and civil wars fought in densely populated areas; **the systematic use of explosive weapons in populated areas**, which — as the UN Secretary-General highlights — produces “**a predictable pattern of harm to civilians**”⁶; the collapse of essential state structures; and deliberate strategies of terror by state and non-state actors.

¹ Kaldor, M. (1999). *New and old wars: Organized violence in a global era*. Polity Press.

² Khorram-Manesh, A., Burkle, F. M., Goniewicz, K., & Robinson, Y. (2021). Estimating the number of civilian casualties in modern armed conflicts — a systematic review. *Frontiers in Public Health*, 9, 765261. <https://doi.org/10.3389/fpubh.2021.765261>

³ United Nations. (2024). *Report of the Secretary-General on the protection of civilians in armed conflict*. Nation States

⁴ The expression “collateral damage” is used to refer to the unintended negative effects of an action, and is often employed to soften or justify the harmful consequences of military or political decisions. Although the term “collateral damage” does not expressly appear in the Geneva Conventions, it refers to the principle of proportionality established by Additional Protocol I to the Geneva Conventions of 12 August 1949 relating to the protection of victims of international armed conflicts (1977, Art. 51, para. 5(b)) and by the Rome Statute of the International Criminal Court (1998, Art. 8, para. 2(b)(iv)).

⁵ “Asymmetric warfare” refers to a conflict in which the parties involved possess very different military capabilities and resources, and the weaker side resorts to unconventional strategies to compensate for the imbalance of power.

⁶ The original version: “a predictable pattern of civilian harm” - United Nations. (2024). *Report of the Secretary-General on the protection of civilians in armed conflict*. United Nations.

In this context, **civilian harm** extends far beyond loss of life to **include permanent disabilities**. It is necessary to distinguish between disability in general and war-related disability. The former encompasses physical, sensory, intellectual, or psychological conditions that, in interaction with social and environmental barriers, may hinder full participation in society⁷. **War-related disability**, by contrast, refers to impairments and trauma acquired directly as a result of armed conflict – such as amputations, severe injuries, or psychosocial disorders – requiring specific responses in terms of rehabilitation, legal protection, and inclusion in post-war reconstruction processes. Civilian war victims, therefore include “not only those who directly suffered physical injury, but also those who experienced psychological, social, or economic harm, as well as the families and communities of those killed or injured”⁸.



Lviv, Ukraine, 2022 © Sodel Vladyslav on Shutterstock

⁷ United Nations Convention on the Rights of Persons with Disabilities, Art. 1. See United Nations. (2006). Convention on the Rights of Persons with Disabilities (CRPD). United Nations.

<https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

⁸ Center for Civilians in Conflict. (2015). Acknowledge, amend, assist: Addressing civilian harm caused by armed conflict and armed violence. Cambridge, MA: Harvard Law School, Human Rights Program, p. 7.

Retrieved from <https://hrp.law.harvard.edu/wp-content/uploads/2015/04/AcknowledgeAmendAssist.pdf>

1.2 The Challenge of Quantifying Civilian Victims: International Data Sources and Operational Definitions

A crucial issue concerns the methodologies used to collect and estimate data on civilian victims. Counting war casualties is not only a technical matter, but also a political one, as figures may be contested, manipulated, or systematically underestimated. Moreover, **casualty recording** is not merely data collection; it is an act of recognition that restores visibility and dignity to victims, while providing foundations for **accountability** and collective memory⁹.

Quantifying civilian casualties is thus one of the most complex challenges for researchers, institutions, and humanitarian organizations. The available sources differ in definitions, methods, and coverage.

International humanitarian law defines civilians as those who do not belong to combatant categories and stipulates that a person must be presumed civilian in cases of doubt¹⁰.

Academic datasets such as the Uppsala Conflict Data Program (UCDP) record **“battle-related deaths,”** offering comparable historical series without distinguishing civilians from combatants or accounting for indirect deaths due to hunger, disease, or healthcare collapse¹¹. ACLED uses georeferenced violent events and open-source casualty reports, capturing battles, protests, and violence against civilians, which are useful for real-time monitoring but do not provide an “official” civilian count¹².

UN missions coordinated by OHCHR produce verified civilian casualty figures according to rigorous evidentiary standards — considered gold standards for legal and political use — but necessarily conservative due to access and security limitations¹³.

⁹ Beswick, J., & Minor, E. (2015). *Casualty recording*. In Harvard Law School Human Rights Program & Action on Armed Violence (a cura di), *Acknowledge, amend, assist: Addressing civilian harm caused by armed conflict and armed violence* (pp. 65–76). Cambridge, MA: Harvard Law School.

¹⁰ Additional Protocol I to the Geneva Conventions, 1977, Art. 50.

¹¹ UCDP. (2025). *Battle-related deaths dataset*. Uppsala Conflict Data Program, Department of Peace and Conflict Research, Uppsala University.

¹² ACLED. (2024). *Armed Conflict Location & Event Data Project*. <https://acleddata.com>

¹³ OHCHR. (2024). *Reports on civilian casualties*. Office of the High Commissioner for Human Rights. <https://www.ohchr.org>

Specialized monitoring systems include:

- **AOAV** and the **Explosive Weapons Monitor**¹⁴, documenting explosive-weapon harm, showing that over 85–90% of victims in populated areas are civilians¹⁵;
- **Landmine Monitor** and **Cluster Munition Monitor**¹⁶, focusing on mines, UXO, and cluster munitions, with an emphasis on long-term disabilities¹⁷.

To assess indirect humanitarian harm, OCHA and WHO analyze the collapse of essential services, emphasizing that the **“invisible” victims of war** often die due to health-system failure or lack of access to care¹⁸.

Concrete examples illustrate methodological differences: in Ukraine, since 2022 OHCHR has verified over 14,000 civilian deaths and more than 36,000 injuries, though real figures are higher¹⁹; in Gaza, UN reports have documented indiscriminate and disproportionate attacks²⁰, while AOAAV recorded thousands of civilians affected by explosives in 2024²¹; in Myanmar, roughly one third of the civilian casualties from explosives recorded in 2023–2024 were killed²²; globally, monitoring of landmines and cluster munitions counted hundreds of new civilian victims in 2023–2024²³. These discrepancies reflect **methodological variation, difficulty of access**, and biases arising from dependence on media or local networks. The most robust practice is triangulation: using at least two categories of sources and explicitly stating chosen metrics.

¹⁴ Explosive weapons Monitor: <https://explosiveweaponsmonitor.org/>

¹⁵ AOAAV. (2024). *Explosive Violence Monitor 2024*. London: Action on Armed Violence

¹⁶ Landmine and cluster munitions Monitor: <https://www.the-monitor.org/>

¹⁷ ICBL-CMC. (2024a). *Cluster Munition Monitor 2024*. Geneva: International Campaign to Ban Landmines–Cluster Munition Coalition. ICBL-CMC. (2024b). *Landmine Monitor 2024*. Geneva: International Campaign to Ban Landmines–Cluster Munition Coalition.

¹⁸ OCHA. (2022–2025). *Humanitarian Needs Overview*. United Nations Office for the Coordination of Humanitarian Affairs. <https://www.unocha.org/publications>; World Health Organization. (2023). *WHO's response to health emergencies: Annual report 2023*. World Health Organization. <https://www.who.int/publications/i/item/9789240097452>; World Health Organization. (2024). *WHO's response to health emergencies: Annual report 2024*. World Health Organization. <https://www.who.int/publications/b/80399>

¹⁹ OHCHR. (2022–2025). *Civilian casualties in the context of the armed attack by the Russian Federation against Ukraine* (periodic updates). United Nations Office of the High Commissioner for Human Rights.

²⁰ OHCHR. (2023). *Thematic report on indiscriminate and disproportionate attacks in Gaza, Oct–Dec 2023*. Geneva: United Nations.

²¹ AOAAV. *Explosive Violence Monitor 2024*, cit.

²² AOAAV. (2023–2024). *Explosive violence in Myanmar* (Research series). Action on Armed Violence.

²³ ICBL-CMC. *Cluster Munition Monitor 2024*, cit.; ICBL-CMC. (2024b). *Landmine Monitor 2024*, cit.

Numbers are not neutral, they reflect decisions about who and what to count²⁴. Diverging estimates — as in Iraq after 2003²⁵ — show how casualty figures become arenas of political as well as scientific contestation. Scholars therefore call for integrated approaches that move beyond mere counting to capture the lived experience of civilians²⁶. Quantitative data provide comparability, while qualitative approaches reveal less visible forms of harm, such as sexual violence or psychosocial trauma.

This report examines **war-related disability** as a **specific form of vulnerability in armed conflict**, moving beyond paternalistic narratives, and proposes a critical framework that recognizes **civilian victims as social actors embedded in power relations**. It also highlights gaps between international norms and actual practices and offers recommendations for more inclusive conflict and post-conflict responses.

1.3 From a Compassion-Based Model to a Critical and Multidimensional Approach

Another major shift concerns **how civilian victims are represented**. For a long time, dominant narratives portrayed them as passive subjects, objects of pity, and mere recipients of humanitarian aid²⁷. While such portrayals helped mobilize support, they ultimately reduced those affected by war to **“suffering bodies” devoid of voice and agency**²⁸.

A more critical perspective has emerged, recognizing victims as actors capable of **agency — of acting autonomously, shaping social processes, resisting, and formulating claims**. This perspective broadens analysis beyond immediate deaths and injuries to consider long-term **structural transformations**: social exclusion, economic marginalization, and political stigmatization. It challenges humanitarian and media narratives and addresses the symbolic and legal

²⁴ Ball, P., Spagat, M., Guzmán, D., & Davenport, C. (2018). Beyond counts: Comparative models for measuring violent deaths. In A. Edwards, H. R. Bohara, & N. Choi (Eds.), *Counting civilian casualties: An introduction to recording and estimating nonmilitary deaths in conflict* (pp. 29–56). Oxford University Press.

²⁵ Roberts, L., Lafta, R., Garfield, R., Khudhairi, J., & Burnham, G. (2004). Mortality before and after the 2003 invasion of Iraq: Cluster sample survey. *The Lancet*, 364(9448), 1857–1864. [https://doi.org/10.1016/S0140-6736\(04\)17441-2](https://doi.org/10.1016/S0140-6736(04)17441-2)

²⁶ Balcells, L., & Stanton, J. A. (2021). Violence against civilians during armed conflict: Moving beyond the macro- and micro-level divide. *Annual Review of Political Science*, 24, 45–69. <https://doi.org/10.1146/annurev-polisci-041719-102229>

²⁷ Fassin, D. (2010). *La raison humanitaire*. Seuil; Boltanski, L. (1993). *La souffrance à distance*. Métailié

²⁸ Das, V., & Kleinman, A. (2000). Introduction. In V. Das, A. Kleinman, M. Ramphela, & P. Reynolds (Eds.), *Violence and subjectivity* (pp. 1–18). University of California Press.

construction of the “victim,” emphasizing the power embedded in practices that define and represent them²⁹.

1.4 Disability and War: From Individual Trauma to Community Impacts

Within this framework, **disability caused by armed conflict** assumes particular importance. Wars not only kill: they leave behind large numbers of individuals with **physical impairments, psychosocial trauma, amputations, and invisible disabilities linked to post-traumatic stress**.

ICBL/CMC notes that mine and cluster-munition contamination continues to produce **new amputations** and trauma every year, hindering economic



Khan Yunis, Gaza Strip, 2025 © Anas Mohammed on Shutterstock

²⁹ Fassin, D., & Rechtman, R. (2009). *L'impero del trauma. Saggio sulla condizione di vittima* (L. G. Quarta, Trad.). Milano: Meltemi. (Original work published in 2007); Robbins, J. (2013). Beyond the suffering subject: Toward an anthropology of the good. *Journal of the Royal Anthropological Institute*, 19(3), 447–462. <https://doi.org/10.1111/1467-9655.12044>.

recovery³⁰. According to the **World Report on Disability**³¹, people with disabilities are less likely to complete school or find employment; in conflict settings such inequalities are amplified because infrastructures and services collapse.

In many recent conflicts, hospitals and rehabilitation networks have been repeatedly targeted or disrupted, severely limiting access to prosthetics and rehabilitation. The global humanitarian agenda projects **record assistance needs** for 2025, with millions in acute vulnerability³².

War-related disability **affects entire communities**: it restricts access to education and employment, increases the burden on fragile health systems, generates stigma, and exacerbates gender and ethnic disparities. The ICRC's **Vision 2020** strategy already stressed the need for structural approaches linking rehabilitation with social inclusion and community resilience³³.

Disability in conflict settings is often closely linked to dynamics of exclusion and poverty, fueling a **vicious cycle** that deprives entire communities of resources and human capital³⁴. Trauma has become a “global language of suffering”³⁵, internationalizing the figure of the victim. However, this medical-psychological framing risks obscuring structural determinants of vulnerability and reducing violence to an individual clinical problem.

1.5 Structural Vulnerability, Limited Agency, Social Recognition

To adequately analyze war-related disability, a conceptual vocabulary is needed beyond the **biomedical model**, which defines disability primarily as individual pathology. As emphasized by the WHO's **International Classification of Functioning, Disability and Health**, disability arises from interaction between health conditions and social/environmental barriers³⁶.

³⁰ICBL-CMC. (2024b). *Landmine Monitor 2024*. Geneva: International Campaign to Ban Landmines–Cluster Munition Coalition.

³¹World Health Organization. (2011). *World report on disability*. World Health Organization & World Bank.

³²OCHA. (2024). *Humanitarian Needs Overview*. United Nations Office for the Coordination of Humanitarian Affairs.

³³International Committee of the Red Cross. (2010). *Vision 2020: A strategy for the International Committee of the Red Cross on disability*. Geneva: ICRC.

³⁴Kett, M., Lang, R., & Trani, J. F. (2009). Disability, development and the dawning of a new convention: A cause for optimism? *Journal of International Development*, 21(5), 649–661. <https://doi.org/10.1002/jid.1596>

³⁵Fassin, D., & Rechtman. *L'impero del trauma. Saggio sulla condizione di vittima*, cit.

³⁶World Health Organization. (2001). *International classification of functioning, disability and health (ICF)*. WHO.

Three concepts are particularly relevant:

Structural vulnerability: not a natural condition but the product of social, political, and economic relations that expose certain people to greater harm. Civilian war-disabled individuals are vulnerable because systems fail to provide protection, access, or recognition.

1. Limited agency: people with war-related disabilities do possess agency, but it is constrained by circumstances (violence, stigma, exclusion). Recognizing “limited agency” affirms capacity without denying structural constraints.

2. Social recognition: justice involves not only redistribution of resources but also symbolic and political recognition. The lack of recognition of war-disabled civilians constitutes a form of injustice beyond material deprivation³⁷.

³⁷Fraser, N. (2000). *Rethinking recognition*. *New Left Review*, 3, 107–120; Honneth, A. (1995). *The struggle for recognition: The moral grammar of social conflicts*. Polity Press.

2. INTERNATIONAL LEGAL FRAMEWORK AND GLOBAL POLICIES

2.1 The Geneva Conventions and Additional Protocols

International humanitarian law (IHL) aims to limit the effects of armed conflicts, reducing suffering, and protecting those who do not take part, or who have ceased to take part, in hostilities. Its modern codification began with the **First Geneva Convention of 1864**. This convention first introduced neutrality and protection of medical facilities and personnel, non-discriminatory relief for wounded, and the Red Cross emblem as a symbol of protection³⁸. Building on these initial developments, the legal framework was further strengthened by the **Hague Conferences of 1899 and 1907**³⁹. These gatherings consolidated the principle of civilian protection, articulated in the Martens Clause, which states that in the absence of specific written rules, civilians remain protected by the principles of humanity and the dictates of public conscience:

*"The principles of humanity and the dictates of public conscience."*⁴⁰

Meanwhile, the **1906 Geneva Convention**⁴¹ extended protection to the wounded and shipwrecked at sea, while the **1925 Geneva Protocol**⁴² prohibited the use of chemical and bacteriological weapons, recognizing the indiscriminate risks they posed to civilian populations. A turning point came in **1949**, in the aftermath of the Second World War, which highlighted the need for a stronger legal corpus to regulate the conduct of hostilities and to ensure protection for those who do not take part in them: civilians, the wounded, and prisoners of war.

³⁸ International Committee of the Red Cross. (1864). *First Geneva Convention for the Amelioration of the Condition of the Wounded in Armies in the Field*. ICRC. <https://ihl-databases.icrc.org/en/ihl-treaties/gc-1864>

³⁹ Peace Conference at The Hague. (1899). *Convention for the Pacific Settlement of International Disputes*. The Hague. <https://docs.pca-cpa.org/2016/01/1899-Convention-for-the-Pacific-Settlement-of-International-Disputes.pdf>; Peace Conference at The Hague. (1907). *Convention for the Pacific Settlement of International Disputes*. The Hague. <https://docs.pca-cpa.org/2016/01/bd7626f1-1907-convention-for-the-pacific-settlement-of-international-disputes.pdf>

⁴⁰ Peace Conference at The Hague. *Convention for the Pacific Settlement of International Disputes*, cit.

⁴¹ International Committee of the Red Cross. (1906). *Convention for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field*, Geneva, 1906. ICRC. <https://ihl-databases.icrc.org/assets/treaties/180-IHL-GC-1906-EN.pdf>

⁴² League of Nations. (1925). *Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare* Geneva, 1925. League of Nations Treaty Series. <https://ihl-databases.icrc.org/assets/treaties/280-IHL-36-EN.pdf>

The **First Geneva Convention** concerns the protection of sick and wounded members of armed forces in the field:

*"Members of the armed forces and other persons [...] shall be respected and protected in all circumstances."*⁴³

The **Second Geneva Convention** similarly deals with the protection of the sick, wounded, and shipwrecked members of armed forces at sea⁴⁴.

The **Third Geneva Convention** governs the status and treatment of prisoners of war, prohibiting torture, violence, and humiliation:

*"Prisoners of war must at all times be humanely treated."*⁴⁵

The **Fourth Geneva Convention**, in particular, established the **centrality of civilians** as subjects of rights, recognizing them as **"protected persons"** entitled to non-derogable guarantees. It prohibits deportations (Art. 49), hostage-taking, collective punishments (Art. 33), inhumane treatment and torture (Art. 32), grants special protection to women and children (Art. 27), and prohibits all forms of violence against civilians, establishing clear legal limits on the conduct of hostilities. Common Article 3 to the four Conventions further extended minimum protection standards to non-international armed conflicts — historically expanding the scope of IHL:

*"Violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture."*⁴⁶

The context of decolonization, national liberation wars, and asymmetric conflict in the 1960s and 1970s made clear the need to strengthen **IHL** further. With **UN** support, the **International Committee of the Red Cross (ICRC)** promoted reforms that culminated in the adoption of the **1977 Additional Protocols to the Geneva Conventions**. The **First Protocol** significantly expanded **civilian protection** in international armed conflicts:

⁴³ International Committee of the Red Cross. (1949). *Geneva Conventions of 1949*. ICRC, art. 1. (GC I). <https://www.icrc.org/sites/default/files/external/doc/en/assets/files/publications/icrc-002-0173.pdf>

⁴⁴ Ibid., art. 12 (GCII).

⁴⁵ Ibid., art. 13 (GC III)

⁴⁶ Ibid., art.3

“The Parties to the conflict shall at all times distinguish between the civilian population and combatants and between civilian objects and military objectives, and accordingly shall direct their operations only against military objectives.”⁴⁷

It prohibits attacks against civilians, forbids indiscriminate attacks, obliges respect for the principle of proportionality, and requires all feasible precautions during military operations. It also establishes the responsibility of military commanders to avoid direct and indiscriminate attacks on civilians (Art. 51) and to take all precautions to spare civilian lives (Art. 57). Additional provisions prohibit attacks on objects indispensable to civilian survival (Art. 54) and on works containing dangerous forces, such as dams and nuclear power stations (Art. 56).

Protocol II⁴⁸ protects non-international armed conflicts, previously covered only by Common Article 3. It provides enhanced protection for civilians, including prohibitions against acts of terrorism (Art. 13), hostage-taking (Art. 4.2.c), and recognizing special protection for women and children (Art. 4.3).

From the early Geneva Conventions to the 1977 Protocols, the trajectory of international humanitarian law demonstrates a progressive **centrality of the civilian**. From “incidental” subjects of hostilities, civilians gradually become the core of legal protection — full holders of rights and primary benchmarks of the legitimacy of force. This evolution reflects the awareness that modern warfare disproportionately affects non-combatant populations.

As Theodor Meron noted:

“Geneva law has gradually shifted its focus from the protection of combatants hors de combat to the protection of civilians as such.”⁴⁹

⁴⁷ United Nations. (1977). *Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts*, art. 48, (Protocol I). UN Treaty Collection. <https://treaties.un.org/pages/showDetails.aspx?objid=08000002800f3586>

⁴⁸ United Nations. (1977). *Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II)*. UN Treaty Collection. <https://treaties.un.org/doc/Publication/UNTS/Volume%201125/volume-1125-i-17513-english.pdf>

⁴⁹ Lapidot, R. (1989). *Human Rights in Internal Strife: Their International Protection*. By Theodor Meron. Hersch Lauterpacht Memorial Lectures, No. V. *Grotius Publications, Cambridge, England, Israel Law Review*, 23(1), 135–137. <https://doi.org/10.1017/s0021223700009596>

2.2 The Ottawa and Oslo Conventions, and the EWIPA Declaration

The **Ottawa and Oslo Conventions** fall within the broader framework of **disarmament** as a tool for maintaining international peace and security and protecting human rights. The **1997 Ottawa Convention**⁵⁰ banning the use, production, stockpiling, and transfer of **anti-personnel mines** represents a pivotal step in the evolution of the concept of civilian victimhood in armed conflict. It recognizes that anti-personnel mines not only kill or permanently injure individuals, but also undermine national economies, as mined land becomes unusable, as stated in the preamble:

*"[...] anti-personnel mines, that kill or maim hundreds of people every week, mostly innocent and defenceless civilians and especially children, obstruct economic development and reconstruction, inhibit the repatriation of refugees and internally displaced persons, and have other severe consequences for years after emplacement [...]"*⁵¹

The focus on assistance, rehabilitation, and socio-economic reintegration signals a move beyond a welfare-based approach to victims, toward **full social inclusion**. State obligations – stockpile destruction, mine clearance, international cooperation, and transparency measures – are not only legal mechanisms but also political responsibilities toward civilian populations.

The preamble expressly acknowledges the long-lasting impact of these weapons and urges States to:

*"Each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims and for mine awareness programs [...]"*⁵²

The 2008 Oslo Convention on Cluster Munitions, which disperses sub-munitions across broad areas causing massive collateral damage, follows

⁵⁰ United Nations. (1997). *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction*. UN Treaty Collection. https://treaties.un.org/doc/Treaties/1997/09/19970918%2007-53%20AM/Ch_XXVI_05p.pdf

⁵¹ United Nations. *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction*, cit.

⁵² United Nations. *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction*. UN Treaty Collection, cit.

the Ottawa model, imposing an absolute prohibition on use, development, production, stockpiling, and transfer (**Art. 1**):

*“Each State Party undertakes never under any circumstances: To use anti-personnel mines; to develop, produce, otherwise acquire, stockpile, retain or transfer to anyone, directly or indirectly, anti-personnel mines; to assist, encourage or induce, in any way, anyone to engage in any activity prohibited to a State Party under this Convention.”*⁵³

States must adopt effective measures, including penal sanctions, to prevent and repress violations (**Art. 9**). Notably, the definition of “victim” includes:

*“Each State Party shall take all appropriate legal, administrative and other measures to implement this Convention, including the imposition of penal sanctions to prevent and suppress any activity prohibited to a State Party under this Convention undertaken by persons or on territory under its jurisdiction or control.[...]”*⁵⁴

States must ensure medical care, rehabilitation, and socio-economic inclusion (**Art. 5**).⁵⁵

In continuity, the 2022 **Political Declaration on Explosive Weapons in Populated Areas** (EWIPA) extends **civilian protection** to contemporary urban warfare, recognizing that the use of explosive weapons in populated areas causes direct and indirect harm, destroying housing, hospitals, schools, critical infrastructure, and urban socio-economic systems.

As INEW observed (2022):

*“The use of explosive weapons in populated areas also destroys critical civilian infrastructure such as hospitals, schools and power and water systems which impacts the provision of essential services to the civilian population [...]”*⁵⁶

⁵³ United Nations. (2008). *Convention on Cluster Munitions*, art.1. UN Treaty Collection.

https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=XXVI-6&chapter=26&clang=en

⁵⁴ Ibid. art.9.

⁵⁵ Ibid. art.5.

⁵⁶ International Network on Explosive Weapons, 2022. INEW.

<https://www.inew.org/wp-content/uploads/2022/03/10-elements-28March22.pdf>

The Declaration outlines national-level commitments, including limiting explosive weapons in urban areas, collecting data on civilian harm, providing assistance and rehabilitation, and coordinating with international actors and civil society. **It complements IHL** by establishing higher protection standards and strengthening State accountability.

These instruments have reduced the use of certain weapons, yet significant **gaps remain**: not all States have ratified the treaties, and conflicts such as Syria or Ukraine show continued large-scale use of cluster munitions and explosive weapons in civilian areas. Recent conflicts (Syria, Yemen, Gaza, Ukraine) demonstrate persistent violations of the principles of distinction and the prohibition of indiscriminate attacks. Advances in banning indiscriminate and disproportionate weapons – anti-personnel mines, cluster munitions, chemical weapons – are due not only to State will but also to civil society and NGOs.

2.3 The UN Convention on the Rights of Persons with Disabilities (CRPD)

The United Nations Convention on the Rights of Persons with Disabilities (CRPD)⁵⁷, which entered into force in **2008**, represents a turning point in the codification of human rights. Its objective is to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities, and to promote respect for their inherent dignity, as stated in Article 1:

*“The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”*⁵⁸

The text is grounded in eight general principles, including non-discrimination, full and effective participation and inclusion in society and decision-making processes, equal opportunities, and access to essential services such as medical care and rehabilitation (Art. 3):

⁵⁷ United Nations. (2006). *Convention on the Rights of Persons with Disabilities (CRPD)*. United Nations. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

⁵⁸ Ibid art.1.

*"The principles of the present Convention shall be: (a) respect for inherent dignity [...] (b) non-discrimination; (c) full and effective participation and inclusion in society; (d) respect for difference [...] (e) equality of opportunity; (f) accessibility."*⁵⁹

One of the Convention's most innovative elements is the affirmation of the **legal capacity** of persons with disabilities on an equal basis with others, as provided in Article 12:

*"States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life."*⁶⁰

The Convention extends protection to situations of emergency, **armed conflict**, and **natural disasters** (Art. 11):

*"States Parties shall take [...] all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters."*⁶¹

It also affirms the right to **inclusive education** (Art. 24):

*"States Parties shall ensure an inclusive education system at all levels and lifelong learning."*⁶²

And the right to work in an open, accessible, and non-discriminatory environment (Art. 27):

*"States Parties recognize the right of persons with disabilities to work, on an equal basis with others."*⁶³

Particular attention is given to women and girls with disabilities, who face multiple forms of discrimination (Art. 6):

⁵⁹ United Nations. (2006). *Convention on the Rights of Persons with Disabilities (CRPD)*. United Nations. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

⁶⁰ Ibid. art.12.

⁶¹ Ibid. art.11.

⁶² Ibid. art.24.

⁶³ Ibid. art.27.

“States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and shall take measures to ensure the full and equal enjoyment by them of all human rights.”⁶⁴

Similarly, children with disabilities are recognized as holders of the same rights as other children (Art. 7):

“States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.”⁶⁵

The **Optional Protocol** complements the Convention by establishing an international complaints mechanism. It recognizes the authority of the Committee on the Rights of Persons with Disabilities to receive individual and collective communications (Art. 1):

“The Committee [...] to receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction.”⁶⁶

It may also conduct inquiries into grave or systematic violations (Art. 6):

“If the Committee receives reliable information indicating grave or systematic violations by a State Party of rights set forth in the Convention, the Committee may designate one or more of its members to conduct an inquiry.”⁶⁷

Thus, the CRPD and its Optional Protocol mark a profound paradigm shift: persons with disabilities are no longer viewed merely as beneficiaries of assistance, but as **full subjects of international law**, holders of inalienable rights:

“The CRPD represents not only a human rights treaty for persons with disabilities, but a new human rights model of disability, based on inclusion and substantive equality.”⁶⁸

⁶⁴ United Nations. (2006). *Convention on the Rights of Persons with Disabilities (CRPD)*. United Nations. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

⁶⁵ Ibid. art.7.

⁶⁶ Optional Protocol, United Nations. (2006). *Convention on the Rights of Persons with Disabilities (CRPD)*. United Nations.

⁶⁷ Ibid. art.6.

⁶⁸ Degener, T. (2016). *Disability in a Human Rights Context*. MDPI. <https://www.mdpi.com/2075-471X/5/3/35>

However, in conflict settings, CRPD implementation remains largely ineffective: institutional fragility, destruction of infrastructure, and unreliable data make it difficult for States to ensure compliance. The lack of inclusive approaches in humanitarian responses perpetuates exclusion.



Taiz, Yemen, 2018 © akramalrasny on Shutterstock

War Disability and Sustainable Development Goals (SDGs)

SDGs AS INDICATORS OF VISIBILITY AND ACCOUNTABILITY



War disability requires ongoing care, rehabilitation, and psychosocial support within fragile health systems



Conflict disrupts access and quality, widening physical, economic, and communication barriers.



People with disabilities remain invisible without disaggregated data in conflict settings.



Conflicts undermine protection, justice, and accountability; weak institutions amplify vulnerability



"Economic-only" reconstruction overlooks social and environmental costs and those left behind.



Rapid reconstruction generates excessive externalities in supply chains and waste



War damage exacerbates climate and health vulnerabilities.



Environmental destruction compromises livelihoods and community health.



2.4 Agenda 2030 and the Sustainable Development Goals (SDGs)

In **2015** the United Nations adopted the **2030 Agenda**⁶⁹ for Sustainable Development, a global program structured around **17 Sustainable Development Goals** (SDGs). Several of these are particularly relevant to war-related disability: promoting health and well-being (**SDG 3**), ensuring quality education (**SDG 4**), reducing inequalities (**SDG 10**), and strengthening peaceful, just, and inclusive institutions (**SDG 16**). The SDGs provide a shared international language and a monitoring system that can help give visibility to persons with disabilities, particularly in contexts affected by **armed conflict** and **institutional fragility**.⁷⁰

The 2030 Agenda marks progress compared to the Millennium Development Goals (MDGs), as it explicitly recognizes persons with disabilities as a distinct group within the sustainable development framework, in line with the principle of “leave no one behind.”⁷¹ This alignment reinforces the binding obligations of the CRPD⁷².

However, critical scholarship raises key concerns. On one hand, the tendency to **depoliticize** conflict — treating it solely as a development issue — risks obscuring its political and military causes⁷³. Conversely, a **technocratic approach** relying on quantitative indicators may overlook qualitative dimensions related to justice and power redistribution. In war-affected settings, the scarcity of disaggregated data on persons with disabilities severely limits the ability to monitor rights realization and implement inclusive responses.

There is also a structural contradiction: the SDGs simultaneously promote unlimited economic growth (SDG 8) and ecological sustainability (SDGs 12–15⁷⁴), without addressing the tension between these goals. This contradiction is particularly relevant in conflict-affected contexts, where reconstruction is often interpreted solely in economic terms, neglecting social and environmental costs and the situation of the most vulnerable, including persons with disabilities⁷⁵.

⁶⁹ United Nations. (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*. United Nations. <https://sdgs.un.org/2030agenda>

⁷⁰ United Nations. *Transforming our world: The 2030 Agenda for Sustainable Development*, cit.

⁷¹ *Ibid.*

⁷² United Nations. *Convention on the Rights of Persons with Disabilities*, cit.

⁷³ Fukuda-Parr, S. (2016). From the Millennium Development Goals to the Sustainable Development Goals: Shifts in purpose, concept, and politics of global goal setting for development. *Gender & Development*, 24(1), 43–52. <https://doi.org/10.1080/13552074.2016.1145895>

⁷⁴ United Nations. *Transforming our world: The 2030 Agenda for Sustainable Development*, cit.

⁷⁵ Hickel, J. (2019). The contradiction of the sustainable development goals: Growth versus ecology on a finite planet. *Sustainable Development*, 27(5), 873–884. <https://doi.org/10.1002/sd.1947>

While the 2030 Agenda may be an advocacy tool linking sustainable development to human rights, its effectiveness requires awareness of the complex power dynamics underlying vulnerability in conflict and post-conflict settings. A framework combining the universalism of the SDGs with the binding nature of the CRPD and a critical political lens is essential to ensure that persons with disabilities are not excluded or rendered invisible in peacebuilding, reconstruction, and development processes⁷⁶.

2.5 Tensions Between Norms and Real-World Practices

Despite a comprehensive international legal framework designed to protect civilians during armed conflict, a dramatic gap persists between norms and their implementation. Recent data confirm a worsening trend in violence against non-combatant populations: in 2023, the United Nations documented approximately **33,443 civilian deaths — a 72% increase** from the previous year. This escalation demonstrates that norms exist but are often ignored or openly violated. Historical analyses by the ICRC reveal that the main issue is not a lack of rules, but their systematic non-enforcement: **attacks on hospitals, destruction of civilian infrastructure, and obstruction of humanitarian access** recur in numerous contexts⁷⁸.

The issue is well-documented, for instance, in the report *Breaking the Silence*, which shows that hundreds of attacks on healthcare facilities have not resulted in sanctions or accountability⁷⁹. Even when investigations are opened, outcomes are often inadequate: the *Guidelines on Investigating Violations of International Humanitarian Law*⁸⁰ highlight deficiencies in independence and transparency, with inquiries frequently led by military authorities⁸¹. The “duty to investigate” stems from IHL and international human rights law, particularly in cases involving joint military operations⁸².

⁷⁶ Hickel, J. (2019). The contradiction of the sustainable development goals: Growth versus ecology on a finite planet. *Sustainable Development*, 27(5), 873–884. <https://doi.org/10.1002/sd.1947>

⁷⁷ United Nations. (2024). *Report of the Secretary-General on the protection of civilians in armed conflict*. United Nations. <https://reliefweb.int/report/world/protection-civilians-armed-conflict-report-secretary-general-s2024385-enarfrueszh>

⁷⁸ Geneva Academy. (2023). *The war report 2022*. Geneva Academy of International Humanitarian Law and Human Rights.

⁷⁹ Al-Dawoody, A., & Pons, W. I. (2023). Protection of persons with disabilities in armed conflict under international humanitarian law and Islamic law. *International Review of the Red Cross*, 105(922), 352–374. <https://doi.org/10.1017/S1816383122000819>

⁸⁰ Lubell, N., Pejic, J., & Simmons, C. (2019). *Guidelines on investigating violations of international humanitarian law: Law, policy, and good practice*. Geneva Academy of International Humanitarian Law and Human Rights.

⁸¹ Simmons, C. (2024). *Military investigations in armed conflict: Independence and impartiality under international law* (1st ed.). Routledge. <https://doi.org/10.4324/9781003360223>

⁸² Sexton, J. P. (2022). *How does the obligation to investigate alleged serious violations of international humanitarian law apply in ad hoc military coalitions?* *Revue de Droit Militaire et de Droit de la Guerre = The Military Law and Law of War Review*, 60(2), 188–217. <https://doi.org/10.4337/mlwr.2022.02.04>

Despite the existence of an appropriate formal legal architecture, a significant gap remains: **disability** is largely invisible in discussions of civilian victims. War crimes against persons with disabilities remain poorly addressed, making it necessary to use existing legal tools more inclusively. Consequently, those who should benefit most from IHL protection are often among the most vulnerable and overlooked⁸³.

In this regard, Muhammedally and Keenan emphasize the importance of Civilian Harm Tracking – internal mechanisms to monitor civilian harm, reduce future harm, strengthen operational legitimacy, and provide amends to affected communities⁸⁴. The study *Acknowledge, Amend, Assist* identifies five current approaches to addressing civilian victims' needs: **casualty recording** (systematic documentation for recognition and memory), **civilian harm tracking** (internal monitoring by armed actors), **making amends** (voluntary redress even where no legal violation is found), **transitional justice** mechanisms (truth, justice, and reparation in post-conflict contexts), and **victim assistance** (State obligations for medical care, rehabilitation, and socio-economic inclusion)⁸⁵.

Although diverse in terms of legal basis and responsible actors, these approaches share the aim to restore dignity and visibility to victims. However, major contradictions persist: lack of uniform legal obligation for **casualty recording** or **making amends**, asymmetries between universal principles and local practice, and the risk of victim hierarchies that exclude already marginalized groups. The result is a fragmented landscape that, despite innovation, still leaves many victims without effective protection⁸⁶.

⁸³Al-Dawoody, A., & Pons, W. I. *Protection of persons with disabilities in armed conflict under international humanitarian law and Islamic law*, cit.

⁸⁴Muhammedally, S., & Keenan, M. (2015). Civilian harm tracking. In Harvard Law School Human Rights Program & Action on Armed Violence (a cura di), *Acknowledge, amend, assist: Addressing civilian harm caused by armed conflict and armed violence* (pp. 47–64). Cambridge, MA: Harvard Law School.

⁸⁵Bonnie Docherty (2015). *Introduction*. In Harvard Law School Human Rights Program & Action on Armed Violence (a cura di), *Acknowledge, amend, assist: Addressing civilian harm caused by armed conflict and armed violence* (pp. 1–3). Cambridge, MA: Harvard Law School.

⁸⁶Al-Dawoody, A., & Pons, W. I. *Protection of persons with disabilities in armed conflict under international humanitarian law and Islamic law*, cit.

2.6 Toward More Inclusive Governance

To close the gap between norms and practice, literature and institutional reports identify key areas for action. First, **accountability** should be strengthened through independent and timely investigations capable of exposing violations and combating impunity. The **Guidelines on Investigating Violations of International Humanitarian Law** emphasize that the credibility of such processes depends on independence from military command structures and transparency of results⁸⁷. In this direction, *casualty recording* and *civilian harm tracking* serve as complementary tools for recognizing victims and **reinforcing accountability**⁸⁸.

It is also essential to integrate disability perspectives from the outset in humanitarian and development policies, in accordance with the CRPD⁸⁹ and the 2030 Agenda⁹⁰, which emphasises “*leave no one behind.*” **The marginalization of persons with disabilities in conflict settings constitutes one of the most serious gaps in contemporary IHL**, with profound implications for access to services and legal recognition⁹¹.

A further step toward inclusive governance lies in recognizing the role of local communities and organizations of persons with disabilities. Their active participation in designing responses is essential for effective and sustainable inclusion. Evidence from *Acknowledge, Amend, Assist* shows that reparative mechanisms – from *victim assistance* to *making amends* – succeed only when developed in dialogue with beneficiaries, respecting cultural expectations, local traditions, and specific needs⁹².

⁸⁷ Lubell, N., Pejic, J., & Simmons, C. *Guidelines on investigating violations of international humanitarian law: Law, policy, and good practice*, cit.; Simmons, C. *Military investigations in armed conflict: Independence and impartiality under international law*, cit.

⁸⁸ Beswick, J., & Minor, E. (2015). *Casualty recording*. In Harvard Law School Human Rights Program & Action on Armed Violence (a cura di), *Acknowledge, amend, assist: Addressing civilian harm caused by armed conflict and armed violence* (pp. 65–76). Cambridge, MA: Harvard Law School, Muhammedally, S., & Keenan, M. *Civilian harm tracking*. In Harvard Law School Human Rights Program & Action on Armed Violence (a cura di), *Acknowledge, amend, assist: Addressing civilian harm caused by armed conflict and armed violence*, cit.; Bonnie Docherty. *Introduction*. In Harvard Law School Human Rights Program & Action on Armed Violence (a cura di), *Acknowledge, amend, assist: Addressing civilian harm caused by armed conflict and armed violence*, cit.

⁸⁹ United Nations. *Convention on the Rights of Persons with Disabilities*, cit.

⁹⁰ United Nations. *Transforming our world: The 2030 Agenda for Sustainable Development*, cit.

⁹¹ Al-Dawoody, A., & Pons, W. I. *Protection of persons with disabilities in armed conflict under international humanitarian law and Islamic law*, cit.

⁹² Bonnie Docherty. *Introduction*. In Harvard Law School Human Rights Program & Action on Armed Violence (a cura di), *Acknowledge, amend, assist: Addressing civilian harm caused by armed conflict and armed violence*, cit.

Finally, it is necessary to overcome charitable approaches by adopting a rights-based framework that views persons with disabilities not as passive recipients of aid, but as full citizens, holders of agency and capacity. International protection thus becomes not merely harm-reduction, but a path toward restorative justice and social reconstruction — restoring dignity, memory, and future to those who have endured the gravest consequences of armed conflict⁹³.

⁹³ Geneva Academy. *The war report 2022*, cit.; Sexton, J. P. *How does the obligation to investigate alleged serious violations of international humanitarian law apply in ad hoc military coalitions?*, cit.

3. WAR-RELATED DISABILITY AS STRUCTURAL VULNERABILITY

3.1 Types of Disabilities Resulting from Armed Conflict

Wars generate a wide spectrum of disabilities, ranging from visible physical impairments to less tangible yet equally disabling conditions. **Physical impairments**—such as amputations, paralysis, and severe burns—often result directly from explosions, landmines, and bombardments. In settings like Afghanistan and Cambodia, entire generations have grown up with rudimentary prostheses or without access to adequate assistive devices. Yet conflict does not leave only visible scars: numerous studies highlight the growing burden of **psychosocial trauma**, including post-traumatic stress disorder (PTSD), depression, chronic anxiety, and memory deficits. Recent research shows, for example, that exposure to explosions can trigger persistent anxiety and stress symptoms even in the absence of a diagnosed PTSD⁹⁴. **Sensory disabilities** are another consequence: blindness and deafness may result from explosive ordnance, torture, or the use of chemical weapons.

To these we must add **indirect effects**, such as the interruption of treatment for chronic illnesses, malnutrition, or lack of obstetric care: in such contexts, mild conditions may deteriorate to the point of permanently compromising people's lives. The literature also shows how war amplifies the vulnerability of those already living with a disability, exposing them to greater risk of developing additional traumatic symptoms⁹⁵. Bodies such as the Geneva Academy have denounced the persistent invisibility of disability within humanitarian protection practices⁹⁶, while the special issue of the *International Review of the Red Cross* has reiterated the need to recognize these forms of vulnerability—both visible and invisible—as integral to the impact of conflict⁹⁷. It is therefore unsurprising that, as the ICRC

⁹⁴ Brackstone, K., Head, M. G., & Perelli-Harris, B. (2024). Effects of blast exposure on anxiety and symptoms of post-traumatic stress disorder (PTSD) among displaced Ukrainian populations. *PLOS Global Public Health*, 4(4), e0002623. <https://doi.org/10.1371/journal.pgph.0002623>

⁹⁵ Shpigelman, C. N., & Gelkopf, M. (2017). *The experiences and needs of individuals with disabilities exposed to chronic political violence*. *Disability and Rehabilitation*, 39(1), 23–35. <https://doi.org/10.3109/09638288.2016.1138557>

⁹⁶ Geneva Academy. (2019). *Disability and armed conflict*. Geneva Academy of International Humanitarian Law and Human Rights.

⁹⁷ International Committee of the Red Cross. (2022). Disability and armed conflict. *International Review of the Red Cross*, 104(919), 479–502. <https://doi.org/10.1017/S1816383122000047>

itself notes, contamination from unexploded ordnance and explosive weapons remains one of the leading causes of disability in contemporary conflicts, with effects that endure for decades after hostilities have ceased.

The impact of prohibited weapons and weapon systems with indiscriminate effects does not end with the immediate conflict phase. It produces long-term consequences: amputations, land contamination, environmental pollution, and psychosocial trauma that translate into new forms of disability and persistent obstacles to the social and economic reconstruction of communities⁹⁸.

3.2 Impacts on Social Inclusion, Employment, Education, and Health Services

Disability resulting from conflict is not merely a medical issue: its repercussions extend to **social inclusion, employment, education**, and access to **health services**, often exacerbating pre-existing gaps. In many cultures, disability carries stigma and isolation: people who are mutilated or have reduced functional capacity are perceived as “unproductive” or “shameful,” and thus exposed to social exclusion. Economically, the loss of physical function drastically reduces income opportunities, particularly where informal or manual labor predominates: recent studies show that exposure to war generates lasting negative effects on labor market outcomes across the life course, especially for those who sustained injuries⁹⁹.

In education, children with disabilities face greater barriers: inaccessible infrastructure, lack of reasonable accommodations, and social discrimination severely reduce school participation, particularly in emergency contexts¹⁰⁰. As for health services, in war zones health systems often collapse—staff, medicines, and facilities are lacking—and rehabilitation and access to prosthetics become a privilege for the few. According to a report by *Humanity & Inclusion*, more than 50% of people who need rehabilitation in many conflict-affected areas have no access to such services, with access to assistive technologies in some countries dropping as low as 3%¹⁰¹. In addition, the World Health Organization underscores

⁹⁸ Morais Figueiredo, B., & Young, K. (2024, October 15). *Understanding civilian harm from the indirect or reverberating effects of the use of explosive weapons in populated areas: Strengthening data collection to implement the Political Declaration*. Geneva: United Nations Institute for Disarmament Research (UNIDIR) & Explosive Weapons Monitor.

⁹⁹ Braun, S. T., & Stuhler, J. (2023). *Exposure to war and its labor market consequences over the life cycle* (IZA Discussion Paper No. 16040). IZA Institute of Labor Economics.

¹⁰⁰ *Ibid.*

¹⁰¹ Humanity & Inclusion. (2024). *Rehabilitation under attack: Access to services in conflict settings*. Humanity & Inclusion. <https://www.hi.org>

that “early rehabilitation” in conflicts is crucial to prevent complications and facilitate recovery¹⁰².

Finally, the UN document *Towards Greater Inclusion: Children and Armed Conflict* recalls that under customary international law older persons, the sick, and persons with disabilities are entitled to special protection in armed conflicts (Rule 138)—implying that damage to social, health, and education services disproportionately affects these groups¹⁰³.

3.3 Intersections with Gender, Class, and Ethnicity

War-related disability does not operate in a vacuum: it intersects with other forms of inequality, producing a complex and layered experience. In terms of **gender**, women with disabilities often face “double discrimination”: beyond the physical and social barriers associated with disability, they are constrained by gender stereotypes that limit access to work, training, and public participation, while in conflict settings they are more frequently subjected to sexual violence. Recent studies confirm that women with disabilities are exposed to disproportionate risks in crises¹⁰⁴.

Class dynamics intensify these inequalities: those from poorer strata have far fewer resources (economic, relational, informational) to access care, prostheses, or rehabilitation services, thereby amplifying marginalization. At the same time, **ethnic belonging** plays a central role: in areas where conflict intersects with ethnic divisions, persons with disabilities from minority groups may face additional discrimination and loss of community support. This “**structural intersectionality**” shows that inequalities do not simply add up but mutually reinforce one another within social structures¹⁰⁵. This concept is essential to avoid treating “**war-disabled persons**” as a homogeneous category, recognizing instead that each individual is situated at different nodes of vulnerability.

¹⁰² World Health Organization. (2020). *Early rehabilitation in conflict and disasters*. World Health Organization. <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/rehabilitation/early-rehabilitation-in-conflict-and-disasters>

¹⁰³ Children and Armed Conflict. (2023). *Towards greater inclusion: Children and armed conflict*. United Nations Office of the Special Representative of the Secretary-General for Children and Armed Conflict. <https://childrenandarmedconflict.un.org>

¹⁰⁴ Mac-Seing, M., Zinszer, K., Eryong, B., Ajok, E., Ferlatte, O., & Zarowsky, C. (2020). The intersectional jeopardy of disability, gender and sexual and reproductive health: Experiences and recommendations of women and men with disabilities in Northern Uganda. *Sexual and Reproductive Health Matters*, 28(2), 1772654. <https://doi.org/10.1080/26410397.2020.1772654>

¹⁰⁵ Connell, R. (2011). Confronting equality: Gender, knowledge and global change. *Policy Press*.

3.4 Disability as a Critical Lens on Structural Inequalities

Disability produced by war cannot be reduced to a mere medical consequence; it must be understood as a social and political phenomenon that reveals the structural fragilities of systems. Shifting from a **biomedical model**—which interprets disability as an illness to be cured—to a **social model**—which conceives it as the result of interaction between impairments and environmental and cultural barriers—allows us to grasp the political reach of the problem. In this sense, war-disabled persons indicate a State's capacity (or incapacity) to guarantee inclusion, rights, and citizenship. Conflict-related disability can therefore be read as an expression of power relations that reproduce inequalities and exclude entire groups from access to resources and recognition¹⁰⁶. Incorporating the disability perspective into emergency and development policies is not only a humanitarian issue; it is an eminently political act that can redefine the priorities of international interventions¹⁰⁷.

3.5 Conclusions

Disability generated by armed conflict is not a mere side effect of physical harm: it is an integral part of civilian vulnerability, revealing the structural weaknesses of social, political, and economic systems. The issue is how to treat wounds, and address political inequalities: in this sense, disability emerges as a political category that interrogates the legitimacy of institutions and exposes the omissions of dominant humanitarian practices.

From a critical perspective, disability can be read through the **lens of the "politics of recognition"**¹⁰⁸, which calls for viewing marginalized bodies as objects of protection and **as subjects endowed with visibility and dignity**. In this regard, the concept of **disability justice**—which values the experiences and leadership of the most marginalized and reframes a rights-only logic into one of **interdependence**—offers a **powerful lens for rethinking political action**. Contemporary movements remind us that an approach based solely on rights risks **reproducing the very hierarchies** it seeks to overcome, insofar as it remains

¹⁰⁶ Bourdieu, P. (1990). *The logic of practice*. Stanford University Press.

¹⁰⁷ Kett, M., Lang, R., & Trani, J. F. (2009). Disability, development and the dawning of a new convention: A cause for optimism?, cit.

¹⁰⁸ Fraser, N. *Rethinking recognition*, cit.; Honneth, A. *The struggle for recognition: The moral grammar of social conflicts*, cit.

tied to **normative categories and medicalized views of disability**¹⁰⁹.

Moreover, growing attention to legal gaps affecting persons with disabilities in conflict confirms that systematic violations of international law are not accidental, but reflect the way the global order is organized around norms that presume “ordinary” bodies. Wars against disabled civilians remain overlooked mainly in processes of international accountability, reflecting an institutional order that can only conceive bodily otherness as a tolerable exception.

The real challenge is to change perspective: to view disability not as a “social cost,” but as a force capable of generating recognition, change, and inclusion. Only then is it possible to overcome the limits of traditional humanitarian practice and design actions that are truly attentive to context and to power inequalities.



Disabled children in refugee camp © Mohammad Bash on Shutterstock

¹⁰⁹ Robinson, O. E. (2017). Moving toward disability justice. *Disability Studies Quarterly*, 37(3).
<https://doi.org/10.18061/dsq.v37i3.5970>

PHYSICAL AND MENTAL HEALTH IMPACT

Physical Impairments		Amputations, paralysis, burns from explosions/mines/bombardments
Sensory Impairments		Blindness/deafness caused by ordnance, torture, chemical agents
Psychosocial Trauma		PTSD, depression, anxiety (symptoms even without formal diagnosis)
Disrupted Care		Chronic diseases worsened, malnutrition
Environmental Effects		UXO, pollution, and indiscriminate weapons with lasting impacts on environment and ecosystems
Invisibility		Social and economic vulnerability and inadequate humanitarian protection

INCLUSION, EMPLOYMENT, EDUCATION, HEALTHCARE

Social Inclusion		Stigma and isolation reduce community participation
Employment		Income loss and penalties in manual/informal work
Education		Physical/communication barriers and social discrimination; poor attendance
Health Services		Lack of staff, medicines, facilities, and rehabilitation services

STRUCTURAL INTERSECTIONALITY

Gender		Gender stereotypes and physical disabilities; heightened risk of sexual violence
Class		Poverty limits access to care, prosthetics, rehabilitation, networks
Ethnicity		Minorities face greater exclusion and weaker protections

I 4. CONCRETE CASES AND RISKS OF THE CURRENT PARADIGM

4.1 Middle East (Syria and Iraq): Explosive Weapons and the Humanitarian Response

The conflicts in Syria and Iraq are emblematic examples of how the massive use of explosive weapons in urban areas has had devastating consequences for civilian populations.

In **Syria**, according to Human Rights Watch, the regime and other actors have repeatedly targeted hospitals, schools, and markets with aerial bombardments and heavy artillery¹¹⁰. The Aleppo, Homs, and Raqqa cities have become symbols of urban destruction. Landmines and unexploded ordnance have continued to claim victims years after the primary battles ended.

In **Iraq**, the offensive against ISIS in Mosul (2016–2017) saw extensive use of explosive weapons, leaving thousands of civilians with amputations or permanent injuries. Reconstruction has been hindered by widespread ordnance contamination¹¹¹.

Humanitarian responses included field hospitals, rehabilitation programs, and prosthetic distribution. However, most assistance was provided by NGOs and international initiatives, with the State unable to ensure continuity. **Dependence on external support** and the lack of national inclusion policies have left many people with disabilities without long-term access to care and opportunities.

¹¹⁰ Human Rights Watch. (2019). *World Report 2019: Events of 2018 – Syria*. New York: Human Rights Watch. Retrieved from <https://www.hrw.org/world-report/2019/country-chapters/syria>

¹¹¹ Molyneux, C. (2024). *Healthcare devastated by the use of explosive weapons in Mosul. Fragments*, 2(1). Explosive Weapons Monitor. <https://explosiveweaponsmonitor.org/fragments/vol/2/issue/1/article/healthcare-devastated-by-the-use-of-explosive-weapons-in-mosul/>

4.2 Sub-Saharan Africa (South Sudan and Sierra Leone): Reintegration of Disabled Ex-Combatants

In Africa, civil wars have produced large numbers of persons with disabilities, both among civilians and former combatants.

In **South Sudan**, internal fighting has generated a significant population of war amputees. The lack of healthcare infrastructure and an effective state system means that rehabilitation is almost entirely left to NGOs. Many ex-combatants with disabilities were not included in Disarmament, Demobilization, and Reintegration (DDR) programs, leaving them on the margins of society¹¹².

In **Sierra Leone**, the civil war (1991–2002) is infamously remembered for deliberate mutilations perpetrated by rebel forces. Survivors bore the stigma long after the war ended, becoming “living reminders” of violence¹¹³. Despite some reintegration programs, economic and social marginalization remained prevalent.

In both cases, war-related disability has been treated primarily as a medical or welfare issue, rarely as a political one. The **limited participation of persons with disabilities in peacebuilding and reconstruction processes** reveals the shortcomings of an approach that fails to recognize them as social actors.

4.3 The Balkans (Former Yugoslavia): Post-Conflict Transition and Disability Rights

The wars in the **Balkans** (1991–1999) left a profound legacy of disability among both civilians and military personnel, resulting in tens of thousands of people with physical impairments, amputations, and mental health issues. The post-conflict transition exhibited ambivalent features: in countries such as Bosnia and Herzegovina, some disabled veterans obtained pension benefits and symbolic recognition, at the same time civilians with disabilities did not always receive equivalent treatment¹¹⁴.

¹¹² Munive, J. (2013). *Disarmament, demobilisation and reintegration in South Sudan: The limits of conventional peace and security templates* (DIIS Report No. 07, Vol. 2013). Danish Institute for International Studies. https://au.int/sites/default/files/documents/38887-doc-102_dds_in_south_sudan_the_limits_of_conventional_peace_and_security_templates.pdf

¹¹³ Berghs, M. (2015). *War and embodied memory: Becoming disabled in Sierra Leone*. Routledge.

¹¹⁴ International Crisis Group. (1999). *Bosnia's refugee logjam breaks: Is the international community ready?* (ICG Balkans Report No. 95). <https://www.crisisgroup.org>

International and local NGOs played a key role in physical and psychological rehabilitation, but reliance on the non-governmental sector often produced fragmented and inconsistent interventions. Political inclusion of persons with disabilities remained limited, despite the Western Balkans' alignment with EU human rights standards¹¹⁵. In many cases, war-disabled individuals were instrumentalized as nationalist symbols, used to reinforce victimhood narratives that did little to ensure meaningful participation in public decision-making.



Rafah, Gaza Strip, 2021 © Anas Mohammed on Shutterstock

¹¹⁵ Zaviršek, D., & Fischbach, S. (2023). *Independent living in post-socialist countries: Between familism, deinstitutionalisation, and reinstitutionalisation*. *International Journal of Disability and Social Justice*, 3(1), 96–113. <https://doi.org/10.13169/intljofdissojus.3.1.0096>

4.4 Ukraine: Attacks on Civilian Infrastructure and Humanitarian Consequences

The Russian invasion of **Ukraine** has involved systematic attacks on essential civilian infrastructure — hospitals, power grids, water systems, and schools — with devastating effects on the continuity of healthcare and rehabilitation services. According to United Nations reports, such attacks have worsened the conditions of persons with disabilities and generated new cases of amputations, trauma, and psychological distress¹¹⁶. At the same time, the World Health Organization has documented an exponential increase in demand for rehabilitation and prosthetic devices, placing enormous pressure on the national healthcare system¹¹⁷.

4.5 Gaza/Israel: Human Shields and Violence Against Civilians

In the conflict between **Israel** and Palestinian armed groups in the **Gaza Strip**, civilian populations have been subjected to indiscriminate bombardments, attacks on residential areas, and the use of civilians as human shields. According to the UN Secretary-General, the high population density of the Strip, combined with the widespread use of explosive weapons, has resulted in an extremely high number of people sustaining permanent disabilities, particularly amputations and psychosocial trauma¹¹⁸.

Evacuation possibilities have been severely limited, while the collapse of health infrastructure has rendered the condition of persons with disabilities especially critical, depriving them of access to essential care and services. Reports by OCHA confirm these trends in their periodic updates on the humanitarian situation¹¹⁹.

4.6 Evidence and Critical Issues in the Current Paradigm

The cases examined in the Middle East, Africa, and the Balkans reveal common patterns that expose the limits of the current approach to war-related disability. Humanitarian responses are often marked by **fragmented aid**, interventions led

¹¹⁶ OHCHR. (2024). *Reports on civilian casualties*. Office of the High Commissioner for Human Rights. <https://www.ohchr.org>

¹¹⁷ World Health Organization. (2023). *Ukraine emergency health situation report*. WHO Regional Office for Europe.

¹¹⁸ United Nations. (2024). *Report of the Secretary-General on the protection of civilians in armed conflict*. United Nations.

¹¹⁹ OCHA. (2024). *Situation reports on Gaza and Ukraine*. United Nations Office for the Coordination of Humanitarian Affairs. <https://www.unocha.org>

by NGOs and international agencies in the absence of solid state frameworks, and strong **dependence on external support**. Rehabilitation and inclusion programs rely heavily on international funding, which is vulnerable to interruptions and shifting priorities.

Added to this is the **limited political participation** of persons with disabilities in peace, reconstruction, and public policy processes, together with persistent **social stigma** that associates disability with weakness or shame, reinforcing marginalization and exclusion.

These findings intersect with several structural shortcomings of the dominant paradigm. First, **assistance-based representations** prevail: war-disabled individuals are framed as passive beneficiaries of aid rather than as rights-holding citizens. Second, a clear **normative gap** persists: despite the existence of international legal instruments such as the CRPD and the weapons conventions, effective implementation and monitoring mechanisms remain lacking. Third, **political instrumentalization** is common: governments sometimes exploit the figure of the war-disabled for symbolic or propagandistic purposes without ensuring concrete inclusive policies. Finally, there remains a **weak sense of agency**: persons with disabilities are excluded from negotiation tables and reconstruction processes, perpetuating a cycle of political marginalization.

The synthesis of these dynamics confirms that international norms risk remaining empty without effective investigations and real accountability for violations¹²⁰. The result is a landscape in which, across the observed contexts, war-disabled persons remain systematically at the margins of society and policymaking; international responses prioritize emergency relief over long-term inclusion; stigma and lack of political recognition exacerbate material hardships; and assistance-oriented approaches continue to dominate, preventing the recognition of persons with disabilities as social and political actors.

These empirical lessons underscore the need for an alternative model capable of overcoming limitations and advancing new perspectives of justice and inclusion.

¹²⁰ Lubell, N., Pejic, J., & Simmons, C. (2019). Guidelines on investigating violations of international humanitarian law: Law, policy, and good practice. Geneva Academy of International Humanitarian Law and Human Rights.

5. TOWARDS AN ALTERNATIVE MODEL AND CONCLUSIONS

5.1 The Civilian Victim as a Social Actor Embedded in Power Relations

A first step in overcoming the limits of the current interpretative model is to reconsider how civilian victims are portrayed. It is no longer sufficient to view them merely as suffering bodies or recipients of humanitarian compassion; they must be recognized as social actors embedded in power relations that shape their ability to act and to access rights and resources. Civilian victims belong to communities, ethnic groups, genders and social classes that decisively influence their prospects for recognition and inclusion.

Political recognition often flows through the lens of trauma. While this has given voice to suffering, it has also reinforced the idea of the victim as a purely “suffering subject”, overshadowing dimensions linked to disability, gender, or socio-economic status¹²¹. Recognition must therefore move beyond a charitable or assistance-based approach and assume a political and legal dimension: only then can victims become active participants in processes of citizenship and justice. Shifting the focus from compassion to rights means understanding vulnerability not as an inherent condition but as the product of social and economic structures.

It is not by chance that the UN Human Rights Council stresses the importance of victim participation in peace and reconstruction processes¹²², and that the UN Committee on the Rights of Persons with Disabilities emphasizes that persons with disabilities affected by conflict must not be treated as passive beneficiaries of aid, but as political subjects with voice and agency. In this perspective, as Fraser¹²³ and Honneth¹²⁴ remind us, recognition is an essential condition for justice: emancipation cannot occur unless individuals are seen, heard, and legitimized in their social and political dignity.

¹²¹ Fassin, D., & Rechtman, R. (2009). *L'impero del trauma. Saggio sulla condizione di vittima* (L. G. Quarta, Trad.). Milano: Meltemi. (Opera originale pubblicata nel 2007).

¹²² OHCHR. (2022). *Report of the Office of the United Nations High Commissioner for Human Rights on the participation of victims in transitional justice processes*. A/HRC/21/46.

¹²³ Fraser, N. (2000). Rethinking recognition. *New Left Review*, 3, 107–120.

¹²⁴ Honneth, A. (1995). *The struggle for recognition: The moral grammar of social conflicts*. Polity Press.

This approach is reflected in the report *Acknowledge, Amend, Assist: Addressing Civilian Harm Caused by Armed Conflict and Armed Violence*¹²⁵, which proposes an innovative framework for understanding civilian victims. Rather than passive recipients of protection, they are seen as subjects entitled to recognition (acknowledge), symbolic and material reparations (amend), and multidimensional assistance (assist). This framework values victims as rights-holders and social actors engaged in processes of memory, justice, and reconstruction. At the same time, the report highlights enduring limitations: fragmented norms, lack of binding mechanisms, and the continued marginalization of persons with disabilities. The acknowledge–amend–assist approach therefore becomes a key tool for reimagining the civilian victim not as a symbol of vulnerability but as a political subject whose condition reveals the power relations shaping conflicts and institutional responses.

5.2 Disability as a Political and Critical Category

Conflict-related disability must be understood as a **political category** capable of revealing deep social and institutional inequalities. It is political because it exposes the failure of States and the international community to protect civilians; it is critical because it challenges dominant paradigms, both the biomedical model focused on individual impairment and the assistance-based model that reduces persons with disabilities to mere recipients of aid.

Instead, a **rights-based, justice-oriented, and inclusive approach** is required, as affirmed by international legal instruments. When viewed through this lens, disability becomes transformative, serving as a lever for change in peacebuilding and development policies and giving voice to historically marginalized groups. Research has shown how disability, particularly in the Global South, is closely linked to colonial, exploitative, and exclusionary dynamics¹²⁶. Understanding disability as a political category thus means situating it within a broader critique of global power structures and the inequalities, they reproduce¹²⁷.

¹²⁵ CIVIC, Center for Civilians in Conflict. (2015). *Acknowledge, amend, assist: Addressing civilian harm caused by armed conflict and armed violence*. Cambridge, MA: Harvard Law School, Human Rights Program. Retrieved from <https://hrp.law.harvard.edu/wp-content/uploads/2015/04/AcknowledgeAmendAssist.pdf>

¹²⁶ Meekosha, H., & Soldatic, K. (2011). Human rights and the global south: The case of disability. *Third World Quarterly*, 32(8), 1383–1398. <https://doi.org/10.1080/01436597.2011.614800>

¹²⁷ Grech, S., & Soldatic, K. (Eds.). (2016). *Disability in the Global South: The critical handbook*. Springer.

5.3 Policy Proposals

To make this shift adequate, theoretical reflection must be translated into concrete proposals affecting political, legal, and institutional mechanisms.

5.3.1 Political and Legal Recognition of Conflict-Related Disability

The priority is explicit recognition of disability within transitional justice processes. Truth commissions, reparation programs and international courts should systematically integrate the perspective of persons with disabilities, recognizing them not merely as a “vulnerable category” but as full **rights-holders**. Multilateral institutions also play a crucial role: integrating disability into the reports and resolutions of the UN Security Council and regional organizations would help fill a longstanding gap in political attention.

5.3.2 Inclusion of Civil Society Organizations in Decision-Making

A second priority is the **active participation** of organizations of persons with disabilities in decision-making processes. This includes their involvement in peace negotiations, disarmament, demobilization and reintegration (DDR) programs, as well as post-conflict reconstruction policies. Their inclusion is not symbolic; it ensures that priorities emerge from the ground up and reflect real needs rather than being imposed by external actors. In this sense, involving grassroots organizations is crucial to transforming the **limited agency** of persons with disabilities resulting from war into meaningful **political agency**.

5.3.3 Indicators Beyond SDG Quantitative Metrics

It is also essential to rethink how progress is measured. The Sustainable Development Goals (SDGs) offer a global language and shared monitoring tools, but risk reducing individuals to percentages. As several critical voices have noted¹²⁸, there is a need to move beyond “technocratic measurement” and place **power relations** at the center of assessment. Qualitative indicators are necessary to assess political inclusion, social recognition, participation in decision-making, and real access to public and institutional spaces. Only then

¹²⁸ Hickel, J. (2019). The contradiction of the sustainable development goals: Growth versus ecology on a finite planet. *Sustainable Development*, 27(5), 873–884. <https://doi.org/10.1002/sd.1947>

can we assess whether interventions promote justice and inclusion rather than simply counting beneficiaries.

5.3.4 The Italian Experience: An Integrated Model of Protection, Remediation, and Reconstruction

Italy represents an advanced model at the international level for the protection of civilian war victims and for the preventive management of risks posed by explosive devices. This result stems from a layered regulatory system, consistent with the principles of International Humanitarian Law, capable of combining welfare protection, public security, and the prevention of residual war-related risks. In this respect, the Italian legal framework aligns with the commitments undertaken by States within the United Nations *Political Declaration on the Use of Explosive Weapons in Populated Areas*¹²⁹, which calls for the adoption of measures aimed at preventing and mitigating the effects of explosive ordnance on civilian populations and critical infrastructure.

The protection of civilian war victims is rooted in **Consolidated Text No. 915 of 23 December 1978**, which governs the recognition of war pensions and related benefits¹³⁰. Specifically, **Article 1, paragraph 2** equates to military personnel “civilians who have suffered illness or injury as a direct consequence of war events,” thereby guaranteeing them a dedicated protection system. **Article 6** regulates the assessment of impairments, while **Article 12** provides additional economic support for individuals with severe disabilities. This framework is reinforced by **Article 1890 of Legislative Decree No. 66 of 15 March 2010 (Military Code)**¹³¹, which confirms protection for civilian war victims in the forms already established by the Consolidated Text.

This approach is grounded in the principles of solidarity, equality and non-discrimination enshrined in Article 3 of the Italian Constitution, aiming to ensure a comprehensive system of economic and welfare rights for all civilians affected by war events, guaranteeing that protection and assistance are not conditioned

¹²⁹ United Nations. (2022). *Political Declaration on the Use of Explosive Weapons in Populated Areas*. <https://ewipa.org/the-political-declaration>

¹³⁰ Italy. (1978). *Testo Unico delle norme in materia di pensioni di guerra* [Consolidated Act on rules concerning war pensions] (Presidential Decree No. 915, December 23, 1978). <https://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:decreto.presidente.repubblica:1978-12-23:915>

¹³¹ Italy. (2010). *Codice dell'ordinamento militare* [Military Code] (Legislative Decree No. 66, March 15, 2010). [DECRETO LEGISLATIVO 15 marzo 2010, n. 66 - Normattiva](#)

by differences¹³².

Regarding the remediation of unexploded ordnance, **Law No. 177 of October 1 2012** introduced a systematic obligation of prevention, requiring prior survey and clearance as a condition for carrying out public works¹³³. **Article 1, paragraph 1-bis** establishes that “contracting authorities, prior to the commencement of works, shall ensure the preliminary verification of the possible presence of unexploded ordnance,”. In contrast, **paragraph 2** assigns such tasks exclusively to qualified military personnel. This discipline was further incorporated into the **Public Procurement Code (Legislative Decree No. 50 of 18 April 2016, Article 26)**, which includes ordnance clearance among the mandatory preliminary requirements for planning and executing public works¹³⁴.

The overall framework is strengthened by general legislation protecting persons with disabilities, including **Law No. 104 of 5 February 1992, Articles 1 and 3**, which recognize the right to full social integration and socio-assistential support¹³⁵, and by Italy’s ratification of the **UN Convention on the Rights of Persons with Disabilities**¹³⁶ (**Law No. 18 of 3 March 2009, Article 4**), which mandates targeted measures to ensure inclusion, rehabilitation, and participation¹³⁷.

In this way, the Italian model integrates **structural prevention, mandatory clearance, legal recognition, socio-assistential support, healthcare, and rehabilitation** — effectively translating into practice the pillars of victim protection and community resilience. This multilevel approach demonstrates how mandatory ordnance remediation and the protection of civilian victims can contribute not only to collective security but also to territorial development and urban reconstruction, positioning the Italian experience as an operational reference point in the international context.

¹³² Italy. (1947). Art. 3, *Costituzione della Repubblica Italiana* [Art. 3, Constitution of the Italian Republic]. *Gazzetta Ufficiale*, No. 298, December 27, 1947 (entered into force January 1, 1948).

¹³³ Italy. (2012). *Modifiche alla disciplina relativa agli interventi di bonifica degli ordigni bellici inesplosi* [Amendments to the regulations concerning unexploded ordnance clearance operations] (Law No. 177, October 1, 2012). [LEGGE 1 ottobre 2012, n. 177 - Normattiva](#)

¹³⁴ Italy. (2016). *Codice dei contratti pubblici* [Public Procurement Code] (Legislative Decree No. 50, April 18, 2016). https://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:decreto.legislativo:2016-04-18;50:Il_Codice_del_2016_è_stato_abrogato_e_sostituito_nel_2023.

¹³⁵ Italy. (1992). *Legge-quadro per l'assistenza, l'integrazione sociale e i diritti delle persone handicappate* [Framework Law for the assistance, social integration, and rights of persons with disabilities] (Law No. 104, February 5, 1992). [LEGGE 5 febbraio 1992, n. 104 - Normattiva](#)

¹³⁶ United Nations. *Convention on the Rights of Persons with Disabilities*, cit.

¹³⁷ Italy. (2009). *Ratifica ed esecuzione della Convenzione delle Nazioni Unite sui diritti delle persone con disabilità* [Ratification and implementation of the United Nations Convention on the Rights of Persons with Disabilities] (Law No. 18, March 3, 2009). [LEGGE 3 marzo 2009, n. 18 - Normattiva](#)

It is also worth noting that the Italian regulatory architecture did not emerge spontaneously but was promoted and shaped by the pioneering role of the **National Association of Civilian War Victims** (*Associazione Nazionale Vittime Civili di Guerra*, ANVCG)¹³⁸, founded in 1943 and officially recognized by the State as the representative body of civilian victims' interests. Through its action – elaborating political advocacy, building a collective identity, and defining war-related disability as an autonomous legal category – the modern figure of the “civilian war victim” as a rights-holder was born¹³⁹. The material assistance, legal protection, institutional mediation, and social support provided out by ANVCG have represented, and continues to represent, a concrete example of inclusive policies aimed at reducing systemic inequalities, transforming a condition of vulnerability into a pathway towards rights and full citizenship.

5.4 An Alternative Model: Disability, Justice and Human Development

Building on these reflections, an alternative model emerges that integrates justice, inclusion, and human development. In line with early strategic thinking by the ICRC, disability is recognized as a transversal dimension that links protection, development and justice¹⁴⁰.

First, civilian victims must be recognized as social actors and rights-holders. Second, disability becomes a critical lens revealing structural inequalities and institutional failures in contemporary conflicts. Third, inclusive policies serve as strategies of justice, combining material redistribution, political recognition and rights protection, consistent with Fraser's theory. Ultimately, the human development approach, grounded in Sen's capability theory, prioritises freedom and choice as accurate indicators of progress¹⁴¹.

¹³⁸ Associazione Nazionale Vittime Civili di Guerra, <https://www.anvcg.it/>

¹³⁹ Associazione Nazionale Vittime Civili di Guerra. (2016). *La tutela delle vittime civili di guerra in Italia*. L'Osservatorio: Centro di Ricerche sulle Vittime dei Conflitti.

<https://www.losservatorio.org/it/attivita/pubblicazioni/item/1137-la-tutela-delle-vittime-civili-di-guerra-in-italia>

¹⁴⁰ International Committee of the Red Cross. (2010). *Vision 2020: A strategy for the International Committee of the Red Cross on disability*. Geneva: ICRC.

¹⁴¹ Sen, A. (1999). *Development as freedom*. Oxford University Press.

Humanitarian disarmament, in this perspective, is not only a security policy but also a tool of preventive justice, strengthening civilian protection and creating space for inclusive development models¹⁴². Initiatives such as the Harvard “Disability and Disarmament” project and programs led by Cape Breton University illustrate how disarmament can advance social empowerment and civic participation¹⁴³.

5.5 Conclusions and Future Directions

This report has demonstrated how the study of civilian victimhood has evolved from a compassion-based paradigm centered on suffering to a multidimensional perspective that recognises victims as social actors embedded in power relations. Despite a rich **international legal framework, significant implementation gaps persist**, leaving the most vulnerable insufficiently protected. Conflict-related disability emerges as a form of structural vulnerability that affects social inclusion, employment, education and political participation, and signals institutional shortcomings and pre-existing inequalities.

An alternative model has been proposed, centered on the rights and **political agency of victims and on disability** as a critical category that unveils injustice and can serve as a lever for social change. The SDGs provide a practical global reference framework. However, their transformative potential depends on **moving beyond quantitative metrics** and ensuring political inclusion and social recognition for persons with disabilities in armed conflict.

Future priorities include **integrating disability considerations from the outset in post-conflict reconstruction**, strengthening legal frameworks on accessibility and social protection, and ensuring active participation of persons with disabilities in decision-making. **International partnerships** among civil society, disability networks, NGOs and multilateral institutions will be essential to harmonize responses and secure concrete commitments.

¹⁴² Docherty, B., Levine-Spound, D., & Osman, A. (2018, March 5-6). *Humanitarian disarmament: The way ahead – Conference summary*. Harvard Law School, International Human Rights Clinic. <https://humanrightscclinic.law.harvard.edu/wp-content/uploads/2022/10/HumanitarianDisarmamentConferenceReport.pdf>

¹⁴³ For the two initiatives, see: Harvard Law School Project on Disability. (February 18, 2025). Wading into the mainstream: Building disability rights bridges across institutional silos to strengthen the global sustaining peace agenda. <https://hpod.law.harvard.edu/news/entry/disability-disarmament-mainstream> hpod.law.harvard.edu e Cape Breton University. (April 7, 2021). *Disability and disarmament: A call for inclusion in global security*. <https://www.cbu.ca/about-cbu/accessibility/disability-and-disarmament/>

Recent global and regional conferences—such as Medellín (2014)¹⁴⁴, Amman (2019)¹⁴⁵, Phnom Penh (2023)¹⁴⁶ and Ljubljana (2024)¹⁴⁷—demonstrate that conflict-related disability is now recognized as a political and legal challenge that requires coordinated international action. Further efforts should focus on strengthening political participation, assessing the potential and risks of emerging technologies, and critically evaluating global development policies.

Ultimately, the challenge is not only to protect persons disabled by conflict but also to recognize them as protagonists of social and political transformation. Only then can we move beyond an assistance-based model towards a paradigm of inclusive justice capable of integrating peace, rights, the SDGs and human development.

¹⁴⁴ AP Mine Ban Convention (2014). *Building Bridges between Worlds: First Global Conference on Victim Assistance to victims of landmines, unexploded ordnance and improvised explosive devices*. Medellín, Colombia, April 3-4, 2014. https://www.apminebanconvention.org/fileadmin/_APMBC-DOCUMENTS/Meetings/2014/EUCD-Publication-Bridges-between-Worlds-First-Global-Conference-on-Victim-Assistance.pdf

¹⁴⁵ AP Mine Ban Convention (2019). *Fostering Partnerships: Global Conference on Assistance to Victims of Anti-Personnel Mines and Other Explosive Remnants of War, and Disability Rights*. Amman, Jordan, September 10–12, 2019.

¹⁴⁶ AP Mine Ban Convention (2023). *Third Global Conference on Assistance to Victims of Anti-Personnel Mines and Other Explosive Remnants of War, and Disability Rights*. Phnom Penh, Cambodia, October 17–19, 2023. Chairs' Summary. https://www.apminebanconvention.org/fileadmin/_APMBC-DOCUMENTS/Meetings/2023/2023-EUCD-Publication-Fourth-VA-Global-Conference-Chairs-Summary.pdf

¹⁴⁷ AP Mine Ban Convention & Government of Slovenia (2024). *European Regional Conference on Advancing Victim Assistance Implementation and Cooperation*. Ljubljana, Slovenia, August 27–29, 2024. <https://www.gov.si/en/news/2024-08-27-opening-of-european-regional-conference-on-advancing-victim-assistance-implementation-and-cooperation/>

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Victims of Anti-Personnel Mines and Other Explosive Remnants of War, and Disability Rights. Phnom Penh, Cambogia, 17–19 ottobre 2023. Chairs' Summary. https://www.apminebanconvention.org/fileadmin/_APMBC-DOCUMENTS/Meetings/2023/2023-EUCD-Publication-Fourth-VA-Global-Conference-Chairs_-Summary.pdf

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I ACRONYMS

ACLED	Armed Conflict Location & Event Data Project
AOAV	Action on Armed Violence
CMC	Cluster Munition Coalition
CRPD	Convention on the Rights of Persons with Disabilities
DDR	Disarmament, Demobilization and Reintegration
EWIPA	Explosive Weapons in Populated Areas
ICBL	International Campaign to Ban Landmines
ICRC	International Committee of the Red Cross
IHL	International Humanitarian Law
INEW	International Network on Explosive Weapons
MDGs	Millennium Development Goals
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian
OHCHR	Office of the High Commissioner for Human
PTSD	Post-Traumatic Stress Disorder
SDGs	Sustainable Development Goals
UCDP	Uppsala Conflict Data Program

UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
WHO	World Health Organization

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