

## **Social Determinants to Health: Youth in U.S. Based Armed Groups and Child Soldiers, a Human Rights Perspective**

**Nataka Moore, Psy.D<sup>a</sup>**

**Monique Link, M.S.W.<sup>a</sup>**

**Tiffany McDowell, Ph.D.<sup>a</sup>**

<sup>a</sup>Adler School of Professional Psychology  
17 N. Dearborn Chicago, IL 60602, USA.

### **Abstract**

*This article discusses how social conditions, cultural ethos and policies impact the mental health outcome of children in U.S. based armed gangs and child soldiers. Minority youth are disproportionately in gangs and enter the juvenile penal system. The penal system for juveniles fails to address pre-existing issues of abuse, and mental illness. Subsequently the overcrowded and poor conditions within the juvenile centers increase mental health problems. The focus on incarceration versus rehabilitation perpetuates problems and leads to worsening health disparities. By taking a human rights perspective and thus developing alternatives to costly punitive measures, mental health outcomes could improve among children vulnerable to gang influence as they do for child soldiers. This argument is very complex and this article's goal is to raise provocative discussion that might lead to more investigation on behalf of mental health professionals and human rights activist in addressing the rights of youth in this country.*

**Keywords:** Child Soldiers, Youth Gangs, Mental Health, Human Rights, Health Disparities, Social Determinants, Policy, Incarceration

### **1. Introduction**

The aims of this article are to discuss how social conditions, cultural ethos and policies impact the mental health outcome of children in U.S. based armed gangs and child soldiers. Minority youth (under the age of 18) are disproportionately in gangs and enter the juvenile penal system. The penal system for juveniles fail to address pre-existing issues of abuse, mental illness, and learning disabilities and with overcrowding and poor conditions with in juvenile centers mental health problems for the youth increase ( Desai et al, 2006). The focus on incarceration versus rehabilitation perpetuates problems and leads to worsening health disparities. By taking a human rights perspective and thus developing alternatives to costly punitive measures, mental health outcomes could improve among children vulnerable to gang influence as they do for child soldiers. This argument is very complex and this article's goal is to raise provocative discussion that might lead to more investigation on behalf of mental health professionals and human rights activist in addressing the rights of youth in this country.

### **2. Comparison of Child Soldiers and Youth in Gangs**

As supported in the literature, youth who are in U.S. gangs as a consequence to their illegal actions are often placed in jail and/or prison. The literature documents that while in prison there are few mental health services provided to the youth; even though research documents that youth in gangs show higher levels of psychological maladjustment and distress as compared to children who are not in gangs (Desai et al, 2006, Alleyne & Wood, 2010). In addition, as these youth are placed in prison, they are often given the diagnosis of conduct disorder, which implies that the etiology of the dysfunction is coming from within the child. In the United States, these children are often diagnosed with conduct and oppositional disorder, because of their acting out behavior, which according to the literature is difficult to treat.

Some leading researchers have begun to recognize that for many children and adolescents with these diagnoses, they may be difficult to treat because their primary diagnosis in actuality is not conduct disorder but Post Traumatic Stress Disorder (Cashel, Ovaert, & Holliman, 2000). Thus these children are experiencing psychological maladjustment in part due to extreme environmental conditions.

What would happen if people recognized that these children had PTSD as a primary diagnosis instead of conduct disorder? The conception of conduct disorder within the psychological field is often viewed as an internal personality defect and is therefore less amenable to treatment. PTSD on the other hand is a disorder that is caused by a traumatic event external to the person. To shed more light on this diagnosis, the ways mental health professionals conceptualize and treat the two disorders in children are vastly different. The general ethos is that children experiencing PTSD deserve psychological treatment and are victims of some unnatural experience. Children diagnosed with conduct disorder are viewed as potential criminals and when sentenced criminally are sent to juvenile jail for “rehabilitation”. The role of juvenile detention centers are primarily to keep the youth confined and safe and rehabilitation efforts are lacking or consist of minimal psychological or counseling services. This leaves juveniles with significant trauma and abuse histories under-treated and ill-equipped to deal with their mental health issues (Desai, 2006). Subsequent poverty and poor mental health will lead to physical and mental health disparities of this population.

Although we see many similarities and parallels between child soldiers and children in gangs, there is more support internationally to view child soldiers not as youth with conduct disorder but as traumatized youth (Breen, 2007, Beah, 2007, Singer, 2006)). While there is some controversy from the international arena of who and when a child is considered a child when engaged in armed conflict, there is a growing body of literature, research, and advocacy for child soldiers in changing the view of what represents culpability of the child soldier (Breen, 2007). The international literature views social determinants as major factors in how a child soldier can come to exist. Child soldiers represent a failure of society and adults to protect youth’s rights to not have to make these decisions (Singer, 2006).

In contrast to literature regarding youth in U.S. based armed groups; the international literature recognizes the crucial role that adult actors play in the recruitment of child soldiers. As a result, documents such as the United Nations Promotion and Protection of the rights of Children (2011) and the Paris Principles (2007) have declared that suppression/confinement for child soldiers should be the last option chosen over rehabilitation. The preferred international method of working with child soldiers is Disarmament, Demobilization and Reintegration (DDR). DDR is a method that recognizes the mental health needs of children in a multi-faceted way by addressing community, family, and individual intervention strategies using an ecological framework. DDR has been shown to be an effective intervention in addressing and enhancing the social and psychological health of ex-child soldiers (Williamson, 2006). This is an important strategy in reducing recidivism rates for these youth to rejoin with armed forces because they have been offered effective services and educational and job training opportunities as well. DDR as an intervention can close the health disparity gap that would exist for this population without treatment.

The literature rarely places focus on the role of adult actors in the recruiting of children within armed U.S. gangs. According to Sheldon et al (2008), the term “youth gang” refers to a neighborhood or street based youth group, generally in the range of 10-26. The way it is defined implies equal status of members across the age range and within itself shows the biases in how we understand children in gangs. A 26-year old is not the same as a 10-year old and to put them in the same category sends an explicit message as to the fact that there is no distinction between the two outer ranges of this group. The definition within itself ignores the leadership of adult actors in gangs. Within this definition an ethos is born that can influence millions in how they perceive and understand a group, and is consistent with the idea of punishing juveniles like adult criminals. The ethos given in this definition is that children in youth gangs are not able to be rehabilitated but are as criminally liable as the adult leaders and therefore should be treated as such. This definition is a social determinant that has the powerful effect of influencing how these youth are viewed and subsequently treated; thus having an impact on the health disparities of this population as well. In truth, most organized gangs are managed by adult leaders, which recruit vulnerable juveniles. Both child soldiers and youth in gangs are victims of adult leaders who take advantage of children for their own agenda.

They are both used as cheap labor for organized armed groups, and easier to manipulate. In addition to these similar circumstances, the literature points out that both groups come from vulnerable and unrepresented communities dealing with concentrated disadvantages. In the process, the children are exposed to trauma and abuse (Singer, 2006, Cashel et al, 2000).

It is relevant to note that children within the United States who commit a crime are imprisoned and in many cases legally treated as if they are adults. This is in stark contrast to other domestic laws drafted for the protection of children. In the U.S. we protect children who may experience abuse because we see this as involuntary. The line is blurred within U.S. policies of what constitutes a youth and when should youth be treated as a youth or an adult. Although most policies, in the U.S. lean toward incarceration as a consequence to juveniles offending, studies have shown that more Americans are starting to prefer to rehabilitate children if it works better than incarceration for future crime prevention, because research shows that in some cities recidivism rates are as high as 50%, thus showing suppression to be an ineffective and costly intervention (Charles Hamilton Houston Institute, 2008).

Many American politicians continue to support policies that support using suppression as a consequence to youth gang involvement as a political strategy; even though community residents feel current policies are ineffective (Charles Hamilton Houston Institute, 2008). Many political leaders assume that supporting policies that incarcerate youth is demonstrating that they are hard on crime even though it could be argued that by supporting policies that do not address the reasons why children join gangs in the first place is arguably being soft on crime. Supporting policies that ultimately are tied to other policies like employment and education that makes it more difficult for the youth to turn their lives around leads to recidivism, which means more crime is being soft on crime. Thus, the policies in place actually may support more crime which will continue the mental health disparities we see in adjudicated youth.

As a youth who has to serve life without parole said: “I am America’s child, you made me and now you want to sweep me under the rug” (Illinois Coalition for the Fair Sentencing of Youth, 2008) is a testament that if we are to change the treatment of youth in gangs to eliminate health and mental health disparities on this population, we are going to have to work on our policies to ensure that we began to tackle all policies and social conditions that fail to protect youth in our society while highlight their human rights as youth of our society.

### ***3. Conclusions and Recommendations***

- 1) The federal government should take an international human rights approach to children in gangs to develop national policies that would more fully address the prevalent mental health needs of children. Incarceration should be reserved for those juveniles who pose significant danger to citizens. Policies should be reformed at the macro-level. Dismantling policies such as life-without-parole sentences for juvenile as they disproportionately impact children of color and normalize the view of children as criminals beyond reform would be a first step.
- 2) Taking a strong approach in addressing the issues that promote children joining gangs is important (i.e., lack of social services in communities, poor education system, etc.). Moving toward reducing mass incarceration and eliminating laws that impede educational and employment opportunities after a person has served their time to reduce recidivism.
- 3) Address the impact of gangs on psychological health of communities and support programs that have empirically been proven as effective. A healthy community begets healthy individuals. Lastly, provide effective mental health services to the youth and their family.

## **References**

- Alleyne, E., Wood, J.L. (2010). *Gang involvement: Psychological and behavioral characteristics of gang members, peripheral youth, and nongang youth*. *Aggressive Behavior*, 36, pp. 423-436.
- Beah, I. (2007). *A long way gone: Memoirs of a boy soldier*. New York, NY: Sarah Crichton Books.
- Breen, C. (2007). *When is a child not a child? Child soldiers in international law*. *Human Rights Review*. pp. 71-100
- Cashel, M. L., Ovaert, L., Holliman, N. (2000). *Evaluating PTSD in incarcerated male juveniles with the MMPI-A: An exploratory analysis*. *Journal of Clinical Psychology*, 56(12), pp. 1535-1549
- Charles Hamilton Houston Institute for Race and Justice, Harvard Law School. (2008). *No more children left behind bars: A briefing on youth gang violence and juvenile crime prevention*.
- Desai, R., Goulet, J.L., Robbins, J., Chapman, J.F., Migdole, S., Hoge, M. (2006). *Mental health care in juvenile detention facilities: A review*. *Journal of American Academy of Psychiatry and the Law*. 34(2) pp. 204-214
- Illinois Coalition for the Fair Sentencing of Children. (2008). *Categorically less culpable: Children sentenced to life without possibility of parole in Illinois*. Retrieved from [http://webcast-law.uchicago.edu/pdfs/00544\\_Juvenile\\_Justice\\_Book\\_3\\_10.pdf](http://webcast-law.uchicago.edu/pdfs/00544_Juvenile_Justice_Book_3_10.pdf)
- The Paris Principles (2007, February). *Principles and guidelines on children associated with armed forces or armed groups*.
- Sheldon, R., Tracy, S., & Brown, W. (2004). *Youth gangs in American society*, 3<sup>rd</sup> ed. Belmont, CA: Wadsworth, Cengage Learning.
- Singer, P.W. (2006). *Children at war*. Berkeley, CA: Pantheon Books.
- United Nations General Assembly Security Council (2011, April). *Promotion and protection of the rights of children: Children and armed conflict*.
- Williamson, J. (2006). *The disbarment, demobilization and reintegration of child soldiers: Social and psychological transformations in Sierra Leone*. *Intervention: The International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 4(3), pp. 185-205.