



Investigating the roles of children in gangs based on psychological perspectives

Ramona Birău, Ph.D

Constantin Brâncuși University of Târgu Jiu, Faculty of Economics and Business
Administration, Romania
rbirau@yahoo.com

Gabriel Birău, M.Ed.

National College "Tudor Arghezi", Tg-Cărbunești, Romania
gabirau@yahoo.com

Abstract

The main objective of this paper is to investigate the roles of children in gangs based on psychological perspectives. The position of children (adolescents and young persons) in gangs is increasing as importance and it represents a major challenge especially in terms of globalization. In other words, the perception of normality implies certain deviations from generally accepted behavioral norms. Therefore it is rather impossible to provide generally applicable solutions for every particular case of juvenile delinquency.

Keywords: *children in gangs, criminal activity, juvenile delinquency*

1. Introduction

The Convention on the Rights of the Child which is an international treaty that recognizes the human rights of children, defined as persons up to the age of 18 years. According to the United Nations Children's Fund (UNICEF) the children have the: right to adequate nutrition, right to education, right to health, right to participate, right to protection and right to clean water. Moreover, UNICEF is the world's leading advocate for children, with very significant presence in over 190 countries.



On the other hand, the American Academy of Child and Adolescent Psychiatry suggested that there are certain risk factors that can lead children and adolescents to join a gang, especially in the context of globalization, such as:

- „ - Growing up in an area with heavy gang activity.
- A history of gang involvement in the family (family members who are current or former gang members).
- A history of violence in the home.
- Too little adult supervision.
- Unstructured free time, particularly during after-school hours and on the weekends.
- A lack of positive roles models and exposure to media (television, movies, music) that glorifies gang violence.
- Low self esteem.
- Sense of hopelessness about the future because of limited educational or financial opportunity.
- Underlying mental-health issues or behavioral disorders, such as oppositional defiance disorder (ODD) and attention-deficit/hyperactivity disorder (ADHD).”

Jones (2013) investigated certain aspects regarding youth gangs and street children and suggested that : “Gangs tend to be the preoccupation of criminologists, sociologists and possibly political scientists, whereas street children tend to be the subject of researchers with backgrounds in social policy, psychology and geography.” **Scott (2014)** suggested that “...a youth’s violent and aggressive attitudes will vary depending on if the youth has never spent time in an institutional gang, is currently in one, or is a former institutional gang member....“.

Bridges (1927) examined the factors contributing to juvenile delinquency and suggested that : “ each juvenile offense is the outcome of a complexity of causes, some of whose origins date back years before the committal of the offense and others whose origins are more obviously and immediately connected with the act of delinquency.” Moreover, the author argued that every case of juvenile delinquency has some individual motivations based on a different set of causes.

Jones (2012) argued based on arguments that “Juvenile gang convictions proliferate, but the foundation of such prosecutions is precariously and improperly based.” **Cox (2011)** investigated the emergence of youth gangs in the UK “in order to determine whether the media is fuelling a moral panic which in turn has led to inappropriate responses by the government and can have negative effects on the youths”. **Esbensen et al. (2001)** disseminated issues concerning youth gangs phenomenon based on a sample of approximately 6.000 middle-school students in order to reveal the significance of a “consistent definitions for gang affiliation and gang-related crime”.

Furthermore, **Bridges (1927)** highlighted the influence of certain major categories of factors : physical factors, mental factor, home conditions, school conditions, neighborhood conditions and occupational condition. The author proposed the following classification of *physical factors*, ie : malnutrition, lack of sleep, developmental aberrations, sensory defects, speech defects, endocrine



disorders, deformities, nervous diseases, other ailments, physical exuberance, drug addiction and effect of weather.

Mental factors include the following issues : mental defect, superior intelligence, psychoses, psychoneuroses, psychopathic constitution (including emotional instability), abnormalities of instinct and emotion, uneven mental development, obsessive imagery and imagination, mental conflicts, repression and substitution, inferiority complex, introversion and egocentrism, revengefulness (get-even complex), suggestibility, contra-suggestibility, lethargy and laziness, adolescent emotional instability, sex habits and experiences, habit and association. On the other hand, Bridges also suggested that the influential factor established as “**home conditions**” includes the following aspects : unsanitary conditions, material deficiencies, excess in material things, poverty and unemployment, broken homes, mental and physical abnormalities of parents, or siblings, immoral and delinquent parents, ill-treatment by foster parents, step-parents, or guardians, stigma of illegitimacy, lack of parental care and affection, lack of confidence and frankness between parents and children, deficient and misdirected discipline, unhappy relationship with siblings, bad example, foreign birth or parentage, "superior" education of children. The **school conditions** is an important factor which includes certain issues such as : inadequate school building and equipment, inadequate facilities for recreation, rigid and inelastic school system, "the goose-step", poor attendance laws and lax enforcement, wrong grading, unsatisfactory teacher, undesirable attitude of pupil towards teacher, bad school companions and codes of morals. In addition, **neighborhood conditions** include the following matters: lack of recreational facilities, congested neighborhood and slums, disreputable morals of the district, proximity of luxury and wealth, influence of gangs and gang codes, loneliness, lack of social outlets, over stimulating movies and shows. Finally, the last category of **occupational conditions** is based on several issues such as: irregular occupation, occupational misfit, spare time and idleness, truancy, factory influences, monotony and restraint, decline in the apprenticeship system. Nevertheless, the previous classification allows a number of additions and completions in order to provide a comprehensive framework on juvenile delinquency.

Heredity has a strong connection with the spread of juvenile crime, but not as a direct effect and thus transferable, i.e. on the contrary, rather indirectly through psychosomatic disorders and other physical abnormalities that facilitate its emergence. Physiological factors highlight as representative expression the endocrine system that significantly influences behavioral nature and its forms of manifestation, including aggressiveness, violence, crime and so on. Intellectual disabilities also have an important role in the expression of juvenile delinquency. Recent research of a growing global interest on juvenile delinquency revealed that mental weakness and intellectual disability (mental retardation, sub average intelligence) suggests a direct connection with the increase of certain categories of offenses such as verbal and physical aggressions. In other words, mental and moral backwardness have strong influence on the growth of juvenile offenders phenomenon, in particular regarding affiliation to a criminal gang. In another train of thoughts, the affective disorders also represent an important issue in the analysis of juvenile delinquency. Therefore, the lack of emotional maturity, affective instability or serious mood



dysregulation can be causes of severe mental disorders that may lead to committing certain offenses.

The temperament includes a set of in-born personality characteristics and describes the children's emotional development based on his reaction and approach to the world. The traditional literature highlights the following categories of temperament, ie choleric, melancholic, sanguine, and phlegmatic temperaments. Statistically, the choleric temperament is more prone to acts of aggression compared with introverts who have a melancholic or phlegmatic temperament.

According to The World Youth Report 2003, Official Report of the Secretary-General, delinquent and criminal behaviour among young people, as they negotiate the transition from childhood to adulthood in an increasingly complex and confusing world, is a issue of great current interest. Moreover, the same official report provides a quantitative approach of the juvenile delinquency phenomenon. Consequently, the statistics demonstrate a strong upward trend of juvenile crimes and this issue was already very alarming since the early 90s. Thus, the report also highlights that in Western Europe, the number of arrests of juvenile delinquents and under-age offenders increased by an average of around 50 per cent between the mid-1980s and the late 1990s.

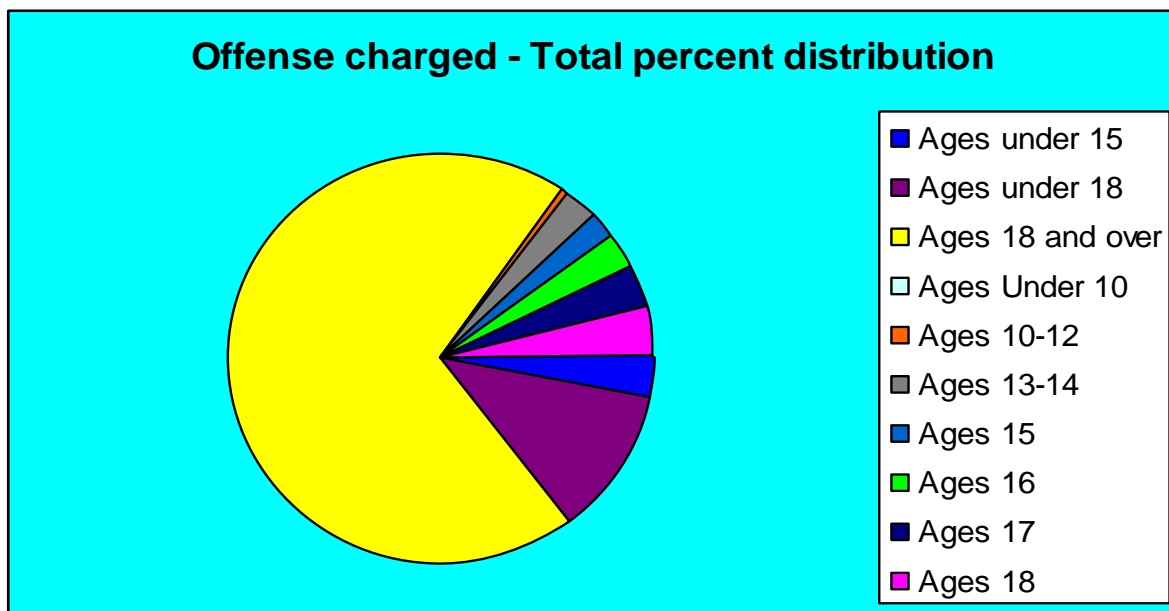


Fig. 1 Offenses charged committed by juveniles in 2009

Source : U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division, Crime in the United States, 2009, Official Report - September 2010



In September 2010, The U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division has provided some detailed statistics (data from 12,371 agencies) on criminal activity in the previous year (in 2009 the estimated population of US was 239,839,971 people). Technically, the criminal activity includes a variety of offenses, such as : murder and nonnegligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, arson, violent crime, violent crime, property crime, other assaults, forgery and counterfeiting, fraud, embezzlement, stolen property (buying, receiving, possessing), vandalism, weapons (carrying, possessing, etc), prostitution and commercialized vice, sex offenses (except forcible rape and prostitution), drug abuse violations, gambling, offenses against the family and children, driving under the influence, liquor laws, drunkenness, disorderly conduct, vagrancy, all other offenses (except traffic), suspicion, curfew and loitering law violations, runaways and others.

Violent crimes are offenses of murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. Property crimes are offenses of burglary, larceny-theft, motor vehicle theft, and arson. According to official statistics, in 2009, 44.3 percent of persons arrested for arson were juveniles. In addition, more than half, ie 58.8 percent of juveniles arrested for arson were under age 15 which is a very young age.

Table 1 Offenses charged - Total percent distribution per groups of ages

Offenses charged committed by juveniles in 2009									
under 15	under 18	18 and over	under 10	10-12	13-14	15	16	17	18
3,8 %	14,1%	85,9%	0,1%	0,8%	2,9%	2,7%	3,5%	4,1%	4,8%

Source : U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division, Crime in the United States, 2009, Official Report - September 2010

3. Behavioral deviations of the children with high intelligence

In literature, the term high intelligence is used along with a variety of similar expressions such as : above average intelligence, intellectual giftedness, superior intelligence, brilliant mind and others. The childhood period provides early signs of superior intelligence. However, sometimes a child with a beautiful mind feels lost and the most facile solution is the adherence to a gang. It is easy to understand that the concept of high intelligence crystallizes itself between a gift and a



curse. A rhetorical question may however provide an appropriate answer. Is above average intelligence a prerequisite for failing to achieve a level of self-sufficiency?

The concept of above average intelligence and its implications are very difficult to express in a concise definition. Technically, there is no generally agreed definition of this human feature that characterize a relatively low percentage of people. Maybe there are too many meanings of the term and this variability can not be compressed very accurate. However, a trivial definition of the concept of above average intelligence includes in most cases only the bright dimension of the phenomenon. Unfortunately, there are various downsides of superior intelligence and intrinsic effects are very complex. Despite the rhetorical approach, above average intelligence implies the existence of certain negative side effects. The inability to integrate in a mediocre majority provides as a significant alternative the need for solitude and self introspection.

Barchmann and Kinze (1990) provided a very interesting comparative analysis between highly intelligent patients and average intelligent patients. The clinical results were very conclusive ie highly intelligent patients have been distinguished by “better performances of concentration, more reflexive style of study, better school notes and more favourable motor capabilities, less pronounced signs of anxiety and neuroticism, but also a poorer social adaptation and less favourable effects of treatment”.

Paradoxically, a brilliant mind hides sometimes ugly truths due to social maladjustment. Metaphorically, children (or teenagers) with above average intelligence is a sensitive issue, a mixture between the myth of human perfection and perpetual feeling of incomplete achievements. Despite the apparent existential advantages, the basic syntagma “never good enough” is highly suggestive for children with great level of intelligence. Simple things or common aspects of daily life are insufficient for them. Moreover, the age specific activities are perceived as too trivial, uninteresting and boring so that the existential hole is becoming increasingly profound. Consequently, the prospect of being a member of a gang can become extremely attractive for a young boy or girl with high intelligence. However, this possibility is even more dangerous considering the extremely diverse methods in which they can channel their intelligence in order to commit or to facilitate the occurrence of criminal activity.

4. The position of children with mental retardation in gangs

Mental retardation is not a curable disease or even a disease in the true sense which have a rather predictable cause. Theoretically, there are a number of factors that influence the basic diagnosis of mental retardation, such as biological (genetic causes), social, behavioral, cultural, religious and educational. In other words, mental retardation is the final state due to cumulative contribution of several causes such as : genetic abnormality, brain injury, severe trauma, disorders of the vascular system, degenerative diseases, critical illness, sepsis infection (especially at infants, newborns). However, a very accurate diagnosis is difficult to establish



regarding the causes of the onset of mental retardation. Developmentally, children with mental retardation in gangs is a vulnerable element of global society. Mentally retarded children are vulnerable victims being extremely easy to exploit in order to commit crimes and illegal activities.

According to the United Nations Children's Fund (UNICEF) : "Children with disabilities are one of the most marginalized and excluded groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, they are effectively barred from realizing their rights to healthcare, education, and even survival. Estimates suggest that there are at least 93 million children with disabilities in the world, but numbers could be much higher. They are often likely to be among the poorest members of the population. They are less likely to attend school, access medical services, or have their voices heard in society. Their disabilities also place them at a higher risk of physical abuse, and often exclude them from receiving proper nutrition or humanitarian assistance in emergencies."

According to the Individuals with Disabilities Education Act (IDEA), the learning disability (LD) is more than a "difference" or "difficulty" with learning, it's a neurological disorder that affects the brain's ability to receive, process, store and respond to information, considering the fact that it has a considerable influence on each individual child, adolescent and adult. Moreover, IDEA as national special education law defines mental retardation as following : "...significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance" - 34 Code of Federal Regulations §300.7(c)(6).

The National Dissemination Center for Children with Disabilities – NICHCY - provides a complete definition on mental retardation, ie the medical concept used when "a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills." Unfortunately, these intellectual deficiencies is a major obstacle to normal development of the child. On the other hand, The National Dissemination Center for Children with Disabilities – NICHCY - identified several of the most common causes of mental retardation, ie : genetic conditions, problems during pregnancy, problems at birth and health problems.

Gardner (1971) investigated the behavior modification in mental retardation based on the education and rehabilitation of the mentally retarded adolescent and adult. **Kumar, Singh and Akhtar (2009)** investigated the social development of children with mental retardation on the strength of their low intellectual growth and inability to cognitive function at a normal capacity in society (considering the severity level of retardation). The authors assert that mental retardation is "one of the most distressing handicaps in any society" but this intellectual pathological feature has a significant negative influence on social development. Moreover, mentally retarded children or young people with intellectual disability must be supported in order to achieve a more integrated small size community and even global society.



Smith, Greenberg, Seltzer and Hong (2008) investigated the symptoms and behavior problems of adolescents and adults with autism based on effects of mother-child relationship quality, warmth and praise. The authors suggested that: “In populations at-risk for behavior problems, family processes, including positive maternal affective expression, have been consistently hypothesized as potential mechanisms in behavioral development.” The family support based on affective expressions, is very important if not even fundamental on the development of children or adolescents with autism spectrum disorder. In addition, the literature identifies several categories of mental retardation, depending on the severity of the condition, i.e.: mild retardation, moderate mental retardation, severe mental retardation and profound mental retardation.

Esbensen, Mailick and Silverman (2013) examined the long-term impact of parental well-being on adult outcomes and dementia status in individuals with down syndrome. Moreover, the authors suggested that the family cohesion and parental characteristics are very important on the development of children with Down syndrome and dementia. In this regard, the basic need to predict behavioral biases is essential considering that: “Better health was predicted by prior measures of maternal depressive symptoms, paternal positive psychological well-being, relationship quality between fathers and their adult children, and improvements in maternal positive psychological well-being”.

5. Sexual exploitation of children in gangs

Protecting children from sexual exploitation in gangs is a topic of great current interest, especially in the context of globalization. Moreover, sexual exploitation of children in gangs represents a growing social problem due to its severe implication on long term. In this regard, authorities should seriously engage in combating this phenomenon, along with other social partners, namely family, school, community, child welfare organizations and so on.

The definition of sexual exploitation as stated in ST/SGB/2003/13 achieves very high interest meanings, ie “The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.” (UN Secretary-General’s Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13)). Moreover, “the term sexual abuse means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.” (UN Secretary-General’s Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13)).

The National Working Group for Sexually Exploited Children and Young People (NWG Network, 2008) provided a comprehensive definition on sexual exploitation of children and young people (both young boys and young girls), ie : “The sexual exploitation of children and



young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive “something” (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and / or others performing on them, sexual activities. Child sexual exploitation can occur through use of technology without the child’s immediate recognition, for example the persuasion to post sexual images on the internet / mobile phones with no immediate payment or gain. In all cases those exploiting the child / young person have power over them by virtue of their age, gender, intellect, physical strength and / or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.”

Batchelor (2009) suggested that girls and young women can be sexually exploited by male gang members, but even for other dangerous reasons such as for hiding drugs and weapons. The author's research reveals that “group involvement can be both rewarding and destructive for girls”.

Pearce (2009) investigated the issue of young people (children) sexual exploitation based on a wide range of causes and reasons, such as : economic inequality, family imbalances caused by drugs, alcohol and mental health problems, critical position (inherent suffering) to be in the care of local authorities, personal disequilibrium problems caused by low self-esteem, self-harming behaviour and emotional deficiencies on attachment. Moreover, the author's analysis was focused on the idea of “protecting sexually exploited children and young people from abuse through specialist targeted child protection interventions and safeguarding children boards... ”

Lalor (2010) have discussed interesting issues regarding children sexual abuse, certain connection between later sexual exploitation and high-risk sexual behavior, including prevention and treatment programs. The author suggested that: “... sexual abuse victims are vulnerable to later sexual revictimization, as well as the link between child sexual abuse and later engagement in high-risk sexual behaviour. Survivors of child sexual abuse are more likely to have multiple sex partners, become pregnant as teenagers, and experience sexual assault as adults.”

6. The high risk of exposure to drugs and violence for children in gangs

According to World Drug Report 2006, approximative 200 million people or 5 per cent of the world’s population aged between 15 and 64 years have used drugs at least once in the previous 12 months. Of all illicit drugs, cannabis remains by far the most widely used illicit drug. Moreover, the number of cannabis consumers in the world surpassed the 160 million mark in 2005 and is now estimated at some 162 million people, or 4 per cent of the world’s population in the 15 - 64 age group. The number of opiate users in the world remains stable



at around 16 million people (of which 11 million people abuse heroin).

Table 6.1 : Extent of drug use for the years 2004 / 2005

	All illicit drugs	Cannabis	Amphetamine-type stimulants		Opiates	of which heroin	Cocaine
			Amphetamines Ecstasy	Amphetamines Ecstasy			
(million people)	200	162.4	25	9.7	15.9	11.3	13.4
in % of global population age 15-64	4.9 %	3.9 %	0.5 %	0.2 %	0.4 %	0.3 %	0.3 %

The annual prevalence is a measure of the number / percentage of people who have used an illicit drug at least once in the 12 month – period preceding the assessment. The annual prevalence estimate is derived from national survey results and extrapolations from partial information on the drug situation in the various countries.

Sources: UNODC, Annual Reports Questionnaire data, National Reports, UNODC estimates.

Note: As drug users frequently take more than one substance (poly-drug use), the world total for all illicit drugs together is not equal to the sum of the estimates for each individual drug group.

On the other hand, the World Drug Report 2013 (United Nations Office On Drugs And Crime, Vienna) suggested that as general framework, the global drug use situation has remained stable. However, the increase in the annually estimated number of users is, to a large extent, a reflection of an increase in the world population. Practically, the trends in new emerging routes for trafficking of drugs and in the production of illicit substances indicate that the continent of Africa is increasingly becoming rather vulnerable to the drug trade and organized crime. Moreover, the World Drug Report 2013 highlighted that new data reveal that the prevalence of people who inject drugs and those who inject drugs and are also living with HIV in 2011 was lower than previously estimated, ie 14.0 million people between the ages of 15 and 64 are estimated to be injecting drugs, while 1.6 million people who inject drugs are living with HIV. This reflects a 12 per cent decline in the number of people who inject drugs and a 46 per cent decline in the number of people who inject drugs that are living with HIV since the 2008 estimates.



At the global level, the road traffic injuries are the second most common cause of death for persons between 5 and 29 years of age. Around 90 per cent of those deaths occur in low- to middle-income countries. The World Health Organization estimates that 1.2 million people die annually from traffic-related injuries and predicts that, by 2030, traffic accidents will be the fifth leading cause of death. Driving under the influence of drugs or alcohol is a powerful predictor of traffic-related deaths. The World Drug Report 2013 revealed the fact that it becomes particularly risky when the two are combined.

In another train of thoughts, according to the United Nations Children's Fund (UNICEF), prevent conflict and violence, children and youth (minors) should follow several behavioral directions, such as :

a) identify and implement peaceful solutions for resolving conflict (e.g., problem solving, decision making, critical thinking, coping with stress, coping with emotions, communication skills, interpersonal relationship skills);

b) identify and avoid dangerous situations (e.g., critical thinking, problem solving, decision making);

c) evaluate violent solutions that appear to be successful as depicted in the media (e.g., critical thinking);

d) resist pressure from peers and adults to use violent behaviour (e.g., problem solving, decision making, critical thinking, coping with stress, coping with emotions, communication skills, interpersonal relationship skills);

e) become a mediator and calm disputants (e.g., self awareness, problem solving, decision making, critical thinking, coping with stress, coping with emotions, communication skills, interpersonal relationship skills);

f) help prevent crime in their community (e.g., problem solving, decision making, communication skills, coping with emotions);

g) reduce prejudice and increase tolerance for diversity (e.g., critical thinking, coping with stress, coping with emotions, communication skills, interpersonal relationship skills);

7. HIV and AIDS infections among children in gangs

The acronyms in the title represent the Acquired Immune-Deficiency Syndrome (AIDS) and the Human Immune-deficiency Virus (HIV). According to **WHO – World Health Organization**, which is the directing and coordinating authority for health within the United Nations system, 2.1 million adolescents were living with HIV in 2012 (World AIDS Day 2013). Moreover, the statistics provided by WHO revealed that at the end of 2013, 11.7 million people were receiving ART, ie antiretroviral therapy, in low - and middle - income countries, considering the fact that this represents 36% [34–38%] of the 32.6 million [30.7–34.8 million] people living with HIV in low - and middle - income countries.



According to the United Nations Children’s Fund (UNICEF) - Children and AIDS - Sixth Stocktaking Report, 2013, in low - and middle – income countries, about 260,000 new infections among children occurred in 2012, but on the other hand, between the year 2005 and 2012, more than 850,000 HIV infections in children were prevented in low - and middle - income countries. The most significant part of new HIV infections among children aged 0–14 years were geolocated in Eastern and Southern Africa (130,000) and West and Central Africa (98,000), followed a long way behind by South Asia (15,000) and East Asia and the Pacific (7,900), and then by all other regions, which reported fewer than 3,000 new infections each in 2012.

Brooks et. al. (2011) investigated the controversial issues of HIV testing behaviors, perceived vulnerability and correlates of HIV sexual risk behavioral patterns of Latino and African American young male gang members, particularly in Los Angeles, California. Furthermore, the authors suggested that young members of a gang are quite exposed to HIV infection considering the fact that “both male and female gang members report earlier age of sexual debut than their non-gang counterparts and higher rates of sexual activity”.

An earlier study of **Inciardi and Surratt (1998)** revealed that a large number of children in Brazil, ie 7 and 8 million children with ages between 5 and 18 live, work and / or on the streets of urban Brazil. Likewise, the authors stated that the “risk of exposure to HIV is rapidly becoming a topic of concern due the large number of street youths engaging in unprotected sexual acts, both remunerated and nonremunerated”.

Hellandendu (2012) investigated the issue of contributory factors to the spread of HIV / AIDS in Sub-Saharan African countries which is one of the most afflicted and threatened region. In other words, the author reflects a disturbing framework regarding the very rapid expansion of HIV / AIDS infections in Africa due to “a more congenial social, political and economic environment for survival... created by, among other vices, economic disorganization, poverty and the sexually permissive youth sub-culture that has emerged from the culture of poverty”.

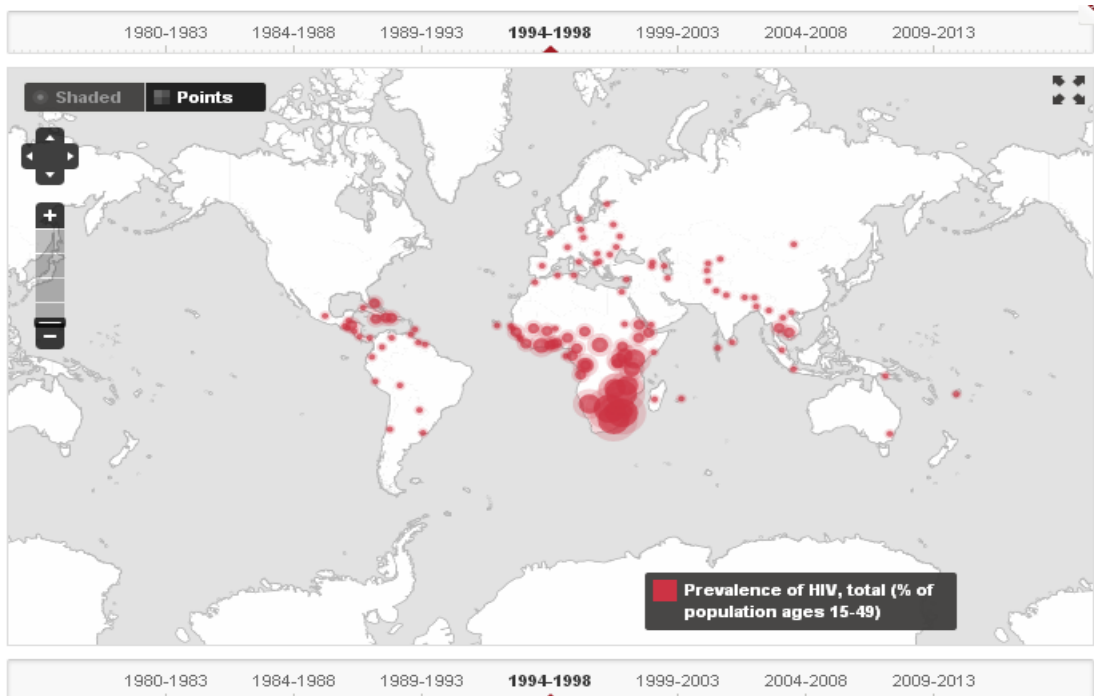
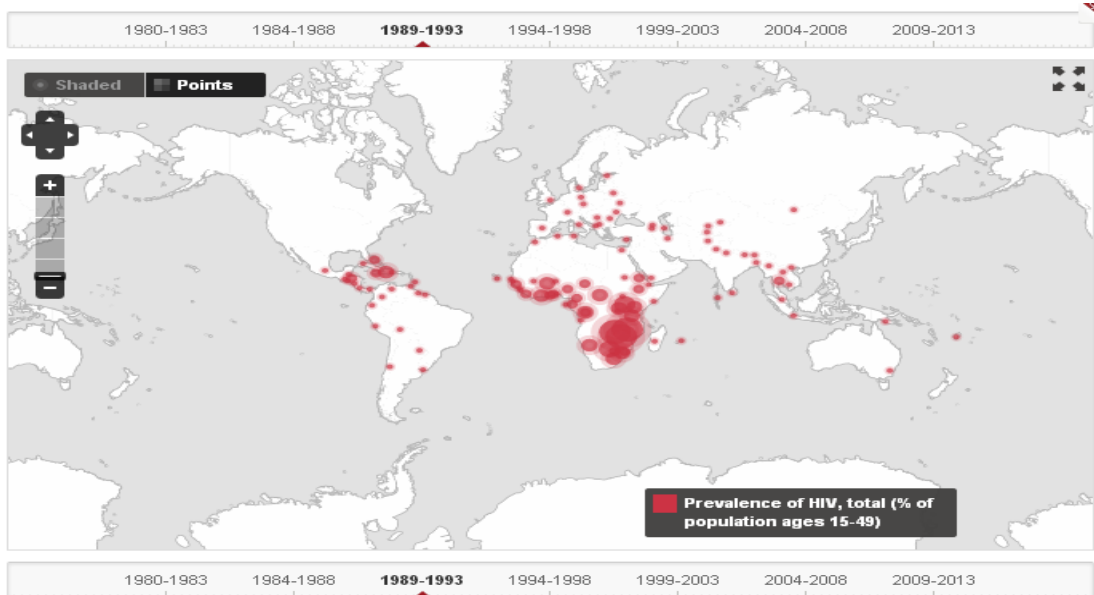
The prevalence of HIV refers to the percentage of people ages 15-49 who are infected with HIV.

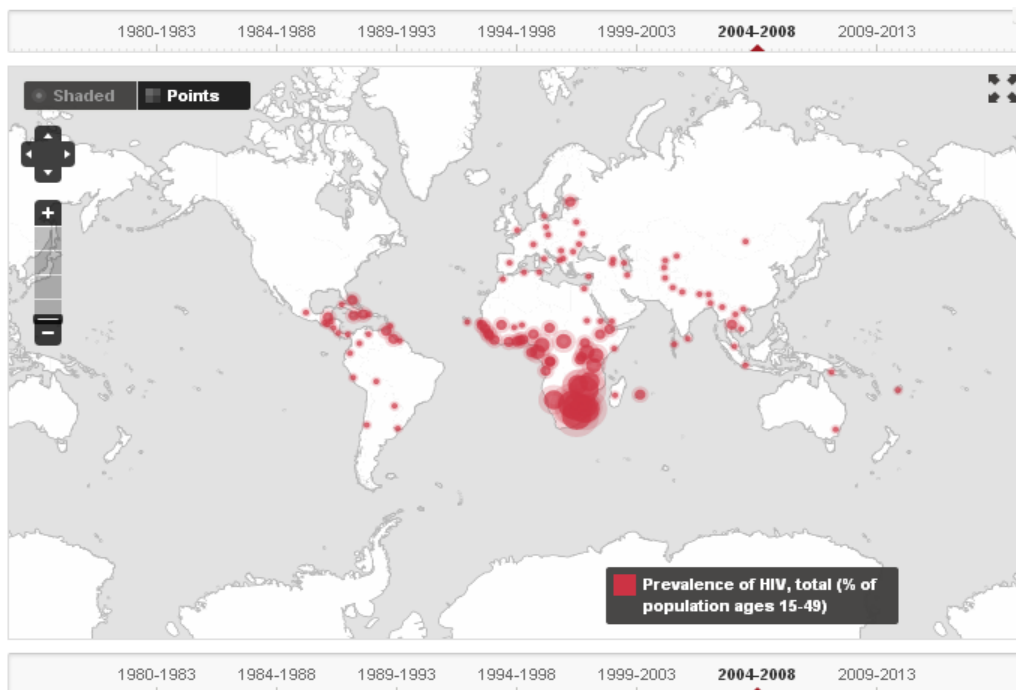
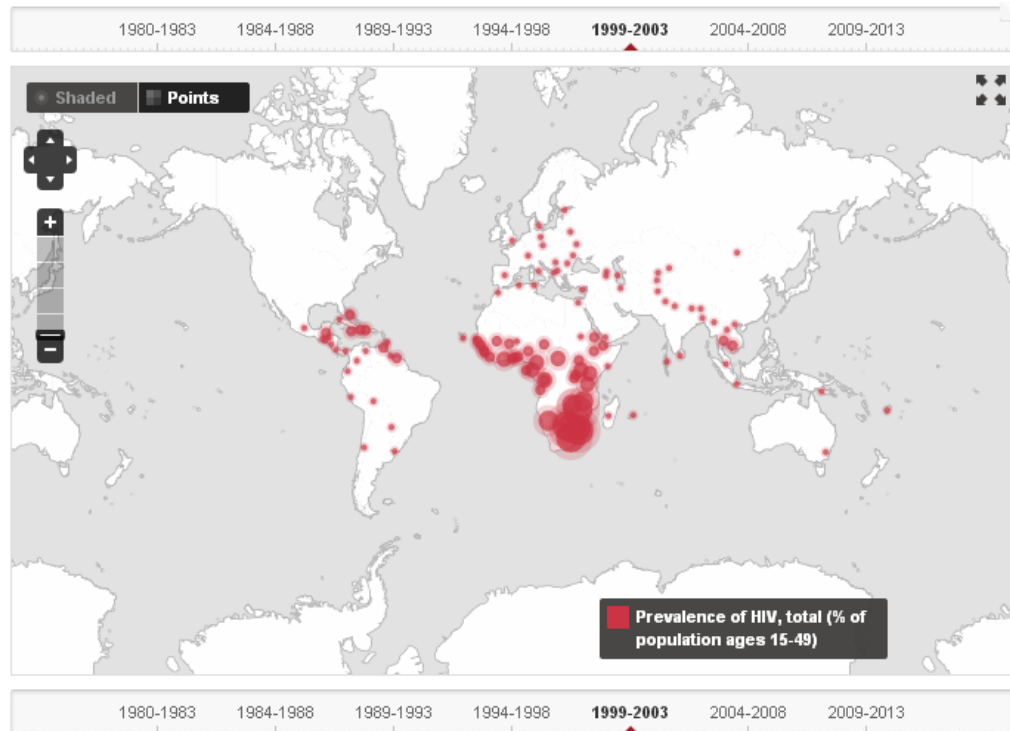
Mudingayi, Lutala and Mupenda (2011) investigated the HIV knowledge and sexual risk behavior among street adolescents. The authors suggested that street children are exposed to several threats, including sexually transmitted infections (STIs), but unfortunately, in spite of that “accurate knowledge on HIV/AIDS is necessary, ie by no means a sufficient condition for the consistent adoption of protective behaviors”.

According to the AIDS.gov approach, highest number of HIV- positive children under the age of 13 are infected during pregnancy, childbirth or breastfeeding. Moreover, children with HIV suffer the usual childhood infections more frequently and more severely than uninfected children, considering the fact that I such infections can cause recurrent colds, fever, diarrhea,



dehydration, fungal infections (including persistent diaper rash), pneumonia, seizures, along with several specific issues which can generate nutritional problems.





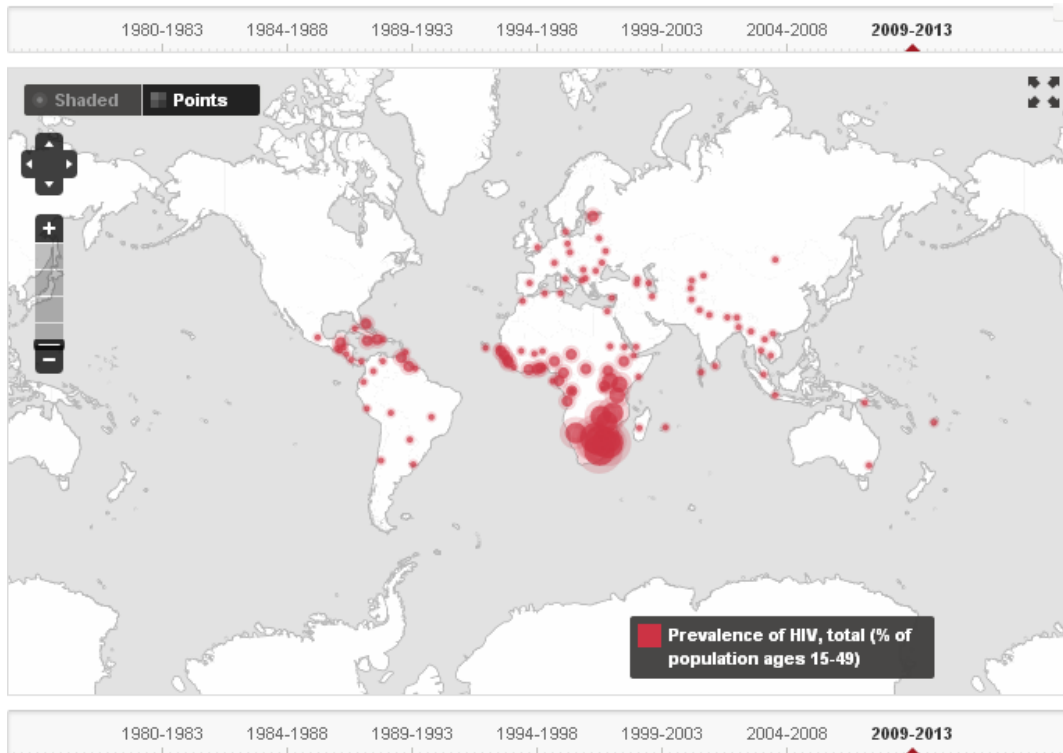


Fig. 7.1 Prevalence of HIV, total (% of population ages 15-49)
Source : World Bank, Data – Indicators - Maps

The World Drug Report 2013 (United Nations Office On Drugs And Crime, Vienna) suggested that the decline in the global number of people who inject drugs and people who inject drugs and are living with HIV is in part due to the comprehensive set of interventions implemented by some countries. This holds the promise that with an increased coverage and scale up of services for prevention of HIV among people who inject drugs, the targets set out in the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS adopted by the General Assembly in 2011, can be attained. It has to be noted, however, that to a large extent the decline is also due to new or revised estimates available from countries. Practically, of the estimated 14.0 million (range: 11.2 million to 22.0 million) people who inject drugs worldwide, UNODC estimates that 1.6 million (range 1.2 million to 3.9 million) are living with HIV. In conclusion, this perspective provide the informations about the global prevalence of HIV of 11.5 per cent among people who inject drugs.

According to the **United Nations Children’s Fund (UNICEF)**, in the most affected countries, HIV / AIDS is debilitating not only health, but social, economic and cultural systems. Its symptoms are clearly felt throughout the education sector, affecting both the capacity to supply schooling services and demand on the current formal system. The net impact is impaired quality



and equality of education, particularly where teachers are affected by family trauma or AIDS-related illness themselves, where families lose purchasing power, and where fewer resources are available to support services and infrastructure.

7.1 Preventing HIV Transmission from Mother to Child

The World Health Organization - WHO highlighted the progress made in terms of preventing mother-to-child transmission and keeping mothers alive, considering that in 2013, close to 7 out of 10 pregnant women living with HIV, ie 970 000 women, received antiretrovirals (ARVs). Moreover, the issue of HIV and AIDS infection represents a global problem with severe implications, in particular in the case of low- and middle-income countries.

According to the AIDS.gov approach, the diagnosis of HIV-positive represents the exposure to the Human Immunodeficiency Virus (HIV) and that two HIV tests—a preliminary enzyme immunoassay (EIA) test and a confirmatory Western blot test—have both come back positive for antibodies to HIV. However, it is very important to note that a female person can also pass the virus along to her sexual partners, but even to her unborn child.

8. Family and its major impact on children's decisions

The National Gang Center (NGC) provides the so - called *Parents' Guide to Gangs* in order to have a significant contribution to the reduction gang-related crime and violence based on national leadership. In addition, the National Gang Center (NGC) highlights certain behaviors of children or adolescents associated with joining a gang, such as :

- ***Negative changes in behavior*** (detachment from family, secretive attitude, decrease in school performance, undue delay, unjustified negative opinions about certain issues such as school, local authorities, church and so on);

- ***Unusual interest in certain colors of clothing or a particular logo;***

- ***Interest in gang-influenced music, videos and movies;***

- ***Use and practice of hand signals to communicate with friends;***

- ***Peculiar drawings or gang symbols on schoolbooks, clothing, notebooks, or even walls.***

- ***Drastic changes in hair or dress style***

- ***Withdrawal from longtime friends***

- ***Suspected drug use***

- ***The presence of firearms, ammunition or other weapons.***

- ***Nonaccidental physical injuries***

- ***Unexplained cash or goods***

Particularly, early adolescent years, ie 12–14 years of age is a very vulnerable period.



The American Academy of Child and Adolescent Psychiatry suggested that the role of parents is crucial in decreasing the risk of children to be part of a band and become involved in certain illegal activities. Moreover, parents can perform the following activities in order to help their children (or adolescents), ie :

- “- Closely monitoring where their child is and what they are doing.
- Involving them in extracurricular activities such as afterschool programs, or athletics, art, community organizations or religious groups.
 - Meeting their children's friends and their parents.
 - Not allowing children to wear, write, or gesture any gang-associated graffiti, markings, signs, or symbols.
 - Educating their child about the potential negative consequences of gang involvement and criminal behavior.
 - Letting the children to know that gang members can end up injured, dead or in jail.”

9. The global economic impact of youth gangs

According to FTSE Country Classification as at September 2013 (the latest official report), there are the following four categories of countries, ie developed, advanced emerging, secondary emerging and frontier. *Developed countries* include (in alphabetical order) : Australia, Austria, Belgium/Luxembourg, Canada, Denmark, Finland, France, Germany, Greece, Hong Kong, Ireland, Israel, Italy, Japan, Netherlands, New Zealand, Norway, Portugal, Singapore, South Korea, Spain, Sweden, Switzerland, UK and USA. *Advanced emerging countries* comprise : Brazil, Czech republic, Hungary, Malaysia, Mexico, Poland, South Africa, Taiwan, Thailand and Turkey. *Secondary emerging countries* include : Chile, China, Colombia, Egypt, India, Indonesia, Morocco, Pakistan, Peru, Philippines, Russia and UAE. *Frontier countries* category consists of : Argentina, Bahrain, Bangladesh, Botswana, Bulgaria, Côte D'ivoire, Croatia, Cyprus, Estonia, Ghana, Jordan, Kenya, Lithuania, Macedonia, Malta, Mauritius, Nigeria, Oman, Qatar, Romania, Serbia, Slovakia, Slovenia, Sri Lanka, Tunisia and Vietnam.

Birău (2014) suggested that economic and social conditions differ from one emerging country to another so that marketing strategies need to consider these issues since it involves making some important adjustments. Consequently, international marketers must strictly consider the dominant culture of a society, particularly the cultural and cross-cultural variations. In several emerging countries, rapid population growth is a pressing issue with major implications on long term in terms of available resources. On the other hand, science and technology development level is extremely fragile and in some particular cases, far too low compared to the developed countries evidence. In recent past, beyond certain progresses, technology is still underdeveloped despite the fact that it has been growing quite fast over the last several years. Moreover, the infrastructure is also very poorly developed which makes it more difficult to implement traditional marketing strategies.



10. Conclusions

This article aims to provide a comprehensive framework on a problem of high current interest, i.e. the roles of children in gangs based on psychological perspectives. Moreover, the main purpose of this research article is to investigate the social implications of a controversial concept such as the children with deviant behavior due to strong socio-economic factors. The organic intention to fill certain intrinsic holes provides a redundant insight on a priori assumed human condition. Nevertheless, the fine line between abnormality and normality lead to highlighting some significantly different behavioral patterns. Sometimes is just a matter of context that above average intelligence is correlated with an emotional handicap, sometimes it is just a truth without preconditions. Beyond the fascination of an incomprehensible destiny, a general framework may provide certain psychological or medical explanations.

References

1. Barchmann, H., Kinze, W. (1990), "Behaviour and achievement disorders in children with high intelligence", *Acta Paedopsychiatrica*, 53(2), pp.168 - 172
2. Batchelor, S. (2009) "Girls, Gangs and Violence: Assessing the Evidence", *Probation Journal*, Volume 56, Number 4, pp.399 - 414
3. Bridges, K.M.B., (1927), "Factors Contributing to Juvenile Delinquency, *Journal of Criminal Law and Criminology*", Volume 17, Issue 4, pp. 531 – 580
4. Birău, R., Birău, G., (2014 a) "Premature school abandonment and its long-term economic consequences in developing countries : A case study for Romania", *International Journal of Business Quantitative Economics and Applied Management Research (IJBEMR)*, Volume 1, Issue 2, pp. 1 - 10, ISSN : 2349-5677
5. Birău, R., Birău, G., (2014 b) „A comparative statistical analysis on the educational system in European countries : An economic perspective”, *International Journal Of Core Engineering & Management (IJCEM)*, Volume 1, Issue 4, pp. 1-14, ISSN: 2348 9510
6. Birău, R. (2014) "Implementing E-marketing In Emerging Countries: A Fine Line Between Advantages And Disadvantages?", *International Journal Of Core Engineering & Management (IJCEM)*, Volume 1, Issue 2, pp. 10-13, ISSN: 2348 9510
7. Brooks, R.A., Lee, S.J., Stover, G.N., Barkley, T. W., (2011), "HIV testing, perceived vulnerability and correlates of HIV sexual risk behaviours of Latino and African American young male gang members", *Int J STD AIDS*, (January 2011), vol. 22, no. 1, pp. 19 - 24
8. Cox, A. (2011) "Youth gangs in the UK: myth or reality?", *Internet Journal of Criminology*, ISSN 2045-6743 (Online), pp. 1 - 24, - This Dissertation is submitted in part-fulfilment of the degree of Bachelor of Arts (Honours) Criminology, Nottingham Trent University, Division of Criminology, Public Health and Policy Studies, BA (Hons) Criminology, May 2011



9. Dib, C.Z, (1987) Formal, non-formal and informal education: Concepts/applicability, Presented at the “Interamerican Conference on Physics Education”, Oaxtepec, Mexico, 1987, Published in “Cooperative Networks in Physics Education – Conference Proceedings 173”, American Institute of Physics, New York, 1988, pp. 300-315
10. Esbensen, A.J., Mailick, M.R, Silverman, W., (2013) “Long-term Impact of Parental Well-Being on Adult Outcomes and Dementia Status in Individuals With Down Syndrome”, American Journal On Intellectual And Developmental Disabilities, Vol. 118, No. 4, pp. 294 – 309
11. Esbensen, F.A., Winfree Jr., L. T., He, N., Taylor, T.J., (2001), “Youth Gangs and Definitional Issues: When is a Gang a Gang, and Why Does it Matter?”, Crime & Delinquency , vol. 47, no. 1, pp. 105 - 130
12. Gardner, W.I., (1971), “Behavior Modification in Mental Retardation: the Education and Rehabilitation of the Mentally Retarded Adolescent and Adult”, Transaction Publishers, People with mental disabilities, 371 pages
13. Hellandendu, J. M. (2012), “Contributory factors to the spread of HIV/AIDS and it impacts in Sub-Saharan African countries”, European Scientific Journal June edition, vol. 8, No. 14, ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431, pp. 144 - 156
14. Inciardi, J. A, Surratt, H. L., (1998), “Children in the Streets of Brazil: Drug Use, Crime, Violence, and HIV Risks”, Substance Use and Misuse Journal, Vol. 33, Issue 7, pp. 1461 - 1480
15. Jones, A.G., (2013) “Youth Gangs and Street Children: Culture, Nurture and Masculinity in Ethiopia”, European Journal of Development Research, 25, pp. 322-324
16. Jones, E. N., (2012), “Questioning a Juvenile's Capacity for Criminal Liability in Street Gangs Post - J. D. B. v. North Carolina”, Volume 32, Number 4, Child, Legal Rts., J. 1, pp. 1 - 21
17. Kumar, I., Singh,A.R., Akhtar, S., (2009), “Social development of children with mental retardation”, Industrial Psychiatry Journal, 18 (1): pp. 56 – 59
18. Lalor, K., (2010), Child Sexual Abuse, Links to Later Sexual Exploitation / High-Risk Sexual Behavior, and Prevention / Treatment Programs, Trauma Violence Abuse October 2010, vol. 11, no. 4, pp. 159 - 177, first published on August 2, 2010 (Department of Social Sciences, Dublin Institute of Technology)
19. Mudingayi, A., Lutala, P., Mupenda, B., (2011) “HIV knowledge and sexual risk behavior among street adolescents in rehabilitation centres in Kinshasa, DRC: gender differences”, The Pan African Medical Journal, ISSN 1937 - 8688, pp. 10 – 23
20. Nielsen, L., (2011) Classifications of Countries Based on Their Level of Development: How it is Done and How it Could be Done, IMF Working Paper, Strategy, Policy, and Review Department, International Monetary Fund
21. Pearce, J.J., (2009), “Young People and Sexual Exploitation: 'It's Not Hidden, You Just Aren't Looking””, Routledge Cavendish, Health & Fitness, New – York, 192 pages, ISBN 0-203-87418-8 Master e-book
22. Rettew, D. (2013), “Child Temperament: New Thinking About The Boundary Between Traits and Illness”, W. W. Norton & Company, ISBN 978-0-393-70730-4, 288 pages



23. Scott, D.W., (2014), “Attitude is everything: Youth attitudes, gang involvement, and length of institutional gang membership”, Group Processes & Intergroup Relations 1368430214548285, first published on September 17, 2014
24. Smith, L. E., Greenberg, J. S., Seltzer, M. M., Hong, J., (2008), “Symptoms and behavior problems of adolescents and adults with autism: Effects of mother-child relationship quality, warmth, and praise”, Waisman Center, University of Wisconsin-Madison, American Journal on Mental Retardation, volume 113, number 5, pp. 387 – 402.
25. *** - <http://www.unicef.org/> - The United Nations Children’s Fund (UNICEF) is the main UN organization defending, promoting and protecting children’s rights.
26. *** - <http://undesadspd.org/Youth.aspx> - United Nations, Department of Economic and Social Affairs (DESA) - Economic and Social Council (ECOSOC)
27. *** - <http://undesadspd.org/WorldYouthReport/2003.aspx> - The World Youth Report 2003, Report of the Secretary-General (Official document: A / 58 / 79 & E / CN. 5 / 2003 / 4)
28. *** - <https://www2.fbi.gov/ucr/cius2009/arrests/index.html> - U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division
29. *** - <https://www.unodc.org/unodc/en/data-and-analysis/WDR-2006.html> United Nations Office on Drugs and Crime (UNODCCP), 2006
30. *** - <http://nclld.org/disability-advocacy/learn-ld-laws/idea/what-is-idea> - The Individuals with Disabilities Education Act (IDEA)
31. *** - http://clsf.info/Articles/NICHY_mental_retardation.pdf - National Dissemination Center for Children with Disabilities – NICHY Disability Fact Sheet—No. 8
32. *** - <http://www.nwgnetwork.org/> - The National Working Group for Sexually Exploited Children and Young People
33. *** - <http://www.un.org/en/pseataaskforce/index.shtml> - Site developed and designed by the PSEA Task Force in collaboration with the UN Web Services Section of the Department of Public Information © United Nations 2010
34. *** - <http://data.worldbank.org/> - The official website of the World Bank
35. *** - <http://www.aacap.org/> - the official website of the American Academy of Child and Adolescent Psychiatry
36. *** - <http://www.nationalgangcenter.gov/> - The official website of the National Gang Center (NGC)
37. *** - <http://www.aids.gov/> - AIDS.gov - This is an official U.S. Government website managed by the U.S. Department of Health & Human Services.
38. *** - http://www.childrenandaids.org/files/str6_full_report_interactive_29-11-2013.pdf - The United Nations Children’s Fund (UNICEF) - Children and AIDS - Sixth Stocktaking Report, 2013
39. *** - http://www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf - World Drug Report 2013, United Nations Office On Drugs And Crime, Vienna, ISBN: 978-92-1-148273-7, e-ISBN: 978-92-1-056168-6
40. *** - <https://www.unodc.org/unodc/en/data-and-analysis/WDR-2006.html> World Drug Report 2006