



The Recruitment of Children by the UK Armed Forces

A Critique from Health Professionals



About Medact

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Front cover photo:

https://commons.wikimedia.org/wiki/File:British_Army_Royal_Military_Academy_Sandhurst_trains_on_7th_Army_Joint_Multinational_Training_Command%E2%80%99s_Grafenwoehr_Training_Area_Germany_140709-A-HE359-255.jpg
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War and conflict are major causes of human suffering. They also cause environmental degradation, contribute to global warming, perpetuate inequalities and undermine democracy.

Health professionals have a long history of being engaged with various aspects of armed conflict in a positive manner. This has included providing humanitarian relief, facilitating ceasefires and the cessation of conflict, promoting disarmament and peacebuilding, and providing impartial evidence on the perpetration of war crimes.

Medact grew out of the medical peace movement and is the UK affiliate of the Nobel Laureate 'International Physicians for the Prevention of Nuclear War' (IPPNW). Today, Medact continues to promote disarmament, seek the abolition of nuclear weapons, and reduce the power and influence of the global military-industrial complex. We promote the universal right to health as a platform for peacebuilding and more effective international diplomacy and cooperation.



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Medact is the UK affiliate of the International Physicians for the Prevention of Nuclear War (IPPNW)

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Foreword

The UK stands apart from most countries worldwide in recruiting children into the armed forces. This needs to change. Most people and many bodies concerned with the rights and protection of children think that the minimum age for consent to enter the armed force should be eighteen years.

In this report, we describe the biological and physiological reasons why children should not be encouraged to make a decision to join the armed forces. 16 and 17 year olds (and to a lesser extent, many young adults as well) are still maturing emotionally and intellectually. This period of development is characterised by more impulsive and emotionally driven decision-making, which is only tempered by cognitive and rational decision-making processes further on in the developmental trajectory.

On top of this, this report describes how military recruitment is concentrated among 16 and 17 year olds who may be particularly vulnerable to marketing techniques and materials that glamorise war, and fall short of being comprehensively truthful about life in the military.

All too often, the claim is made that military life can be good for troubled adolescents. The argument is that the military can provide discipline and a sense of purpose for individuals who may be struggling with education, or who are engaged in self-harming or antisocial behaviour. There are two things wrong with this viewpoint. First, there is evidence that military life may be harmful to the health and wellbeing of those recruited as adolescents. Second, there are other ways to support adolescents who are struggling with their education and social situation, and if the military is presented as the only viable option, then the recruitment of under 18s cannot be considered to be consensual.

This report is focused on the wellbeing of children, and particularly those that are recruited into the military. But by challenging this practice, it also speaks to a wider issue of how the military interacts with our school systems and society more generally.

In our view, the UK's over-reliance on the use of military force to ensure national security is misguided, and results in part from an over-militarised culture that crowds out the need to use preventative measures to combat the threat of war and violent conflict. Indeed, the peace agenda has become all the more important owing to a growing recognition that national security cannot be achieved in isolation of a global security that meets the basic needs of all countries, and all peoples.

As the world shrinks and the earth degrades, national security will only be achieved if we are more intentional and forward thinking about seeking peace, preventing violent conflict and promoting equity. We know from the scientific literature that the determinants of peace include, among other things, democratic governance; gender equity; strong legislation on arms control; and tolerance across religious, ethnic and national divides.

If we invested more in the disciplines of conflict transformation, peacebuilding and peace education, developing positive peace initiatives across all strata of society, more children would recognise that military force is not the only way to secure their future. In the meantime, it's time to join all other permanent members of the UN Security Council and end the recruitment of children into the armed forces.

Dr David McCoy

Director of Medact, medical doctor, public health physician and academic

“I am concerned that those recruited into the armed forces as children are more likely to die or be injured in action, and more at risk of mental health illnesses, than adult recruits. This report convincingly argues against the recruitment of children and sends a clear message to the health community that they must speak out against this dangerous and outdated practice.”

**Ben Griffin,
Veterans for Peace UK**

Introduction

The United Kingdom is one of a small number of countries worldwide to recruit children (defined as any person under the age of 18^{*}) into the armed forces. It is the only country in Europe and the only permanent member of the United Nations (UN) Security Council to recruit 16 year olds.^{2,3} Despite the prohibition of deployment of minors to war zones, the UK deployed at least 8 under 18s to war zones in error between 2005 and 2010.^{2,4,5}

In recent years, a wide variety of experts, groups, and organisations have strongly recommended that the Ministry of Defence raise the minimum recruitment age with immediate effect. These include multiple UN and UK parliamentary bodies^{2,6,7,8} such as the UN Committee on the Rights of the Child,⁹ the UK's Joint Committee on Human Rights,¹⁰ the Equality and Human Rights Commission,¹¹ and the Child Rights International Network (CRIN).¹² Other calls for a rise in recruitment age have come from major British children's organisations,¹³ human rights groups,¹⁴ many faith groups,¹⁵ individual MPs from across the political spectrum,^{16,17} and veterans themselves.¹⁸ According to a nationwide poll conducted in 2014, 77% of the general public support a rise in the recruitment age to 18.¹⁹

In this report, we set out the health case for banning the recruitment of children into the UK armed forces, and raising the minimum recruitment age to at least 18 years with immediate effect. Our case is broadly based on two main concerns:

First: Those recruited into the armed forces as children have a greater chance of being deployed on the frontline and suffering from long-term physical and mental health problems when compared to those recruited as adults.

Second: The current practices of the UK armed forces for recruiting children do not meet the criteria for 'voluntary and informed consent'.

By setting out this case, we challenge the argument that the culture of discipline within the armed forces is the most appropriate pathway for troubled teenagers who have suffered from a disordered or difficult home and family life. We contend that it is not the best way to protect vulnerable individuals from being drawn towards criminal or other self-destructive activity.²⁰ Instead, we argue that such children are better served by being offered alternative forms of social support and development, including through vocational pathways which are likely to present fewer risks to long-term health and fewer concerns over full and informed consent.

* According to The United Nations Convention on the Rights of the Child (1989), which has been ratified by the UK, a child is a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.¹

Background information

Recruitment: What are the current rules?

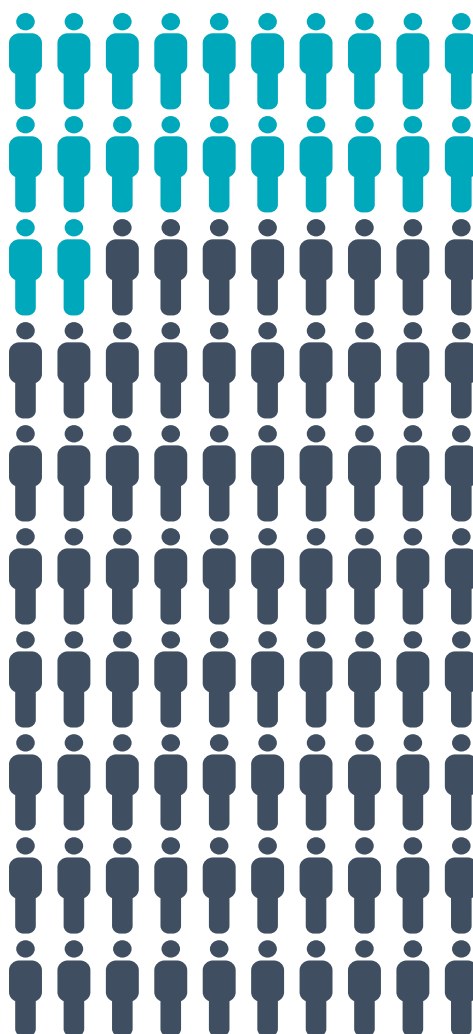
All information about military recruitment policy in this section is taken from the 'Ministry of Defence Terms and Conditions of Service' – available online here: <http://www.army.mod.uk/documents/general/TermsOfService.pdf>²¹

Enlistment into the British armed forces has been voluntary since the 1960s, when National Service ended. Today, the armed forces can accept applications from individuals aged 15 years and 7 months or more, with a view to enlisting successful candidates on or close to their 16th birthday.²² In the financial year 2015 – 2016, 22.2% of recruits into the UK army were under the age of 18.²³

When recruited into the armed forces, children are initially not permitted to leave for a period of six weeks, beginning from their first day. They cannot leave during this time even if their parents or guardians inform the army that their children wish to come home. They may only be granted permission to leave at the discretion of their commanding officers.²¹

After this initial period, and before six months have passed since their first day, children have the right to give 14 days' notice in writing to their commanding officer. Following these six months, children have the right to give three months' notice until they reach the age of 18. This period of three months can only be reduced if both the child and their commanding officer agree.²¹ As soon as they reach their 18th birthday, and if six months have passed from the date they enlisted, recruits in the army have no 'discharge as of right' until they turn 22.²¹

22 out of every 100 UK army recruits are under 18



Adolescence: An important but vulnerable period

The Royal College of Paediatrics and Child Health describes adolescence as the “period between childhood and adulthood, largely bounded by 10 and 20 years of age, characterized by rapid development in psychological, social and biological domains.”²⁴

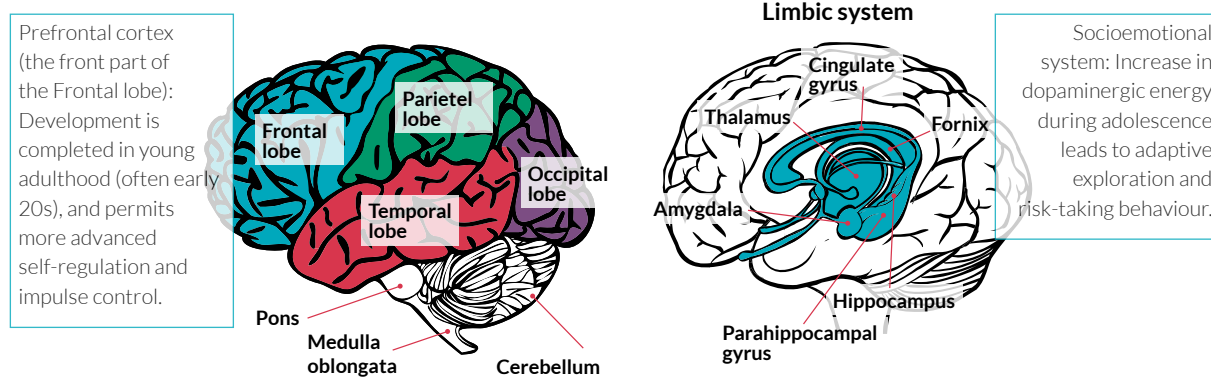
The actual pace and pattern of physical, psychological and social development varies not just from one individual to another, but also across different socio-cultural settings. However, there is evidence that significant changes occur between the ages of 16 and 18 years, and that further change continues for several years beyond the age of 18 years in many individuals.^{25 26 27}

Cognitive neuroscientists have described two distinct neurobiological systems which undergo changes during adolescence: a ‘socio-emotional’ system in the limbic region of the brain; and a ‘cognitive control’ system located in the prefrontal cortex.²⁸ The interaction between the changes in these two systems is central to the healthy social and emotional development of adolescents as they become adults.²⁹ However, the process is also associated with risks and vulnerabilities that can translate into unhealthy outcomes.

An underlying cause of these risks and vulnerabilities is a mismatch in the development of the socio-emotional and cognitive control systems.³⁰ More specifically, the arousal of the socio-emotional system during early adolescent development precedes the structural maturation of the cognitive control system and its connections to areas of the socio-emotional system.³¹ The former involves a dramatic increase in dopaminergic activity which leads to increases in reward-seeking behaviour and which stimulates adolescent risk-taking behaviour.³¹

The cognitive control system also undergoes dramatic change during adolescence when the prefrontal cortex region of the brain experiences a decline in grey matter volume due to synaptic pruning.²⁷ The change involves the maturation of cognitive control which produces more advanced self-regulation and impulse control, as well as the development of a number of cognitive functions involved in longer-term planning, conscious decision-making, and self-awareness.³² However, the development of the cognitive control system begins later and is more gradual, taking longer than the development of the socio-emotional system. Recent evidence suggests that the development of the prefrontal cortex is not completed until young adulthood, often the early 20s.³³

The adolescent and young adult brain



Thus, while adolescent risk-taking behaviour is being stimulated by the arousal of the socioemotional system, the cognitive control system is still developing. This helps explain certain features of adolescent behaviour, most notably their greater preoccupation with immediate social rewards and risk-taking behaviours.

However, the changes and developmental processes involving the adolescent brain, including the process of *synaptic pruning* which affects learning, memory and cognition abilities, are malleable and influenced by the external environment and social experiences of the adolescent.^{30 34 35 36} Because of its enduring effects on the trajectory of development, this period of neural plasticity is a critical time of vulnerability but also of opportunity.³⁷

In most normal and healthy situations, social experimentation and risk-taking behaviour can help adolescents learn and develop essential skills and knowledge in preparation for adulthood.²⁹ By contrast, poverty, home instability, lack of community resources, reduced social connections, neglect, trauma and other forms of childhood adversity can impair the development of cognitive skills and educational attainment, among other things.³⁸ The prefrontal cortex is particularly sensitive to high stress environments which may retard development and undermine complex decision-making capacity at later stages of adolescence.^{39 40}

The effect of emotional and social drivers on adolescent development may be particularly manifest in teenage decision-making and their concerns with identity development and formation, with 'fitting in' with social groupings, and in working out what they should do when they leave school.^{41 42} Social identity theory posits that an individual's self-concept is shaped by both intrinsic characteristics (such as personality traits) and social identities formed by the groups that teenagers belong to or identify with.⁴³

A crucial stage of psychosocial development involves confusion between 'identity' and 'role' during which an individual seeks to form both a social and occupational identity.⁴² But this developmental process may not be fully resolved until late adolescence or early adulthood, making a teenager's search for an identity particularly vulnerable to outside influence.⁴¹

In sum, adolescent decision-making is more likely to be influenced by emotional and social drivers and rewards than that of adults,^{31 44} and to be biased towards risk-taking. This is pertinent when it comes to making decisions with long-term implications, such as signing up to the armed forces. Individual and environmental risk factors, combined with adolescent neurobiological changes, can lead to some adolescents being more vulnerable to external pressure and influence than others, and making decisions that are neither fully informed nor understood.

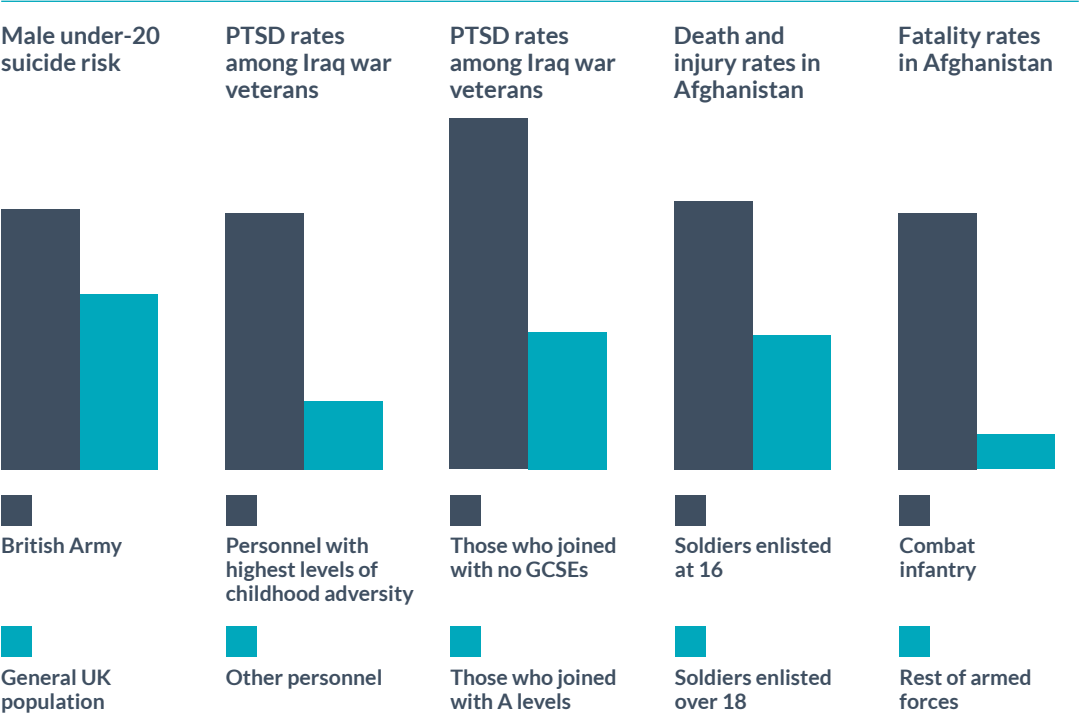
Health Impacts

The short and long-term physical and mental health effects of a career in the armed forces are varied and complex. One clear trend in the available research is that military personnel, and in particular those who are younger and from disadvantaged backgrounds, are at a higher risk of some mental health problems than their matched demographic counterparts in the general population.

Before describing these negative health impacts further, it is worth emphasising that once they have turned 18, personnel who were recruited as children into the UK army are more likely to end up in frontline combat roles (which carry the greatest mental and physical health risks) than those who were recruited as adults.^{45 46 47}

Higher Fatality and Injury Rates

As personnel who were recruited as children are more likely than adult recruits to end up in frontline combat, they have an increased likelihood of experiencing some form of physical or psychological trauma, and of being killed.^{45 47 48} The fatality rate of the (frontline) combat infantry in Afghanistan was seven times higher than that in the rest of the armed forces.⁴⁶ Soldiers who enlisted at the age of 16 were approximately twice as likely to be killed or injured in Afghanistan when compared to soldiers who enlisted above the age of 18.⁴⁹



Post-Traumatic Stress Disorder

Exposure to combat is a risk factor for Post-Traumatic Stress Disorder (PTSD) and other mental disorders, particularly among younger personnel^{47 50 51 52 53} and individuals with pre-existing psychosocial vulnerabilities and mental health conditions.⁴⁶

Among Iraq War veterans in the UK, personnel with the highest levels of childhood adversity were nearly four times more likely to screen positive for PTSD compared to those without such a background (7.2% vs. 1.9%).⁴⁶ Similarly, studies of Vietnam War veterans in the United States indicate that young age at enlistment and young age at entry into a frontline combat role were both associated with higher rates of mental illness, even after controlling for other age related variables such as the degree of combat exposure.^{54 55 56}

Alcohol Misuse

Rates of alcohol misuse are considerably higher in the UK armed forces than in the general population. The relative frequency of hazardous drinking among military men is nearly twice as high as that in the general population, and three times higher for military women.⁵⁷ Young age is particularly associated with alcohol misuse in the UK armed forces.⁵⁸

Self-Harm and Suicide

Self-harm and suicides in the UK armed forces are more common among younger personnel and exceed rates for young civilians.^{59 60 61} Although overall rates of suicide are lower in the UK armed forces than in the general population,⁵⁷ there is a 64% increased risk of suicide among young men (under the age of 20) in the Army when compared to the general population.⁶² Young veterans (aged 16-24) or early service leavers are also at an increased risk of suicide when compared to the general population. Between 1984 and 2013, under 20 army male suicide risks were 47% higher than under 20 male suicide rates in the general population.⁶² These findings are mainly a result of a higher prevalence of pre-service vulnerabilities amongst young recruits to the armed forces.⁵⁷

Poor educational opportunities

A large body of evidence shows a strong positive relationship between education and health.⁶³ In the armed forces, educational under-achievement is a marked risk factor for PTSD as well as other common mental disorders, alcohol misuse, aggressive behaviour and violence.⁶⁴ One study found a PTSD rate of 8.4% among Iraq War veterans who had joined the armed forces with no GCSE qualifications, compared to 3.3% among those with A levels.⁴⁶

The Army's provision of education for children is based upon 'Functional Skills' qualifications rather than GCSEs. 'Functional Skills' are one of the lowest educational qualifications offered in the UK, and cover elementary numeracy and literacy for completing basic everyday tasks.⁶⁵ By providing these qualifications only, the Army chooses to fall short of recommended minimum standards for the 16 to 18 age group, which is the attainment of a GCSE C grade in Maths or English.^{66 67} A low level of education offered to children in UK military training is also likely to have negative implications for future social and employment prospects upon return to civilian life.⁶⁸

Consent – Voluntary and Informed?

Minimum age rules for children are a means for society to protect children from decisions and activities that may be harmful to them, or others. In the UK, you cannot legally buy alcohol or cigarettes until you are eighteen. You cannot drive until you are seventeen. But you can be recruited into the armed forces aged sixteen.

In the NHS, the minimum age for individual consent for a medical procedure is sixteen.⁶⁹ But for this consent to be valid, it must also be voluntary and informed, and the person consenting must have the capacity to make an informed decision. For the decision to be voluntary, it must be made without undue influence or pressure from others. For it to be informed, all known information with respect to consequent benefits, risks and alternatives must be provided in a way that can be understood and internalised as part of a decision-making process.

In the NHS, patients are also entitled to withdraw consent to treatment at any time, unlike in the Army where once a child recruit reaches the age of 18, s/he can be locked into a contract for several years.

More importantly, many of the pre-conditions for voluntary and informed consent are not being met. This is primarily because marketing and recruitment practices do not involve the provision of balanced information, and because much of the recruitment targets vulnerable children from socially disadvantaged backgrounds.^{70 71} In 2008, the UN Committee on the Rights of the Child expressed concern that the UK's 'active recruitment policy' of minors may consist of the targeting of children who come from vulnerable groups, and called on the MoD to review its policy.⁹

Many children who are recruited into the armed forces have poor or no GCSE qualifications. In 2004, for example, the Ministry of Defence stated that Army recruits had an average of 0.9 of a GCSE (at grade C or above).⁷² The Army requires only that recruits have Entry Level 2 literacy and numeracy qualifications (the national school curriculum equivalent for attainment at ages 7-9).[†] However, despite this policy, in 2015 the Army was shown to have enlisted recruits with literacy skills at Entry Level 1 (equivalent to the reading age of a 5-7 year old).⁷⁴

According to a study of state secondary schools in Greater London which were visited by army recruiters between September 2008 and April 2009, children from the most socio-economically disadvantaged backgrounds were contacted more often by Army recruiters than other children.⁷⁵

As would be expected given the concentration of recruitment in socio-economically disadvantaged areas, a high proportion of armed forces recruits have a history of adversity in their childhood. A 2007 study of men in the armed forces found that 37.5% had previously encountered problems with the police, 17.9% had been suspended or expelled from school, and 9.7% reported having been regularly hit by a parent or care-giver as children.⁷⁶ Experiences of childhood adversity are particularly common among Army recruits when compared to recruits in other forces. The proportion of young people from disadvantaged backgrounds is higher in the Army than in either the RAF or the Navy.⁷⁷

[†] According to the Literacy Trust, adults below Level 1 (two steps above Entry Level 2) 'may not be able to read bus or train timetables or check the pay and deductions on a wage slip.'⁷³

The concentration of recruitment among children from socio-economically disadvantaged areas means that they are more likely to have had their developmental progress towards informed decision-making set back by experiences of childhood adversity, and more likely to feel that their alternative future career or educational opportunities are limited. This problematises the idea that they are giving full voluntary consent to armed forces recruitment. What is more, experiences of childhood adversity are a pre-service vulnerability leaving recruits more susceptible to the mental health risks outlined previously.

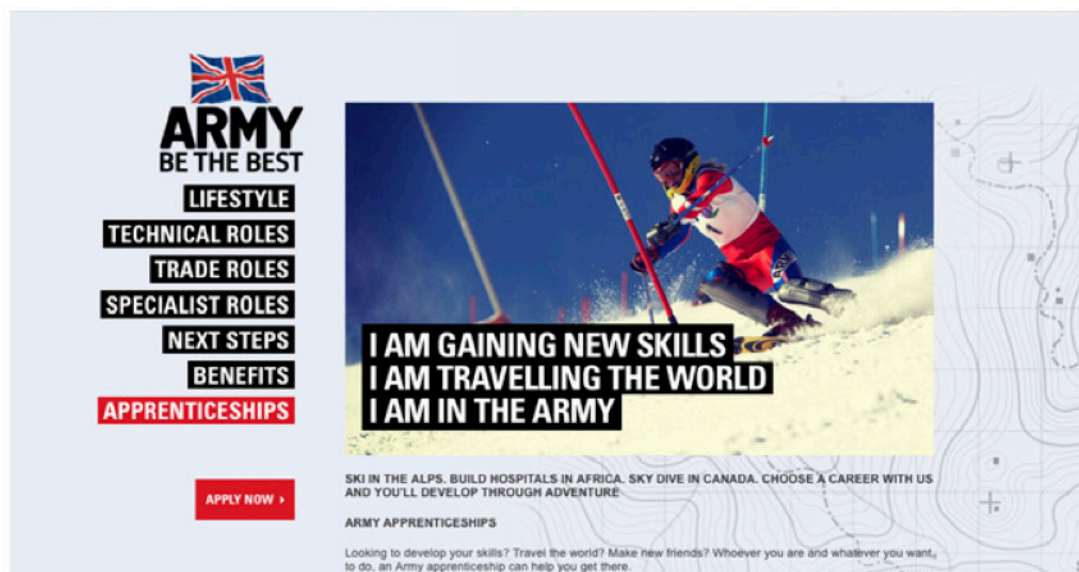
Recruitment and Marketing Materials and Practices: Unfair and Inappropriate?

The written and oral briefing information provided to potential child recruits are not appropriately tailored to the potential vulnerabilities of adolescents and their unique stages of emotional and cognitive development. Instead, the recruitment approach is designed to appeal to adolescent decision-making biases by portraying military life in glamorous terms whilst frequently using terms such as 'big guns', 'awesome armour' and 'big boys' toys'.⁷⁸

It is known that adolescents are generally more susceptible than adults to the persuasive effects of marketing.⁷⁹ This susceptibility is exploited by the use of 'sustained marketing campaigns'⁸⁰ by the MoD, using a variety of advertising techniques including the use of persuasion and influence⁸¹ to draw children towards a career in the army.

Furthermore, recruitment materials often do not take into account the low education and reading levels of these children. The language used is frequently obscure, complex and inaccessible to a person with under-developed literacy skills.^{70 81}

At the same time the recruitment materials often fail to provide complete and accurate information about the terms and conditions of service for potential recruits. They also omit information about the difficulties and long term risks of an armed forces career, contravening the need to provide the balanced information necessary for consent to be voluntary and informed.⁷⁰ Briefing materials for parents also do not fully explain the demands of military life, nor the risks that their children would face.⁷⁰



The image is a recruitment poster for the British Army's Apprenticeships program. On the left, there is a vertical list of roles and benefits, each in a black box with white text, except for 'APPRENTICESHIPS' which is in a red box with white text. The roles listed are: LIFESTYLE, TECHNICAL ROLES, TRADE ROLES, SPECIALIST ROLES, NEXT STEPS, BENEFITS, and APPRENTICESHIPS. Above this list is the Union Jack flag and the text 'ARMY BE THE BEST'. Below the list is a red button with the text 'APPLY NOW >'. To the right of the list is a photograph of a skier in a red and white suit, skiing down a snowy slope. Overlaid on the bottom of the photograph is a black box with white text that reads: 'I AM GAINING NEW SKILLS', 'I AM TRAVELLING THE WORLD', and 'I AM IN THE ARMY'. Below the photograph, there is a block of text that reads: 'SKI IN THE ALPS. BUILD HOSPITALS IN AFRICA. SKY DIVE IN CANADA. CHOOSE A CAREER WITH US AND YOU'LL DEVELOP THROUGH ADVENTURE.' Below this is the heading 'ARMY APPRENTICESHIPS' and a paragraph that reads: 'Looking to develop your skills? Travel the world? Make new friends? Whoever you are and whatever you want, to do, an Army apprenticeship can help you get there.'

<http://britisharmyjobs.tumblr.com/apprenticeships.html>

Conclusions

It's time to raise the minimum recruitment age to 18...

This report sets out two inter-connected arguments that underpin the call to ban the recruitment of children under the age of 18 into the armed forces.

First, the risks associated with an armed forces career are greater for those recruited under the age of 18 than they are for those recruited as adults. They are more likely to die or be injured in action, and to suffer mental health problems such as alcohol abuse, self-harm and suicide. Children who join the armed forces also face greater risks to health than their demographically matched counterparts in the general population.

Second, the normal process of neural, cognitive and psychological development leaves some adolescents particularly susceptible to making ill-judged decisions, especially in the context of marketing techniques that glamourise life in the military or take advantage of the propensity of adolescents to take risks.

There are strong reasons to doubt that all child recruits have given fully informed consent because recruitment materials are not tailored to the relatively low reading and educational level of many of the children who are targeted for recruitment, nor is the information contained in these materials balanced or complete.

It is frequently argued that recruitment into the armed forces provides a potentially positive experience for many adolescents and young people who come from socially disadvantaged or difficult backgrounds. It is also often assumed that enlistment into the armed forces may be the only career path for many young people who lack viable alternative options for employment.⁷²

However, while the lack of work and employment opportunities for young people from socially disadvantaged backgrounds is undoubtedly part of a wider problem in society, it is a weak justification for the recruitment of children into the armed forces.

Adolescence is an important period of cognitive and emotional development which ideally requires 16 and 17 year olds to be in an environment that allows continued learning, skills development and social support. For those who lack a nurturing home or school environment, the armed forces should not be the only viable alternative option. This would undermine the legitimacy of their consent.

The age of majority (a point which marks the formal transition from childhood to adulthood) is 18 in the UK and under international norms. While the transition from child to adult is a gradual process that takes place over a period of years, varying from one individual and one culture to another, marking an 'age of majority' and using this as a minimum age for certain activities can and does provide greater protection to children.

Evidence suggests that the current practices involved in the recruitment of children into the armed forces in the UK contradicts both legal and moral imperatives around consent, and presents serious health concerns.[‡] We therefore join the widespread call for the age of majority to become the minimum recruitment age in the UK.

[‡] A lack of voluntary and informed consent breaches the UN Convention on the Rights of the Child (CRC) and its Optional Protocol on the Involvement of Children in Armed Conflict (OPAC).¹⁸²

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