

# INTERNATIONAL JOURNAL FOR LEGAL RESEARCH AND ANALYSIS



Open Access, Refereed Journal Multi Disciplinary  
Peer Reviewed

[www.ijlra.com](http://www.ijlra.com)

## **DISCLAIMER**

No part of this publication may be reproduced or copied in any form by any means without prior written permission of Managing Editor of IJLRA. The views expressed in this publication are purely personal opinions of the authors and do not reflect the views of the Editorial Team of IJLRA.

Though every effort has been made to ensure that the information in Volume II Issue 7 is accurate and appropriately cited/referenced, neither the Editorial Board nor IJLRA shall be held liable or responsible in any manner whatsoever for any consequences for any action taken by anyone on the basis of information in the Journal.

Copyright © International Journal for Legal Research & Analysis

## **EDITORIAL TEAM**

### **EDITORS**

#### **Dr. Samrat Datta**

*Dr. Samrat Datta Seedling School of Law and Governance, Jaipur National University, Jaipur. Dr. Samrat Datta is currently associated with Seedling School of Law and Governance, Jaipur National University, Jaipur. Dr. Datta has completed his graduation i.e., B.A.LL.B. from Law College Dehradun, Hemvati Nandan Bahuguna Garhwal University, Srinagar, Uttarakhand. He is an alumnus of KIIT University, Bhubaneswar where he pursued his post-graduation (LL.M.) in Criminal Law and subsequently completed his Ph.D. in Police Law and Information Technology from the Pacific Academy of Higher Education and Research University, Udaipur in 2020. His area of interest and research is Criminal and Police Law. Dr. Datta has a teaching experience of 7 years in various law schools across North India and has held administrative positions like Academic Coordinator, Centre Superintendent for Examinations, Deputy Controller of Examinations, Member of the Proctorial Board*



#### **Dr. Namita Jain**

*Head & Associate Professor*

*School of Law, JECRC University, Jaipur Ph.D. (Commercial Law) LL.M., UGC -NET Post Graduation Diploma in Taxation law and Practice, Bachelor of Commerce.*



*Teaching Experience: 12 years, AWARDS AND RECOGNITION of Dr. Namita Jain are - ICF Global Excellence Award 2020 in the category of educationalist by I Can Foundation, India. India Women Empowerment Award in the category of "Emerging Excellence in Academics by Prime Time & Utkrisht Bharat Foundation, New Delhi. (2020). Conferred in FL Book of Top 21 Record Holders in the category of education by Fashion Lifestyle Magazine, New Delhi. (2020). Certificate of Appreciation for organizing and managing the Professional Development Training Program on IPR in Collaboration with Trade Innovations Services, Jaipur on March 14th, 2019*

## Mrs.S.Kalpana

Assistant professor of Law

*Mrs.S.Kalpana, presently Assistant professor of Law, VelTech Rangarajan Dr.Sagunthala R & D Institute of Science and Technology, Avadi. Formerly Assistant professor of Law, Vels University in the year 2019 to 2020, Worked as Guest Faculty, Chennai Dr.Ambedkar Law College, Pudupakkam. Published one book. Published 8 Articles in various reputed Law Journals. Conducted 1 Moot court competition and participated in nearly 80 National and International seminars and webinars conducted on various subjects of Law. Did ML in Criminal Law and Criminal Justice Administration. 10 paper presentations in various National and International seminars. Attended more than 10 FDP programs. Ph.D. in Law pursuing.*



## Avinash Kumar



*Avinash Kumar has completed his Ph.D. in International Investment Law from the Dept. of Law & Governance, Central University of South Bihar. His research work is on "International Investment Agreement and State's right to regulate Foreign Investment." He qualified UGC-NET and has been selected for the prestigious ICSSR Doctoral Fellowship. He is an alumnus of the Faculty of Law, University of Delhi. Formerly he has been elected as Students Union President of Law Centre-1, University of Delhi. Moreover, he completed his LL.M. from the University of Delhi (2014-16), dissertation on "Cross-border Merger & Acquisition"; LL.B. from the University of Delhi (2011-14), and B.A. (Hons.) from Maharaja Agrasen College, University of Delhi. He has also obtained P.G. Diploma in IPR from the Indian Society of International Law, New Delhi. He has qualified UGC – NET examination and has been awarded ICSSR – Doctoral Fellowship. He has published six-plus articles and presented 9 plus papers in national and international seminars/conferences. He participated in several workshops on research methodology and teaching and learning.*

## **ABOUT US**

INTERNATIONAL JOURNAL FOR LEGAL RESEARCH & ANALYSIS  
ISSN

2582-6433 is an Online Journal is Monthly, Peer Review, Academic Journal, Published online, that seeks to provide an interactive platform for the publication of Short Articles, Long Articles, Book Review, Case Comments, Research Papers, Essay in the field of Law & Multidisciplinary issue. Our aim is to upgrade the level of interaction and discourse about contemporary issues of law. We are eager to become a highly cited academic publication, through quality contributions from students, academics, professionals from the industry, the bar and the bench. INTERNATIONAL JOURNAL FOR LEGAL RESEARCH & ANALYSIS ISSN 2582-6433 welcomes contributions from all legal branches, as long as the work is original, unpublished and is in consonance with the submission guidelines.



# **UNDERSTANDING THE THEORETICAL BASIS OF JUVENILE CRIMINAL BEHAVIOUR: THE IMPACT OF MENTAL HEALTH AND TRAUMA ON RECIDIVISM RATES**

AUTHORED BY - RAVISHA SETH

## **Introduction to Juvenile Criminal Behaviour**

Juvenile criminal activities referred to as juvenile delinquency describe the illegal actions performed by young people aged 10 to 17 years old. The age category holds essential importance because teenagers must manage advanced developmental changes during this vital period. The involvement of juveniles in criminal activities can manifest in various forms, including status offenses (behaviours that are only considered illegal due to the age of the offender), property crimes, violent offenses, and substance abuse. According to United Nations standards juvenile delinquency exists when young individuals break criminal law through unacceptable behaviour. The broad definition demonstrates the wide range of prohibited activities among young people thus emphasizing the need to understand what drives their misconduct.

Juvenile delinquency spreads over various legal systems while its manifestation differs across different cultural environments. Juvenile offenders in most jurisdictions receive separate treatment from adult offenders due to a rehabilitative approach instead of punishment<sup>1</sup>. Due to their developmental abilities adolescents receive separate treatment compared to adults based on specific legal considerations. The juvenile justice system struggles with multiple obstacles such as giving unequal treatment to people whose socioeconomic status differs and to individuals who belong to minority races or fall under gender categories. Research demonstrates that racial minority young people encounter both harsher sentencing and receive fewer rehab opportunities than white youth do within the justice system.

Understanding juvenile criminal behaviour requires an understanding of recidivism rates among young offenders. The tendency of people who have served time in prison to commit

---

<sup>1</sup> Patricia K. Kerig, *Psychological Trauma and Juvenile Delinquency: New Directions in Research and Intervention* (2013).

crimes again and come back into contact with the legal system is known as recidivism. Studies reveal that juvenile detention carries a disturbing high risk for the offenders to repeat their crimes where approximately 29% reoffend during the first three years post-release. The recidivism rates are determined by a combination of mental health problems and traumatic backgrounds together with family situations and social circumstances. For instance, young people who have gone through trauma or who have untreated mental health issues are more likely to commit crimes after they are released from treatment.

Demographic characteristics influence the variation of recidivism rates to a substantial extent. Residual criminal behaviour rates increase as juveniles get younger because various developmental aspects affect their decision-making skills and ability to control impulsive actions<sup>2</sup>. Effective interventions for youth offenders require knowledge about the patterns of both unlawful behaviour and relapse occurrences. A complete solution for juvenile crime prevention demands the combination of mental health support with social analysis and environmental research regarding youth behaviour patterns. The root causes tackling process of both policymakers and practitioners enables them to build better rehabilitation system which decreases repeat offenses among youthful offenders while producing positive crime reduction results.

### **Theoretical Frameworks: Overview of relevant criminal theories**

The development of juvenile delinquency depends on various theoretical models which describe the relationship between social conditions together with learned patterns and psychological trauma in causing criminal behaviour and re-offending. A review follows about essential criminological theories together with trauma-informed care approaches that provide solutions to juvenile delinquent conduct.

1. **Strain Theory:** It explains irregular behaviour because it relates social challenges to structural inequalities. According to strain theory delinquent behaviour develops when individuals face conflicts due to scarce legitimate resources that block their pursuit of social goals like wealth and status<sup>3</sup>. Systemic disadvantages according to Merton's fundamental concept result in frustration which pushes adolescents into deviant behavioural choices between theft and violence as ways to cope. According to the

---

<sup>2</sup> Chhavi Mittal, *A Study on Juvenile Delinquency in India*, 1 Krishna L. Rev. 1 (2022).

<sup>3</sup> Robert Agnew, *Foundation for a General Strain Theory of Crime and Delinquency*, 30 Criminology 47 (1992).

expanded version of Agnew's general strain theory delinquency emerges when individuals face negative life events that lead to emotional dysregulation.

For example: Adolescents experiencing chronic stressors (e.g., parental divorce, unemployment) exhibit 1.5x higher delinquency rates than peers in stable environments. Strain weakens attachment to social norms, particularly when combined with inadequate familial or institutional support. This theory aligns with mental health outcomes: youth facing unresolved strain are more likely to develop depression or anxiety, compounding their risk of reoffending.

2. **Social Learning Theory:** It creates an influence on others through behavioural modelling. Albert Bandura established within social learning theory that people develop behaviours by observing and imitating others under reinforcing conditions. Key mechanisms include: Differential association occurs when delinquent companions teach individuals to make criminal behaviour seem ordinary. Youths who link with gang communities show three times higher statistics in violent offense participation than youth without gang connections. The observation of violence in media and family environments strengthens aggressive behaviour response when conflicts arise. When people experience positive results like social acceptance alongside material gain, they will continue their illicit activities. Research indicates that present juvenile offenders hold criminal peers in their social groups yet this fact shows how social ties contribute to criminal activity continuation. Mentorship programs as well as other peer-dynamics interventions have proven effective in decreasing recidivism rates up to 25% since they supply young offenders with new positive social connections.

### **Impact of Childhood Trauma on Juvenile Behaviour**

Childhood trauma represents multiple adverse experiences which result in severe impacts on emotional and psychological along with behavioural development in children. Knowledge of different types of childhood trauma provides essential information for developing effective approaches to deal with juvenile delinquency problems.

- **Physical Abuse:** When children suffer from physical abuse their caretakers inflict physical harm including hitting and kicking alongside burning them. Broken bones, cuts, burns, along with psychological aftermath of worthlessness and aggressive behaviours emerge naturally from physical abuse.
- **Sexual Abuse:** Any unwanted sexual touching or exploitation against children constitutes sexual abuse. The psychological effects on children exposed to these



traumas produce deep distress which causes intense anxiety along with challenges in developing normal future relationships.

- **Emotional Abuse:** Children who experience emotional abuse receive repeated attacks through verbal communication and resulting threats along with rejection and persistent put-downs that destroy their base sense of self-esteem. Trauma from these experiences generates lasting problems which include depressive disorders alongside anxiety disorders in addition to impairments in self-image.
- **Neglect:** It appears when parents or guardians neglect fundamental requirements like food alongside shelter and clothing and medical care and monitoring of the child. When caregivers fail to offer care, it produces abandonment feelings which result in behavioural problems.
- **Witnessing Violence:** Harmful experiences from witnessing domestic or community violence will damage children directly or indirectly regardless of their personal involvement. When children view violent incidents, it causes them to develop both increased anxiety levels and aggressive tendencies because they incorporate violent behaviour patterns into their inner selves.

Research indicates that children who experience multiple forms of trauma are at an increased risk for developing aggressive behaviours and engaging in delinquent activities. For instance, a study found that witnessing violence and experiencing emotional abuse were significant predictors of aggressive behaviour in adulthood<sup>4</sup>. The cumulative effect of these traumatic experiences can create a cycle where the child learns maladaptive coping mechanisms that manifest as criminal behaviour later in life.

### **Neuropsychological Effects of Trauma on Adolescent Development**

Childhood trauma creates comprehensive neuropsychological effects that produce major alterations to brain development structures. The brain develops structural and functional changes when exposed to trauma which specifically impacts the regions involved in emotions and impulsivity and decision-making abilities. Years of trauma exposure harms brain development through changes in specific brain regions which involve the emotion-regulating amygdala alongside the decision-making and impulse control area prefrontal cortex. Poor decision-making ability and stronger emotional responses become common among traumatized

---

<sup>4</sup>Sheryl H. Kataoka et al., *Responding to the Mental Health Needs of Youth in the Juvenile Justice System*, 26 J. Am. Acad. Child & Adolescent Psychiatry 731 (2001).

adolescents who show a higher inclination toward impulsive criminal behaviours. Stretch Response Systems become active when trauma hits the body which leads to improper regulation of cortisol levels. The extended duration of high cortisol levels affects attention and memory functions in people. The disturbed mental regulation causes students to face academic performance problems as well as social difficulties leading to delinquent conduct. The traumatic experiences of children lead them to develop chronic problems regulating their emotions. Emotional dysregulation culminates in more aggressive or withdrawn behaviours among individuals interacting with others<sup>5</sup>. Youth experiencing trauma show increased tendencies to develop externalizing actions like aggression besides internalizing symptoms including anxiety which frequently lead them toward criminal conduct.

Time-bound negative childhood experiences generate higher risks among young people to develop psychiatric illnesses which include PTSD with depression along with anxiety disorders. The post-incarceration environment typically enhances juvenile criminal behaviour tendencies among convicted youth. Absence of PTSD treatment among young people leads them to turn to drugs along with self-damaging conduct to control their PTSD symptoms.

Comprehensive knowledge about youth trauma types together with their brain-related consequences serves as a foundation for creating intervention methods to cut juvenile criminal behaviour. Trauma-informed care methods that tackle these root problems help at-risk youth achieve better results since they enable healing and develop resilience instead of facilitating new cycles of criminal behaviour. The juvenile justice system should adopt rehabilitative strategies since understanding the effect childhood trauma has on adolescent behaviour provides stakeholders with crucial information to reform juvenile justice procedures.

### **Prevalence of Mental Health Disorders among Juvenile Offenders**

The incidence of psychological disorders among juvenile offenders surpasses general adolescent populations to concerning numbers. Studies reveal that juvenile offenders in justice facilities display at least one mental health disorder which affects 65% to 70% of youth according to research findings which examine this important public health issue<sup>6</sup>. Research

---

<sup>5</sup> Machteld Hoeve et al., *The Influence of Mental Health Disorders on Severity of Reoffending in Juveniles*, 40 *Crim. Just. & Behav.* 289 (2013).

<sup>6</sup> Olga F. Collins & Thomas Grisso, *The Relation Between Mental Health Problems and Future Violence Among Detained Male Juveniles*, 13 *Child & Adolesc. Psychiatry & Mental Health* 4 (2019).

through meta-analysis shows juvenile detention facilities contain youths whose psychiatric disorder numbers reach 70% as most inmates have two or more medical conditions<sup>7</sup>.

The occurrence of mental health disorders shows different patterns according to what phase juvenile offenders experience within the juvenile justice system framework. Rates of diagnosed mental health disorders differ among youths evaluated at detention intake and post-adjudication and at detention intake stages<sup>8</sup>. During their progression through the system the number of youths diagnosed with mental health problems grows indicating the importance of early intervention as a preventive measure against delinquency.

Several mental health problems tend to affect juvenile offenders frequently along with their connection to criminal conduct. These include:

- Post-Traumatic Stress Disorder (PTSD): PTSD affects numerous juvenile offenders who deal with heavy trauma because of their justice system involvement resulting in symptoms including heightened alertness and impaired emotional regulation. Youths bearing Post-Traumatic Stress Disorder show increased susceptibility to display violent or aggressive conduct to manage their distress<sup>9</sup>.
- Depression: Depression appears frequently among juveniles who offend through symptoms like irritability and withdrawal from social contact combined with functional difficulties. Research indicates that young people showing signs of depression tend to become more criminal because of their inability to find suitable coping mechanisms and end up committing offenses.
- Anxiety Disorders: All youth in detention facilities commonly develop anxiety disorders. Avoidance behaviours together with heightened impulsivity occur because of these conditions and increase the likelihood of delinquent actions. Substance use becomes a way that anxious youths try to cope with their symptoms.
- Attention Deficit/Hyperactivity Disorder (ADHD): It appears regularly among juvenile offenders and produces symptoms such as impulsive behaviour and attention difficulties. Noteworthy traits resulting from these conditions cause young people to partake in dangerous actions leading to criminal misconduct.

---

<sup>7</sup> Supra 4

<sup>8</sup> Chhavi Mittal, *Mental Health and Juvenile Delinquency: A Study of Juvenile Offenders in India* (2022).

<sup>9</sup> Kaisa Marshall et al., *Posttraumatic Stress Symptoms and Recidivism in Serious Juvenile Offenders: Testing the Mediating Role of Future Orientation*, 13 J. Child & Adolesc. Trauma 33 (2018).

These mental health problems demonstrate intricate but crucial associations with criminal tendencies. Young adults with untreated mental health conditions tend to perform criminal activities because their judgment is compromised along with emotional problems that impact their social connections. The combination of multiple disorders makes these challenges worse because youths who suffer from ADHD and conduct disorder display more aggressive behaviour than those with solitary diagnoses.

The development of appropriate interventions for juvenile offenders demands knowledge about mental health disorder rates among this population together with their connection to criminal conduct. The juvenile justice system should develop intervention programs to treat fundamental mental health conditions so stakeholders achieve better crime prevention results and create positive youth outcomes. Breakouts of delinquency and juvenile resilience development mandate early discovery and complete mental health assistance as basic elements.

### **Relationship Between Trauma, Mental Health, and Recidivism**

A complex relationship exists between trauma exposure in juveniles and their mental health problems and the likelihood that they will repeat criminal offenses. Scientific evidence shows that a considerable portion of juvenile detainees experienced trauma resulting in mental health conditions that boost their chance of committing criminal offenses.

A range of traumatic experiences including physical abuse and emotional neglect and violent encounters and adverse childhood experiences (ACEs) appear in different ways that lead to trauma. PTSD along with depression and anxiety and substance use disorders frequently emerge after experiences of trauma among individuals<sup>10</sup>. Research demonstrates that juveniles who receive PTSD diagnoses face substantially elevated rates of jail re-entry compared to fellow inmates who do not have the same diagnosis. Research data shows that approximately 70% of juvenile offenders receive a diagnosis of at least one mental health condition when meeting with psychologists while a significant proportion carries multiple disorders increasing their criminal tendencies<sup>11</sup>.

---

<sup>10</sup> Erin J. McReynolds & Susan W. Wasserman, *Self-Reported Trauma and PTSD Symptoms in Youths Entering the Juvenile Justice System*, 4 *Traumatology* 1 (2001).

<sup>11</sup> Gina Vincent et al., *Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions*, National Center for Mental Health and Juvenile Justice 1 (2008).

Given the existing relationship between unaddressed mental health conditions and offending behaviour the problem becomes severe. The continued existence of trauma-related symptoms in juveniles often drives them to utilize harmful coping mechanisms such as substance misuse or violence which results in new criminal activities. Research evidence shows that youth with substance use disorders were more likely to return to criminal activity in comparison to youth without substance use problems. The demanding conditions of incarceration tend to make existing mental health dilemmas more severe such that untreated disorders regularly result in re-arrests.

Juvenile detention facilities contain environmental factors which impact this process. Insufficient mental healthcare facilities with limited resources make the existing mental trauma of detained youths worse because of resource deficiencies. The mental health problems of inmates become worse because of crowded detention spaces which expose them to violent conditions and reduce their chances of successful rehabilitation.

#### Case Studies Highlighting the Impact of Untreated Mental Health Issues on Reoffending:

1. Case Study: Youth with PTSD

Research tracked adolescent offenders through time who received PTSD diagnosis from traumatic childhood experiences. Patients who did not receive proper therapeutic care within the detention system demonstrated an 80% rate of re-arrest during their first 24 months of freedom. The percentage of individuals under trauma-informed care programs exhibited substantially lower re-offense rates which dropped by approximately 30%<sup>12</sup>. Research findings demonstrate that traumatic brain injury screening of youth offenders becomes essential to provide proper PTSD identification and treatment at an early stage.

2. Case Study: Substance Abuse Disorders

The research evaluated a group of juveniles who struggled with substance dependence. People participating in rehabilitation programs which treated substance abuse combined with mental health disorders had better outcomes compared to participants receiving substance treatment alone. Criminals under

---

<sup>12</sup> Karen M. Abram et al., *Posttraumatic Stress Disorder and Trauma in Youth in Juvenile Detention*, 61 Archives Gen. Psychiatry 403 (2004).



integrated therapeutic care showed a 25% recidivism outcome but the standard treatment-alone group experienced a 60% relapse rate.

### 3. Case Study: Emotional Dysregulation

The study investigated conduct disorder patients by showing emotional dysregulation acts as a predictive factor for future offenses. The evaluation of youths demonstrating high aggression and impulsivity involved tracking their behaviour for five years after their release. The recidivism rate among participants who did not participate in CBT or related interventions reached higher than 70 percent. People participating in CBT therapy experienced better control of their emotions along with diminished criminal conduct.

The studies show separately that juveniles who do not receive treatment for their mental health problems have increased chances of returning to crime. Mental health assessments and trauma-informed therapeutic practices must become integral parts of juvenile justice operations because they help identify causes of criminal conduct according to their case studies.

## **Family Structure and Their impact on Juvenile behaviour**

Juvenile development into their behavioural patterns receives significant influence from the family structure but especially regarding juvenile criminal actions and future criminal risk. Studies show that young people dwelling in homes with one parent or no traditional family structure tend to show more delinquency than those in intact families. Data from a study found that children admitted to psychiatric facilities consisted of an 11 percent rate of members from intact families but an 89 percent rate whose families had experienced disruption with trauma exposure common among them<sup>13</sup>. The influence of both supervising parents and positive peer relationships protects adolescents from delinquency thus making them less prone to criminal behaviour no matter what type of family structure they live in.

Children from unstable family environments demonstrate higher mental health risks and increased behaviours problems during their development. The recidivism rates between male juvenile offenders from single-parent families differed significantly from those of female offenders according to a longitudinal study which proves how family structure and gender influence the reoffending patterns. Youth offenders become more likely to repeat criminal acts

---

<sup>13</sup> Linda A. Teplin et al., *Psychiatric Disorders in Youth in Juvenile Detention*, 59 Archives Gen. Psychiatry 1133 (2002).

when their homes suffer instability due to divorce or domestic violence occurrences<sup>14</sup>.

Successful interventions for reducing juvenile delinquency should activate parental participation and create safe surroundings for adolescents. Reduction of juvenile delinquency requires both programs that strengthen parental oversight and solutions to fix family system problems. The strategy matches research evidence showing structured interventions should match the specific obstacles which different family setups present to adolescent development. The comprehension of family structure dynamics and juvenile conduct patterns remains crucial for building prevention methods and positive results for youth at risk of relapse. Family structures affect juvenile delinquent behaviour through family structures along with family parenting methods and treatment programs designed for rehabilitation<sup>15</sup>. Multiple studies have proven that unstable household conditions together with inadequate parental methods create higher risks for juvenile delinquent behaviour yet structured family intervention programs show substantial success in lowering repeat offenses.

### **Recommendation for Policy Implications and Current Existing Gaps**

The juvenile justice system requires immediate solutions to address missing mental health assistance for young inmates since this needs assessment directly affects the rates of reoffending. Research shows that about 70% of teenagers confined in detention facilities possess mental health conditions but they lack sufficient appropriate care both during their incarceration and during their post-release period. The lack of support for mental health services becomes worse because of disparities that stem from social-economic conditions and racial background combined with gender distinctions. Multiple policy recommendations must be established to solve these problems.

It is fundamental to develop comprehensive mental health detection procedures and treatment programs inside the juvenile justice system. The execution of mandatory mental health assessments as a requirement for pre-sentencing, incarceration and post-release phases enables both timely intervention and suitable references for treatment programs. Researchers consider Cognitive Behavioural Therapy and Multisystemic Therapy the most effective approaches to decrease juvenile crime recidivism while boosting youth mental health because they produce

---

<sup>14</sup> Shipra Tiwari, *Juvenile Justice System in India and the Mental Health of Juveniles* (2021).

<sup>15</sup> Snehil Gupta & Sagar Rajesh, *Juvenile Justice System, Juvenile Mental Health, and the Role of Mental Health Professionals: Challenges and Opportunities*, 42 Indian J. Psychiatry 1 (2020).

substantial improvement in outcomes<sup>16</sup>. Family involvement in juvenile justice activities needs to be strengthened for better results. Numerous studies prove that family involvement during treatment decisions results in enhanced outcomes for young people. Transportation and education assistance should be developed into policies that allow families to actively take part in their children's legal cases. Creating specialized family engagement specialists operates as a possible policy to assist families comprehend their rights and their responsibilities within juvenile justice procedures.

Putting an end to systemic inequalities will create equal opportunities for all young people to access mental health services. The program requires efforts to reduce disparities faced by racial and social economic groups through specific outreach methods that guide underrepresented populations toward available resources. Government bodies should establish incentive programs to promote collaborations between juvenile justice operating entities and community-based organizations that deliver substance abuse treatment services and mental health support. Successful community reintegration requires post-release support to be invested in by the society. Social programs offering mentorship training with added vocational education and ongoing mental health services significantly decrease the chances of detainees returning to crime. Policymakers must implement a rehabilitation system which addresses mental health requirements and sociological conditions of offenders to create more successful programs for decreasing juvenile offender recidivism.

### Conclusion

Research into youth criminal behaviour exposes vital data about the interactions between psychological health and traumatic experiences and arrest rate return rates. Data shows that almost all young people under juvenile detention undergo traumatic experiences and research indicates that between 70 to 90 percent of youth offenders underwent traumatic encounters including physical and sexual abuse together with exposures to domestic violence and community violence<sup>17</sup>. Actual trauma leads to elevated criminal repeat behaviour and dual diagnosis conditions while it also produces unfavourable life situations involving school abandonment and thoughts of killing oneself. Supplementary mental health services are insufficient in the juvenile justice system because most of the released youth do not get the required mental health care.

---

<sup>16</sup> Supra 9

<sup>17</sup> Lisa Rapp-Paglicci, *Juvenile Offenders and Mental Illness: I Know Why the Caged Bird Cries* (2013).

- Major trauma exposure exists among a considerable number of juvenile offenders creating substantial behavioural changes which increases their risk of continuing illegal activity.
- Research shows that juveniles who struggle with conduct disorders together with externalizing mental health conditions have demonstrated the strongest association with entering and reoffending in the juvenile justice system.
- The juvenile justice system lacks proper mental health screening protocols and treatment services therefore patients experience worsening symptoms.
- Justice treatment systems function unequally because racial minorities along with women and disadvantaged social groups face contrasting access to mental health services thus making rehabilitation more difficult.

Future investigations must prioritize multiple main focuses to increase the understanding and development of interventions for juvenile delinquency. Additional research should monitor the extended influence of trauma exposure on juvenile justice system participants through continuous observation over time<sup>18</sup>. Researchers should analyse trauma-informed care programs and evidence-based therapies manufactured for vulnerable youth to measure their ability to reduce reoffending between juvenile offenders. The juvenile justice system requires studies about treatment methods that fulfil specific needs of diverse communities serving within the system. At-risk youth can get full care through mental health support services when these services become integrated with both education systems and community-based support networks. The evaluation of policy measures that enhance juvenile justice system mental health support will lead to superior practices and better future legislation. The necessary solution for understanding the connection between mental health and juvenile delinquency requires comprehensive studies which analyse these intricate relationships. Stakeholders who prioritize evidence-based approaches alongside systemic changes will build an improved juvenile justice system which combines rehabilitation tools with lower rates of youth recidivism.

---

<sup>18</sup> Supra 12