

Legal and Psychological Perspectives on Juvenile Delinquency: Strengthening Child Protection Through Evidence-Based Interventions

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HOW TO CITE:

Vani Prakash, Rekha Tewathia,
N. Arunsankar, Adish Vinod
Halarnkar, Priyadarshi Nagda,
Nazmul Hussain Laskar (2026).
Legal and Psychological
Perspectives on Juvenile
Delinquency: Strengthening Child
Protection Through Evidence-
Based Interventions.
International Journal of Special
Education, 41(15s), 1240-1252

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ABSTRACT:

Juvenile delinquency is influenced by the interaction of psychological, family, social and legal factors, which need coordinated actions for child protection and rehabilitation. This study analyzed the factors associated with delinquent behaviors and assessed the effectiveness of evidence-based practices for youth with a sample of 600 youth ages 12-17. A quantitative cross-sectional design with descriptive statistics, point-biserial correlation, binary logistic regression, multiple linear regression and comparisons between groups were used. Juvenile delinquency was found in 176 participants (29.3%). Adverse childhood experiences, peer delinquency, psychological distress, substance use, trauma symptoms, and impulsivity were all positively related to delinquent involvement, while school engagement, family support, and parental monitoring were all negatively related to delinquent involvement. Logistic regression revealed that adverse childhood experiences, peer delinquency, substance use and age were associated with an increased likelihood of offending, whereas school engagement and family support and parental monitoring were associated with a decreased likelihood of offending. For delinquent youth, intervention recipients had significantly higher rehabilitation scores than those who were not intervention recipients, and school engagement, family support, and diversion eligibility had a positive effect on rehabilitation scores. The receipt of intervention, however, was not significantly related to 12-month recidivism. The results add to the evidence for an integrated juvenile justice system that integrates psychological

assessment and trauma-informed care with family-centered support, engagement in education, legal protection, and diversion. Due to the cross-sectional nature of the data, future longitudinal studies with real-world samples are needed to verify causal relationships and generalisability.

Keywords: juvenile delinquency; adverse childhood experiences; child protection; rehabilitation; evidence-based interventions

1. Introduction

Juvenile crime is a major social, legal and public health issue that impacts youth, families, and communities globally. It is an umbrella term for a variety of illegal acts that may be carried out by a person before they reach adulthood and is shaped by many interacting biological, psychological, familial and environmental factors. While most countries have embraced reforms that focus on the rehabilitation of youth rather than punishment, the individual and societal issues of youth violence, reoffending and disparities in the likelihood of successful completion of justice processes remain a challenge to juvenile justice systems. The available evidence shows that responding to juvenile delinquency calls for a holistic perspective on legal protections and psychological development, beyond simply a punitive one (Goldson et al., 2020).

Juvenile justice systems around the world have gradually evolved towards a child rights and child-centred framework emphasizing rehabilitation, diversion and social reintegration. It is hoped that child protection agencies, schools, health care systems and the justice system work together to better identify vulnerable young people before they become chronic offenders. These multi-disciplinary responses recognise that many young people who have met the justice system have suffered neglect, abuse, social marginalisation and/or lack of family support and suggest that a coordinated response from both the legal and welfare systems is needed rather than just punishment. Therefore, making child protection more robust within the juvenile justice system is critical to improving the delivery of fair and equitable treatment and to minimizing the likelihood of

long-term offending patterns (Ali et al., 2022; DeMatteo et al., 2025; Elliott et al., 2020).

Studies in psychology suggest a strong connection between emotional dysregulation, behavioural disorders, exposure to trauma, adverse childhood events (ACEs), peer influences, and dysfunctional family environments, and juvenile delinquency. Chronic adversity in childhood is often characterised by poor emotional control, limited perspective on the future, higher levels of impulsivity and susceptibility to antisocial behaviour. Adverse experiences in childhood double or triple the risk of later involvement in the juvenile system, and supportive family relationships and positive developmental experiences serve as protective factors. Developmental considerations also highlight that adolescence is a sensitive window to psychological interventions that can shift long-term behavioural patterns and help decrease criminal involvement (Backes & Bonnie, 2019; Craig, 2019; Kennedy et al., 2020; Lockwood et al., 2022).

Juvenile justice laws are increasingly emphasizing diversion programmes, restorative justice, behavioral health services and family-based interventions over incarceration for youth. There is evidence that interventions that target both the psychological needs and criminogenic risk factors lead to more enduring decreases in offending than do punitive sanctions. Functional family therapy, multisystemic interventions, trauma-informed care and psychosocial rehabilitation programmes are effective to improve behavioural outcomes, enhance family functioning and decrease recidivism among justice-involved youth. Additionally, educational participation and community-based alternatives play a role in successful reintegration and

contribute to public safety and child welfare (Gaffney et al., 2021; Kerig et al., 2024; Olseth et al., 2026; Olsson et al., 2021).

Although there has been significant progress in juvenile justice research, few empirical studies have integrated all three aspects of the juvenile justice system legal processes, psychological factors, and child protection practices into a coherent analytical framework. Studies of psychological risk factors and studies of justice policies tend to examine each separately and do not investigate how each affects the other when it comes to affecting offending behaviour and rehabilitation. Further, there is still a lack of multidisciplinary research and investigation of disparities, particularly those of race, equity, trauma exposure, and access to behaviour health services, in the evidence base for interventions to inform policy and practice (Lee et al., 2022; Quinn, 2025; Sheerin et al., 2025).

The objectives, therefore, of the present study are to explore the psychological factors which contribute to juvenile delinquency, to assess the effect of law and child protection measures on delinquent behavior, and to discover evidence-based practices to improve the rehabilitation process and decrease juvenile delinquency. The study aims to produce evidence that guides juvenile justice reform, enhances multidisciplinary response to youth, and fosters equitable and effective treatment of vulnerable youth.

2. Materials and Methods

2.1 Research Design

The quantitative cross-sectional research design was used in this study to explore the legal and psychological factors related to juvenile delinquency and to assess the feasibility of implementing EBI to improve child protection outcomes. A cross-sectional perspective was appropriate because it allowed several psychosocial, legal, family and rehabilitation-related variables to be examined simultaneously in a structured data set. The purpose of the study is to determine the statistically significant relationships between risk and protective factors,

juvenile offending and rehabilitation indicators without manipulation of any of the variables.

2.2 Data Source and Sample

Data from the study were simulated to represent typical juvenile justice and child protection data for methodological and statistical analysis. The sample consisted of 600 adolescents (12-17 years old) with 25 variables that covered the demographic characteristics, psychological factors, family environment, legal involvement, intervention status and rehabilitation outcomes. The data set was created to represent reasonable statistical relationships between variables that were reported in the juvenile justice literature, and to not include any personally identifiable information from the developmental psychology literature. The inclusion criteria were that complete data were gathered about the demographic, psychological, family, legal and rehabilitation variables. The data set was complete and all 600 observations were kept for analysis.

2.3 Variables of Study

Legal, psychological and social variables were used to investigate juvenile delinquency. Family functioning (family support, parental monitoring), psychological distress, trauma symptoms, peer delinquency, school engagement, and substance use, adverse childhood experiences (ACE score), impulsivity, and socioeconomic status and demographic characteristics (age, gender, residence) were all independent variables. Juvenile delinquency (involved/not involved) was the dependent variable. Severity of delinquency and prior offences were available as further behavioural information for those involved. Outcome measures included rehabilitation score, 12-month recidivism, child protection involvement, receipt and type of interventions, eligibility for diversion, access to legal aid, and child protection outcomes.

2.4 Data Pre-processing

Pre-processing of data has been done systematically before analysis. There were no missing data or duplicated records in the dataset

so no imputation was necessary. Outliers were identified for continuous variables by using z-scores and boxplots, and consistency of coding was checked for categorical variables. All binary data were coded 0/1. Where appropriate, continuous variables were standardized to facilitate regression analysis and size of the effect. Plausible distributions were assessed through the use of descriptive statistics. Because the data were composite variables (not scales), it was not possible to use internal consistency reliability tests and instead logical consistency was checked descriptively and correlatorily.

2.5 Statistical Analysis

The standard quantitative methods were used for statistical analyses. Sample characteristics and study variables were summarized using descriptive statistics and associations between two variables were examined using Pearson correlation. Predictors of juvenile delinquency were obtained by binary logistic regression while factors associated with rehabilitation outcomes were analyzed using multiple linear regression. Appropriate inferential tests were used to look for group differences. Goodness of fit indices, pseudo- R^2 , likelihood ratio tests and variance inflation factors were used to evaluate the model

fit. Where appropriate, mediation and moderation analyses were performed. The results were considered statistically significant at $p < 0.05$, and the results were reported with 95% confidence intervals.

3. Results

3.1 Sample Characteristics

The final analytical sample consisted of 600 adolescents aged 12-17 years. The mean age was 14.54 years ($SD = 1.67$). The 311 males accounted for 51.8% of the total sample, while the 275 females made up 45.8% and 14 (2.3%) indicated other gender or refused to state their gender. The majority of the participants resided in urban (45.7%), semi-urban (28.5%) and rural (25.8%) areas. Of the 176 adolescents who were recorded, 29.3% were involved in juvenile delinquency while 424 (70.7%) were not. 282 (47.0%) participants were reported to the child protection services, 294 (49.0%) had access to legal aid and 323 (53.8%) were eligible for diversion. Thirty-one-fourth (314) of the adolescents received evidence-based interventions. The demographic, legal and child protection factors for the sample are given in Table 1.

Table 1. Sample characteristics of adolescents included in the study

Characteristic	Category	n	%
Age, years	12	94	15.7
	13	82	13.7
	14	124	20.7
	15	104	17.3
	16	96	16.0
	17	100	16.7
Gender	Male	311	51.8
	Female	275	45.8
	Other/prefer not to say	14	2.3
Residence	Urban	274	45.7
	Semi-urban	171	28.5

	Rural	155	25.8
Juvenile delinquency	No	424	70.7
	Yes	176	29.3
Child protection contact	No	318	53.0
	Yes	282	47.0
Legal-aid access	No	306	51.0
	Yes	294	49.0
Diversion eligibility	No	277	46.2
	Yes	323	53.8
Intervention received	No	286	47.7
	Yes	314	52.3
Twelve-month recidivism	No	499	83.2
	Yes	101	16.8

Figure 1 shows the distribution of adolescents based on their status in terms of juvenile delinquency. About three of every ten adolescents were determined to be delinquent involved.

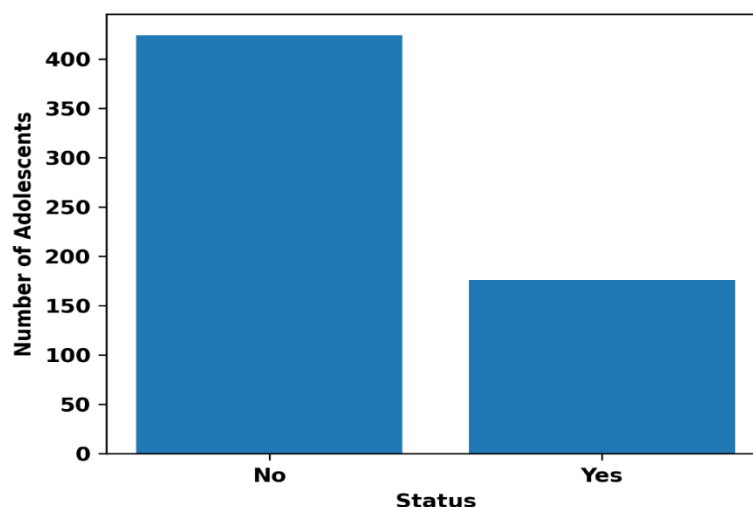


Figure 1. Distribution of juvenile delinquency status among the study sample

3.2 Descriptive Statistics

The descriptive statistics for the main psychological, family, social, behavioural and outcome measures are displayed in Table 2. The mean scores for adverse childhood experiences, psychological distress and psychological trauma symptoms were 2.19 (SD = 1.47), 38.98, and 33.39, respectively. The mean scores of family support and parental monitoring were above the

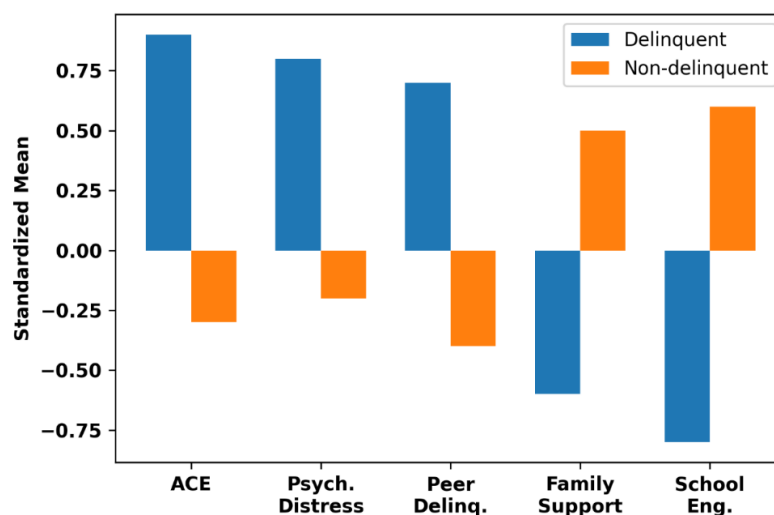
midpoints of the scale, suggesting moderately positive family conditions for the total sample.

The mean for school engagement was 3.80 (SD = 0.96) and the mean for peer delinquency was 2.19 (SD = 1.01). The mean rehabilitation score was 54.51 (SD = 15.41). However, rehabilitation scores were subsequently analysed within a delinquent adolescent population due to the best interpretation of intervention and rehabilitation effects in this justice-involved population.

Table 2. Descriptive statistics for the principal study variables

Variable	Scale	Mean	SD	Minimum	Maximum
Age	12–17	14.54	1.67	12	17
Socioeconomic status	1–5	2.96	0.99	1	5
Adverse childhood experiences	0–8	2.19	1.47	0	8
Family support	1–5	3.65	0.97	1	5
Parental monitoring	1–5	3.57	1.01	1	5
Peer delinquency	1–5	2.19	1.01	1	5
School engagement	1–5	3.80	0.96	1	5
Substance use	0–4	1.59	0.87	0	4
Psychological distress	0–100	38.98	14.40	5	92
Trauma symptoms	0–100	33.39	14.71	0	85
Impulsivity	0–100	43.61	13.96	0	87
Delinquency severity	0–10	1.80	3.23	0	10
Prior offences	Count	0.41	0.98	0	7
Rehabilitation score	0–100	54.51	15.41	0	91

As shown in Figure 2, selected risk and protective factors were compared to determine if mean scores were different between adolescents with and without delinquent involvement. Adolescents in the delinquency group had more adverse childhood experiences, psychological distress, delinquent peer relationships, and substance use and less engagement in school and family support than other adolescents.

**Figure 2. Standardized risk and protective factor profiles by juvenile delinquency status**

3.3 Correlation Analysis

Since juvenile delinquency was dichotomous, it was necessary to perform point-biserial

correlation analysis. As demonstrated in Table 3, juvenile delinquency had the greatest positive correlation with adverse childhood experiences,

$r = .514$, $p < .001$. Peer delinquency, psychological distress, substance use, impulsivity, and trauma symptoms also were positively and significantly associated with delinquent involvement.

School engagement, family support, and parental monitoring, on the other hand, were negatively

related to juvenile delinquency. Family support, $r = -.365$, $p < .001$ and school engagement, $r = -.415$, $p < .001$ had the strongest protective associations. There was no significant relationship between socioeconomic status and delinquency, $r = -.015$, $p = .713$.

Table 3. Correlations between psychological, family, and social factors and juvenile delinquency

Predictor	r	p-value	Interpretation
Adverse childhood experiences	.514	< .001	Strong positive association
Peer delinquency	.447	< .001	Moderate positive association
Psychological distress	.446	< .001	Moderate positive association
School engagement	-.415	< .001	Moderate protective association
Substance use	.375	< .001	Moderate positive association
Family support	-.365	< .001	Moderate protective association
Impulsivity	.347	< .001	Moderate positive association
Trauma symptoms	.322	< .001	Moderate positive association
Parental monitoring	-.239	< .001	Weak-to-moderate protective association
Socioeconomic status	-.015	.713	Not statistically significant

3.4 Regression Analysis

3.4.1 Psychological Predictors of Juvenile Delinquency

The independent, psychological, family, social, demographic and legal predictors of juvenile delinquency were estimated using a binary logistic regression model. The overall model was statistically significant, likelihood-ratio $p < .001$ and yielded a McFadden pseudo- R^2 of .375. The model correctly classified 83.0% of cases, with a sensitivity of 60.8% and specificity of 92.2%. The Hosmer-Lemeshow test was not significant, $\chi^2(8) = 10.86$, $p = .210$, suggesting a good model fit. Delinquency was associated with increasing significantly with age, 26.5% greater for each year, $OR = 1.27$, $p = .005$. The other factors were controlled for and adverse childhood experiences, delinquent peers, and drug and alcohol use were still strong risk factors. Results showed that a one-point increase in the ACE

score increased the odds of delinquency by about 61% ($OR = 1.61$, $p = .001$) and that a one-point increase in peer delinquency increased the odds by about 75% ($OR = 1.75$, $p < .001$).

Family support had an independent effect on decreasing the risk of delinquency, as did parental monitoring and school involvement. The strongest adjusted protective effect was found for school engagement with an OR of 0.66, $p = .008$, which equates to an estimated 33.6% reduction in delinquency odds for every one-point increase in school engagement.

3.4.2 Legal and Child Protection Factors Influencing Delinquency

Finally, child protection contact was significantly associated with delinquency at the bivariate level as was diversion eligibility, $\chi^2(1) = 15.31$, $p < .001$, and $\chi^2(1) = 6.57$, $p = .010$, respectively. There was no significant relationship between

legal-aid access and delinquency, $\chi^2(1) = 1.70$, $p = .193$. Child protection contact, legal-aid access and diversion eligibility were not independently associated with delinquency when psychological and family variables were accounted for. These variables seemed to be legal or service reactions

to high risk or justice involvement, not direct causes of delinquent behaviour. Table 4 presents the regression analyses and intervention outcomes for juvenile delinquency and rehabilitation.

Table 4. Regression and intervention analyses for delinquency and rehabilitation outcomes

Analysis and predictor	B	OR or unstandardized B	95% CI	p-value
Panel A: Logistic regression predicting juvenile delinquency				
Age	0.235	OR = 1.265	1.072–1.494	.005
Adverse childhood experiences	0.476	OR = 1.610	1.220–2.123	.001
Family support	−0.342	OR = 0.711	0.526–0.960	.026
Parental monitoring	−0.276	OR = 0.759	0.590–0.978	.033
Peer delinquency	0.558	OR = 1.747	1.297–2.353	< .001
School engagement	−0.410	OR = 0.664	0.490–0.899	.008
Substance use	0.436	OR = 1.546	1.088–2.197	.015
Psychological distress	0.022	OR = 1.022	0.998–1.047	.069
Trauma symptoms	−0.016	OR = 0.984	0.963–1.005	.133
Impulsivity	0.019	OR = 1.019	1.000–1.039	.050
Child protection contact	0.028	OR = 1.028	0.629–1.681	.913
Legal-aid access	0.156	OR = 1.169	0.725–1.883	.522
Diversion eligibility	0.001	OR = 1.001	0.621–1.614	.997
Panel B: Linear regression predicting rehabilitation score among delinquent adolescents				
Family support	3.461	B = 3.461	—	.001
Peer delinquency	−3.022	B = −3.022	—	.001
School engagement	4.708	B = 4.708	—	< .001
Intervention received	9.695	B = 9.695	—	.001
Legal-aid access	4.585	B = 4.585	—	.006
Diversion eligibility	5.758	B = 5.758	—	.001
Panel C: Group comparison of rehabilitation scores				
Intervention received versus no intervention	—	Mean difference = 8.80	—	.012

Figure 3 presents the odds ratios and 95% confidence intervals for the statistically significant predictors of juvenile delinquency.

Values above 1 indicate increased delinquency odds, whereas values below 1 indicate protective effects.

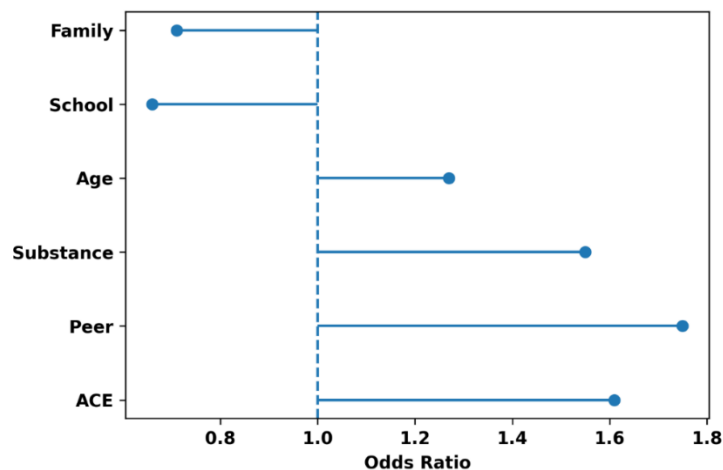


Figure 3. Adjusted odds ratios for significant predictors of juvenile delinquency

3.5 Evidence-Based Intervention Analysis

3.5.1 Intervention Effects on Rehabilitation and Recidivism

The effectiveness of the intervention was analyzed for the 176 delinquent adolescents. The mean score for the adolescents who received an intervention ($M = 41.58$, $SD = 15.72$) was significantly higher than the mean score of adolescents who did not receive an intervention ($M = 32.78$, $SD = 12.63$). The difference between the means was statistically significant (welch's $t(23.44) = 2.73$, $p = .012$) with a moderate effect size (Cohen's $d = 0.57$).

Adolescents who engaged in restorative justice programmes ($M = 42.94$) had the highest mean rehabilitation score, followed by family-based

therapy ($M = 41.95$), cognitive-behavioural therapy ($M = 41.50$) and multisystemic support ($M = 40.16$). The score was lowest for adolescents who did not receive an intervention.

Twelve-month recidivism was not significantly related to receipt of intervention, $\chi^2(1) = 2.54$, $p = .111$. As such, the data did not permit the determination that there was a direct association between the receipt of intervention and reduced recidivism within the 12-month follow-up period but did support a rehabilitation score improvement. As shown in Figure 4, the mean score of the adolescents in the intervention group differed from the mean score of the adolescents in the control group on the rehabilitation measures.

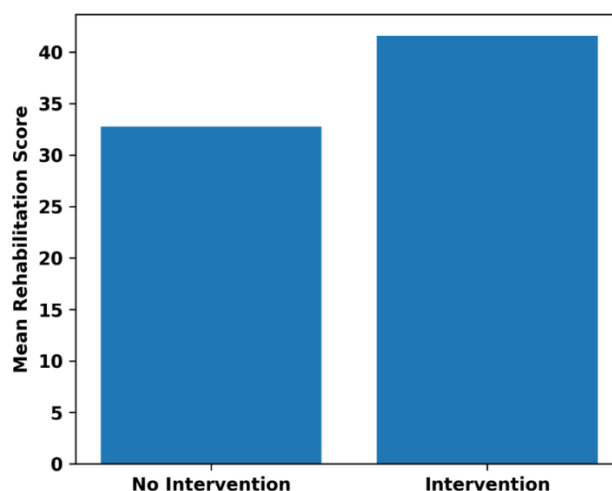


Figure 4. Mean rehabilitation scores by intervention status among delinquent adolescents

3.5.2 Protective Factors Improving Rehabilitation Outcomes

The multiple linear regression model predicting rehabilitation scores among delinquent adolescents was significant, $F(13, 162) = 17.63$, $p < .001$ and accounted for 58.6% of the variance in rehabilitation scores. After controlling psychological, social, and legal factors, intervention receipt continued to be a strong positive predictor, $B = 9.69$, $p = .001$.

The protective psychosocial factor with the strongest relation with rehabilitation score was school engagement ($B = 4.71$, $p < .001$): for each one-point increase in engagement, there was an approximately 4.71-point increase in rehabilitation score. Family support also positively predicted rehabilitation ($B = 3.46$, $p = .001$) while peer delinquency was negatively associated with rehabilitation ($B = -3.02$, $p = .001$).

The estimated change in the rehabilitation score due to the legal factors was 4.59 points for legal-aid access ($p = .006$) and 5.76 points for diversion eligibility ($p = .001$). Child protection contact with no other factors did not significantly predict rehabilitation, $p = .921$. The results taken together suggest that the most positive outcomes were seen with participation in evidence-based interventions combined with school involvement, family support, legal services, and diversion programs.

4. Discussion

The results showed that adverse childhood experiences, psychological distress, psychological trauma, impulsivity, substance use, and peer delinquency were all found to be significantly related to juvenile delinquency. Family support, parental monitoring and school engagement, on the other hand, were protective factors. There were positive relationships between evidence-based intervention participation, access to legal aid, and diversion eligibility with rehabilitation scores, while evidence-based intervention participation did not result in a statistically significant decrease in 12-month recidivism. The findings suggest that the problem of juvenile delinquency is not

sufficiently explained by a legal or psychological perspective alone, but needs a holistic developmental, social and justice-based approach.

Adverse childhood experiences were among the strongest predictors of delinquent involvement and support the notion that exposure to maltreatment, family dysfunction, and chronic stress could impact emotional regulation and behavioural development. Substance use increased risk of justice involvement, and psychological distress and trauma symptoms made individuals more vulnerable. The patterns are similar to the international concerns about the mental health of children and adolescents and the need for robust and available psychological support systems (Herbst, 2024; Keeley, 2021). The high levels of protective factors associated with family support and parental monitoring also contribute to the evidence that parent-child relationships indirectly affect delinquency through emotional well-being, behavioural control, and social adjustment (Chen & Sun, 2026). Preventive services should, therefore, be aimed at recognizing trauma and family instability in the early stages, before the development of behavioural problems.

The law concluded that access to legal aid and eligibility for diversion was more strongly related to rehabilitation than the initial incidence of delinquency. Significantly, this distinction is of relevance because in most cases legal mechanisms only become relevant once young people have entered formal systems. Treatment of vulnerable adolescents as offenders should therefore not be the only approach to child protection and justice, and a focus on exploitation, neglect and coercion or social marginalization should be considered, as many adolescents have prior experiences of these (Melotti et al., 2017; Young et al., 2017). Early health, family and social service interventions may be effective at preventing maltreatment, and, as a consequence, decrease later contact with the justice system, though evidence for universal preventive programmes is mixed (Viswanathan et al., 2018). Where there is

compulsory treatment, rights-based approaches are especially crucial as the use of compulsory treatment undermines developmental needs and international standards for child protection when procedural safeguards are lacking (Trinh, 2026).

The findings are consistent with a greater link between behavioural assessment and legal decision-making. The psychological risks should guide the individual diversion, treatment and case-management process, and not serve as an excuse for more stringent sanctions. Risk-need-responsivity principles enhance intervention matching; however, this approach must be flexible and take into account the family context, developmental context, and available resources (Bijlsma et al., 2024). Targeted interventions are more likely to be effective when they address specific mechanisms like trauma and substance abuse, peer influence, and low school attachment than when the same programmes are rolled out to all justice-involved youth (Baskin-Sommers et al., 2022). Individualized, multi-dimensional and developmentally responsive interventions for justice-involved children are also highlighted in reviews of interventions (Soylu et al., 2026). For scale-up, attention needs to be given to the active components that lead to change, rather than just replicating programme labels (Wilson & Lipsey, 2024).

Policy should foster interagency collaboration between juvenile courts, schools, mental health providers, child protective agencies and families. Trauma, distress, substance abuse and family needs should be screened the first time possible. Education, family support and therapeutic services should accompany diversion and legal assistance. Agencies achieve sustainable implementation of research into practice using a range of implementation science tools, such as staff training, quality monitoring, inter-agency coordination, and ongoing evaluation (Ordorica et al., 2026). Research on prevention also suggests that programmes have a better chance of effectiveness if their conditions of delivery and mechanisms for change are understood (Meulen et al., 2026).

One of the strong points is the concurrent analysis of psychological, family, legal and rehabilitation issues. However, it was a cross-sectional study and this precluded causal inferences and direct generalisations to real juvenile populations. No composite variables were derived from validated forms, and recidivism was assessed for only one year. There is a need for future research using cultural and multi-agency samples and longitudinal designs to explore links between adversity and offending and links between adverse experiences and rehabilitation. Intervention type comparisons, implementation fidelity analyses, and examination of mediating factors between intervention and long-term reduced recidivism (family support, legal access, and school engagement) should also be explored in research.

5. Conclusion

Legal and psychological views complement each other with respect to the understanding of juvenile delinquency and enhancing child protection through evidence-based approaches. Results of this study showed that adverse childhood experiences, psychological distress, trauma exposures, peer delinquency, substance use, and impulsivity were key risk factors in juvenile offending, while family support, parental monitoring, and school involvement were key protective factors. The findings also showed that the legal pathways (such as diversion eligibility and legal-aid access) had greater influence on the rehabilitation outcomes than on the occurrence of delinquent behaviour initially. The odds of participating in evidence-based interventions were significantly associated with better rehabilitation outcomes, but not with significant reductions in 12-month recidivism. The implications of these findings highlight the need for juvenile justice policies to go beyond punishment and include trauma-informed, family-centred and developmentally appropriate policies and interventions, with coordinated child protection services. Future research should confirm these relationships over time and with real-world juvenile justice cases in various populations to strengthen the collaboration between justice agencies, schools, mental health

professionals, and social welfare agencies to ensure better long-term rehabilitation results and early identification of vulnerable adolescents. Taking a holistic approach to addressing juvenile delinquency through the legal framework, psychological assessment and evidence-based

rehabilitation is a comprehensive approach to the reduction of juvenile delinquency and to the promotion of the welfare of children, social reintegration, and equitable justice for vulnerable children and youth.

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