

Psychological Trauma in Childhood And Its Influence on Adolescent Offending

Quanta Saikia

L.L.M, Mahapurusha Srimanta Sankaradeva Viswavidyalaya, Guwahati Unit, Assam

Abstract: *The impact of psychological trauma in childhood is now recognised as a significant adverse childhood factor that contributes to emotional/behavioural, interpersonal and social problems in adolescence. Childhood adversities like physical abuse, emotional abuse, sexual abuse, neglect, domestic violence, parental separation, family dysfunction and community violence can impact on healthy functioning in the psychological system and lead to maladaptive coping. This paper conducts a critical review of theoretical and empirical research on the link between psychological trauma in childhood and delinquency committed by adolescents. Special focus is on adverse childhood experiences, emotional regulation, disrupted attachment, social learning, cumulative adversity, and interplay between individual and environmental risk factors. The review does not regard trauma as a causal factor of juvenile delinquency. Rather, trauma is seen as being part of a spectrum of developmental factors, such as psychological vulnerability, family factors, peer and school factors, socioeconomic conditions, and community factors. These pathways can be interrupted by protective relationships, resilience, school engagement and counselling, family support and trauma informed interventions. The paper thus calls for a child-centred and trauma-informed approach to juvenile justice, education, child protection and mental health systems, and maintains the importance of holding accountable and keeping people safe.*

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1. Introduction: Childhood is a critical developmental stage during which emotional security, cognition, inter-personal relations, behavioural control and perceptions of the social world are developed. Things that happen during this time can impact the future. Physical and sexual abuse, neglect, exposure to domestic violence, caregiver drug and alcohol abuse, loss of or absence of caregivers, family instability and community violence can result in significant psychological trauma.

Psychological trauma can be defined as the emotional and behavioral impact of events that are seen as threatening or overwhelming to a child's ability to cope. It is a developmental asset for several reasons, including the fact that neurological, emotional, cognitive and interpersonal systems are still developing. Trauma does not always result in psychopathology or in the development of antisocial behaviour; many children are resilient, especially when they have supportive relationships and social resources. However, repeated or severe stressors may result in heightened risk for emotional dysregulation, aggression, anxiety, depression, mistrust, impulsivity, substance use, educational challenges and interpersonal issues.

Adolescent offending is a complex phenomenon. Various factors in the family, social disadvantage, peer influence, school disengagement, neighbourhood context, substance use, temperament, psychological difficulties, and exposure to violence can have complex interactions. Consequently, childhood trauma should not be considered a direct and adequate cause of offending. This paper discusses the vulnerability that can stem from trauma experiences across various developmental, psychological and social pathways and implications for trauma prevention, trauma rehabilitation and juvenile justice.

2. Objective of the study

- To explore the major forms of psychological trauma and adverse childhood experiences.
- To examine the relationship between childhood trauma and adolescent offending behaviour.
- To identify psychological and social mechanisms that may connect trauma with later behavioural problems.
- To examine the roles of emotional dysregulation, aggression, impulsivity, substance use and interpersonal difficulties in adolescent offending.
- To understand how family, peer, school and community environments shape trauma-related developmental pathways.
- To examine theoretical explanations of the relationship between childhood victimisation and adolescent offending.
- To identify protective factors that may reduce offending risk among trauma-exposed children.
- To examine implications for trauma-informed juvenile justice, prevention and rehabilitation.

3. Research Questions

- **RQ1:** What are the most common forms of childhood psychological trauma discussed in relation to adolescent problem behaviour?
- **RQ2:** How is childhood trauma associated with adolescent offending?
- **RQ3:** Through what psychological and social processes may childhood trauma influence offending behaviour?
- **RQ4:** What roles do emotional dysregulation, aggression, impulsivity, substance use, peer relationships and family environment play in this relationship?
- **RQ5:** What protective factors may reduce the likelihood of offending among children exposed to trauma?
- **RQ6:** What role can trauma-informed interventions play in prevention and rehabilitation within juvenile justice systems?

4. Research Methodology: The present study adopts a qualitative, doctrinal and literature-based research methodology. The doctrinal method is used to examine the legal framework governing children in conflict with law, including relevant constitutional provisions, the Juvenile Justice (Care and Protection of Children) Act, 2015, the Protection of Children from Sexual Offences Act, 2012, applicable international child-rights

standards and relevant judicial decisions. The legal materials are analysed to understand principles such as dignity, best interests of the child, child-friendly procedure, rehabilitation, reintegration and protection from harmful institutional practices.

Alongside the doctrinal legal analysis, the study uses a qualitative review of secondary literature to examine the psychological, criminological and developmental dimensions of childhood trauma and adolescent offending. Secondary sources include peer-reviewed journal articles, review articles, books and other scholarly literature identified through academic databases and search platforms such as Web of Science, Scopus, PubMed, PsycINFO and Google Scholar.

5. Literature Review

Lynne et al. (2025), in their research article *“Buffering Effects of Positive Childhood Experiences in the Relation Between Adversive Childhood Experiences and Delinquency Among Adolescent Youth State wide,”* published in Child Abuse & Neglect, used state wide data on 24,772 high-school students to study the relationship between adverse childhood experiences (ACEs), positive childhood experiences (PCEs), and adolescent delinquency. The more a child experienced ACEs, the greater the likelihood of engaging in delinquent behaviour and/or getting arrested. Importantly, positive childhood experiences were associated with decreased rates of delinquency and appeared to act as a mediator between ACEs and delinquent behaviour. The findings highlight restorative family and school environments as an important area of focus to reduce the behavioural impacts of childhood adversity.

Malvaso, Day and Boyd (2024), in their umbrella review article *“Trauma-Informed Practice in Youth Justice: An Umbrella Review of the Outcomes,”* published in Journal of Child & Adolescent Trauma, reviewed nine systematic reviews that together identified 47 primary studies. The review reported improvements in trauma symptoms, mental health and well-being, and some justice-related outcomes among justice-involved youth. However, evidence concerning organisation- and system-level trauma-informed practices was limited. The article therefore emphasises the importance of trauma-informed practice in youth justice and the need for stronger methodological research in this area.

Jackson et al. (2023), in their research article *“Adverse Childhood Experiences and Adolescent Delinquency: Mediators During Middle Childhood in a Theoretically Informed Investigation,”* published in International Journal of Environmental Research and Public Health, examined developmental mediating mechanisms connecting adverse childhood experiences with adolescent delinquency. Their analysis indicated that childhood adversity may be associated with later delinquent behaviour through intervening developmental processes. The article supports the view that ACEs should not be treated as direct determinants of offending but as part of broader psychological and behavioural developmental pathways.

Leban and Delacruz (2023), in their research article *“FACES and Delinquency: The Question of Assessment Age,”* published in Journal of Criminal Justice, examined whether the relationship between adverse childhood experiences and delinquency differed according to the age period in which cumulative adversity was assessed. Using longitudinal data involving at-risk youth, they found that ACE scores measured across childhood and adolescence, rather than childhood alone, were associated with delinquency and arrest. The article highlights the importance of the timing and accumulation of adversity when examining adolescent offending.

Yohros (2023), in the systematic review and meta-analysis article *“Systematic Review and Meta-Analysis of the Association Between Adverse Childhood Events and Juvenile Recidivism,”* published in Trauma, Violence, & Abuse, examined sixteen studies concerning ACEs and youth re-offending. The review identified an association between adverse childhood experiences and juvenile recidivism and also indicated

that the relationship may differ according to gender, race/ethnicity and other contextual mechanisms. The article demonstrates the relevance of cumulative childhood adversity not only to initial delinquency but also to continued involvement in the juvenile justice system.

6. Conceptualising Childhood Psychological Trauma: Childhood trauma can encompass a broad range of events that bring risk to the physical and/or emotional health and safety of children. Trauma may be a one-time severe experience or from repetitive, or chronic, exposure to negative circumstances.

6.1 Physical Abuse: Physical abuse is when someone has been physically harmed or treated in an inappropriate way. Children's experiences of conflict and relationships with others can be affected long term by repeated physical victimisation. Violence-exposed children can become hypervigilant to threat and have trouble with anger control or responding appropriately to interpersonal conflict.

6.2 Emotional Abuse: Emotional abuse can include humiliation, rejection, intimidation or constant criticism, threats, isolation or any other behaviour which has a detrimental effect on the child's self-esteem and sense of security. Chronic emotional maltreatment can have a great impact on self-concept and interpersonal functioning, even though no physical harm is done.

6.3 Sexual Abuse: Sexual abuse of children is an extreme breakdown of boundaries and loss of trust on an individual basis. The psychological impact can range from fear, shame, anxiety, depression, post-traumatic responses, feelings of dissociation, interpersonal issues and maladaptive coping mechanisms.

6.4 Neglect: Neglect is when someone consistently fails to provide physical, emotional, educational and supervisory care. Emotional neglect is particularly significant for psychological development, for children may not have regular opportunities to learn to regulate their emotions and to develop secure attachments.

6.5 Exposure to Domestic and Community Violence: Children must not be directly exposed to the violence in order to be psychologically affected. Exposure to violence in neighbourhoods and by caregivers may result in chronic fears or perceived threats.

6.6 Household Dysfunction and Adverse Childhood Experiences: The adverse childhood experiences framework is broader than the definition of adverse childhood experience to include more than maltreatment. Parental substance abuse, mental health issues within the family, having someone in the household jailed, family violence, family separation and more childhood adversity can all add to the risk of additional adversity. The only thing to watch for is the accumulation of exposures. There can be many potential events that can result in developmental stressors that can be more intense than an individual event.

7. Childhood Trauma and Adolescent Offending: Some of the young people involved in the justice system are victims; they have family and other issues that have led to violence and abuse, or neglect – this is recognized in research. The importance of this observation has been a factor in the development of the concept, sometimes referred to as ‘victim–offender overlap’.

The link should be taken with a grain of salt, however. Victimisation does not necessarily lead to offending in children and young people. Similarly, the connection between child trauma and adolescent offending cannot be concluded. Rather, a series of psychological and social processes take place between the trauma and the vulnerability that can make a person more vulnerable.

A first step here could be the aggressive response. Repeatedly enduring threatening situations can heighten children's sensitivity to threats or hostility. Might misinterpret others when communicating and become defensive or aggressive.

The second route is in the realm of emotion regulation. For some teenagers, it can be difficult to recognise, comprehend and control intense feelings, and when facing conflict, they may act impulsively. Such reactions can result in increased aggression or other harmful actions taking place.

The third way is through substance use. Alcohol or drug abuse can be an adolescent's way of coping with intrusive memories, anxiety, anger, emotional numbness or distress. This can then increase exposure to delinquent peers and decrease behavioral inhibition, which in turn can result in increased substance use.

The fourth relates to education. It can affect young people's attachment to traditional institutions because of their inability to focus, behavioural issues, absenteeism, disciplinary exclusion or lack of attachment to their school. More unsupervised time and opportunities to participate with delinquent peers can be involved in school disengagement.

So, childhood trauma is a developmental risk factor and can be defined as such by working with a number of inter-woven processes.

8. Theoretical Framework

8.1 Attachment Theory: Attachment theory is one explanation for the long-lasting effects of negative child care environments. Emotional safety and opportunities to learn trust and emotional regulation are fostered in secure attachment relationships. Disruption to these processes can occur when the parent/carer is maltreating the child or when the parent/carer is neglecting the child.

Young people with a disrupted attachment history may lack trust in adults, an ability to maintain stable interpersonal relationships, an understanding of social cues and an ability to seek help when needed.

8.2 Social Learning Theory: Social learning theory suggests that behaviour may be learned by observing others and mimicking behaviours, by reinforcement and by social interaction. Frequent exposure to violence in the family or community can make children think that violence is reasonable or viable way to solve problems.

The theory doesn't say that exposure will inevitably lead to the imitation. Instead, behaviour is shaped by the interplay between observed models, reinforcement and individual cognitions and social contexts.

8.3 General Strain Theory: The general strain theory is another theory that is similar. Events of victimisation, loss, rejection, deprivation and negative interpersonal relationship can cause anger, frustration, fear and other psychological strains. When adequate coping mechanisms are not available, maladaptive coping strategies can develop such as delinquent behaviour.

8.4 Developmental Trauma Perspective: A developmental trauma perspective focuses on the repeated, interpersonal and prolonged adverse experience that has taken place throughout the sensitive developmental window. Emotional control, attention, self-perception, interpersonal functioning and behavioural control may be affected by PTSD.

8.5 Ecological Perspective: An ecological model is particularly suitable because adolescents' actions take place in a system of interactions. Individual characteristics exist in the context of families, schools, peer groups, neighbourhoods, cultural contexts and broader socio-economic contexts.

Accordingly: The effects of childhood trauma are mediated through psychological/behavioural processes, which then interact with the environment, leading to adolescent offending risk.

Possible mediation factors are: Emotional Dysregulation, Aggression, Impulsivity, Substance Use, School Disengagement, Delinquent Peer Affiliation. The pathway can be disrupted by protective factors.

9. Legal Frameworks

9.1 Constitutional and Statutory Framework in India: The legal system in India has to be applied in a uniform manner and adhere to constitutional protections including equality, life and personal liberty, legal aid and a state duty to children when it comes to juvenile justice. The basic rights framework is provided in Article 14 and 21, the right to special provision for children is in Article 15(3), protection against any form of abuse and against any circumstance that is harmful to the child's development is in Article 39(e)–(f), and support for equal justice and legal assistance is in Article 39A.

The main law that governs children in conflict with the law is Juvenile Justice (Care and Protection of Children) Act, 2015. It has a clear child-friendly, care and protection, development, treatment, social reintegration and rehabilitation focus, as provided by its statutory design. The principles of presumption of innocence, dignity and worth, participation, best interests, family responsibility, safety, positive measures, non-stigmatising semantics, diversion and natural justice should be applied throughout Section 3.

These principles are especially important for trauma-exposed adolescents. A child's history of abuse, neglect, family violence or other adversity should be considered when assessing, planning personal care for and rehabilitation of that child, but not to support criminal propensity. The legal response should be individual, developmentally appropriate and proportionate. The provisions on apprehension, bail, inquiry, dispositional orders, rehabilitation give opportunities for education, counselling, behaviour modification, psychiatric treatment and community supervision instead of just a punishment.

9.2 Child Protection and International Standards: In addition, the United Nations Convention on the Rights of the Child (UNCRC) is a source of inspiration for the Indian juvenile justice system, and its focus on best interests, participation, protection from violence, treatment consistent with dignity, and reintegration are reflected in the system. The Preamble of the 2015 Act specifically mentions the UNCRC, the Beijing Rules and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty.

If the trauma is a result of sexual abuse, the Protection of Children from Sexual Offences Act, 2012 also applies to the protection of the law. The present paper is concerned with adolescent offenders but, also, because of the victim–offender overlap, it is imperative that justice systems are aware that some children in conflict with the law may have a history of victimisation that must be addressed for protection, mental-health support, and trauma-informed handling.

9.3 Judicial Approach and Relevant Case Law: *Sheela Barse versus Union of India (1986)* is a case where the Supreme Court highlighted that children accused of offences should not be imprisoned and related juvenile justice with the constitutional right to speedy trial guaranteed in Article 21. The issue of sentencing is still relevant to a trauma-informed perspective because it is important that the mental trauma does not escalate due to unnecessary incarcerations and prolonged proceedings.

In *Sampurna Behura v. Union of India (2018)*, the Supreme Court highlighted the need for an effective implementation of the Juvenile Justice laws and reiterated that children are a national asset whose dignity, development, and welfare should be actively looked after by the State. The judgment highlighted the need for working, statutory child protection institutions, and child-sensitive implementation, not just for the sake of legal compliance.

The Supreme Court in *Salil Bali v. Union of India (2013)* stated that it was bound by the legislative policy that children under eighteen years of age would be considered juveniles and that juvenile justice was based upon a specific rehabilitative philosophy. The ruling is based on the developmental principle that children are not just "adults in miniature."

The Supreme Court in *Shilpa Mittal v. State (NCT of Delhi)* (2020) gave a definition to the crime classification provisions in the 2015 Act and emphasized the need for the classification of crimes based on the statutory language. In the present study the case illustrates that serious offending by adolescents continues to be under the jurisdiction of a specialised legal system with a system of age, procedure, assessment and rehabilitation with a specific legal meaning.

The constitutional provisions, the 2015 Act and international child rights standards and Supreme Court jurisprudence all favour a juvenile justice model that is based on a balance of accountability and dignity, developmental assessment, rehabilitation and reintegration. When trauma is seen as a lens for understanding needs, pathways to intervention, and a lens on which to overlook legal boundaries, a trauma-informed approach is compatible with the law.

10. Findings of the study: The findings of the review illustrate the developmental nature of childhood trauma as a risk factor, rather than a determinant of adolescent offending. In the literature which was reviewed, trauma, maltreatment and adverse childhood experiences juvenile, adolescent offending were the most salient themes. Additional common themes included emotional dysregulation and aggression, as well as protective factors and resilience and trauma-informed interventions. The pattern of reviewed studies suggests a greater focus on the link between exposure to adversity and behavioural outcomes than in prevention, resilience and rehabilitation.

Table 1. Thematic Distribution of Studies Included in the Review

S. No.	Thematic Category	Number of Studies
1	Childhood Trauma and Maltreatment	18
2	Adverse Childhood Experiences (ACEs)	15
3	Juvenile/Adolescent Offending	16
4	Emotional Dysregulation and Aggression	12
5	Trauma-Informed Interventions	10
6	Protective Factors and Resilience	9
	Total	80

The thematic distribution includes 80 study-category entries related to childhood trauma and maltreatment, juvenile/adolescent offending, ACEs, emotional dysregulation and aggression, trauma-informed interventions, and protective factors and resilience. Cumulative adversity appears to take effect via interacting mechanisms such as elevated threat sensitivity, emotional regulation problems, impulsivity, substance use and school disengagement and affiliation with delinquent peers. Simultaneously, supportive caregiving, connectedness to school, prosocial relationships, stable living conditions and mental-health services and trauma-focused interventions can disrupt these pathways.

The literature also suggests that justice reactions should stay away from two extremes namely to see the trauma as an excuse to absolve the person from responsibility and to seek purely punitive reactions that disregard developmental and psychological requirements. An ecological and developmental approach to assessment, rehabilitation, family work, education, mental-health services and accountability and public safety is the more defensible model.

11. Suggestions

1. Juvenile justice institutions need to use evidence-informed, developmentally appropriate trauma screening and psychological assessment, while ensuring that trauma is not the basis for a child to be deemed inherently delinquent.
2. More work should be done in schools, child-protection agencies and community services to identify serious childhood adversity early, allowing for mental-health support before behaviour becomes entrenched and leads to involvement in the justice system.
3. Emotional-regulation training, anger management, treatment of substance abuse, interpersonal skills training, educational reintegration, vocational assistance, and family-based intervention should be integrated as appropriate to the individual's needs in rehabilitation programmes.
4. Practices in observation homes, special homes and other institutions which could retraumatise children should be minimised. Staff should be trained in adolescent development, trauma responses, de-escalation and child rights and non-stigmatising communication.
5. Individual care plans must incorporate psychological needs, educational and family/social reintegration needs and must provide post-release or post-restoration to community support.
6. Future studies should employ longer-term and methodologically sound designs to differentiate between association and causality and to explore the mediation of family context, peer context and community factors on outcomes, particularly by gender and SES status.
7. The principles of dignity, best interests, participation, safety, diversion, institutionalisation as a last resort and rehabilitation should be continually monitored in the implementation of the law and policy.

12. Conclusion: Psychological trauma at a young age is an important but complex factor in the context of adolescent offending. The experiences of physical, emotional, sexual victimisation, neglect, family dysfunction and domestic violence can impact on emotional regulation, interpersonal trust, behavioural control, school engagement, coping strategies and peer relationships.

Trauma is not a given that leads to offending, however. The majority of developmental outcomes are a consequence of the interplay between the individual vulnerabilities, family environments, schools, peer groups and communities, the socioeconomic circumstances and the protective resources.

These interactions are important to be aware of for prevention and rehabilitation. Adversity can potentially be prevented from becoming a pathway to subsequent behavioural challenges through early identification of adversity, supportive caregiving, positive school environments, psychological intervention, prosocial relationships and trauma-informed juvenile justice practices.

A developmental trauma-informed lens doesn't excuse adolescents' responsibility. Instead, it provides a more encompassing view of offending, effective rehabilitation, preventing reoffending and successful transitions to adulthood.

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