



Trauma-Informed Approaches to Juvenile Justice: A Critical Race Perspective

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ABSTRACT

Youth of color experience disproportionate juvenile justice contact and recidivism. Trauma-informed approaches may provide important support to these youth and improve their future outcomes. This paper describes dynamics of the various levels of the juvenile justice system (i.e., police contact, courts, correctional placement, aftercare) that perpetuate psychological trauma among adjudicated youth of color. This paper explores trauma-informed approaches from a critical race theory perspective to address issues of systemic racial injustice in the juvenile justice system. Current and emerging models for trauma-informed juvenile justice and implications for practice, policy, and research are discussed.

Key words: trauma-informed juvenile justice, disproportionate minority contact, trauma-informed approaches, juvenile justice alternatives.

INTRODUCTION

In 2010, over 1.6 million youth across the U.S., younger than age 18, were arrested for delinquent or criminal activity (Office of Juvenile Justice and Delinquency Prevention, 2013). On any given day in 2010, there were 69,000 youth either court-ordered to a residential correctional placement or detained while awaiting sentencing (Sickmund, Sladky, Kang, & Puzzanchera, 2013). By 2010, delinquency-related youth confinement had sharply decreased from its highpoint in 1995, dropping 41% across the U.S. (Annie E. Casey Foundation, 2011). More specifically, crime among African American youth had drastically decreased as well, as all offenses among this racial/ethnic minority youth group, including violent crimes, robbery, property crimes, and drug offenses had dropped by 47% (Federal Bureau of Investigation, 2014).

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Even in the midst of this decrease in crime and confinement, youth of color still experienced residential placement at disproportionately higher rates than their white counterparts. Overrepresentation of youth of color has been a common trend in the juvenile justice system (Brandt, 2006; Lawrence & Hesse, 2010; Snyder & Anderson, 2009), as over 62% of youth detained or committed to residential placement in the U.S. in 2010 were of African American or Hispanic/Latino origin (Sickmund, Sladky, Kang, & Puzzanchera, 2013). African American youth were almost five times as likely to be incarcerated, while Latino and American Indian youth were two to three times as likely to be placed in a juvenile residential placement. Furthermore, the juvenile justice system has struggled to overcome recidivism rates, which averages approximately 45% of juvenile offenders committing subsequent offenses after their original adjudication (Abrams, 2006).

Youth Trauma & The Trauma-Informed Approach

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), psychological trauma is the result of a single or chronic experience that is perceived as a threat to an individual's physical or emotional safety, thereby detrimentally impacting their well-being (SAMHSA, 2012). Studies have demonstrated that 90% of youth in detention facilities report experiencing previous trauma (Abram et al., 2004; Ford, Hartman, Hawke, & Chapman, 2008; Ford, Chapman, Conner, & Cruise, 2012). Research has also linked these previous traumatic experiences to an increased likelihood of further delinquency and perpetration of violence (Bruce & Waelde, 2008; Duke, Pettingell, McMorris, & Borowsky, 2010), as youth who experience abuse generally begin exhibiting delinquent behaviors at an earlier age and have more interaction with the juvenile and criminal justice systems over their lifetime (Day et al., 2013). For racial/ethnic minority youth living in impoverished communities, experiences of trauma can be even more prevalent (Baglivio, Wolff, Epps, Nelson, 2015; Lawrence & Hesse, 2010). In general, African American youth are more than twice as likely as white youth to be raised in poverty-stricken areas, increasing their overall exposure to crime, community violence, stress, and trauma (Brandt, 2006; Lawrence & Hesse, 2010).

Complex trauma theory (Cook et al, 2005; Courtois, 2004; Ford & Courtois, 2009; van der Kolk, 2005) posits that chronic adverse or stressful life events can create a lasting impact on the individual's ability to function physically or emotionally. When children experience repeated traumatic events, their developmental trajectory is significantly altered on several domains, including attachment, biology, affect regulation, dissociation, behavioral control, cognition, and self-concept (Cook et al., 2005). Rehabilitating the negative and often self-defeating behaviors that traumatized, delinquent youth exhibit may require a trauma-informed sensitivity to the difficulties experienced on these domains. Also, given the high likelihood of a traumatic history among these youth, rehabilitative efforts within the juvenile justice system may need to use trauma-focused strategies in order to appropriately address these challenges.

The National Center for Trauma-Informed Care, with the support of SAMHSA, has advised that systems looking to implement trauma-informed approaches must:

1) realize the prevalence and impact of psychological trauma; 2) recognize the trauma-related symptoms of individuals (both service consumers and providers) involved in the system; 3) respond using trauma-sensitive methods and knowledge at all levels of the system; and 4) aim to actively avoid re-traumatization or sanctuary trauma (SAMHSA NCTIC, 2013). They should also abide by six main principles: Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment, Voice and Choice; and Cultural, Historical, and Gender Issues. To be effective with serving traumatized youth, literature has also suggested that practitioners receive education on trauma and related behaviors (Courtois & Gold, 2009). Comprehensive efforts to include trauma-informed approaches for all who serve potentially traumatized youth is recommended by several major mental health and child-focused organizations, including SAMHSA and the National Child Traumatic Stress Network. Research has also shown the efficacy of trauma-informed practices in various child-serving systems, including schools (Crosby, Day, Baroni, & Somers, 2015; Day et al., 2015; Penner & Wallin, 2012), mental health youth residential programs (Hummer, Dollard, Robst, & Armstrong, 2010), child welfare (Conradi et al., 2011; Greeson et al., 2011; Griffin et al., 2011; Ko et al., 2008; Kramer, Sigel, Conners-Burrow, Savary, & Tempel, 2012), and juvenile probation (Maschi & Schwalbe, 2012). Overall, the purpose of the juvenile justice system is to address delinquent youth as a vulnerable population, provide for the welfare of child offenders, and to advocate for least restrictive treatment environments (Dewey & Gottlieb, 2011). Trauma-informed practice may greatly assist juvenile justice practitioners in achieving these goals.

CRITICAL RACE THEORY

Critical race theory (CRT) is a framework for studying the relationships among race, power, racism, and oppression to encourage positive social change (Delgado & Stefancic, 2001). CRT posits that racism is a systemically pervasive issue, rather than an occasional social occurrence. Further, racial groups are considered to be socially-constructed classifications, created by the dominant racial group, and based on superficial group features. These groups are then racialized by the dominant group, assigned stereotypical characteristics, to meet the social or psychological purposes of those with power (i.e., maintenance of high social status, personal feelings of superiority) (Delgado & Stefancic, 2001).

Another major component of CRT is its focus on intersectionality. CRT suggests that individuals are comprised of multiple identities (e.g., race, gender, religion) that both intersect with and struggle against one another. Furthermore, individuals can experience oppression that targets any one or multiple of an individual's other identities, beyond or in addition to their race. Therefore, efforts to address racism and oppression must acknowledge intersectionality and actively embrace the unique context, voices, and narratives of people of color, which have been historically disregarded by the dominant group (Crenshaw, 1991; Delgado & Stefancic, 2001).

8

Given our nation's historical context of racial oppression and the consistent trend of disproportionate minority contact (DMC) at all levels of the juvenile justice system (Brandt, 2006), the main goals of this system may be compromised when adjudicating youth of color. Providing culturally-appropriate rehabilitative services that are sensitive to the youth's overall context has been an on-going social justice issue in our criminal and juvenile justice systems. However, several main components of trauma-informed practice (e.g., Trustworthiness and Transparency; Empowerment, Voice and Choice; and Cultural, Historical, and Gender Issues) are in strong alignment with the principles of CRT, and may be a powerful method of addressing the needs of racial/ethnic minority youth in today's juvenile justice system.

CURRENT REVIEW

The aim of this paper is to describe dynamics of the various levels of the juvenile justice system that perpetuate psychological trauma among adjudicated youth of color. This paper will explore the use of trauma-informed, juvenile justice practice with racial/ethnic minority youth from a CRT perspective, focusing on how a trauma-informed approach can potentially work toward addressing issues of systemic racial injustice. This paper will explore issues with police contact, court contact, detainment/corrections, and aftercare, describing how youth interactions with police, court personnel (i.e., judges, attorneys), and correctional facilities can be experienced as re-traumatizing, as well as the policies and aftercare practices that negatively impact youth outcomes. Later, current and emerging models for trauma-informed juvenile justice will be described, along with implications for improving practice and policy, and considerations for future research.

CURRENT ISSUES IN JUVENILE JUSTICE PRACTICE

Police Interaction

Youth interaction with police officers is generally the first point of juvenile justice entry, and can impact youth perception of law enforcement (Geistman & Smith, 2007). Negative interactions between youth and police officers and the perception of unfair treatment by law enforcement officials may perpetuate delinquent behavior (Lawrence & Hesse, 2010; Sherman, 1997). As police have significant discretion in determining how to perform their duties (Fyfe, Klinger, & Flavin, 1997; Maanen, 2006), the nature of their interactions with young people may vary greatly across communities. When youth do not feel respected by law enforcing authority figures, perhaps due to their own perception or due to overtly hostile police behavior, they may demonstrate less deference for law enforcement and the laws that they uphold (Sherman, 1997). This is especially true for communities with long histories of experiencing discrimination or brutality from police officers. Negative perceptions of police as being racist may influence youth to also

view laws and other authority figures as being contrary to their well-being (Taylor, Turner, Esbensen, & Winfree, 2001).

Given the increasingly volatile climate of policing in 2015, the issue of tensions between racial/ethnic minorities and law enforcement officials is even more salient. While underreporting has made it difficult to formulate precise figures, some report disproportionate incidences of police use of force with people of color, including drastically more deadly police shootings of adolescent African Americans when compared to whites of the same age (Gabrielson, Grochowski, & Sagara, 2014). Campaigns like the *Black Lives Matter* social movement have recently taken center stage in mass and social media, as champions for equality in policing practices, and calling for an end to police brutality and the misuse of police force against individuals of color (Black Lives Matter, 2015). These issues may further complicate police interactions with traumatized youth of color, who struggle with both mistrust of law enforcement along with behavioral and emotional trauma responses.

Court Interaction

The next level of juvenile justice interaction, the court, can have even more impact on the trajectory of delinquent youth. Important decisions are made during court proceedings, which can have a strong influence on the subsequent outcome of the youth involved (Howard & Tener, 2008). Juvenile courts often make decisions about out-ofhome placement and rehabilitative treatment methods that may not be considerate of youth culture, traumatic history, and stigma (Igelman et al., 2008). Another existing issue includes the adoption of transfer laws that allow juvenile delinquency cases to be moved from the juvenile court system into adult courts for adjudication. These practices may often not take into account the critical differences between youth and adult psychosocial functioning and development. Research has reported profound differences in brain function, judgment and impulse control, perception, and cognitive development between juveniles and adults (Lawrence & Hesse, 2010), which may not always be considered when determining culpability. Although youth may appear to understand their actions, there are underlying social, cognitive, and physiological factors that make it difficult for them to be fully aware of the gravity of their choices. Transferring youth to adult court may disregard this important aspect of youth development, imposing punitive actions on an individual who is not cognitively or emotionally fit to receive them.

Further, findings show that transfer laws have been highly ineffective (Redding, 2008). Not only have these juvenile justice practices failed to prevent recidivism among juveniles in many states, but they have actually been linked to higher rates of reoffending (Redding, 2008). Furthermore, it creates greater racial disparities between the treatment of delinquent youth of color and other juveniles (Lawrence & Hesse, 2010), strengthening the pipeline between juvenile delinquency and adult offending.

Detainment & Correctional Placement

The residential correctional system endeavors to assist youth offenders via treatment and rehabilitative services. However, findings have shown that correctional

placements are often influenced by systemic gender and racial biases that interfere with rehabilitative or behavioral health needs (Dembo, Turner, Borden, & Schmeidler, 1994; Glisson, 1996). Also, psychological losses are experienced by youth when they are removed from their home of origin, contributing to poor social and emotional development and overall behavioral health (Neely-Barnes & Whitted, 2011). This concept, "system-generated trauma" (Ryan, Bashant, & Brooks, 2006), is common among youth placed in residential correctional placements, as incarceration and even less secure placements can be perceived as being emotionally and even physically harmful to youth. When youth are separated from their caregivers and home of origin, and placed in often volatile correctional environments, they may develop strong fears about their emotional and physical safety (Lawrence & Hesse, 2010; Ryan, Bashant, & Brooks, 2006). These concerns often work in opposition to the aforementioned mission to treat and rehabilitate delinquent youth.

The trauma produced by incarceration may actually increase poor behavior, as youth struggle to cope with the emotional impact of confinement and to manage their subsequent externalizing behaviors. The physical environment of many youth detention facilities often mirrors that of adult detention centers, in order to ensure greater security and restriction (Lawrence & Hesse, 2010). Moreover, some correctional placements are not sensitive to the mental health needs of minority juvenile populations, which can further exacerbate the condition of their mental and emotional well-being (Curtis, Dale, & Kendall, 1999; Hipwell & Loeber, 2006; Neely-Barnes & Whitted, 2011; Snyder & Sickmund, 2006). This can have a real impact on youth delinquency and recidivism. Higher rates of incarceration may actually create more crime, as confinement of delinquent youth generally has not been found to be more effective than community corrections (Garland, 2001). Additionally, out-of-home, juvenile justice placements can promote poor socialization through the negative peer culture that exists in many residential correctional facilities (Lawrence & Hesse, 2010).

Aftercare

Reviews of juvenile justice aftercare programs revealed that many of them have short-term effects on subsequent delinquent behavior and recidivism (James, Stams, Asscher, De Roo, & van der Laan, 2013). However, aftercare program efficacy was found to be contingent upon several factors, including the quality of program implementation, youths' age and level of delinquency risk (James et al., 2013; Weaver & Campbell, 2015), and whether services were provided in a group or individual setting (James et al., 2013). Programs that provided services to older youth and those of high delinquency risk were found to be more effective (James et al., 2013; Weaver & Campbell, 2015). Also, aftercare programs that offered individual treatment were more effective than those providing only group treatment (James et al., 2013).

A qualitative study of juveniles transitioning back into the community reported that social setbacks persist among youth who are returned to their home after being released from juvenile justice residential placements (Abrams, 2006). Furthermore, almost two-thirds of these youth met criteria for a mental health disorder. Recent trends

show that many juvenile courts are meeting this challenge by acknowledging the benefits of youth mental health treatment, as illustrated by the increasing number of adolescents being referred for counseling and therapy services, often in community-based programs (Dewey & Gottlieb, 2011). However, literature has emphasized both ethical and cultural dilemmas associated with court-mandated therapy. Several policy and theoretical reviews have illustrated the conflict between client self-determination and mandated treatment (Dewey & Gottlieb, 2011; Griffin, 2001; O'Hare, 1996; Shearer, 2003). In a study on court-client readiness to change, O'Hare (1996) discusses this dilemma, writing that social worker participation in court-ordered treatment "suggests that we may be unintentionally participating in a system that at best provides a more humane diversion from punishment or at worst colludes with an oppressive social structure. In addition, given the enormous financial incentives inherent in the mandatory treatment industry, the profession risks participating in a muddled enterprise where clinicians pretend to treat and clients pretend to comply at the behest of the criminal justice system" (p. 421).

Cultural mistrust, defined as "the tendency to hold a generalized mistrust for people and systems that represent mainstream White America" (Jackson-Gilfort, Liddle, Tejeda, Dakof, 2001), has been heavily cited in the literature on voluntary treatment. For people of color, institutions such as the justice system and social services have long held an image consistent with being predominantly white and oppressive. The mistrust of these systems may lead to overall fears about participating in mental health treatment, and especially in agencies with predominantly white staff (Nickerson, Helms, & Terrell, 1994). For adolescents, cultural mistrust may also contribute to a higher disposition toward deviant behavior (Taylor, Biafora, Warheit, 1994). This may have even greater impacts on those mandated to seek treatment, as non-compliance may be used as a mechanism of coping with cultural fears.

Literature has emphasized the importance of cultural sensitivity (Snyder & Anderson, 2009) and the inclusion of professionals of color when providing rehabilitative services to racial/ethnic minority populations (Williams, 1992). The type of therapeutic relationship that is necessary for progress in treatment can be impacted by client fears of and subsequent resistance to individuals who do not demonstrate such sensitivity (Snyder & Anderson, 2009). This is especially important for clients of color who are court-ordered to treatment, as "these clients not only attend therapy under duress but also may feel that their culture is being 'condemned' by the Anglo-American system" (Waldman, 1999, p. 3). The complexity in working with these clients is evident, as therapists must navigate the multifaceted nature of the client's presenting problem, along with issues related to involuntary participation, and cultural conflicts (Waldman, 1999).

CURRENT & EMERGING USES OF TRAUMA-INFORMED JUVENILE JUSTICE

Trauma-informed practice is important to improving outcomes among youth who interact with the court and juvenile justice systems (Buffington, Dierkhising, & Marsh, 2010; Ford et al, 2012; Igelman, Ryan, Gilbert, Bashant, & North, 2008; Wasserman &

McReynolds, 2011). Juvenile justice programs in some states, including Connecticut and Florida, have implemented trauma-informed practices, incorporating systematic trauma screenings as well as the use of Trauma Affect Regulation: A Guide for Education and Therapy (TARGET) as a youth intervention (Ford, Chapman, Hawke, Albert, 2007). TARGET is a strength-based model for teaching self-regulation to traumatized youth, and has been adopted by the National Child Traumatic Stress Network (NCTSN), with the support of the Substance Abuse Mental Health Services Administration (SAMHSA), for use in several juvenile justice programs across the U.S. This intervention has demonstrated significant promise in improving outcomes for youth in the juvenile justice system (Marrow, Knudsen, Olafson, & Bucher, 2012).

Other promising interventions that may be useful when adapted to juvenile correctional settings include Brief Eclectic Therapy, which combines multiple clinical theories to meet treatment needs, and Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), a short-term model for counseling using exposure and cognitive-behavioral approaches to improve self-management (Ford et al., 2007). One Ohio family court utilized TF-CBT, along with staff training, collaboration with mental health professionals, and trauma-focused assessments to move toward becoming trauma-informed (Howard and Tenner, 2008; Kerig, 2013). Ford et al. (2007) suggests several screening and assessment tools, including the Posttraumatic Stress Disorder Reaction Index (PTSD-RI), Traumatic Events Screening Inventory (TESI), and Trauma Symptoms Checklist for Children (TSCC) for aiding professionals in creating a more trauma-informed court system. Still, most juvenile justice programs are currently absent of a universal stance on trauma-informed practices and how they should be implemented nationwide (Ford et al., 2007).

IMPLICATIONS FOR PRACTICE, POLICY, & RESEARCH

From a CRT perspective, trauma-informed practice can provide a new framework for working with racial/ethnic minority youth in the juvenile justice system. Using a trauma-informed approach means that law enforcement officials and other juvenile justice practitioners must shift their perception and response to delinquent youth of color. They must view these youth as a truly vulnerable population, rather than an overwhelming threat, thereby changing the stereotype that has been historically assigned to this population. Juvenile justice practitioners must also be open to opportunities to hear and understand the racial/ethnic minority narrative of this population, as well as their experiences with cultural mistrust in order to begin mending the deteriorating relations between law enforcement and the communities of color that they serve. Also, interactions with youth should be guided by recognition of the impact of trauma before judgements are made about a youth's character or the nature of their behavior. This means shifting the status quo in juvenile justice to systematically emphasize least restrictive measures, where youth receive culturally-appropriate, evidence-based treatment that acknowledges stigma and other barriers to treatment. Additionally, evaluative measures must be put in place to assess these new practices. More specific CRT-aligned implications for traumainformed juvenile justice are as follows:

Practice

Literature has suggested that the court and juvenile justice systems incorporate more such trauma-informed methods of working with youth (Ford, Chapman, Mack, & Pearson, 2006; Ford et al., 2007; Ford et al., 2012; Igelman et al., 2008; Miller & Najavits, 2012). For courts, Igelman et al. (2008) recommends being sensitive to how youth are questioned and otherwise addressed in the courtroom. It also suggests that judges and court personnel maintain a roster of trauma-trained professionals in order to refer youth with significant trauma histories to receive evidence-based, trauma-focused interventions. Additionally, courts should require specific and measurable progress reports to ensure that youth are making observable social and emotional improvements. Furthermore, court personnel should acknowledge and be sensitive to youth and family barriers to treatment, such as stigma, transportation issues, cultural factors, as well as family and financial constraints.

In juvenile detention and correctional settings, staff are encouraged to model appropriate self-regulation, anticipate youth trauma reactions, remain cautious regarding youth triggers, and provide culturally-appropriate interventions (Ford et al., 2012). Burrell (2013) provides several recommendations for creating a trauma-informed correctional environment. The recommendations suggest that youth be interviewed by staff in areas that ensure confidentiality and that youth searches use the least-intrusive measures needed. They also recommend that staff provide youth with information in age-appropriate language about their rights, facility rules and safety, and filing confidential complaints when problems occur,

Practices in aftercare, along with the other levels of the juvenile justice system, should encourage practitioners to maintain family engagement throughout the rehabilitative process (Rozzell, 2013). This means that family members are actively used as strengths in the rehabilitation process. Also, practitioners should endeavor to exercise strong cross-system collaboration to improve outcomes (Stewart, 2013). Professionals should have consistent communication and make sure that collaborative efforts are made between juvenile justice staff and other professionals in the youth's life (e.g., therapists, social workers, case workers). Communication is also essential in helping mental health professionals to directly address client concerns with confidentiality (Dewey & Gottlieb, 2011). Therapists should actively participate in negotiation with other involved parties (i.e., probation case managers, etc.) to determine a level of confidentiality that will meet legal requirements, as well as provide security to the client (Dewey & Gottlieb, 2011; Griffin, 2001).

Youth should be referred to mental health professionals who engage in monitoring of their own self-awareness and receive proper clinical supervision (Baker, 1999; Waldman 1999). Without this, therapists risk the negligent occurrence of slipping "into veiled racist and discriminatory attitudes with minority clients" (Baker, 1999). To further complicate matters, clinicians must be considerate of issues unique to youth of color that may not be present in adult populations. For adolescent offenders, who are still developing their identity and self-concept, court-ordered therapy needs to be even more considerate of the cultural issues that racial and ethnic minority populations face.

Policy

Policies to create a universally trauma-informed juvenile justice system include a paradigm shift from a punitive philosophy to a more rehabilitative culture (Ford, Chapman, Mack, & Pearson, 2006; Miller & Najavits, 2012). To start, all levels of the juvenile justice system should establish systematic assessment processes that include thorough screening of delinquent youth for complex trauma histories (Ford et al, 2012; Wasserman & McReynolds, 2011). Regular staff training on trauma and cultural competence is an important component of improving outcomes for adjudicated youth of color. Staff in juvenile correctional settings should receive training on trauma-informed practices with youth offenders (Ford et al., 2012) and individuals, across disciplines, working with youth in the juvenile justice system should be familiar with trauma-related behavior, as well as evidence-based interventions for addressing it (Igelman et al., 2008).

Research

Practices and interventions specific to the needs of traumatized youth in the juvenile justice system remain understudied (Ford et al, 2012; Rivard et al., 2003). Research should further explore trauma-focused interventions for adjudicated youth that are also culturally-appropriate. This will expand our knowledge of evidence-based, rehabilitative options for improving youth social and emotional functioning. Studies should also analyze new and emerging policies to ensure that they are actually improving the correctional environment and creating better outcomes for adjudicated youth of color.

Although many studies have contributed to the general body of knowledge regarding court-ordered therapy, several areas remain in need of further investigation. Recent support of the efficacy of court-ordered outpatient treatment on reducing recidivism has been reliant on sample populations that "were largely male, mostly white or of mixed ethnicity" (Lipsey, Wilson, & Cothern, 2000, p. 2), and may not reflect accurate outcomes among females and adolescents of color. Research should pursue insights that can contribute to our knowledge about power dynamics, cultural issues and perceptions, parental influence on compliance, and other factors that influence engagement in treatment for court-ordered youth. Overall, further and more expansive research on court-ordered juvenile treatment would be useful to advance the field and provide more effective methods of practice with this population.

CONCLUSION

Successfully engaging and rehabilitating racial/ethnic minority youth in the juvenile justice system may require a shift in philosophy and practice. Juvenile justice practitioners should explore knowledge about childhood trauma, along with culturally-sensitive and trauma-informed approaches to addressing delinquency. This may be an imperative part of keeping the functioning and behavior of youth of color from being exacerbated by the systems that are charged with improving them. This may also impact

youths' inclination toward recidivism and future criminal behavior, impacting their ultimate life trajectory toward either a perilous or more positive future.

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