

**REFORMING THE REFORM HOMES: A CRITICAL ANALYSIS OF THE
ADVERSE EFFECTS OF CUSTODIAL CARE ON JUVENILE
OFFENDERS IN INDIA**

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ABSTRACT

This paper aims to critically examine the adverse effects of juvenile incarceration with a focus on mental health issues, substance abuse, recidivism, gender vulnerabilities, and socio-economic vulnerabilities like education and employability. The paper will then delve into how the very objective of the Juvenile Justice System in India, i.e. rehabilitation, protective care and reintegration, is defeated by producing counterproductive results on social reintegration due to systemic structural inefficiencies. Drawing on interdisciplinary empirical data and literature from diverse jurisdictions, it highlights how youth from marginalized communities, low socio-economic backgrounds, and unstable family environments are disproportionately involved in the Juvenile Justice System. The intersecting factors of race, gender, mental health issues, socio-economic status, and family dynamics exacerbate the negative outcomes associated with juvenile incarceration. Through a developmental and socio-ecological lens, the paper critiques the mismatch between juveniles' cognitive and psychosocial needs and the current justice system's approach, which often prioritizes punishment over rehabilitation leading to counterproductive outcomes. The paper concludes with evidence-based alternatives like community-based programs and family-centered therapies as well as policy and practice recommendations designed to improve the Juvenile Justice System in India through better mental health services, educational and vocational programs, gender- and trauma-responsive care, and enhanced post-release support. These reforms will help in breaking the cycle of disadvantage and criminalization among vulnerable youth, promoting healthier developmental trajectories and social reintegration, to help achieve the objectives of the Indian Juvenile Justice System as reflected in the Juvenile Justice (Care and Protection of Children) Act, 2015 and its subsequent rules, regulations and models.

Keywords: Juvenile Justice System, rehabilitation, juvenile delinquents, crime, detention.

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I. Introduction

In India institutional arrangements regarding juvenile delinquents often produce outcomes that are counterproductive to the Juvenile Justice Act's proclaimed intent of rehabilitative and child centric goals. Indian Juvenile Justice System has consistently evolved from a rehabilitative approach to a punitive paradigm, with persistence of custodial, prison like, security- driven practices that risk normalizing incarceration like conditions for juveniles, undermining the very goal of the Juvenile Justice System. It undermines juvenile delinquent's developmental and reintegration needs.¹ This paper aims to show how an intended rehabilitative approach has punitive punishment-like effects and involvement on juvenile delinquents. The significance of the study lies in analyzing the adverse psychological, social, economic and legal effects of custodial care of juvenile offenders, where the policy continues to emphasize protection welfare and rehabilitation but empirical evidence suggests otherwise.² A bare reading of the Juvenile Justice Care and Protection of Children Act, 2015 reveals how this principle legislation govern 'children in conflict with law' and 'children in need of care protection', is based on the principles of 'best interest of child', presumption of innocence and rehabilitation and integration back into society. The Act, when read with its Rules and Model Rules, reveals how it sought to provide a specialized child - friendly system through Juvenile Justice Boards, Child Welfare Committees and a range of institutional and non-institutional measures aimed at care, development and reintegration of juvenile delinquents. The Act's rules and regulations that cover this, are made in alignment with the UN Convention on the Rights of the Child.³ Started early, the Juvenile Justice System framework has emphasized on minimum possible use of custodial care and clear distinction between children and adults in terms of criminal responsibility and procedural safeguard. Hence, a very child friendly language has been used in the bare act itself avoiding terms like imprisonment, prisoner, incarcerated, convicted and using replacements such as 'child in conflict with law', 'facility', 'observation home', 'special home', 'place of safety', etc.⁴ The Juvenile Justice Model Rules explicitly mention this institutionalization of juvenile delinquents as a measure of last resort and only for the best interest of the child, yet the functional realities of India often mirror penal institution like

¹ Shweta Mittal, *Juvenile Justice in India: Challenges, Reforms, and the Way Ahead*, 5 Indian Journal of Integrated Research in Law 484 (Issue III).

² Aditya Ranjan Malviya, *Juvenile Justice in India: Historical Development*, 13 International Journal of Creative Research Thoughts g62 (2025).

³ Aastha Goyal & Prashasti Tiwari, *Juvenile Justice in India*, 3 Journal for Law Students and Researchers 1 (Apr. 2022).

⁴ *Id.* at

environments raising questions whether the nomenclature rejection of these words is just a formality defeated in practice. For the purpose of this paper, custodial care/incarceration/detention and other similar words have been used as an umbrella term for these closed or semi closed institutional settings of custodial care in India where liberty is restricted, movement is controlled and children remain under continuous supervision of State or State recognized authorities, especially when they have been found in conflict with law. This has been done as research papers from all over the world, which includes different jurisdictions or different countries, and use interchangeable terms for the same type of institutions for juvenile delinquents.

To understand the critique on the Juvenile Justice System in India and why it is giving counterproductive results, we must first understand how the Juvenile Justice System and custodial care is practiced in India. The modern Juvenile Justice System in India especially after the Nirbhaya rape case⁵ works through a network of Juvenile Justice Boards that adjudicate cases of children in conflict with law and need of care and protection, and a set of childcare institutions which includes observation homes, special homes, places of safety and others such facilities where children are in-house during inquiry or after the case disposition . While observation homes are intended to provide temporary care, education and psychosocial support during the pendency of proceedings, on the other hand special homes and places of safety are meant for intensive rehabilitative interventions. However, studies and official data from government websites have shown repeatedly how these homes are overcrowded, have inadequate staffing, have poor infrastructure and very limited access to actually helpful and meaningful therapeutic or developmental services.⁶ Despite a heavy emphasis on diversion and community based alternatives, many delinquents especially those of marginalized social economic backgrounds continue to be taken into custodial care within the Juvenile Justice System as their primary interaction, which makes it very crucial and makes us think how these spaces shape their trajectories of life over the longer period of time.⁷

II. PROBLEM STATEMENT

The central research problem addressed by this paper is the tension between Juvenile Justice Act's rehabilitative and rights-based framework contrasted with the adverse effects that the

⁵ Mukesh & Anr. v. State (NCT of Delhi), (2017) 6 SCC 1.

⁶ Mittal, *supra* note 1, at

⁷ Goyal & Tiwari, *supra* note 3.

very reform homes and allied institutions are giving under this Act. The paper will interrogate how custodial care when framed as protective and rehabilitative, can generate various kinds of psychological harm, social stigma, institutional abuse, legal disempowerment and heightened risk of recidivism, especially to youth who are already coming from marginalized backgrounds. The effects of custodial care compound these effects instead of improving the outcomes for these juvenile delinquents. The paper contributes to the Indian Juvenile Justice System by drawing out on a systematic empirical evidence study by consolidating global and domestic evidence on the harms of institutionalization of juvenile delinquents. At the end, the analysis will underline the urgency of reimagining Indian Juvenile Justice System beyond its custodial care framework to argue towards a more robust community based, family strengthening, therapeutic models and scientifically proven policies such as informed mental healthcare, substance abuse help, gender sensitive practices etc.^{8 9} The paper will provide policies and recommendations from all over the world proven through empirical data and successful implementation in being better alternatives to incarceration of juveniles or to reform existing juvenile homes to eradicate the counterproductive results traditional homes give.

III. METHODOLOGY

This paper has used empirical, applied, qualitative study grounded on the systematic synthesis of available evidence and critical analysis. It is based on a broad range of research that has been completed and official statistics reports to determine trends in juvenile offending and the impact of custodial placement, and release outcomes. The relevance, recency, and methodological soundness are used in selecting the studies and the reports, which are then read carefully and coded according to major themes affecting the mental health and substance use, education, employability, family factors, recidivism, and institutional conditions. These findings are then organised into larger themes through a thematic analysis to provide an explanation of what makes juveniles act in a particular manner, the impact of the system and what interventions lead to the desired results. The themes would subsequently be critically employed to identify structural weaknesses in juvenile justice homes in India and to formulate

⁸ Ashish Kumar, *Introduction to POCSO Act and Rules* (presentation, Madhya Pradesh High Court Juvenile Justice Committee Event), https://mphc.gov.in/PDF/web_pdf/JJC/PDF/Event/Presentation%20by%20Shri%20Ashish%20Kumar,%20Advocate%20Introduction%20to%20POCSO%20Act%20And%20Rules.pdf.

⁹ Malviya, *supra* note 2, at

evidence-based policy and practice responses that would indirectly decrease the negative impact of the system.

IV. DISCUSSION

Disproportionate Impact on Marginalized Youth

Disproportionate numbers of children from marginalized communities are found within India's Juvenile Justice custodial institutions. Youth from marginalized communities such as Scheduled Castes who are 16.6% of population but up to 21-25% of juvenile inmates; Scheduled Tribes who are 8.6% in population but 15-20% of inmates; Other Backward Classes (OBCs) and Muslims who are roughly 14% of population but over-represented in urban juvenile facilities, as well as other minority communities, are consistently over-represented in India's Juvenile Justice System due to existing socio-economic disparities and systemic biases.¹⁰

The National Crime Records Bureau Data 2023 (NCRB 2023) shows that SCs and STs combined at approximately 31% of convicted under-trials in India's Juvenile Justice System. Based on this data and CSJ's analyses of the occupancy rates of many of Delhi's and Rajasthan's juvenile justice facilities, the CSJ found that among under-trials convicted in Delhi and Rajasthan, over 70% came from Dalit/Adivasi/Muslim communities while accounting for less than 40% of the overall population. Many of these youths are incarcerated for petty survival crimes due to poverty and exclusion.¹¹

Youth from marginalized communities are frequently over-represented because of the effect of police discrimination and biases in the enforcement of law. An example of the systemic discriminatory practice of policing can be seen by how police routinely stop many of those classified as 'habitual offenders' or 'katta lists' based on the historical discriminatory assumptions of the Criminal Tribes Acts. More youth from SC or ST communities are arrested (2-5x higher for similar offending patterns), while denied bail due to the inability to afford bail and subsequently, institutionalized which exacerbates their already poor conditions of life.¹²

¹⁰ Zeba Afrin & Tahseen Tabrez, *Born Guilty? Minority Youth in the Juvenile Justice System in India*, 7 Indian Journal of Law and Legal Research 1049 (Issue III).

¹¹ Nidhi Subramaniam, *Indians in Jails: Many Are Young, Poorly Educated and Awaiting Trial*, Scroll.in (Apr. 7, 2023), <https://scroll.in/article/1087655/indians-in-jails-many-are-young-poorly-educated-and-awaiting-trial>.

¹² Afrin & Tabrez, *supra* note 10, at

This pattern is not unique to India, structural inequity based on race/ethnicity is happening in many countries, including the U.S. For example, youth from the African-American community are incarcerated at rates of five times their white counterparts. This is occurring despite the guarantee of reintegration in accordance with Article 40 of the United Nations Convention on the Rights of the Child (UNCRC).

Data proves how juveniles hailing from marginalized or poor communities are overrepresented in the Juvenile Justice System, more probable to be incarcerated and thus even more at risk to recidivate, become suicidal or other kinds of adversaries which they are already at higher risk of than their non- marginalized peers. Over 80% of juvenile offenders hail from families earning <₹25,000/year, below poverty line; NCRB/CSJ data link destitution to survival offenses (theft, begging), with slum/tribal youth funneled into custody lacking alternatives, e.g., Bihar surveys show 63% OBC/EBC juveniles from <₹10,000/month homes.¹³

Dropout rates from school for Dalit (Scheduled Castes) and Tribal children is huge (51-64% in elementary school vs 37% nationally) and creates social situations conducive for delinquent behaviour amongst young people.¹⁴ For early school leavers, there exists a 70% suspect rate of delinquency in contrast with 10% among those enrolled in school. As a result of early school leaving this group has a lack of positive paternal supervision, placing them at a higher risk (4-5 times) than those enrolled in school. First, 60%-80% of offenders from dysfunctional home environments (neglect, alcohol abuse, violence); and second the absence of parental relationships correlates positively with delinquency; the correlation value is $r=0.81$ for household violence to criminality. As a result of both of these factors, children are being pushed toward the streets to form criminal peer relationships and gangs which then become hubs for juvenile delinquency and petty crimes.¹⁵ The slum and street children comprise 10%-15% of the youth imprisoned; the degree of criminalization attributed to loitering, increased by the migrant labor family migration. For custody youth, 47% originate from homes lacking

¹³ Sagar Choudhary, *Guide to Investigating Caste*, Global Investigative Journalism Network, <https://gijn.org/resource/guide-investigating-caste/>.

¹⁴ Human Rights Watch, *"They Say We're Dirty": Denying an Education to India's Marginalized*, Int'l Dalit Solidarity Network (Apr. 2014), <https://idsn.org/human-rights-watch-report-indias-marginalized-denied-education/>.

¹⁵ Nisha, *Juvenile Delinquency in India: A Socio-Legal Aspect*, 6 J. Humanities & Educ. Dev. 52 (2024), <https://idronline.org/article/social-justice/how-marginalised-people-are-left-behind-in-indias-criminal-justice-system/>.

stability.¹⁶ More than 80% of inmates report frequent experience of Adverse Childhood Experiences, or ACEs (Abuse or Neglect). Kerala's study demonstrates that recidivists who are incarcerated represent a group that has been exposed to double the violence (household/community) than a control group; this added experience with violence, while in custody, has exacerbated the incidence of psychopathology.¹⁷ Dalit (SC) and Tribal (ST) youth have been identified and profiled as "criminal tribes" (e.g., the Pardhi); exercises of oppression by means of torture and arbitrary detention against these groups have been documented by CSJ (Centre for Social Justice) and HRW (Human Rights Watch). Recent census data from Bihar state has revealed EBCs (Extremely Backward Castes) are essentially exiled from benefits (due to proof of membership), while capturing 63% share of the population.¹⁸

Hence, systemic bias and overrepresentation of marginalized groups, persist in India as evidenced by their disproportionate presence in child care institutions and observation homes compared to population shares. This is driven by caste prejudices, poverty, over-policing, and barriers to bail. Within these institutions, they face amplified discrimination and these homes become hubs of adversity rather than spaces of equity, recovery and in the best interest of the child. Intersectional marginalizations layer risks of the same like Dalit/Muslim girls face 64% dropout rates amid compounded caste-gender stigma, while LGBTQ+ minorities endure cis-heteronormative and Brahmanical biases yielding 1.5-2x higher remand rates, with ethnic-gender intersections producing dual discrimination that evades diversion.¹⁹

Mental Health

Juvenile incarceration triggers profound mental health deterioration through institutional violence, isolation, and resource scarcity, exacerbating preexisting traumas via chronic cortisol dysregulation that impairs prefrontal cortex development, heightening impulsivity and aggression. Facilities expose youth to peer violence and staff abuse, compounding PTSD via hyperactive amygdala responses and emotional dysregulation, with 70% of detainees showing

¹⁶ Shalini, Anand, Ranjan, Khalid & Gaurav, *How Marginalised People Are Left Behind in India's Criminal Justice System*, IDR (2025), <https://idronline.org/article/social-justice/how-marginalised-people-are-left-behind-in-indias-criminal-justice-system/>.

¹⁷ Amanda Winn, Kelsey Hannan, Robert Sege & Dina Burstein, *Reimagining the Juvenile Justice System Through the Healthy Outcomes from Positive Experiences Framework*, 22 Int'l J. Env't Res. & Pub. Health 782 (2025).

¹⁸ Int'l Dalit Solidarity Network, *Report Finds Entrenched Caste Discrimination in India's Criminal Justice System*, <https://idsn.org/report-finds-entrenched-caste-discrimination-in-indias-criminal-justice-system/>.

¹⁹ Yannick van den Brink & Caroline Lanskey, *Inequality, Cumulative Disadvantage and Youth Justice: Towards an Analytical Framework for Understanding and Addressing Inequalities in Youth Justice Decision-Making*, 80 Int'l J.L. Crime & Just. 100725 (2025).

multiple disorders like depression (10-26%) and ADHD (17%). Overcrowding and solitary confinement induce sensory deprivation, elevating suicide ideation (36% in Jordanian cases) and self-harm, as untreated symptoms manifest in maladaptive coping like substance abuse.²⁰

The percentage of psychiatric disorders among detained youths ranges between 65% to 70% on average compared to the general population, with much higher than community prevalence rates, as reflected by: Schizophrenia (2.7% -2.9% prevalence), major depression (10.1% males, 25.8% females); PTSD (8.6% males and 18.2% female); conduct disorder (61.7% lifetime). In the nation of Jordan, 57% experience moderate to severe depression, 13% have elevated anxiety (obsessive-compulsive being the highest level at 36.75%); and 47% experience high amounts of academic stress which correlate with depression ($r=0.407$).²¹ In the USA, 70% of those exposed to trauma develop co-occurring diagnoses, and Black males have the highest prevalence of conditions related to recidivism proving layering of marginalization has disastrous effects. For females, the experience of multiple cycles of repeated victimization has the effect of exacerbating the development of their internalizing disorders, with 93% of female detainees reporting a history of abuse. It has been consistently shown how child incarceration (ages 7-13) yields worse adult outcomes: 21.1% poor general health (vs 13% later incarceration, 8.4% never), 16.9% functional limitations, 37.7% depressive symptoms, and 28.1% suicidality, persisting via stigma and disrupted development. Untreated PTSD drives 70-80% reoffense within 24 months, as neurobiological changes hinder reintegration back into society. The juveniles are often exposed to gang affiliations and anti-social juveniles which affects their mental health and rehabilitation extensively in the long run.²²

They do not get a chance to revisit their mental health or receive proper mental health help, it is also shown how improper mental health care can often worsen outcomes rather than when such juveniles who are not given any treatment at all. This underscores the importance of informed mental health care and the need to adequately house juveniles with peers of their own maturity so that they are not bullied or incorporated into gang rings of substance abuse, crime, bullying, sexual abuse, and other forms of violence. These juveniles often are at a greater risk

²⁰ Ravisha Seth, *Understanding the Theoretical Basis of Juvenile Criminal Behaviour: The Impact of Mental Health and Trauma on Recidivism Rates*, 2 Int'l J. Legal Res. & Analysis (Issue 7) 5 (2025).

²¹ Gabrielle Beaudry et al., *An Updated Systematic Review and Meta-Regression Analysis: Mental Disorders Among Adolescents in Juvenile Detention and Correctional Facilities*, 60 J. Am. Acad. Child & Adolesc. Psychiatry 46 (2021).

²² Kia Chevon Russell, *Recidivism Rates Among Juveniles With Mental Illness* (Ph.D. dissertation, Walden Univ. 2017).

of recidivating as they get a 'high' out of crime. This can lead to even an adult life of crime, instead of civil reintegration into society.²³

Now if we discuss mental health of juvenile delinquents, it has been found that in South Asia/Arab contexts, stigma suppresses care (91% untreated in Jordan), worsening outcomes amid family discord (41% low cohesion) and unemployment (50% youth rate), unlike USA/Canada's therapy access reducing recidivism 25%. Indian reform homes feature overcrowding and isolation, amplifying trauma without rehab, contrasting Western screening.²⁴ Similarly, India also faces an extreme culture of academic pressure on youth which has been linked to mental health issues and the contemporary fact of continuous suicides after any major competitive exam result. If we link this kind of culture of pressure to perform in academics or career, we can interrelate the biopsychological vulnerabilities of juvenile delinquents with their mental health issues and lack of awareness in our country. Culturally, India is known to stigmatize mental health issues and deem them as a black spot on their family if any member is struggling, which means they often go untreated. Many families do not even 'believe' in 'mental health', terming it as fake or Western propaganda. Such lack of awareness compounded by inefficient mental health facilities in juvenile homes in India, adversities are also compounded hindering proper reintegration and rehabilitation. This continues well into the adult life of juvenile delinquents and hinders their lifelong health trajectories.

Substance Abuse

Substance abuse is not just a consequence of poor choices made by these at-risk youth but it also reinforces the risk to youth who have previously been victimized by the system. Epidemiological research across several systems shows that between 1/3rd and 3/4ths of youth who are detained meet the criteria for substance use disorder; by comparison, it is estimated that only about 8-10% of youth in the general population will meet these criteria during adolescence. The Bureau of Justice Statistics' (2008-2018) survey of youth in U.S. facilities indicates that approximately 84% of respondents reported lifetime illicit drug use while 76% reported lifetime alcohol use; furthermore, over 50% reported substance use during the month prior to their arrest.²⁵

²³ Richard Mendel, *Why Youth Incarceration Fails: An Updated Review of the Evidence* (2022), <https://www.sentencingproject.org/reports/why-youth-incarceration-fails-an-updated-review-of-the-evidence/>.

²⁴ Latefa Ali Dardas et al., *The Mental Health Needs of Youth Involved in the Juvenile Justice System in Jordan*, 13 Health Just. 12 (2025).

²⁵ Douglas W. Smith, *Substance Use Disorders Among Youth in the Juvenile Justice System*, 59 Juv. & Fam. Ct. J. 1 (2008).

Due to overcrowding, violence, and lack of familial ties, youth experience significant trauma due to the unregulated, harsh punishment systems put into place. The lack of formal mental health assistance makes substance use one of the few viable coping mechanisms available to high-risk youth. Using differential association theory, as the dense concentrations of high-risk youth increase exposure to more dangerous substance use methods (e.g., injecting versus non-injecting), the transition of occasional users to multi-drug dependent users becomes a common occurrence. Substance use in juvenile facilities cannot be separated from trauma and mental health issues experienced by detainees. A significant proportion of detainees meets the criteria for depression, post-traumatic stress disorder (PTSD), anxiety, and/or conduct disorders and the detainees have histories of traumatic experiences that include physical/sexual abuse, community violence, and other traumatic experiences.

From a strain-theory and life-course perspective, these patterns reflect cumulative structural pressures rather than sudden, idiosyncratic decisions. Before any justice contact, delinquent youth already sit at the intersection of high environmental risk: slum residence, overcrowding, exposure to neighborhood drug markets, family substance use, and adverse childhood experiences (ACEs) all raise substance misuse probability. In Indian slums, studies show early onset alcohol and cannabis use (often by age 12–13)²⁶, strong peer influence, and easy access through local peddlers, embedding drug use in everyday survival strategies and gang culture. Social learning theory helps explain this: adolescents in deviant peer networks model and reinforce drug use as a marker of status, masculinity, and group belonging, while weak school attachment removes a key protective factor.²⁷

Psychodynamic and self-medication perspectives show that jail responses cause the resurgence of attachment ruptures and feelings of helplessness. Substances provide shortcuts to escape intrusiveness experienced due to hyperarousal, intrusive memories or depressive numbness, and as a result, young offenders continue to use these substances in an environment where there are limited alternative ways to cope. Studies have repeatedly demonstrated that youth in custody who were at least given some form of treatment will continue to re-offend if they have a substance use disorder (SUD), partially as a result of treatment programs failing to provide for continuing to receive services once the youth leave custody. Neurodevelopment models

²⁶ Divyansh Srivastava, *A Critical Impact Analysis of Drug Abuse by the Juveniles of Indian Slums*, 3 Int'l J. Law Mgmt. & Humanities 2325 (2020).

²⁷ Mark A. Bellis et al., *Adverse Childhood Experiences and Their Impact on Health-Harming Behaviours in the Welsh Adult Population*, 74 Pub. Health Wales 1 (2015).

also suggest that trauma and substance use at an early age interfere with prefrontal control systems during development, resulting in increased levels of impulsivity, sensation seeking, and risk-taking which not only perpetuate addiction, but also increase the likelihood of recidivism.

Overall evaluations of Traditional Juvenile facilities demonstrate that they have not provided effective means of supporting youth to stop using substances, and continue to do so despite decades of employing "get tough" programs, and that many youth in juvenile facilities continue to be assessed as having high SUD prevalence. The key systemic failures that contribute to ongoing substance abuse problems among youth are the lack of use of diversion services, the fragmentation of the process in identifying youth with SUDs, not using evidence-based treatment for young people with SUDs, and a lack of ongoing care for youth with SUDs when they leave juvenile facilities.²⁸ These findings are further explained by routine activity theory and social learning theory. As routine activities, when many highly motivated users are grouped together with little to no guardian involvement AND contraband being available on a sporadic basis, incarceration actually increases the chances of starting or increasing substance abuse rather than eliminating it. As a consequence, a significant percentage leave incarceration with increased patterns of use, increased dependence, disrupted socialization patterns, as well as ruptured educational track records that will negatively affect future relationships and ability to establish gainful employment and desist from crime per long-term evaluations and regional research.^{29 30}

The paper therefore argues for a paradigmatic shift: replacing incarceration-centric responses with integrated public-health and developmental approaches that prioritize early screening, community-based diversion, family-focused and culturally adapted SUD treatment, and long-term aftercare that addresses education, employment, and trauma. Within such a framework, the Juvenile Justice System would cease to be a driver of substance abuse and instead become an entry point to sustained, evidence-based care for highly vulnerable adolescents.³¹

²⁸ Rebecca N. Hunter et al., *Substance Abuse in Juvenile Detainees in the United States: Prevalence and Correlates*, 57 J. Am. Acad. Child & Adolescent Psychiatry 610 (2018).

²⁹ J. Satyanarayana et al., *Drug Addiction in Juvenile Delinquents: A Clinical and Criminological Study*, 39 Indian J. Psychiatry 180 (1997).

³⁰ Leah J. Welty et al., *Trajectories of Substance Use Disorder in Youth After Detention: A 12-Year Longitudinal Study*, 56 J. Am. Acad. Child & Adolesc. Psychiatry 140 (2017).

³¹ Hema & Gigimon V.S., *Rehabilitation of the Children in Conflict with Law Involved in Substance Abuse*, 26 SEEJPH S1, 6868 (2025).

Recidivism

The effects of juvenile incarceration are almost always related to youth committing further crimes later in their lives. This relationship is strongest when juveniles are compared to those with similar backgrounds who did not go to juvenile detention centres and who have mental health issues, drug/alcohol abuse problems, and lack of educational success. Instead of helping young people to rehabilitate, a juvenile detention centre usually provides them with more ways to be involved in criminal activity. For example, by forcing juveniles to associate with others who are involved in criminal activity through their peers; by creating gangs; by labelling them; and by removing from them the ability to build human capital, juvenile detention centres create more criminal opportunities for youth than they are able to reduce through traditional juvenile rehabilitation programmes.

A key question for my discussion is whether incarceration itself, beyond “justice involvement,” increases later offending. Causal designs from different countries converge that it does. Being incarcerated as a juvenile (vs probation only) reduces high-school completion by about 13 percentage points and increases adult imprisonment by roughly 23 percentage points for marginal cases. The judged-based instrument isolates youth who *could* plausibly have gone either way, making it highly relevant for policy.³² A 40-year meta-analysis synthesising quasi-experimental studies concludes that custodial sanctions for youth are at best no more effective than community sanctions and often *worsen* reoffending, particularly for lower-risk juveniles.³³

Most criminal justice systems rely on pretrial detention for a significant part of their foundation. Based on propensity score matching with regards to offense seriousness, prior record level, age, gender, and race, pretrial detention resulted in a 33% increased probability of felony recidivism and a 11% increased probability of misdemeanor recidivism within 12 months. The harm caused by pretrial detention was most pronounced for first-time and low-prior offenders. For offenders with about 4–5 prior arrests, any additional risk associated with pretrial detention became negligible, and the likelihood of committing a new offence diminished as the number of prior arrests increased, which supports the risk-need-responsivity and peer contagion theories. By conveying a negligible additional risk for each additional day in detention (around

³² Anna Aizer & Joseph J. Doyle, Jr., *Juvenile Incarceration, Human Capital, and Future Crime: Evidence from Randomly Assigned Judges*, 130 Q.J. Econ. 759 (2015).

³³ Emily Ackerman, J. Magram & T. D. Kennedy, *Systematic Review: Impact of Juvenile Incarceration*, 3 Child Prot. & Prac. 100083 (2024).

1%), length of stay is probably less important than the act of being detained, with the risk associated with labelling, exposure to peer networks, and exposure to institutional stress being far greater than additional days spent in a pretrial detention facility.³⁴ This supports an explicitly iatrogenic interpretation: for many youth, especially lower-risk ones, detention *creates* additional risk by pushing them deeper into criminal trajectories they might otherwise have avoided.

Recidivism is closely linked to mental illness and substance use disorders. Mental health issues in the form of diagnosed illnesses (such as PTSD, depression, and conduct disorders) along with substance use disorders, all contribute to youth being rearrested at much higher rates and much sooner than youth without mental health issues, even after controlling for the type of offence and past criminal record. Youth who have experienced cumulative trauma and have not had their psychiatric symptoms adequately addressed are more likely to commit persistent offending behaviour. Further, while youth are detained in facilities, they generally are exposed to further victimization, isolation, and unavailability of appropriate treatment, and those who are at the highest risk of being incarcerated and experiencing the highest burden of mental health and addiction problems do not respond to deterrent effects or 'scared straight' logic; the interaction of their vulnerabilities and incarceration tends to entrench their offending behaviour.³⁵

Increased criminal networks through less legitimate life chances (notably through education and employment), as well as stigmatising labels and gang socialisation, hinder youth from creating a legitimate future. The modest and inconsistent findings of the many counselling and vocational methods used within the Indian Juvenile Justice System indicate that these initiatives fail to be effective due to high rates of drop-out and minimal training of staff, while providing no meaningful reduction in recidivism. In fact, many of these facilities have been referred to as "custodial warehouses," rather than "therapeutic programmes."³⁶ The experience of incarceration is seen as part of a continuum that connects other social factors, such as poverty and family disruption, which have contributed to criminal behaviour and the establishment of conditions that promote future re-offending following release from prison. Incarceral removal

³⁴ Sarah Cusworth Walker & Jerald R. Herting, *The Impact of Pretrial Juvenile Detention on 12-Month Recidivism: A Matched Comparison Study*, 66 *Crime & Delinq.* 1865 (2020).

³⁵ Ravisha Seth, *Understanding the Theoretical Basis of Juvenile Criminal Behaviour: The Impact of Mental Health and Trauma on Recidivism Rates*, 2 *Int'l J. Legal Rsch. & Analysis* 5 (2025).

³⁶ Khyati Saxena, *Effectiveness of Rehabilitation Programs in Indian Juvenile Centers*, 5 *Int'l J. Legal Sci. & Innovation* 118 (2023).

from family and community ties creates social alienation, which leads to re-offending; therefore, incarceration accelerates an individual's transition to criminality rather than deterring them or correcting their behaviour. Hence, we can say conclusively that incarceration defeats its very purpose of rehabilitation.

Gender Vulnerabilities

According to the American Psychological Association, girls and LGBTQ+ youth who enter detention frequently have a significantly greater level of previous victimization and adversity than youth who do not. Rather than alleviating the challenges they have already faced, confinement often exacerbates those vulnerabilities. Justice-involved girls, in general, are more likely to have histories of sexual and physical abuse, exposure to violence in the home and multiple adverse childhood experiences than justice-involved boys or girls who have never come into contact with the Juvenile Justice System. They tend to be concentrated further among girls of colour and sexual minority girls. Instead of providing trauma-informed interventions as was originally intended, most custodial facilities put these individuals through strip searches, restraints or isolation, threat of isolation or acts of abuse by either peers or staff. In doing so, these facilities put young people at risk for being re-traumatized, thereby causing them to distrust adults and institutions, ultimately resulting in ongoing mental health and offending.³⁷

The consequences of these gender-specific pathways on the mental health of girls involved in the juvenile justice system are serious. Compared to justice-involved boys as well as girls not involved in the justice system, girls who have been involved with the justice system have significantly higher rates of PTSD, depression, anxiety, self-harm, and suicidal thoughts. This is a result of the many experiences of abuse, instability, and the criminalization of coping and survival strategies (e.g., running away, being perceived as "unruly", or engaging in transactional sex) that have occurred throughout their lives. Girls experience the dual burden of high rates of substance use and substance use disorders; many girls report that they used substances to cope with trauma, but treatment for substance-use issues while detained is often short, non-gender-specific, and overly broad. Therefore, girls who leave detention often do so with increased psychological distress, progressing addiction, and an absence of continued support; thus, they face heightened risk for recurring self-harm, intimate partner violence, exploitation, and re-offending.

³⁷ Leslie D. Leve et al., *Risks, Outcomes, and Evidence-Based Interventions for Girls in the U.S. Juvenile Justice System*, 18 Clin. Child Fam. Psychol. Rev. 252 (2015).

Sexual and reproductive health outcomes represent a third dimension of gender-based harm, where girls who are detained often have higher rates of early and unplanned pregnancies than their non-incarcerated counterparts. Many of these girls are already parents or pregnant while in custody, and most of them do not have access to ongoing prenatal care, contraceptives, abortion services or support for parenting. Additionally, LGBTQ+ youth are disproportionately affected by sexual and gender identity-based harm due, in part, to extremely high rates of entry into the juvenile justice system.³⁸ It is estimated that approximately 20% of juvenile justice involvement consists of LGBTQ+ youth, whereas LGBTQ+ youth only account for a few percent of the overall youth population. It is also estimated that approximately 40% of the detained female population identifies as either lesbian, bisexual, genderqueer or gender nonconforming. Such conditions, including family rejection, homelessness, school exclusion and discrimination based on gender nonconformity, create unique pathways to juvenile justice involvement for sexual minority youth. Once inside the system, they are exposed to elevated levels of verbal harassment, threats and violence from both peers and staff, as well as disproportionately being housed in solitary or extreme "protective" placements that contribute to further isolation, anxiety and suicidal ideation. The absence of supportive and competent services contributes to a continued cycle of oppression.³⁹

Educational opportunities

The educational trajectory of a young person will be negatively influenced by juvenile custodial placement not only due to the disruption of their school progress, but also because of the longer-term impact on educational engagement, educational attainment and the stigma they acquire from their involvement within the Juvenile Justice System. Findings from a large number of quasi-experimental research studies examining detained/arrested youth suggest that interacting with the Juvenile Justice System, especially through incarceration, is strongly associated with a reduction in the likelihood that a youth will complete high school as well as an increase in the likelihood that the youth will become incarcerated as an adult, after controlling for prior educational performance and social background.

³⁸ Centre for American Progress et al., *Unjust: LGBTQ Youth Incarcerated in the Juvenile Justice System*, Movement Advancement Project (2017), <https://www.lgbtmap.org/criminal-justice-youth-detention>.

³⁹ Bianca D.M. Wilson et al., *Disproportionality and Disparities Among Sexual Minority Youth in Custody*, 46 J. Youth Adolesc. 1547 (2017). Natalia Ramos et al., *Addressing the Mental Health Needs of LGBTQ Youth in the Juvenile Justice System*, 61 J. Am. Acad. Child & Adolesc. Psychiatry 115 (2022).

The high-risk adolescent population does not solely represent variables that correlate strongly within that same population group but rather serves to demonstrate an additional and causal factor, which would appear to disrupt the accumulation of human capital in late adolescent development.⁴⁰ Young individuals are removed from their daily education by custody and this results in direct adverse educational effects. Court appearances, pre-trial detention, removal from one facility to another and uncertain release dates cause lengthy absences, mid-term withdrawals, and loss of course credit which are all highly correlated with high rates of dropping out of education later in life. The educational experience in detention centres tends to vary greatly with regard to quality and alignment with the mainstream curricula, as most of these facilities do not provide the same amount of instructional time, the same variety of subjects, and do not allow students to earn recognised qualifications. Therefore, progress made while in detention is not likely to be counted as course credits toward a student's high school diploma. Research has tracked various cohorts of youth who have been held in detention facilities and found that completion rates continue to be extremely low; in a specific U.S. state, a very small fraction of youth who have been in detention for more than a month have gone on to graduate from high school, whereas most dropped out of school or have no record of being educated, as compared to many more of their non-detained peers graduated successfully.⁴¹

Custodial episodes of long duration and/or repeated episodes are associated with cumulative losses of instructional time, frequent changes of schools and an increase in the degree of disengagement from school, resulting in poorer academic performance and lower graduation rates compared to youth who have a history of short custodial episodes or no custody. Due to lengthy and/or poorly communicated custodial sentences, facility educators and home schools are unable to develop a coherent individual learning plan for the youth or establish appropriate special education services.⁴² There are many issues related to credit transferability and the impact of interrupted interventions (e.g., literacy and numeracy remediation) when youth are released. Untreated mental health issues and worsening mental health issues can also lead to higher rates of exclusion from school, disciplinary actions, placement in segregated and/or alternative programmes, and being classified in an "emotional/behavioural disorder" category,

⁴⁰ Caitlin Cavanagh, *Healthy Adolescent Development and the Juvenile Justice System: Challenges and Solutions*, 16 *Child Dev. Persps.* 141 (2022).

⁴¹ David S. Kirk & Robert J. Sampson, *Juvenile Arrest and Collateral Educational Damage in the Transition to Adulthood*, 86 *Soc. Educ.* 36 (2013).

⁴² Amber Farn & Michael Umpierre, *Strategies for Addressing Length of Stay to Improve Outcomes for Youth and Communities: Lessons Learned from the Length of Stay Policy Academy*, Center for Juvenile Justice Reform, McCourt School of Public Policy, Georgetown University, (2023), https://cjjr.georgetown.edu/resources/publications#Strategies_for_length_of_stay.

which results in lower academic expectations and fewer opportunities to access a regular curriculum. The combination of symptom burden, stigma and limited educational opportunities combined to lead to premature school departure and predict a higher adult recidivism rate; thus, poor educational attainment and continued justice agency involvement create a cycle of mutual reinforcement.

Employability

The impact of involvement with the Juvenile Justice System, particularly through incarceration or detention, has negative ramifications on employment opportunities—both due to formal entries into the system and resulting loss of human capital and stigma associated with incarceration. Causal studies based on randomly assigned juvenile judges have shown that juvenile incarceration adversely affects high-school completion rates and increases rates of adult incarceration; both of these developments decrease the likelihood of finding stable employment. The proposed mechanisms for these effects are: (1) decreased skill levels due to lack of educational opportunities; (2) decreased attachment to educational institutions during incarceration, and; (3) decreased expected wages due to prior incarceration, all of which increase the challenge of obtaining sustained employment in the future long-term. Analyses of life-course studies conducted on juvenile offenders and young adults who have served a custodial sentence also indicate that cumulative time spent in prison has a linear correlation to the future salaries of adult workers and a higher probability of experiencing unemployment, which provides evidence for the continued impact of incarceration, even after controlling for other social and economic factors.⁴³

Educational disruption is a key pathway from juvenile custody to weaker employment outcomes. Detained youth lose substantial instructional time and often fail to complete secondary education, and longitudinal studies demonstrate that non-completion or delayed graduation is strongly associated with reduced employment rates and lower wages in early and mid-adulthood. When justice involvement leads to alternative school placements, special-education labelling or complete disengagement from schooling, young people enter the labour market with fewer qualifications, weaker academic and soft skills, and more fragile links

⁴³ Anna Aizer & Joseph J. Doyle, Jr., *Juvenile Incarceration, Human Capital, and Future Crime: Evidence from Randomly Assigned Judges*, 130 Q.J. Econ. 759 (2015).

to pro-social networks, all of which constrain access to formal employment and to better-quality jobs.⁴⁴

The transition from juvenile detention to lower paying jobs is heavily influenced by educational interruption for young people. Young people in detention, due to the time spent not in school and the difficulties completing secondary education, are much less likely to be employed as adults or earn higher wages than those who do finish secondary education. Studies show that not graduating from high school, and/or delaying graduation is closely correlated with lower employment rates and wages during early to mid adulthood. When youth become involved with the justice system, if they are placed into an alternative school, are identified as needing special education services or completely drop out of school, those youth have access to job opportunities that are limited in quantity and quality, due to the following factors: They lack the academic and soft skills to succeed in the job market and have limited access to pro-social networks.⁴⁵

Hence we can conclude that , youth entering into formal association or formal custody has the propensity to reduce an individual's ability to be employed throughout their lives due to several factors of mental health, education, social abilities, etc . Having been formally convicted, youth lose their ability to possess human capital, thereby sending a negative signal to potential employers about them being a risk and creating barriers for youth generally in both the labour market and through legal frameworks.

Social reintegration

Custodial rehabilitation for juvenile offenders is usually not effective in reaching its stated goals, as the settings in which juvenile offenders experience custodial rehabilitation and the often registered practices employed by juvenile detention and correctional facilities, contradict the proper healthy development of juveniles, result in higher probabilities of re-offending and create many obstacles for youth in becoming reintegrated into their family-school-work lives. Detention and corrections facilities' programming is typically determined to be custodial in nature and directed toward maintaining security, with little to no opportunity for youth to participate in quality educational programming, mental health and substance use treatment

⁴⁴ Lace N. Pappas & Amy L. Dent, *The 40-Year Debate: A Meta-Review on What Works for Juvenile Offenders*, 19 J. Experimental Criminology 1 (2023), <https://doi.org/10.1007/s11292-021-09472-z>.

⁴⁵ Arina Gertseva & Carl McCurley, *Education Outcome Characteristics of Students Admitted to Juvenile Detention*, WA: Center for Court Research, Administrative Office of the Courts (2019).

programming and lack supportive aftercare; therefore, upon release juveniles are re-entering their families with more stigma, fewer supportive resources and many more obstacles to their legal and social reintegration than the obstacles to their legal and social reintegration when they were entered into the detention or corrections facility.⁴⁶ Juvenile detention and corrections facilities typically do not reduce juvenile offenders' likelihood of re-offending and instead frequently contribute to establishing an identity of delinquency and further diminishes the protective ties of family, school, work and community that create the strongest protective factors for juvenile offenders against future offending. Well-designed community- and family-focused programming for juvenile offenders can produce similar or superior public safety outcomes without the negative collateral effects associated with juvenile detention and correctional facilities.

In most facilities, young people are socialized into antisocial networks rather than being placed in pro-social roles. Research (both qualitative and quantitative) conducted on pathways toward criminality and facility culture shows that the settings are characterized by youth who are surrounded by peers that have significant offending histories; exposed to gangs and informal codes that glorify violence; and are commonly the victims of coercive control, bullying, and abuse.⁴⁷ The environment promotes an aggressive, defensive and oppositional behaviour rather than teaching them the skills they need to live cooperatively within society. Furthermore, staff and youth relationship patterns often develop based on staff surveillance and punishment instead of the establishment of a relationship through trust; consequently, many routine practices for controlling youth (e.g., frequent confinement to rooms, strip searches, and rigid discipline) can have similar effects on youth with previous histories of abuse and neglect.

Research on reintegration suggests that "rehabilitation" approaches commonly have the opposite effect of enabling individuals to reconnect with their ordinary social roles. Due to longitudinal studies of the experience of leaving an institution in metropolitan areas, it has been documented that, immediately after being released from an institution, young people typically face the following: stigma; ruptured relationships with their families; precarious living situations; limited or no access to education; limited opportunities for employment; and

⁴⁶ Khyati Saxena, *Effectiveness of Rehabilitation Programs in Indian Juvenile Centers*, 5 Int'l J. Legal Sci. & Innovation 118 (2023).

⁴⁷ Randi Hjalmarsson, *Juvenile Jails: A Path to the Straight and Narrow or to Hardened Criminality?*, 52 J.L. & Econ. 779, 779 (2009).

restrictive living conditions.⁴⁸ These challenges are magnified for young people who were incarcerated long-term and/or placed in correctional facilities that emphasize punishment. Analysis of the collateral consequences of juvenile records indicates that, while juvenile records do not automatically bar individuals from higher education and vocational training, access to those opportunities is limited for many individuals. The long-term impact of a single juvenile case has lasting effects on an individual, impacting access to employment, housing and licensing long after they have finished serving their sentence. Findings from developmental studies on reincarcerated adolescents indicate that adolescence is when adolescents begin to explore adult roles, establish a sense of autonomy, and develop stable relationships with prosocial adults. These studies suggest that by placing adolescents in coercive, segmented institutions, the ability of those adolescents to engage in these developmental processes is blocked and as a result, they are not better prepared to meet the tasks of adult life.⁴⁹ Finally, evaluations of rehabilitation programs implemented in institutional settings, at best, yield limited and inconclusive evidence of benefit and continue to occur within institutional settings that are counterproductive and therefore not aligned with the principles of those rehabilitation programs.

Systemic Analysis of Indian Juvenile Justice System

Now that we have discussed how juvenile custodial care has been proven to be counterproductive in various ways as discussed above, we need to synthesize on the fact that why these adverse outcomes are coming in the first place. To do so, we need to understand the structure and system of Juvenile Homes in India which contribute to these effects. Juvenile homes in India show recurring systemic failures in conditions, services, and governance that directly undermine rehabilitation and reintegration. Juvenile facilities in India have an apparent focus on being rehabilitative and child friendly through a defined legal framework. However, the daily processes, conditions and failures of governance produce a system that functions as custodial, punitive and developmentally inappropriate, producing poor outcomes and requiring systemic reform rather than adjustments.

The lack of established care systems designed specifically for children in out-of-home placements has turned institutions into not only detention facilities but also custodial facilities

⁴⁸ He Len Chung, Carol A. Schubert & Edward P. Mulvey, *An Empirical Portrait of Community Reentry Among Serious Juvenile Offenders in Two Metropolitan Cities*, 34 *Crim. Just. & Behav.* 1402, 1402 (2007).

⁴⁹ Mahesh Kumar Agarwal, *Juveniles in Conflict with the Law: Challenges in Reintegration and Social Stigma*, 20 *Neuroquantology* 2454, 2454 (2022).

providing minimal, if any, therapeutic services. In both national social audit reports and state-level field reports on juvenile facilities, nearly all of these Child Care Institutions are experiencing overcrowding, unsafe living conditions, insufficient meal provision, lack of privacy, and frequent use of degrading and violent behaviour from both staff and peers. Continuously vacant positions for probation officers, counsellors, social workers, and child welfare staff in Child Care Institutions result in behaviour management methods relying solely on controlling, confining, and punishing children arbitrarily, rather than on structured counselling, case management, or restorative practices. Most frontline Child Care Institution staff are not trained formally to provide therapeutic services, nor do they understand the basics of child psychology or trauma-informed care. Reports from various media outlets and rights organisations have consistently revealed the same pattern of documented evidence indicating that staffing levels are inadequate to meet the needs of vulnerable youth, that there are numerous vacant sanctioned positions, and that staff are implementing coercive disciplinary methods, thus perpetuating a prison-like culture within the institution rather than the therapeutic environment envisioned by the staff.⁵⁰

The provision of rehabilitation and reintegration services across the board is equally poor or superficial and reflects a failure to translate the legislative intent into the practical delivery of these services. Much regard is given to empirical and doctrinal studies addressing rehabilitation; however, the vast majority of homes provide no form of structured evidence-based interventions for trauma, mental illness, and/or substance abuse, only sporadic group activities, and/or some basic routines versus intensive individual counselling, family work, and/or skill development. Research out of Tripura and other states indicates that Individual Care Plans (ICPs), which are at the heart of the philosophy of rehabilitation expressed in the Juvenile Justice Act (JJ Act), are largely absent or of a generic nature and poorly implemented; children rarely have a clearly defined and reviewed Plan (ICP) covering education, health, family contact, and livelihood.⁵¹

Therefore, decisions regarding children are made more based on the needs/wants of the institution (i.e., efficiency) and the labels attached to the child's offence, than on any developmentally appropriate needs of the child. Education and vocational training for children

⁵⁰ Action for Missing & Vulnerable Children (AM&S), *Social Audit of Child Care Institutions (CCIs) in India: Key Findings at a Glance* (submitted to Nat'l Comm'n for Prot. of Child Rights), https://www.ncpcr.gov.in/uploads/167145198563a05551c7b75_national-report--social-audit-of-ccis.pdf.

⁵¹Roshni Laskar & Zigisha Pujari, *Rehabilitation and Reintegration of a Child in Conflict with Law: Issues and Challenges with Special Reference to the State of Tripura*, 6 J. on Rts. of Child 125, 125 (2025).

are described as frequently inconsistent and lacking in quality, both nationally and locally there are reported gaps in access to available, reliable, recognized pathways for education, a lack of qualified educators, and a disconnect between the type of trades being offered (many of which are based on outdated gender stereotypes) and the types of trades available in the local labour market, all of which result in reduced employability and continued long-term socioeconomic marginalisation. Aftercare and building links to the community, which should be a primary objective of any developmental approach to rehabilitation, are among the weakest aspects of the Juvenile Justice System in India, thereby creating more vulnerable youth at the time of release than when they entered.

Collectively, this evidence base lends weight to the suggestion that the Juvenile Justice System in India is structurally institutionally flawed and must be overhauled and reformed in depth and systemic addressing archetypes instead of applied patches. Strong themes observed through doctrinal, empirical and policy analyses have always taught that: relevant investments in infrastructure and personnel can ensure that every home meets minimum standards; professionalisation of the labour force by mandatory training in child development, trauma and restorative practice; the non-negotiable status of the Individual Care Plans and aftercare planning in digital form; reinforcement of independent monitoring, registration and social audits with real consequences in the case of non-compliance; and, most importantly, the shift to a community-based and family-based response in cases of non-correction wherever practicable..

V. POLICY RECOMMENDATIONS

An action agenda should be to propel the juvenile system of justice in India towards de-custodial control and toward progressive and rights-based, community-grounded approaches to juvenile crime that in the real sense lower this vice and promote the human capital. Indian and international evidence indicate that brief, infrequent use of custody, intensive community-based interventions, good family work, intensive mental-health/substance-use services, and systematic support of juvenile delinquent reentry are most likely to reduce recidivism and enhance the life outcomes of juvenile delinquents.

1. Amend JJ policy and operational guidelines by ensuring that the default option is the non-custodial measures should some statutory tests and written reasons be available, requiring a clear and concise explanation, before a placement sentence in an

Observation or Special Home is ordered, at least of first-time and non-violent offences. Long and unnecessary custody heightens recidivism and development is detrimental.

2. Placement in an institution must have a time-limited duration, and routinely evaluated in accordance with through risk-need instruments with judicial review under compulsion at certain time intervals to prevent overly extended stay which is associated with poor psychosocial and criminal outcome as per research.
3. Increase the informal diversion programmes of the police and JJB level, such as cautions, restorative conferences, family-group conferencing, and supervised community programmes, based on evidence-based models that have demonstrated a reduction in recidivism in serious youth delinquents.
4. State governments provide funding opportunities and technical assistance for non-profit organizations and district level organisations responsible for protection of children, to be able to use evidence based practices (i.e., Multisystemic Therapy/Functional Family Therapy, mentoring, skills training, etc.) as they are shown to be effective in other countries and with appropriate adjustment for local cultural context and social-ecological situation in India.
5. The workforce i.e. the staff and caretakers like homefathers is that which is required to be trained mandatorily. Homemothers, guards, counselors, and vocational training teachers, etc by requiring pre-service and in-service training in adolescent development, trauma-informed care, de-escalation, restorative practices and rights-based management of all staff. This training may be both scientifically based and developmentally humanistic towards a more favorable framework of the training itself. Custodial and cross-national studies associate custodial staff cultures of high-custodial recidivism and worse mental-health with punitive staff cultures.
6. Conduct regular admission and periodic post-admission screening of mental disorders, suicidality and substance use, which should be based on validated instruments, and access to trained mental-health practitioners and access to higher-level services. It has been demonstrated in numerous researches that untreated psychiatric disorders among youth involved in justice are extremely high and are closely related to self-harm and recidivism as argued in the paper.
7. To be provided within facilities and within the community, a tiered continuum of substance-use interventions, including brief motivational interviewing, as well as organised cognitive-behavioural and family-based treatment, can be created, and the

staff trained and supervision infrastructure constructed in advance in line with best-practice implementation recommendations.

8. Ensure accredited education continuity (NIOS/open schooling or mainstream linkage) to all children, having learning plans incorporated in Individual Care Plans. According to Indian audits, regular classes, the availability of teachers, and the recognition of paths in boards thereby leading to dropout and poor labour-market performance, among others are pathetic in case of regular classes. The juveniles should be encouraged to appear in their 10th and 12th national level matriculation tests punctually and hopefully not lose touch with their schools. Online classes can be offered to juvenile delinquents in schools as well and the students are able to attend the various schools they are enrolled with rather than being entirely reliant on the teaching offered within the juvenile homes. This will also facilitate in alleviating the workload on the homes since the quality of the education that is offered in these homes is already not up to par.
9. Re-architecture the vocational training to meet the present market need such as digital skills, trades with local absorption, entrepreneurship, etc and incorporate job-readiness, placement partnering and follow-up rather than adhering to the previous style traditional kinds of skills which are not as economically viable in this present age. Experience in India and other countries indicates that tokenistic, archaic trades make very little impact in altering economic paths, but, on the other hand, intensive, market-oriented programmes have a lower recidivism and enhance employment.
10. Making Individual Care Plans binding tools: set such plans to be prepared within the designated time after admission, article analysis periodically, document goals update in education, health, family relations and abilities of each child using digital tools. In other words, establish formal re-entry strategies and processes at admission, which should involve the responsible agencies, housing, schooling, work and health timelines and supports, re-entry research demonstrates that planned transitional planning, with community links and case management, greatly reduces recidivism and yields better psychosocial outcomes.
11. Introduce gender-responsive policies based on specialised advice on girls in the justice system, which makes girls and girls vulnerable to sexual and physical violence, accessible to and use reproductive and mental-health care, and programs to respond to the issues of trauma, exploitation and caregiving that will more often impact girls compared to boys.

12. Implement LGBTQ+ children policies and staff training, banning discrimination and bullying, offer confidential support and mental-health services, international data indicates the sexual-minority youth are over-represented in custody and are more victimised and bearing more mental-health costs, and without attention, can become further involved in justice.
13. Make all CCIs registered universal, have their social audits and meaningful verbal checks by JJBs and DMs regularly and publicly publish key occupancy, staffing, incident, education and health services, and sanctions against chronic non-conformance. This will make sure that there are good standards of living and services to the juvenile homes.
14. Create an integrated data system following each child through the initial contact with the system up to post-release, services accessed and outcomes (education, work, reoffending) to facilitate continuous monitoring of what programmes are working, as well as to rectify implementation drift; such meta-analytic and policy work has highlighted that in the absence of reliable longitudinal data, systems continue to fund what are perceived to be ineffective custodial responses.
15. Enhance secrecy, seal records and anti-discrimination standards in practice such that the involvement of juveniles will not permanently pose a barrier to education, lodging or employment and that the employers and institutions establish specific guidelines in which they will evaluate progress towards rehabilitation as opposed to labels of offence. According to literature on the collateral consequences, persistent stigmatisation and legal obstacles are significant sources of marginalisation & perpetuation and may contravene even the best rehabilitation efforts.

These recommendations, grounded in Indian empirical work and international "what works" evidence, provide a coherent policy roadmap to move from a broken, custodial Juvenile Justice System in India towards one that is developmentally appropriate, rights-compliant and genuinely rehabilitative.

VI. CONCLUSION

Enacted rehabilitatively with the Juvenile Justice (Care and Protection of Children) Act, 2015, the Juvenile Justice System in India has become a system of 'custodialism' that weakens the development of adolescents, ensures recidivism, and causes permanent damage to the formation of human capital. The synthesis of Indian empirical auditing, international meta-

analyses and developmental neuroscience presented in this paper demonstrates a series of failures: excessive reliance on institutionalisation despite evidence that even brief detention experiences increase reoffending by causing trauma, exposing youth to criminogenic peer influences and disrupting the development of the family relationship; untreated mental dysfunction and substance use affects most justice-involved young people, which strongly predict self-harm, violence, and relapse; gender and LGBTQ+ inequalities and exposure to victimisation and unmet needs; low-quality education. The patterns of the types of empowerments are vastly evident in the review corpus. The 70-80 percent of all dispositions than involve a custodial placement in most of the Indian states are associated with greater recidivism (as much as 50 percent within a year) against the alternatives of pretrial detention because the custodial placement disrupts schooling and family bonding and that most facilities turn into cruel mini-communities. The burden of mental health conditions- PTSD, depression, suicidality prevail in 70%+ of cases, interlaced with substance disorders in 50-60% but screening and treatment is under under 20% with no professionals or protocols at hand. Female youth and LGBTQ+ youth are disproportionately susceptible to sexual abuse, relation-based trauma, and insensitive care, and lack of education (e.g., no NIOS continuity) and old skills training have a strong effect on high unemployment after release, which contributes to economic panic and repeating offending. Ironically, the research has demonstrated multisystemic therapy, functional family therapy and restorative diversion to be more effective than custody in reducing recidivism even among serious offenders because multisystemic therapy, functional family therapy and restorative diversion address the family behavior, cognitive distortions, and linkages in the community in the plasticity window of brain development (ages 12-25). Therefore, such policy recommendations and these analyses make this paper come to the rescue. The policy recommendations have hence outlined a realistic course of action which is must needed right now. Legal protection of the prioritisation of diversion by risk-need tools, mandatory facility standards and quality met with staff professionalism has to be acquired, ICP-based education/skills/re-entry, gender/LGBTQ+ responsiveness protocols and care services with longitudinal tracking of accountability through audits and of juveniles into their adulthood even after release. Fundamentally redistributing even, a fifth of custodial budgets to these community anchors would cut recidivism by a half in 5 years with colossal public safety and economic payoff. India finds itself in a crossroad. Failing to act on this fact dooms another generation to needless repetitions of damage costing billions to society in crime and lost productivities. The promises of embracing developmental

justice, developed through community roots, based on rights, and empirically tested, or at least adhering to the constitutional requirements, bring not only control over at-risk youth, but a moral and practical victory: transforming them into contributors. The time for reform is now.

