



# **Bridging the Gap: Advancing Mental Health and Psychosocial Support for the Rehabilitation and Reintegration of Children in Contact with the Law**

**An evidence-based publication promoting the integration of MHPSS within child-centered justice systems**

*“Law and Justice play a fundamental role in human life, necessitating a deeper understanding of human psychology, [human development], human capacities, and how traumatic events shape and disrupt these. Legal responses to social problems can only be improved and strengthened when guided by an enhanced appreciation of the complexities of human psychology. And social dynamics affecting it, as abuse and trauma”.*

Randall Melanie, Haskell Lori<sup>1</sup>

## Impressum

Co-authors: Maria Bray, Lourdes Carrasco Colom, Marta Gil Gonzalez – Terre des hommes Lausanne Foundation.

Expert contributions and quality review by Dr. Catherine Wiseman-Hakes and Dr. Philip Jaffé.

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<sup>1</sup> Randall, Melanie, and Haskell, Lori, 'Trauma-Informed Approaches to Law: Why Restorative Justice Must Understand Trauma and Psychological Coping' (2013). The Dalhousie Law Journal 501.

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# 1. About the publication

This publication aims to **build knowledge, raise awareness** and inform policy about the critical issue of mental health and psychosocial support (MHPSS) for children in contact with the law. It seeks to *highlight the current gaps in investment and operational tools* necessary for providing comprehensive and holistic MHPSS, and to advocate for the implementation of effective strategies that prioritize the well-being, rehabilitation, and reintegration of these children within social and justice systems. By shedding light on these issues, the paper aspires to **be transformative in advocating for effective trauma-informed strategies that put in the center the well-being, rehabilitation, and reintegration of these vulnerable children when they are navigating institutional systems.**

To support this objective, the paper includes an updated literature review analyzing MHPSS interventions across different contexts, identifying key challenges as well as good and bad practices. This review will serve as a foundation for understanding the complexities of implementing MHPSS within justice systems and will inform evidence-based recommendations.

## 2. Executive summary

This publication addresses the often-overlooked mental health and psychosocial needs of children in contact with the law. These children often face layered exposure to vulnerable situations, such as trauma, neurodiversity, communication barriers, and systemic exclusion, that are frequently misunderstood or ignored within justice systems. The paper explores how trauma- and violence-informed care (TVIC) can reshape child and youth justice from punitive and fragmented to protective and coordinated approaches.

Drawing on updated research, international standards, and field-based practices, the publication highlights the high incidence of mental health challenges among justice-involved children and youth. It shows how both adverse childhood experiences and justice system exposure can intensify psychological harm. Analysis across arrest, trial, detention, and reintegration stages reveals key risk factors, including ill-treatment, isolation, poor legal representation, and lack of mental health support – all of them leading to negative justice outcomes for children, which only increase their difficulties to get out of the system. At the same time, protective measures—such as specialized child-legal aid, family engagement, or individualized reintegration plans—demonstrate tangible benefits for recovery and resilience. Case examples from low- and middle-income countries illustrate systemic gaps but also promising community-based alternatives to learn from.

Special focus is given to children in specific situations of increased vulnerabilities, such as migrants, survivors of gender-based violence, or those formerly associated with armed groups, who require targeted, ethical, and trauma-informed responses. The paper also explores the intersection of neurodevelopmental/neurodiversity conditions and justice outcomes, emphasizing the need for early identification and tailored interventions.

Ultimately, echoing the Committee on the Rights of the Child’s General Comment No. 24 (2019) on children’s rights in the child justice system, the publication calls for national systems to embed mental health and psychosocial support continuum of care within legal frameworks, institutional policies, and day-to-day practice. Key recommendations include investing in specialized infrastructure and trained personnel, developing cross-sectoral coordination mechanisms, prioritizing non-custodial and restorative solutions, and improving data systems for informed

action. With the right reforms, justice systems can become spaces of healing, protection, and long-term reintegration for all children and youth.

## 3. Introduction

### 3.1 Unfolding the MHPSS needs of children in contact with the law

There is a large body of evidence that the population of children in contact with the law, including those with more serious or chronic offending behavior, includes **children in the most vulnerable situations in terms of their social, educational, emotional, physical, and mental health needs**, and the poor and limited interventions associated with these situational vulnerabilities.

Prevention, early intervention, and developmentally appropriate, tailor-made interdisciplinary and trauma-informed care planning for the mental health and psychosocial well-being of children in contact with the law should be essential priorities for social and justice professionals. These actions can be crucial when determining the justice pathway that children will have within the system: if mental health and developmentally appropriate psychosocial elements of children are overlooked, the outcome of the justice system is more likely than not to cause a spiraling into concatenated justice problems in the transition from childhood to adulthood.

Often, the MHPSS needs of children in contact with the law are complex but tend to be simplified to serve single justice proceedings. There is growing evidence that many children who come into conflict with the law have histories of high levels of **childhood adversity** (intrafamily violence, structural violence, marginalization, exposure to armed conflict, lack of or limited access to the social determinants of health, etc.), emotionally **traumatic experiences** as well as **traumatic brain injuries** that will affect their development and understanding of social relations. There is also a high prevalence of **neurodiversity** as well as communication disorders among children in contact with the law, which can strongly influence children's ability to engage with professionals in the justice system, which can compromise fair access to justice<sup>2</sup>. Additionally, the **stigma** that comes from these (usually undiagnosed) conditions, such as **mood disorders** like anxiety or depression, **disruptive and dissocial behaviors, and abuse of substances** to 'numb' themselves, can result in further negative impacts on their mental health and, at times, lead to unnecessary criminalization.

Additionally, children who have lived experience of **justice proceedings** know very well the **negative impact** that it can create in their lives over the short-, medium- and long- term, especially when tailored-made MHPSS approaches, and holistic rehabilitative services are not at the heart of reintegration process within the justice systems. It is essential to create participatory spaces and mechanisms for these children to share their experience and to contribute to the improvement of care of their peers.

Developing or restoring justice also requires good psychosocial care that supports children when coping with injustice. Integrating such a psychological understanding within justice systems is necessary and can make an important contribution when it comes to building trust with justice systems and improving mental health. Child-centered justice should be broadening and improving the relationship between children and justice and social professionals, grounded in a **positive**

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<sup>2</sup> Maxine Winstanley, Roger T. Webb, Gina Conti-Ramsden. (2020). 'Developmental language disorders and risk of recidivism among young offenders'. *Journal of Child Psychology and Psychiatry*.

Anderson, S. A. S., Hawes, D. J., & Snow, P. C. (2021). 'Higher Order Language: Risk, Promotive, and Risk-Based Protective Associations with Youth Offending'. *Crime & Delinquency*, 68(5), 840-866.

**sense of justice**, being the ultimate goal of improving its life-long impact on children in contact with the law<sup>3</sup>.

A positive justice experience for children comes from well trained and knowledgeable social and justice professionals because they well understand not only **the experiences of justice in a 'given moment'** but also **the experiences lived by children much before they came into contact with the law**, which explain the journey they have followed until being part of the justice system<sup>4</sup>. When justice professionals are trained to understand MHPSS, they can foster supportive relationships, enhancing trust and engagement with children in contact with the law in all their diversity. This holistic focus not only improves mental health outcomes but also promotes successful rehabilitation and reintegration into society<sup>5</sup>.

The well-being and health of children are the collective responsibility of parents, families, communities, and governments. The latter are required by the Convention on the Rights of the Child to raise awareness and to promote campaigns that ensure a culture of children's rights encompassing all children, even those who ultimately come into contact with the law.

### 3.2 The right of children in contact with the law to treatment: tailored MHPSS approaches within the reintegration process at the justice system

Several core international regulatory documents have progressively highlighted that children in contact with the law need to have their mental health and psychosocial well-being considered as part of the justice proceedings they are navigating. While key international instruments recognizing children's access to justice rights, such as the Rules of Beijing (1985), the UN CRC (1989), the Riyadh Rules, Tokyo Rules, and Havana Rules (1990), or the CRC General Comment No. 10 (2007): Children's Rights in Juvenile Justice Systems already included elements related to mental health and psychosocial well-being of children in detention or those serving non-custodial measures, it wasn't until 2019 with the publication of CRC General comment No. 24 (2019) on children's rights in the child justice system and the review of the ECOSOC Resolution 2005/20 Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime that MHPSS approaches were singled out as needed for children in conflict with the law as a duty of justice systems to integrate them throughout justice proceedings.

These 2019-released instruments strongly included the need to **consistently use 'developmental and neuroscience evidence'**. The **duty of justice professionals to work within interdisciplinary teams to be well informed about the physical, psychological, cognitive and social development of children**, including those with special needs, highlighting that **the reaction of a child committed-offense is to be reviewed according with the developmental and mental health needs of the child** and that any measures agreed at the justice level should not compromise the physical and mental health and well-being of the child concerned. Hence, children in contact with the law have a right to appropriate assessment (where indicated) and treatment regarding their MHPSS needs being addressed within any justice proceedings. This extends an obligation to justice professionals interacting with children in contact with the law to ensure that children and their lived experiences are seen, also heard first hand from the children themselves, and understood, and that they receive

<sup>3</sup> Gil Gonzalez, M. (2020). 'Give me a chance, but a real one. How to improve the Reintegration of Children in Conflict with the Law. An analysis of the concept, key standards, and practices in the MENA region'. Terre des hommes Lausanne Foundation.

<sup>4</sup> Ibid.

<sup>5</sup> It is also relevant to refer to different models that capture child/youth justice outcomes in this direction. As an example, the Ontario (Canada) 'Youth Justice Outcome Framework' identifies four specific outcomes: 1) improved functioning and positive social behaviours, 2) increased skills and abilities, 3) increased youth engagement with supports, and 4) decreased re-offending.

Terres des hommes Lausanne Foundation has also developed a 'model framework' for justice systems to support the reintegration process with children and youth in contact with the law: Gil Gonzalez, M., Carrasco Colom, L. 'Model of Action Reintegrative Case Management for Children & Youth in Conflict with the Law'. Terre des hommes Lausanne Foundation, 2024.

tailored treatment, treating them with dignity and respect regardless of their conditions, traumatic experiences, impairments, language and communication difficulties, or any other type of mental health and neuro diversity. For the many children in conflict with the law with cognitive, language and communication difficulties, the inclusion of a Communication Intermediary<sup>6</sup> in all justice proceedings is critical to ensure fair access to justice given that justice systems rely on inherently formal and abstract language concepts presented at a very fast pace. However, despite international progress recognizing the importance of mental health, rehabilitation support and tailored reintegration processes, translation into policy at national systems levels and domestic practices remains limited and inconsistent at best, and thus an ongoing challenge to be addressed. The comprehensiveness and breadth of care and support is currently not well codified in national legislations and its provision varies widely across states, but also across institutions within the same country<sup>7</sup>. Many national legislations fail to explicitly codify comprehensive care, leading to significant disparities in the provision of mental health and neurodiversity support within justice institutions. The lack of clear guidelines results in a justice system that often misinterprets cognitive, emotional, social and communication challenges as defiance or non-compliance, exacerbating distress and increasing the risk of retraumatization.

**Recognizing the specific right of children in contact with the law to have their mental health and psychosocial needs recognized, considered and supported/addressed within the justice proceedings and reintegration process must be a critical priority** at national and international levels by child rights and human rights institutions. Equally, the operationalization of this right necessitates knowledge mobilization and implementation through evidence and widely accessible, developmentally appropriate, and trauma-informed tools for MHPSS and justice professionals to be able to make it a reality.

## 4. Purpose and advocacy goals of the paper

The overall objective of this paper is to strengthen the application of child rights in justice systems, support intersectoral dialogue, and promote actionable MHPSS tools for the reintegration of children in contact with the law. It draws on international frameworks, academic research, and case studies to propose practical, rights-based, trauma-informed, and child-centered solutions.

More specifically, this paper aspires to:

- **Support the integration of MHPSS within international child justice standards and strategies, by contributing to the implementation, among others, of the UN CRC General Comment N.27 on Children’s Rights to Access to Justice and Effective Remedies**, which prioritized MHPSS holistic approaches as needed remedies for children in the justice systems; and the **2023-2030 Strategy to End Violence against Children**, approved by the Office of the Special Representative of the Secretary-General on Violence against Children (SRSG VAC) and the United Nations Office on Drugs and Crime (UNODC), which includes the Justice Sector as a context and priority area of investment and mobilization in the prevention and response against violence that affects children where resilience-based approaches to trauma-informed and developmentally appropriate psychosocial support, rehabilitation, and reintegration interventions for children are of the essence.

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<sup>6</sup> [What are CIs? - Communication Access to Justice \(CAJust\) Intermediary Role | Intermediaries for Justice Talking Trouble](#)

<sup>7</sup> Penner, E., Roesch, R., Viljoen, J. (2011). ‘Young Offenders in Custody: An International Comparison of Mental Health Services’. [International Journal of Forensic Mental Health, 10: 215–232](#)

- **Raise awareness, divulge knowledge, and recommend practical interventions to child protection, MHPSS, and justice professionals, as well as to the general public, grounded on methodologically sound evidence:**
  - ✓ **Promote dialogue and common understanding among Justice, Health, Child Protection, and social service workforce professionals** on mental health concepts, complexities, challenges, and root causes, and tailored interventions with children in contact with the law, fostering their engagement in justice proceedings and their successful reintegration.
  - ✓ **Deepen understanding of the bio-psycho-social and systemic factors influencing MHPSS needs.** Highlighting the importance of recognizing children’s history and the effect of adverse and traumatic childhood experiences before, during, and after justice proceedings,
  - ✓ **Strengthen tailored responses and interventions to mental health and psychosocial needs,** promoting a **MHPSS continuum of care** applied by justice and multidisciplinary actors across the different stages of justice that children navigate.



## 5. Understanding the prevalence and impact of mental health and psychosocial challenges for children in contact with the law

A substantial body of research<sup>8</sup> highlights the strong correlation between trauma and child involvement in justice systems. Studies have documented how **both psychological trauma and brain injuries** can influence a child's trajectory, either as a **vulnerability factor leading to justice system involvement** or as a **consequence of their experiences within the system**.

### ✓ *Trauma as a pathway to justice system involvement*

Exposure to trauma, whether through violence (including gender-based violence specifically), abuse, neglect, or other adverse childhood experiences, as well as due to physical traumatic brain injuries or neurodisabilities, can significantly impact a child's emotional regulation, decision-making, communication<sup>9</sup> and behavior. Research<sup>10</sup> highlights a strong association between early exposure to trauma and increased vulnerability to behavioral difficulties<sup>11</sup> including involvement with the justice system later in life. However, not every child who experiences trauma or mental health issues is at risk of offending. Viewing trauma exclusively through a risk-based lens can lead to stigmatization and labeling, reinforcing negative stereotypes rather than fostering meaningful support. Instead, trauma should be understood as a factor that increases vulnerable or disadvantaged situations, necessitating preventive and/or therapeutic interventions rather than punitive responses

For more information on the MHPSS root causes, types of challenges, and systemic factors affecting the mental health and psychosocial well-being of children in contact with the law, see Annex 1 in pages 28-31.

### ✓ *The justice system as a source of further trauma*

For many children, the justice system itself becomes an environment of further psychological harm. The journey through arrest, court proceedings, incarceration, and institutionalization often includes **labeling and stigma**, and in addition, they often result in the disruption of support networks critical for their development, including family, community, education, and positive social relationships. These disruptions can be especially damaging and triggering for children who have already experienced significant trauma, whether through interactions with staff, peers, or the overall environment of correctional facilities, where they may face violence, isolation, racism, or neglect. These experiences may be further exacerbated for children who are gender diverse, as they are more likely to experience harassment and sexual violence while

<sup>8</sup> Several academic publications during the past two decades have focused on this correlation of: high prevalence rates of trauma exposure in justice-involved youth (Abram et al. 2004) particularly adverse childhood experiences, early and chronic trauma (Baglivio et al. 2014; Wolff, K. T., Baglivio, M. T. 2017) and other studies including specific correlations with developmental, cumulative and complex trauma (Geller, A., & Fagan, J. 2010; van der Kolk, B. 2014; Kerig, P.K. & Becker, S.P. 2015; DeLisi et al. (2017)

<sup>9</sup> Wiseman-Hakes, C., Albin, M., Rupert, A., & Phoenix, M. (2025). Applying Trauma- and Violence-Informed Care to Speech-Language Pathology Practice Across the Lifespan. *Topics in Language Disorders*.

<sup>10</sup> Elizabeth Moore, Claire Gaskin, Devon Indig. 'Childhood maltreatment and post-traumatic stress disorder among incarcerated young offenders'. *Child Abuse & Neglect*, Volume 37, Issue 10, October 2013, Pages 861-870.

Christopher Edward Branson, Carly Lyn Baetz, Sarah McCue Horwitz, Kimberly Eaton Hoagwood. 'Trauma-informed juvenile justice systems: A systematic review of definitions and core components'. *Psychol Trauma*. 2017 Feb 6;9(6):635-646.

<sup>11</sup> Jethava V, Kadish J, Kakonge L, Wiseman-Hakes C. (2022). Early Attachment and the Development of Social Communication: A Neuropsychological Approach. *Frontiers in Psychiatry*. 2022 Apr 8;13:838950. doi: 10.3389/fpsy.2022.838950. Erratum in: *Frontiers in Psychiatry*. 2022 Jul 19;13:944889.

incarcerated<sup>12</sup>. Recognizing and addressing these risks is essential in ensuring that justice systems do not inflict additional harm, adding to a cycle of punishment, but instead serve as spaces for rehabilitation and healing.

For more details on potential risks across key stages of the justice process, which impact mental health and psychosocial wellbeing, please refer to Annex 2 on page 32.

✓ ***Prevalence of trauma-related conditions and other mental health disorders in children in contact with the law. Data challenges.***

Commonly cited mental health disorders in children and youth offenders within the relevant specialized literature, review, include trauma and stressors related disorders (post-traumatic stress disorder, complex-PTSD...), affective and mood disorders (major depression, persistent depression, and manic episodes), anxiety disorders (panic, separation anxiety, generalized anxiety, obsessive-compulsive disorder) psychotic disorders, disruptive, impulse control and conduct disorders (oppositional defiant disorder, Neurodevelopmental disorders (including communication disorders, attention-deficit hyperactivity disorder, other cognitive disorders), and substance related and addictive disorders. Additionally, a review of the research highlights significant **challenges in accurately assessing the prevalence of mental health issues among young offenders**<sup>13</sup>. Variability in reported rates can often be attributed to **methodological difficulties**, including **sampling limitations, measurement inconsistencies, and differing definitions of 'mental disorder.'**

Additionally, most prevalence data come from studies conducted within **child and youth justice systems in the Global North**, where even within those contexts, data collection methods and findings vary considerably and are generally focused only on children/youth deprived of liberty. This also contributes to perpetuating stigmatization and 'labeling' of these children. Despite the named limitations and the due caution interpreting the little existing data, several studies suggest that between 30% and 50% of children and youth in contact with the law meet the criteria for PTSD or present trauma-related symptoms due to exposure<sup>14</sup>.

This **lack of comprehensive and transculturally reliable data** is a serious concern, as unidentified and unaddressed mental health needs can have serious consequences on the justice outcome and the justice experiences of children, as well as **long-term impact** on their **life opportunities, physical health, and overall well-being.**

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<sup>12</sup> Ramos, N., Barnert, E., & Bath, E. (2022). Addressing the Mental Health Needs of LGBTQ Youth in the Juvenile Justice System. *Journal of the American Academy of Child and Adolescent Psychiatry*, 61(2), 115–119.

Donohue, G., McCann, E., & Brown, M. (2021). Views and Experiences of LGBTQ+ People in Prison Regarding Their Psychosocial Needs: A Systematic Review of the Qualitative Research Evidence. *International journal of environmental research and public health*, 18(17), 9335.

<sup>13</sup> Penner, E., Roesch, R., Viljoen, J. (2011). 'Young Offenders in Custody: An International Comparison of Mental Health Services'. *International Journal of Forensic Mental Health*, 10: 215–232

<sup>14</sup> Elizabeth Moore, Claire Gaskin, Devon Indig. 'Childhood maltreatment and post-traumatic stress disorder among incarcerated young offenders'. *Child Abuse & Neglect*, Volume 37, Issue 10, October 2013, Pages 861-870.

## 5.1 Children at the intersection of justice, protection, and security: specific MHPSS needs

While all children in contact with the law may experience mental health and psychosocial challenges, certain groups face heightened vulnerabilities due to the intersection of legal, social, and structural factors. The following sections highlight key populations, such as migrant children in detention<sup>15</sup>, survivors of sexual and gender-based violence, and children associated with armed groups—who require specialized, context-sensitive MHPSS responses.

*For migrant children in administrative detention, the challenges are compounded by the intersection of immigration policies and child protection concerns.* Studies indicated that adults, adolescents, and children in immigration detention experienced high levels of mental health problems. Anxiety, depression, and post-traumatic stress disorder were most reported both during and following detention. The detrimental impact of detention on the mental health of already traumatized asylum seekers is also shown to be persisting beyond release in the community. Many of these children often find themselves in facilities designed for adults, lacking appropriate accommodations that cater to their developmental needs. The focus on immigration enforcement frequently overshadows the necessity of safeguarding their rights and well-being, leading to extended periods of detention without adequate legal representation or support. In protective custody situations, the well-being of migrant children is often compromised by insufficient access to mental health services, educational resources, and recreational activities, as well as, in some cases, linguistic considerations such as a lack of services in the child’s dominant language or lack of access to translation services. Ethical considerations, such as ensuring the confidentiality of mental health support and providing trauma-informed care, are frequently overlooked. This neglect can exacerbate the vulnerabilities of these children, hindering their psychological resilience and overall well-being.

*Survivors of sexual and gender-based violence (SGBV), including gender diverse children (e.g. LGBTQIA+) who come into contact with the law encounter significant mental health and psychosocial support (MHPSS) challenges.* These children often experience complex trauma, which can lead to issues such as anxiety, depression, and post-traumatic stress disorder (PTSD). They often face barriers to accessing appropriate MHPSS services, including inadequate mental health resources, a lack of trauma-informed care, and stigma associated with both their re-victimization and potential ‘blaming’ in justice systems. Social environments can amplify these challenges, as survivors may face judgment and exclusion from their communities, further isolating them and making it difficult to seek help. The fear of retribution and distrust towards authorities can also hinder their willingness to disclose their experiences. As a result, tailored interventions that acknowledge both their victimization and the pressures from their social environment are crucial for supporting their recovery and promoting successful reintegration.

*For children in conflict with the law due to their association with armed groups designated as terrorist organisations (AGDTO), in the context of counterterrorism legislation,* there is a lack of balance between security objectives on the one hand, and child and human rights protection on the other hand. The global trend seems to show that security concerns prevail over child and human rights and governments are more likely to treat children affected by armed conflict, including those who have no known history as combatants, as security threats or criminals and to detain them for long periods and without charges, often in facilities that do not meet the needs of children and that are known for their mistreatment of detainees. In this context and trends, ethical considerations and quality of care and support are particularly neglected, when security prevails over child rights international standards and national legislations (for instance children not having access to any confidential mental health support; children not having access to other types of therapies, such as family therapy, when they are in a secure-care centre).

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<sup>15</sup> M von Werthern M, Robjant K, Chui Z, Schon R, Ottisova L, Mason C, Katona C. The impact of immigration detention on mental health: a systematic review. BMC Psychiatry, 2018 Dec 6;18(1):382.

## 5.2 Framing key challenges and concepts: understanding the intersections between mental health, trauma, neurodiversity, and justice involvement

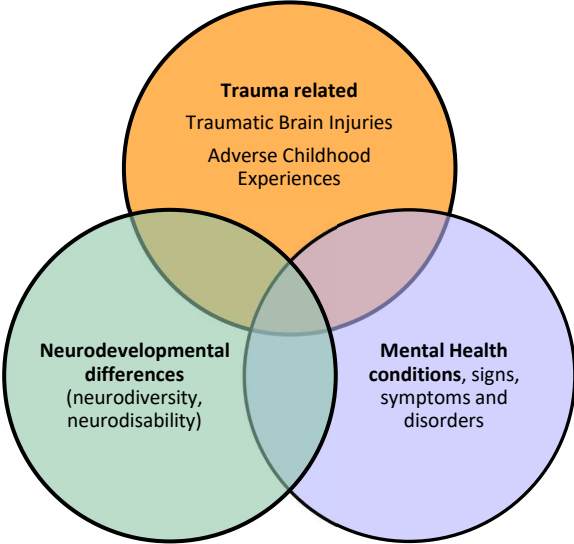
This section introduces key challenges and conceptual distinctions necessary to address the MHPSS needs of children in contact with the law. Given the number of publications and statistics focusing on trauma-related and other mental health disorders among children and youth involved in justice and given the complex interplay among trauma, neurodiversity and mental health challenges and conditions, especially across cultural and contextual settings, it is critical to clarify how they are defined and how they intersect and influence both justice involvement and reintegration outcomes.

- **Traumatic experiences** do not always result in clinical mental health diagnoses. It is essential to differentiate between one-off traumatic events and chronic, cumulative, and overlapping traumatic experiences, particularly during childhood and adolescence (**Adverse Childhood Experiences**), which can have a profound developmental impact when they occur early in life and which are intrinsically linked to environmental and family risk and protective factors. **Historical, colonial, and race-based traumatic experiences** play an important role in cumulative and chronic adverse childhood experiences, which are often neglected and can lead to complex trauma characterized by a display of a constellation of symptoms that is more vulnerable to misidentification.
- Often, **mental health conditions** are misunderstood or misdiagnosed when professionals focus only on symptoms rather than underlying causes. While clinical identification and treatment of mental disorders are important, the scope of MHPSS must be broader. It includes recognizing the child's personal and contextual history, understanding systemic factors contributing to vulnerability, and identifying the full range of risk and protective influences on mental well-being and recovery.
- The justice process itself can introduce new trauma or intensify existing distress. These experiences may serve both as original causes of mental health challenges and as compounding or triggering factors during the legal proceedings.
- Mental health disorders can act as underlying vulnerabilities that contribute to justice involvement, but they can also emerge as consequences of unaddressed trauma or unidentified or misunderstood neurodiversities.
- **Recognition of TBI** is critical in child justice. A traumatic brain injury may cause a neurodisability and may also share characteristics with other innate neurodevelopmental diversities. While a **neurodisability lens** ensures access to services and legal protections, a **neurodiverse lens** promotes inclusion and strengths-based understanding. At the same time, some children and adolescents may also have co-occurring mental health conditions and neurodisabilities. Traumatic experiences may precede or exacerbate such conditions.

A justice system and reintegration process that overlooks these intersections and fails to distinguish these concepts risks being ineffective due to misdiagnosis or lack of appropriate support.

There is a growing interdisciplinary holistic perspective recognizing that factors such as neurodevelopmental differences, mental health conditions, and trauma can all contribute to the complexity and diversity of human cognitive and emotional experiences, particularly relevant for children and adolescents' brain development stages. This leads to using broader, inclusive frameworks that recognize the full spectrum of brain-based differences in functioning. These frameworks and language are important to recognize diversity rather than deficit, avoiding over-pathologization or stigmatization.

While the specific term "**neuro-mental diversity**" is not established in academic literature, the concept of integrating neurodiversity and mental health diversity is gaining recognition. This integrated perspective acknowledges the spectrum of human **cognitive, emotional, and behavioral differences, whether they stem from neurodevelopmental differences, mental health experiences, trauma, or other brain-related variations**<sup>16</sup>.



Annex 1 on pages 28-31 provides a detailed non-exhaustive overview of the different mental health challenges, signs, symptoms, and their link with systemic factors and impact on justice-involved children and adolescents.

<sup>16</sup> Concepts and ideas emerging from multiple fields, including neurodiversity, mental health, trauma studies, and disability advocacy: Madison Dewey, Ashley Wagner, and Catherine R. Hoyt, 'Developmental trauma as acquired neurodivergence: A discussion on identity & belonging'; Amanda Kirby (2024) 'Navigating the Intersection of Trauma and Neurodiversity'. Volume 30, Issue 4, April 2025, pp. 10-11 04/01/2025; Kristien Hens, Leni Van Goidsenhoven (2023). 'Developmental diversity: Putting the development back into research about developmental conditions'; Chapman, R. (2021) – 'The Reality of Neurodivergence' (Frontiers in Psychology); American Occupational Therapy Association (AOTA), 'Discussion on neurodivergence and developmental trauma' (2023); Walker, N. (2021), 'Neuroqueer Heresies: Notes on the Neurodiversity Paradigm, Autistic Empowerment, and Postnormal Possibilities'.

## 6. Existing MHPSS interventions with children in contact with the law and current limitations

Despite several mental health treatments and promising interventions found in the literature review of MHPSS practices with the specific target group of children in conflict with the law, there is a **notable gap in research regarding culturally sensitive and gender specific MHPSS programming tailored to meet individual trauma histories and needs of youths**. Most existing studies primarily **focus on behavioral outcomes**, such as recidivism rates, **rather than the broader spectrum of mental health and well-being outcomes**<sup>17</sup>. Future research should expand its focus to include both behavioral and psychological metrics to provide a comprehensive understanding of intervention efficacy. Some of the most highlighted interventions are summarized in the box, not considered an exhaustive list.

- ✓ **Cognitive Behavioral Therapy (CBT)**, particularly its trauma-focused adaptation, is frequently mentioned in literature as a leading intervention. **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**<sup>18</sup> has garnered significant empirical support for its effectiveness in reducing symptoms of post-traumatic stress disorder (PTSD) and other trauma-related disorders<sup>19</sup>. Studies have demonstrated that trauma-focused interventions can lead to decreased trauma symptoms and improvements in co-occurring mental health problems, as well as a reduction in recidivism and institutional misconduct.<sup>20</sup>
- ✓ **The TARGET (Trauma Adaptive Recovery Group Education and Therapy) intervention** has also yielded positive outcomes by helping adolescents process trauma-related reactions and improving their mood and relationships with staff in juvenile facilities. 4 to 12-session educational and therapeutic intervention for traumatized youth and adults designed to be provided in either a one-to-one or group format by behavioral health clinicians. Nonclinical line staff are trained to serve as co-leaders in the group modality in juvenile justice settings. TARGET helps adolescents process difficult trauma-related reactions that are triggered by current stressful experiences<sup>21</sup>.
- ✓ Other therapeutic approaches, such as **Dialectical Behavior Therapy (DBT)**<sup>22</sup> and **Rational Emotive Behavior Therapy (REBT)**, have been adapted to target specific issues like anger management and emotional regulation<sup>23</sup>. DBT focuses on emotional regulation and interpersonal effectiveness, making it particularly beneficial for adolescents struggling with intense emotions<sup>24</sup>. REBT targets irrational beliefs and maladaptive thought patterns, facilitating healthier emotional responses and behaviors<sup>25</sup>.

<sup>17</sup> McReynolds, L. S., & Wasserman, G. A. (2007). The Mental Health of Youth in Juvenile Justice: A Review of the Literature. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(1), 60-67. This article reviews the prevalence of mental health issues among youth in the justice system, stressing the need for broader outcome evaluations beyond recidivism.

<sup>18</sup> Fox, S., Parkinson, S., Hebert, J. Tucker, E., Octoman, O., Bromfield, L. (2025). Trauma-focused cognitive behavioral therapy for children and young people who have experienced forms of child maltreatment other than child sexual abuse: A review of the evidence. *Children and youth services review*, Volume 170, March 2025, 108159.

<sup>19</sup> Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2016). Trauma-Focused Cognitive Behavioral Therapy for children: Scale-up and dissemination. *Journal of Trauma & Dissociation*, 17(5), 547-562.

<sup>20</sup> Henggeler, S. W., et al. (1997). Multisystemic treatment of violent and chronic juvenile offenders: A randomized effectiveness trial. *Journal of Consulting and Clinical Psychology*, 65(2), 290-299.

Letourneau, E. J., et al. (2009). Multisystemic therapy for juvenile offenders: A systematic review of the evidence. *Journal of Family Psychology*, 23(4), 549-558

<sup>21</sup> Ford J.D, Kerig P.K, Desai N., Feierman J. (2016) Psychosocial Interventions for Traumatized Youth in the Juvenile Justice System: Research, Evidence Base, and Clinical/Legal Challenges

<sup>22</sup> Yang, P., Folk, J.B., Lugosi, S.I., Bemat Z., Thomas, A., Robles-Ramamurthy, B. (2023) Dialectical Behavior Therapy in Juvenile Correctional and Detention Facilities: A Scoping Review. 29(5):355-369. doi: 10.1089/jhc.22.05.0041. Epub 2023 Sep 11.

<sup>23</sup> Heard, H., & Linehan, M. M. (1994). Dialectical Behavior Therapy: A cognitive-behavioral approach to treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 33(6), 848-853.

<sup>24</sup> Heard, H., & Linehan, M. M. (1994). Dialectical Behavior Therapy. *Journal of Consulting and Clinical Psychology*.

<sup>25</sup> Ellis, A. (2001). *Rational Emotive Behavior Therapy: A Therapist's Guide*. New York: Impact Publishers.

- ✓ **Multisystemic Therapy (MST)** widely recognized intervention that aims to restructure and empower adolescents' support systems. MST has shown effectiveness in addressing antisocial behavior, anxiety, depression, and other mental health issues while reducing recidivism rates<sup>26</sup>. It focuses on enhancing relationships and communication among family members, teachers, and community leaders.

Overall, while several evidence-based MHPSS interventions exist, there remains a critical need for a more extensive evaluation of their effectiveness, particularly in non-Western contexts and among diverse populations.

### Current limitations and challenges related to the quality of MHPSS interventions

- **The limits of trauma-focused interventions:**

- ✓ While they are essential for trauma-related conditions, their application often has significant limitations. Many existing programs primarily focus on treating symptoms of post-traumatic stress disorder (PTSD), potentially neglecting the broader spectrum of mental health and emotional well-being.
- ✓ A narrow focus of trauma-focused care can neglect the complexities of individual trauma histories and the ongoing impact of adverse childhood experiences (ACEs) on young offenders. In practice, many traditional criminal justice settings can inadvertently trigger trauma responses through interrogation, intimidation, and isolation, reinforcing negative behaviors and undermining positive adult-youth interactions<sup>27</sup>.
- ✓ Research indicates that effective programs should not solely target PTSD but integrate intersectional and transculturally evidence-based trauma-focused interventions into a wider approach of trauma-informed practices.
- ✓ Given that trauma has a direct impact on communication, and, given the prevalence of language and communication disorders among children and youth in contact with the law, concurrent assessment and trauma-informed therapy for language, literacy, social communication and cognitive-communication disorders is critical as without this, other therapies described above are likely to be less efficacious<sup>28</sup>.

<sup>26</sup> Timmons-Mitchell, J., et al. (2006). Multisystemic therapy for juvenile offenders: An evaluation of the outcomes. *American Journal of Orthopsychiatry*, 76(4), 408-419.

<sup>27</sup> Kemshall, H. (2003). 'Risk, social work and the public. *Social Work in the Community*', 14(3), 217-227.

<sup>28</sup> P Snow, M Powell - Trends and issues in crime and criminal justice, 'Youth (in) justice: Oral language competence in early life and risk for engagement in antisocial behaviour in adolescence', 2012.

PC Snow, M Woodward, M Mathis, MB Powell, 'Language functioning, mental health and alexithymia in incarcerated young offenders', *International Journal of Speech-Language Pathology*, 2016.

Wiseman-Hakes, C., Albin, M., Rupert A. & Pheonix M. (2025). Applying trauma and violence informed care to speech language pathology practice across the life span. *Topics in Language Disorders*. 45(1) pp 18-40.

Anderson E., Leong K., Lyubchenko K., Young, J., Wiseman-Hakes C., Turkstra L. (2022). A Scoping review of the role of speech-language pathologists in youth justice with application to Canada. *Cdn J of Speech Language Pathology and Audiology* 46(4) 237-250.

- **The limits of clinical focus only on mental health disorders interventions:**

- ✓ While specific, targeted, and evidence-based clinical treatments are essential for specific mental health conditions, frequently these are the only ones considered when talking about MHPSS, again neglecting the broader spectrum of mental health and emotional well-being.
- ✓ Moreover, when MHPSS is reduced to the existence or absence of disorders, treatment services are frequently accessible only through external providers, disconnected from daily experiences and justice proceedings, and their access is limited to those children who meet strict diagnostic criteria. This restricts many children and adolescents from receiving the comprehensive support they need, and neglects the important need of training all professionals in contact with children in broader aspects of MHPSS, leaving gaps in care that can impact their rehabilitation and reintegration

Main challenges and gaps mentioned in literature often refer to limited availability of good quality MHPSS tools and human resources within the child justice sector (while many challenges refer typically to the provision of quality mental health support in deprivation of liberty, many also refer to other stages of judicial processes, in particular first stages of arrest and challenges for early and appropriate screening and assessment, as well as last post-judicial stages of reintegration and limited continuum of care):

- **Lack of structured clinical tools to screen, assess, formulate, and intervene** through evidence-base, but also lack of multi-systemic and transcultural approaches including family to individual assessments, social skills trainings, substance abuse, family therapy, cognitive-behavioural therapy and further research on most appropriate means of screening and support for different cultural backgrounds.
- **Cultural limitations and limited research links between trauma and intersectionality:** Research shows that certain populations are overrepresented in the youth justice systems, reflecting the need to develop service responses that also acknowledge a range of social and economic disadvantages, such as poverty, social and health inequalities, systemic racism and discrimination, and intergenerational trauma<sup>29</sup>.
- **Inadequate training of professionals and cross-sectoral services:**
  - ✓ Limited or lack of appropriate training for legal professionals in understanding MH issues, and health/education/social welfare staff understanding the legal system.
  - ✓ Legal professionals, health care, education and housing sectors are working in silos and there is a lack of cross-sectoral knowledge and collaboration. Developing a strong interdisciplinary and inter-sectoral network for screening, communication, referral networks, and support is essential to integrate services and for improving outcomes.
  - ✓ In many low- and middle-income countries (LMICs), and more recently in developed countries, there is a significant shortage of mental health professionals, which limits the implementation and effectiveness of these interventions. Developing strategies to increase the availability of mental health-trained professionals to provide effective care is essential for improving outcomes in these contexts.

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<sup>29</sup> Malvaso, C.G., Day, A. & Boyd, C.M. (2024). 'The Outcomes of Trauma-Informed Practice in Youth Justice: An Umbrella Review'. *Journ Child Adol Trauma* 17, 939–955.

- **Limited systematic application of ethical principles**, particularly for specific target groups such as children in conflict with the law due to security offences.
- **Limited consideration and implementation of mental health screening and assessment at different judicial stages**, and not only upon deprivation of liberty. Mental health and substance use disorders, emotional and behavioural problems, and suicide risk do not systematically take place throughout the detention period and even less upon different judicial stages, when each of them presents different and new crucial points of environmental stressors that can affect the mental health of children in conflict with the law.
- **Risk of stigmatization in targeting specific MHPSS for children in contact with the law**: focusing on specific mental health disorders identification particularly for justice-involved children and designing or implementing “ad hoc” reintegration programs labelling children in contact with the law as a specific “category” may indeed be counter-productive for successful rehabilitation and reintegration, given the additional stigma, “label” and isolation it may pose to them. Without a broader understanding of psychosocial wellbeing, adding an additional label of mental health disorders can risk exacerbating stigma for children in contact with the law. This can hinder reintegration and access to services, making it crucial to provide interventions that are both effective and sensitive to the potential for stigmatization. MHPSS challenges and needs are equal for all children and youth facing adverse situations. The objective should be focusing on and addressing the specific situation children are in, granting access to specialized services as required duty for any other child, without promoting the idea of “special treatment”.



## 7. Integrating trauma and violence informed care practice<sup>30</sup>

Based on the most recent studies, there is a strong rationale for providing **trauma-and violence informed interventions as a promising line of inquiry**. The addition of the term violence reflects the awareness that systemic violence can in of itself, be a cause of trauma. (see definition below). These interventions can lead to **better outcomes for both justice-involved young people and their communities**. Given the need to establish safety and stabilization before trauma treatment can be provided, trauma and violence-informed approaches respond to challenges and concerns that non-specialist treatment for trauma-related presentations can in fact, cause harm. Trauma informed treatments are often available only to those who meet specific diagnostic criteria for PTSD.

A trauma, and context-informed approach must guide support strategies to ensure that children are not only treated but truly understood, and their reintegration is grounded in dignity, healing, and resilience<sup>31</sup>.

Examining trauma **through the lens of desistance** reveals that trauma alters the reality and self-understanding of its victims. What may seem senseless in the eyes of the public and the justice system can appear rational to the traumatized young person<sup>32</sup>. Trauma-informed practices also address the complex relationship between victimization and offending, recognizing the possibility of trauma histories in court-involved individuals.

These practices aim to provide a **supportive, person-centered approach**, which is essential for disrupting the school-to-prison pipeline<sup>33</sup>.

**This trauma-informed framework begins with acknowledging the prevalence of traumatic experiences among this population** and understanding how trauma responses affect their lives and coping mechanisms.

**The strength-based approach** is vital for children involved in the justice system, as it emphasizes their inherent potential and resilience rather than merely viewing them through the lens of their offenses or challenges. According to the UNODC's "Ecological Framework for Psychosocial Child Assessment," this approach acknowledges that **"children have resources and strengths that can be mobilized to support their development and well-being."** **By focusing on these strengths, practitioners can create interventions that empower children, fostering a sense of agency and hope.** This approach not only enhances engagement in the rehabilitation process but also encourages positive relationships with caregivers and community members. As the UNODC highlights, "strengths and resources in the child's environment can be harnessed to facilitate healing and growth." Ultimately, adopting a **strength-based perspective helps to build a more supportive and nurturing environment** for children in the justice system, **promoting their successful reintegration and long-term well-being.**

Resources: [An Ecological framework for psychosocial child assessment : a child focused Model for children associated with Armed and Organised Criminal groups, including Those Designated as Terrorist](#)

<sup>30</sup> Trauma- and violence-informed care (TVIC) is an approach that recognizes the pervasive impact of trauma and structural violence on individuals' lives and integrates this understanding into all aspects of service delivery. It not only considers past trauma (such as abuse, neglect, or displacement), but also acknowledges ongoing experiences of violence, discrimination, and systemic inequities that continue to shape people's mental health and well-being. TVIC emphasizes understanding past and ongoing trauma, fostering trust, collaboration, and respect, and addressing systemic barriers that affect well-being. This approach shifts from asking "What's wrong with you?" to "What happened to you?", promoting compassionate care for those impacted by trauma.

<sup>31</sup> Perry, B. D., & Winfrey, O. (2021). 'What Happened to You?: Conversations on Trauma, Resilience, and Healing'. New York, NY: Flatiron Books.

<sup>32</sup> Burke, M. (2018). 'Trauma-Informed Care in the Juvenile Justice System: A Review of the Literature'. Child and Adolescent Social Work Journal, 35(4), 375-391.

<sup>33</sup> Christen, C., Pycroft, A. (2021). The International Journal of Restorative Justice. An exploration of trauma-informed practices in restorative justice: a phenomenological study. The International Journal of Restorative Justice, 4(1 - 2021):229-252.

Trauma-informed care **emphasizes the avoidance of re-traumatization and the necessity of providing respectful and supportive interventions that help individuals rebuild their lives.** For youth who have experienced adverse childhood experiences (ACEs), fostering positive interactions with adults becomes essential for facilitating desistance from criminal behavior. Shifting from a traditional punitive perspective to one that asks, "What happened to you?" instead of "What's wrong with you?" enables a more supportive and understanding environment. **This paradigm shift is vital for creating spaces where youth feel safe and empowered, ultimately enhancing their engagement with the justice system and promoting healthier behavioral outcomes**<sup>34</sup>

Implementing trauma-informed care **within the juvenile justice** system

necessitates a **paradigm shift in intervention design and delivery.** This model not only seeks offender accountability but also **encourages victim participation and community engagement in rectifying wrongs.** By embedding trauma-informed practices into restorative justice approaches, the justice system can better address the emotional and psychological needs of young offenders<sup>35</sup>.

The core principles of restorative justice are deeply rooted in a commitment to relationship-centered values, emphasizing the repair and rebuilding of trust as central goals. Consequently, a **trauma-informed approach aligns seamlessly with restorative justice principles,** and research suggests that it is not only compatible but essential for effective implementation in practice<sup>36</sup>.

Based on global reviews, many programs and interventions within juvenile justice do mostly focus exclusively on treating presentations of posttraumatic stress. Trauma treatment services are often only available through external service providers and typically limited to those who meet the diagnostic criteria for posttraumatic stress disorder. This creates a significant challenge due to the lack of a systematic understanding of trauma and over reliance on **trauma focused support.**

Recent studies indicate a growing rationale for considering **trauma-informed interventions** as a promising area of inquiry. Evidence suggests that **these interventions can lead to better outcomes** for both justice-involved young people and for communities<sup>37</sup>.

#### Implementing Trauma-Informed Practices: Tools and Examples Across Judicial Stages.

- ✓ [Training manuals for juvenile justice staff](#) to enhance their understanding of trauma and its effects.
- ✓ [Trauma-informed practice in youth justice Toolkit](#), which proposes different tool to implement and measure Trauma informed practice in youth justice
- ✓ [Trauma-informed restorative practices handouts](#) that provide practical guidance for implementation.
- ✓ [Adaptations of trauma-informed interventions](#) tailored specifically for youth offenders.
- ✓ [Infrastructure improvements](#) that create supportive environments conducive to trauma-informed care.
- ✓ [Trauma informed Practice checklist](#) for youth Justice sector
- ✓ [Talking Mats](#) to support safe and appropriate communication support.

<sup>34</sup> Baglivio, M. T., et al. (2014). 'The relationship between Adverse Childhood Experiences (ACEs) and juvenile delinquency: A meta-analysis'. *Journal of Adolescent Health*, 55(3), 445-452.

Claire Fitzpatrick (née Taylor). 'What is the Difference between 'Desistance' and 'Resilience'? Exploring the Relationship between Two Key Concepts'. *Sage Journals*, Volume 11, Issue 3.

<sup>35</sup> Christen, C., Pycroft, A. (2021). The International Journal of Restorative Justice. An exploration of trauma-informed practices in restorative justice: a phenomenological study. *The International Journal of Restorative Justice*, 4(1 - 2021):229-252.

<sup>36</sup> Randall, M., Haskell, L. (2013). 'Trauma-Informed Approaches to Law: Why Restorative Justice Must Understand Trauma and Psychological Coping'. *Dalhousie Law Journal* 36 (2013): 501

<sup>37</sup> Malvaso, C.G., Day, A. & Boyd, C.M. (2024). 'The Outcomes of Trauma-Informed Practice in Youth Justice: An Umbrella Review'. *Journ Child Adol Trauma* 17, 939-955.

However, implementing trauma-informed practices comes with **its own set of challenges**. These interventions **require extensive research and evidence to demonstrate their effectiveness**, as measuring their impact is difficult. Additionally, trauma-informed care necessitates **substantial institutional commitment**, time, and a shift in mindset, all of which can be particularly challenging to achieve within the justice sector.

**MHPSS interventions in youth justice need to shift away from a narrow focus on treating trauma symptoms. Instead, they should adopt a broader trauma-informed practice that addresses the complex needs of young individuals, recognizing the various ways trauma affects their lives and well-being. This approach should integrate not only symptom management but also support for resilience, coping skills, and positive relationships, fostering a strengths-based holistic framework for recovery and reintegration.**



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## 8. Trauma informed approach with children in contact with the law across judicial stages

While a trauma-informed approach is grounded in core principles rather than a fixed set of procedures, it is helpful to provide concrete examples to clarify what trauma and violence informed care can look like in practice.

The table below outlines illustrative practices across key stages of the justice process. For each stage, we also identify relevant risk and protection factors, recognizing the importance of addressing the child's environment, experiences, and individual needs. Together, these elements aim to minimize re-traumatization, promote psychological and physical safety, and support the unique vulnerabilities and strengths of children in contact with the justice system.

By embracing these practices, the juvenile justice system can move toward a **more compassionate and effective approach to dealing with young people who have experienced trauma** or other psychosocial challenges. This not only helps to reduce the risk of re-traumatization or continuous difficulty but also fosters resilience, supports recovery, and promotes more positive and sustainable outcomes in reintegration processes.

JUDICIAL STAGE	RISK FACTORS  (Distress, Re-traumatization, or Barriers to Rehabilitation)	PROTECTIVE FACTORS  (Promoting Rehabilitation and Resilience)	TRAUMA AND VIOLENCE INFORMED CARE PRACTICE
<b>ARREST</b>	<ul style="list-style-type: none"> <li>• Custody with adults, exposure to gang influence or criminal networks within custody (increasing risk of recruitment).</li> <li>• Lack of hygiene/dignity</li> <li>• physical abuse, ill-treatment</li> <li>• Risk-driven analysis (e.g., escape, violence) instead of screening vulnerabilities</li> <li>• Isolation</li> <li>• No legal or social support - No information, fear, confusion, uncertainty, cognitive and communication disorders as barriers to comprehension</li> <li>• Prolonged custody, non-compliance with legal timeframes</li> </ul>	<ul style="list-style-type: none"> <li>• Separation from adults and high-risk offenders during custody.</li> <li>• Presence of social worker and lawyer</li> <li>• Well-being assessment and support pathway</li> <li>• Contact with understanding family members or resource people</li> <li>• Hygiene, food, and safety conditions</li> <li>• Trained custody personnel applying child-friendly procedures, and providing clear information slowly at a reduced pace in simple and developmentally appropriate language with opportunities for clarification.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Minimize Distress During Arrest: Train officers to use calm, non-threatening language, and offer children clear, age-appropriate explanations about what is happening to reduce fear.</li> <li>➤ Allow a Support Person: Where possible, allow a trusted adult (such as a family member or social worker) to accompany the child or be nearby during the arrest to provide emotional support and reduce feelings of isolation.</li> <li>➤ Screen for Immediate Needs; Officers should address children's basic needs, such as hunger, thirst, or restroom access, as this helps them feel more comfortable and cooperative. When possible, involving trauma-informed mental health professionals to assess and support the child's immediate psychological needs is also essential</li> <li>➤ Sensory Sensitivity Protocols: Avoid sudden loud noises or lights, like sirens, which can be distressing for children, particularly those with prior trauma. Create protocols for softer lighting and quiet, designated spaces.</li> </ul>
<b>TRIAL &amp; COURT</b>	<ul style="list-style-type: none"> <li>• Inadequate legal representation (e.g., lawyers without child rights training).</li> <li>• No consideration of the child's opinion, lack of listening to testimony</li> <li>• Pressure/coercion for a specific testimony</li> <li>• Isolation – no family or support system present</li> <li>• Lack of information about legal process, rights, and potential outcomes - Stress, uncertainty, confusion</li> <li>• Asking the child/youth 'Do you understand' rather than asking the child/youth to share in their own words what they understood</li> </ul>	<ul style="list-style-type: none"> <li>• Access to trained child-friendly legal representatives who specialize in child justice.</li> <li>• Clear, child-friendly information about rights, procedures, and outcomes</li> <li>• Communication Intermediary</li> <li>• Supported communication such as simple diagrams, checklists, slowed communication with time to process to ensure adequate comprehension</li> <li>• Support in providing testimony, including language/speech assistance if needed</li> <li>• Contact with loved ones before, during, and after trial</li> <li>• Social worker or mediator present to support the child throughout the process and in court</li> </ul>	<ul style="list-style-type: none"> <li>➤ Prepare Children for Court Procedures: Offer pre-trial orientation sessions using child-friendly materials to explain the court process, including roles of people in the courtroom (e.g., judge, lawyers) and what to expect. Role-play can help children feel more in control.</li> <li>➤ Child-Friendly Testimony Options: Provide alternative testimony options, such as recorded video testimony or testimony behind a screen, so that children don't have to confront potentially intimidating individuals in the courtroom.</li> <li>➤ On-Site Support and Safe Spaces: Have a trauma-informed counselor or trained advocate on-site to support the child and provide a quiet waiting area with comforting items (toys, books) where the child can feel more at ease before and after testimony.</li> </ul>
<b>DETENTION</b>	<ul style="list-style-type: none"> <li>• Lack of rehabilitation planning, increasing the likelihood of recidivism.</li> <li>• Isolation from family/loved ones</li> <li>• No access to information, legal/social support, or updates on judicial status</li> <li>• Lack of activities</li> <li>• Ill-treatment (physical abuse, solitary confinement)</li> <li>• Peer violence, bullying, or abuse from fellow detainees.</li> </ul>	<ul style="list-style-type: none"> <li>• Individualized rehabilitation planning to prepare for reintegration.</li> <li>• Regular family visits or calls, access to information about the outside world</li> <li>• Clear information about rights, legal procedures, and possible outcomes</li> <li>• Structured activities (education, vocational training, sports, arts) for reintegration</li> <li>• Peer support and mentoring programs within detention facilities.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Trauma-Informed Environment: Design detention spaces with natural light, calming colors, and separate spaces for children, to reduce stress and promote a sense of safety.</li> <li>➤ Regular Access to Mental Health Support: Implement weekly one-on-one sessions with a trauma-informed counselor trained to work with detained youth, providing a safe space for children to express emotions, fears, and anxieties.</li> <li>➤ Routine and Predictability: Establish predictable daily routines (for meals, recreational time, educational activities) to help children feel a sense of stability and control. Clearly communicate any changes to minimize anxiety around unknowns.</li> </ul>

	<ul style="list-style-type: none"> <li>No mental health and psychosocial (MHPSS) screening or support</li> </ul>	<ul style="list-style-type: none"> <li>MHPSS screening and available mental health support</li> <li>Regular legal and social support visits</li> <li>Trained detention staff, ensuring dignity and safety standards</li> <li>Safe feedback/complaints mechanism</li> <li>Independent monitoring checks</li> </ul>	
<b>ALTERNATIVES IN COMMUNITIES (Non-Detention Alternatives)</b>	<ul style="list-style-type: none"> <li>Breach of confidentiality, exposing the child to further stigma</li> <li>Lack of monitoring mechanisms to ensure compliance with non-custodial measures.</li> <li>Lack of individualized or family support - Stigmatization, discrimination</li> <li>No listening to the child or their family</li> </ul>	<ul style="list-style-type: none"> <li>Confidential, child-friendly restorative justice measures</li> <li>Community-based monitoring and mentorship programs for reintegration.</li> <li>Protection from violence, stigmatization, and discrimination</li> <li>Dedicated social and figure for individualized support and reintegration</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Strength-Based Approach in Community Programs:</b> Focus on skills development, mentoring, and social connection. For example, community-based programs might offer vocational training, creative arts, or sports, helping children build a sense of self-worth and positive identity.</li> <li>➤ <b>Family Involvement in Care Plans:</b> Create collaborative care plans with the family, community mentors, and children to support the reintegration process and strengthen family and community bonds.</li> <li>➤ <b>Peer Support Groups:</b> Establish support groups where children who've been through similar experiences can share in a non-judgmental space, reducing isolation and creating a sense of community.</li> </ul>
<b>RELEASE</b>	<ul style="list-style-type: none"> <li>No preparatory work or prior contact with family</li> <li>Risk of reoffending due to lack of structured follow-up and ongoing supervision.</li> <li>Family rejection, retaliation, or lack of support</li> <li>Stigmatization and discrimination in the community</li> <li>No social worker support upon release for reintegration</li> <li>Child left isolated, no support system - Lack of future opportunities (education, employment, social reintegration)</li> </ul>	<ul style="list-style-type: none"> <li>Pre-release contact and preparatory work with both child and family (screening for vulnerabilities, risks, and protective factors)</li> <li>Mediation and support to ensure a stable return to the household</li> <li>Ongoing case management and follow-up by a social worker or a probation officer post-release</li> <li>Access to education, vocational training, or employment opportunities</li> <li>Development of a long-term reintegration and life plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Individualized Transition Plans:</b> Develop tailored transition plans that outline mental health support, education, and housing assistance (if needed) to ease the child's reintegration into the community and avoid sudden lifestyle changes<sup>38</sup>.</li> <li>➤ <b>Follow-Up Support and Counseling:</b> Provide ongoing access to trauma-informed mental health services or counseling to help children adjust and address any lingering trauma after release.</li> <li>➤ <b>Positive Reintegration Initiatives:</b> Connect children with community activities, such as volunteering or youth groups, to foster a positive identity and reinforce supportive relationships.</li> </ul>

<sup>38</sup> Gil Gonzalez, M. (2020). 'Give me a chance, but a real one. How to improve the Reintegration of Children in Conflict with the Law. An analysis of the concept, key standards, and practices in the MENA region'. Terre des hommes Lausanne Foundation.

# 9. Zooming in on field realities: MHPSS and juvenile justice in practice across diverse contexts

This section presents six concise case vignettes from low- and middle-income countries, offering grounded perspectives on how mental health and psychosocial support (MHPSS) is integrated, or remains absent, within juvenile justice systems. These **real-world examples** highlight both systemic challenges and innovative practices from the field. They **demonstrate the critical interplay between legal frameworks, cultural contexts, service gaps, and frontline interventions**, and they underscore the urgent need for context-specific, trauma-informed, and rights-based MHPSS strategies for children in conflict with the law.


## GREECE Legal obligation of MHPSS in child justice

**Context:** Greece's legal and policy frameworks explicitly mandate MHPSS for children in conflict with the law, including therapeutic measures and assessments by specialized professionals.

**Challenge:** Despite robust legal backing, implementation is weak and largely dependent on NGOs, especially in urban areas, due to limited state funding.

**Practice/Intervention:** The Criminal Code (Articles 122–123) allows therapeutic measures after mandatory assessments; recent reforms enhanced procedural safeguards and created scientific evaluation teams.

**Field Insight:** Recognizing mental health needs in law is a powerful lever for prioritization. However, institutional gaps highlight that policy alone is not enough, capacity and budget are critical.

 **Call for Action:** Advocate for the operationalization of strong legal frameworks through state investment in multidisciplinary teams and public service delivery.


## MYANMAR Cultural sensitivity and community-driven MHPSS

**Context:** In Myanmar, traditional healers and community leaders hold key roles in addressing mental health, especially where formal services are lacking.

**Challenge:** MHPSS interventions risk being ineffective or rejected if not adapted to cultural beliefs and community structures.

**Practice/Intervention:** Tdh co-developed MHPSS tools with Community Support Groups (CSGs), integrating local language, beliefs, and trauma histories.

**Field Insight:** Community ownership and cultural alignment significantly increase trust and engagement, enabling more meaningful support for children in conflict with the law.

 **Call for Action:** Ensure MHPSS approaches are co-created with communities to build culturally safe and trusted support systems.


## MALI Building an MHPSS curriculum in child justice

**Context:** Children in detention face trauma and systemic neglect, despite growing national efforts to formalize MHPSS.

**Challenge:** Facilities lack structured support and trained professionals.

**Practice/Intervention:** Tdh is developing a detention-focused MHPSS curriculum aligned with the national strategy.

**Field Insight:** Cross-sector curriculum development creates bridges between justice and health actors.

 **Call for Action:** Invest in tailored MHPSS training for professionals across justice, social work, and health sectors.

## BURUNDI


### Holistic MHPSS for incarcerated mothers and children

**Context:** Overcrowded prisons host children and young mothers with high trauma exposure.

**Challenge:** Poor conditions, stigma, and lack of ECD or mental health support increase long-term harm.

**Practice/Intervention:** Tdh introduced distance-based MHPSS and prison-based ECD centers.

**Field Insight:** Addressing both individual and systemic needs, starting from basic care, reduces recidivism and supports reintegration.

 **Call for Action:** Combine MHPSS with early childhood and reintegration support to reduce long-term justice involvement.

## IRAQ


### Do no harm in MHPSS for detained youth

**Context:** Detained youth, especially in terrorism-related cases, face trauma and extreme stigmatization.

**Challenge:** Confidentiality gaps, security concerns, and group-based models hinder therapeutic engagement.

**Practice/Intervention:** Tdh piloted resilience-building while advocating for individualized, confidential MHPSS access.

**Field Insight:** Without privacy and clear legal frameworks, even well-structured MHPSS programs can fail.

 **Call for Action:** Institutionalize ethical standards and private spaces for MHPSS within detention systems.

## SYRIA


### Making MHPSS visible in child detention

**Context:** Detention severely impacts children's mental health in a country with minimal MHPSS capacity.

**Challenge:** MHPSS needs are overlooked in detention settings due to logistical and confidentiality constraints.

**Practice/Intervention:** Tdh developed an MHPSS-based observation tool to monitor children's well-being across four juvenile centers.

**Field Insight:** Even basic monitoring tools can influence detention management to reallocate resources toward mental health needs.

 **Call for Action:** Prioritize simple, scalable tools to make MHPSS needs visible in fragile detention environments.

# 10. Conclusions and recommendations

## 1. Systematically integrate MHPSS-tailored approaches and interventions as part of the justice national legislations, policies, proceedings, and remedies for children in contact with the law

Children in contact with the law must receive **tailored, trauma and -and violence-informed MHPSS interventions** that support tailored rehabilitation and reintegration. This requires:

- Embedding MHPSS in justice sector responses and strengthening the capacity of justice professionals.



**Call for Action: develop and institutionalize a trauma and violence-informed care (TVIC) toolkit** for use by legal, correctional, and social service actors working with children in contact with the law. This should include practical guidance, assessment tools, and training modules adapted to various justice contexts.

- Neurodiverse children, neurodisabilities (e.g., ADHD, Autism, Traumatic Brain Injuries) and language and communication disorders are often misunderstood and mismanaged within justice systems, exposing children to adverse justice outcomes, including leading to criminalization, rather than tailored care.



**Call for action: establish systems for screening, early identification and resilience-building interventions for children with neurodevelopmental and neurological conditions who navigate justice systems.** Recognition that a cognitive and or communication disorder can compromise the child's fair access to justice.

- Aligning domestic regulations and policies with international standards that mandate the justiciability of children's rights, including access to holistic MHPSS.



**Call for action: advocate for the inclusion of express provisions in national legal frameworks and policies of the 'right to treatment' of children in contact with the law** across all justice proceedings being recognized as a remedy, as well as the **development of 'child and youth justice frameworks' into justice systems policy reform** that capture the objectives of interventions with children and youth in contact with the law, including outcomes directed to enhance their mental health and psychosocial wellbeing, their support networks and their socio-economic opportunities, among others, through **holistic and tailored reintegration processes.**

- Promoting the prioritization of community-based, restorative, and non-custodial measures and solutions (vs custody and/or institutionalization) for all children in contact with the law, and especially those with psychosocial or specific developmental needs as part of a tailored reintegration process.



**Call for action: higher investment in national diversion programs with an enlarged scope of options and services for children with psychosocial or specific developmental needs.**

- Globally, legal systems consider childhood as up to 18 years of age. However, neuroscience and neurodevelopmental evidence indicate that a young person’s brain is continuing to develop until well into the mid-late twenties, particularly the frontal lobes, responsible for goal-directed behaviour, working memory, judgment and reasoning, and impulse control.



**Call for action:** advocate for child/youthhood legal frameworks and child/youth court to be extended to age 25.

## 2. Increase investment in research and the production of knowledge and systematic data availability for MHPSS-related information on children in contact with the law

Designing and applying tailored MHPSS interventions and approaches within the justice system for children in contact with the law necessitates accurate data on the diverse challenges, symptoms, trauma experiences, and disorders children in contact with the law face, including those produced by the interaction with the justice systems. Equally important is the need to have comprehensive data across different populations of children, considering diverse identity factors and across the several justice stages children navigate (vs only the incarcerated child population).



**Call for action:** modeling a protocol of indicators for the systematic collection of data on MHPSS for children in contact with the law to be used by national systems.

## 3. Improving access and conditions of care in justice settings

MHPSS must be available, accessible, acceptable, and adaptable in all environments where children interact with the justice system. This includes detention, police stations, courts, and reintegration centers (with different specializations).



**Call for Action:** enhance infrastructure (such as multidisciplinary settings ‘one-stop centres’ for children in contact with the law with specific protocols, including specialized MHPSS and legal counselling *at a minima*) run by professional staff trained in child- and trauma-sensitive approaches.

## 4. Strengthen interdisciplinary and cross-sectoral collaboration and coordination

Currently, many justice systems suffer from fragmented services. Effective MHPSS for children requires strong referral pathways, reintegrative case management<sup>39</sup> and collaboration between justice, health, education, and child protection actors.



**Call for Action:** Establish national and local coordination mechanisms with clear roles, shared case data, and joint planning across relevant sectors.

<sup>39</sup> Gil Gonzalez, M., Carrasco Colom, L. ‘Model of Action Reintegrative Case Management for Children & Youth in Conflict with the Law’. Terre des hommes Lausanne Foundation, 2024.

## Annex 1 Mental health and psychosocial root causes, Types of challenges, and systemic factors affecting Mental Health and psychosocial well-being of children in contact with the law

The mental health and psychosocial challenges faced by children in contact with the law are diverse and multifaceted. These challenges can be categorized into various types and can originate from different sources.

This table provides a comprehensive but not exhaustive overview of the various mental health and Psychosocial challenges faced by children in contact with the law. It also links these challenges with their origins (root causes and stressors), which helps highlight the need for trauma-informed, developmentally appropriate interventions that are sensitive to both the psychological and neurobiological impacts of trauma.<sup>40</sup>

<b>MENTAL HEALTH AND PSYCHOSOCIAL ROOT CAUSES</b> <b>UNDERLYING CONCEPTS OF TRAUMA, MENTAL HEALTH AND NEURO DIVERISITIES AFFECTING CHILDREN AND YOUTH IN CONTACT WITH THE LAW</b>	
<b>Traumatic experiences</b> <b>Adverse Childhood Experiences (ACEs)</b>	<ul style="list-style-type: none"> <li>• Traumatic experiences: extreme events or situations that overwhelm the capacities to cope.</li> <li>• Adverse childhood experiences are specific traumatic events during childhood and adolescence, such as:               <ul style="list-style-type: none"> <li>• Exposure to violence, abuse, neglect, household dysfunction, and other adverse experiences during childhood</li> <li>• Witnessing domestic or community violence</li> <li>• Experiences of systemic racism, marginalization, or historical/colonial Trauma (intergenerationally transmitted and lived), experiences of discrimination</li> </ul> </li> <li>• Impact of poverty and social inequality on development</li> <li>• Single or (often) repeated traumatic events - often cumulative and developmentally disruptive</li> <li>• ACEs are strongly linked to family and environmental risk factors</li> <li>• If unaddressed, the impact can persist across the life course</li> </ul>
<b>Complex trauma</b>	<ul style="list-style-type: none"> <li>• involves repeated and chronic traumatic childhood adverse experiences shaping development</li> <li>• often Interpersonal and relational nature (caregiver attachment, harmful social relationships)</li> <li>• includes Poly-victimization, life-threatening events, and interpersonal losses</li> <li>• compromises emotional development and resilience due to lack of recovery time between trauma</li> </ul>
<b>Neurodisability &amp; TBI</b>	<ul style="list-style-type: none"> <li>• Neurological Impairments affecting emotional regulation, behavior, and cognitive processing</li> <li>• signs can be misidentified and misunderstood</li> <li>• can be developmental (due to genetic or early life factors) or acquired (Traumatic Brain Injury -TBI)</li> </ul>
<b>Neurodiversity</b>	<ul style="list-style-type: none"> <li>• Refers to natural variations in the human brain and neurocognitive functioning which impacts social relations</li> </ul>

<sup>40</sup> **Root Causes / Stressors:** These are the primary factors contributing to the mental health challenges. They include traumatic experiences (violence, abuse), ACEs, neurodisabilities, complex trauma, historical trauma, and neurobiological impacts from trauma.

**Types of Challenges:** This column lists the different types of mental health and psychosocial challenges children may face as a result of the stressors in the first column, such as depression, PTSD, aggression, emotional distress, and cognitive issues.

**Systemic Factors:** These include the broader societal and institutional elements that contribute to or exacerbate the challenges, such as the lack of trauma-informed care, systemic inequality, and insufficient resources for rehabilitation.

**Impact on Children in the Justice System:** This column highlights the consequences these challenges and systemic factors have on children in contact with the law, including their behavioral patterns, emotional regulation, and their interactions with the justice system.

<b>MENTAL HEALTH AND PSYCHOSOCIAL ROOT CAUSES</b> <b>UNDERLYING CONCEPTS OF TRAUMA, MENTAL HEALTH AND NEURO DIVERISITIES AFFECTING CHILDREN AND YOUTH IN CONTACT WITH THE LAW</b>	
	<ul style="list-style-type: none"> <li>• Emphasizes a strengths-based and inclusive approach to conditions such as autism, ADHD, and others</li> <li>• A neurodiverse lens promotes inclusion and strengths-based understanding.</li> <li>• A neurodisability lens ensures access to services and legal protections.</li> </ul>
<b>Mental health disorders</b>	<ul style="list-style-type: none"> <li>• Clinically significant conditions that affect a person's thinking, feeling, mood, behavior, and ability to relate to others or function in daily life.</li> <li>• Must be differentiated from non-pathologic reactions, signs and symptoms in front of overwhelming experiences</li> <li>• Common disorders include; Depression ( Persistent sadness, feelings of hopelessness, lack of interest in activities and other mood disorders), Anxiety( Excessive worry, fear, and panic attacks), Trauma related disorders ( Post-Traumatic Stress Disorder (PTSD) and complex PTSD: Flashbacks, nightmares, hypervigilance, severe anxiety from trauma), Conduct Disorders ( Persistent patterns of antisocial and disruptive behavior), Substance Use Disorders (Abuse or dependence on drugs or alcohol to cope with trauma) and Psychotic disorders (disruptions in perception or thinking, including hallucinations or delusions)</li> </ul>

<b>Types of challenges, signs and symptoms</b> (if unidentified, misdiagnosed or unaddressed might become mental health disorders)	<b>Systemic factors</b> (That are present in the justice system and beyond)	<b>Impact on children in the Justice system</b> (that can contribute to justice involvement or be induced by it)
<b>Neurobiological impacts of Trauma and diverse mental health functioning</b> <ul style="list-style-type: none"> <li>• Trauma (physical-TBI or psychological-especially early, chronic, and complex trauma) impacts on brain function, development, and response to stressors</li> <li>• These changes are most significant when trauma occurs during sensitive periods of brain development, such as early childhood or adolescence.</li> <li>• It can lead to a wide range of brain functioning areas, such as: <b>Emotional and behavioral dysregulation, social difficulties, cognitive issues and impairment</b></li> </ul>	<b>Violence, abuse, neglect</b> <b>Systemic inequality, Discrimination, Racism</b> <ul style="list-style-type: none"> <li>• Inadequate legal support, lack of trauma-informed care in the justice system. Trauma is often misunderstood or overlooked</li> <li>• Trauma not addressed in rehabilitation programs</li> <li>• Lack of trauma screening during intake assessments</li> <li>• Inadequate access to mental health services and treatment</li> <li>• Legal and justice systems are unable to address communication needs</li> </ul>	<ul style="list-style-type: none"> <li>• Traumatic experiences or injuries, neurodevelopmental diversity and mental health conditions</li> <li>• Delinquent behavior, emotional dysregulation, impulsivity, difficulty in learning from consequences</li> <li>• Difficulty adjusting to new environments, withdrawal from social interactions</li> <li>• Hyperarousal, or hypoarousal, difficulty concentrating, trouble forming healthy relationships</li> <li>• Misunderstood behaviors, additional barriers to successful reintegration, leading to further legal involvement</li> <li>• Substance use exacerbates mental health issues and leads to recidivism</li> </ul>

<b>Types of challenges, signs and symptoms</b> (if unidentified, misdiagnosed or unaddressed might become mental health disorders)	<b>Systemic factors</b> (That are present in the justice system and beyond)	<b>Impact on children in the Justice system</b> (that can contribute to justice involvement or be induced by it)
<b>Behavioral issues</b> <ul style="list-style-type: none"> <li>• <b>Aggression:</b> Hostile or violent behavior toward others, anti-social behavior</li> <li>• <b>Delinquency:</b> Engaging in illegal or harmful behaviors</li> <li>• <b>Withdrawal</b> or social isolation</li> </ul>	<b>Incarceration</b> <ul style="list-style-type: none"> <li>• Juvenile justice system response that may not be trauma-informed</li> <li>• Inconsistent application of rehabilitative vs. punitive measures</li> <li>• Lack of support for addressing the root causes of delinquent behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Aggression, delinquency, impulsivity, anti-social behavior</li> <li>• Increased involvement in the criminal justice system, self-destructive tendencies</li> <li>• Conflict with authority figures, difficulty in school and other social settings</li> <li>• Poor decision-making skills, impulsive behavior in legal contexts</li> </ul>
<b>Cognitive and developmental issues</b> <ul style="list-style-type: none"> <li>• <b>Attention and learning deficits:</b> Difficulty concentrating, focusing, planning. Academic performance issues</li> <li>• <b>Disrupted sense of self and identity:</b> negative self-image and others (misinterpretation of threats and capacities)</li> <li>• Impaired <b>information processing</b>, impaired judgment and <b>impulse control</b>, aggression-endorsing cognitive schemas</li> </ul>	<b>Rigid labelling and misdiagnosis</b> <ul style="list-style-type: none"> <li>• Discriminatory practices within justice and educational systems</li> <li>• Lack of intersectional and transculturally appropriate trauma informed legal processes</li> <li>• Insufficient understanding of neurodiverse conditions in the justice system</li> </ul>	<ul style="list-style-type: none"> <li>• Attention deficits, learning disabilities, cognitive impairments</li> <li>• Educational underachievement, disengagement from rehabilitative efforts</li> <li>• Struggles in adjusting to academic or vocational programs while incarcerated</li> <li>• Risk of reoffending due to poor decision-making and lack of supportive care. Difficulties in adapting to new environments, challenges in rehabilitation</li> </ul>
<b>Emotional distress</b> <ul style="list-style-type: none"> <li>• <b>Grief:</b> Mourning the loss of loved ones or normalcy, often in the context of trauma</li> <li>• <b>Low self-esteem, shame, guilt</b> and negative feelings about one's actions, identity, or perceived worth</li> </ul>	<b>Lack of trauma informed rehabilitation</b> <ul style="list-style-type: none"> <li>• Constellation of symptoms often misidentified leading to misdiagnosis</li> <li>• Overburdened child protection systems, insufficient staff training</li> </ul>	<ul style="list-style-type: none"> <li>• Grief, shame, guilt, low self-esteem</li> <li>• Difficulty processing emotions, unresolved grief leading to emotional outbursts</li> <li>• Limited emotional healing success in rehabilitative efforts due to unaddressed trauma. Underdiagnosed or misdiagnosed mental health conditions</li> </ul>

<b>Types of challenges, signs and symptoms</b> (if unidentified, misdiagnosed or unaddressed might become mental health disorders)	<b>Systemic factors</b> (That are present in the justice system and beyond)	<b>Impact on children in the Justice system</b> (that can contribute to justice involvement or be induced by it)
<ul style="list-style-type: none"> <li>• <b>Emotional dysregulation</b>, difficulty in identifying, controlling, or expressing emotions (fear, sadness, anger...), sudden mood swings, or emotional numbness</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of therapeutic, tailored services and trauma-sensitive training for staff</li> </ul>	<ul style="list-style-type: none"> <li>• Challenges in adapting to rehabilitation programs, fear of failure</li> </ul>
<b>Communication Issues</b> <ul style="list-style-type: none"> <li>• <b>Communication issues:</b> Difficulty expressing oneself verbally or nonverbally</li> </ul>	<b>Lack of neurodiversity informed appropriate staff training</b> <ul style="list-style-type: none"> <li>• Legal and justice systems are unable to address communication needs</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty in articulating needs, underdiagnosed or misdiagnosed mental health conditions</li> <li>• Misunderstood behaviors, additional barriers to successful reintegration</li> </ul>
<b>Social challenges</b> <ul style="list-style-type: none"> <li>• <b>Attachment, bonding, and trust disruption</b></li> <li>• <b>Isolation:</b> Lack of social connections or support, often due to distrust, fear, or relationship difficulties</li> <li>• <b>Stigmatization:</b> Being labeled or discriminated against due to other impairments</li> <li>• <b>Relationship difficulties:</b> withdrawal or overly intense relationships. Difficulty in reading social cues.</li> </ul>	<b>Lack of social support systems</b> <ul style="list-style-type: none"> <li>• Lack of therapeutic, tailored services and trauma-sensitive training for staff</li> <li>• Inadequate resources for integrating neurodiverse children in the justice system</li> <li>• Legal systems are not designed to accommodate neurodiverse individuals</li> <li>• Lack of understanding and support from caregivers, teachers, or peers</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation, stigmatization, and relationship difficulties</li> <li>• Increased social withdrawal and lack of community support</li> <li>• Social exclusion, difficulty interacting with peers, sense of alienation</li> <li>• Increased likelihood of reoffending due to limited social support</li> <li>• Isolation leading to difficulty in reintegration</li> </ul>

## Annex 2 Psychosocial and Systemic Stressors Affecting Mental Health and Well-being in Children in Contact with the Law

Children and adolescents in contact with the law often face multiple **psychosocial and systemic stressors** that contribute to **mental health and psychosocial support (MHPSS) challenges**. These factors often overlap, exacerbating vulnerabilities and increasing the risk of ongoing trauma.

Psychosocial Stressors	
<b>Family Breakdown</b>	Separation, divorce, or the death of family members often leads to emotional distress, instability, and feelings of abandonment, which may worsen existing mental health challenges.
<b>Poverty and Economic Hardship</b>	Children experiencing economic instability often face chronic stress, impacting their emotional well-being and increasing vulnerability to mental health conditions like anxiety and depression.
<b>Social Exclusion and Discrimination</b>	Marginalization based on ethnicity, gender, disability, or legal status can lead to feelings of inferiority, lack of self-esteem, and hinder access to social services, education, or mental health support.
<b>Isolation and Lack of Support Networks</b>	The absence of reliable emotional and social support networks, such as family or peers, increases the likelihood of stress, loneliness, and trauma, impacting resilience and coping mechanisms.
Family and Home Environment	
<b>Parental Substance Abuse</b>	Exposure to parents or caregivers with substance use issues can create instability, neglect, and emotional trauma. This can contribute to behavioral problems and hinder emotional development.
<b>Domestic Violence</b>	Witnessing or being a victim of violence between caregivers often normalizes aggression and increases the risk of psychological distress, depression, and behavioral issues.
<b>Gender Based Violence</b>	Being a victim of sexual and or other gender-based violence within the family and home environment can and does cause emotional trauma.
<b>Homelessness and Housing Instability</b>	Lack of stable, safe living conditions can prevent children from developing healthy emotional, social, and cognitive skills, leading to trauma and increased susceptibility to mental health disorders.
Systemic and Institutional Challenges	
<b>Incarceration and Institutionalization</b>	The stress of being detained or placed in juvenile facilities can lead to long-term psychological issues, such as anxiety, depression, and PTSD. The conditions in these facilities may further compound the trauma.
<b>Legal System Interaction</b>	Navigating the justice system often exacerbates mental health challenges. Children may face additional stress, confusion, and trauma if they lack proper guidance or mental health support through the process.
<b>Stigma and Discrimination</b>	Children in contact with the law often face stigma, which can further alienate them from society. This exclusion can lead to mental health difficulties, limiting their access to education, employment, and rehabilitation opportunities.



**Every child in the world  
has the right to a childhood.  
It's that simple.**

Siège | Hauptsitz | Sede | Headquarters  
Route des Plaines-du-Loup 55, CH-1018 Lausanne  
T + 41 58 611 06 66, info@tdh.org  
www.tdh.org, CH41 0900 0000 1001 1504 8

www.tdh.org  
www.facebook.com/www.tdh.org  
www.x.com/tdh\_org  
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