

**Reimagining Juvenile Justice**

Amara Valley

Helena College University of Montana

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Karen L. Henderson

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## **Reimagining Juvenile Justice**

While teenagers are confined in juvenile detention centers, their brains are going through the most crucial stage of development. When they are released, many leave without proper resources to help them navigate reintegration and adulthood. The juvenile legal system's purpose is rehabilitation, yet many adolescents continue to reoffend after incarceration. Reintegration is especially challenging for at-risk youth, as many come from poverty and are not equipped with the tools to help them access housing, education, and employment. Prioritizing rehabilitation over harsh punishment in the juvenile justice system leads to positive long-term outcomes.

The need for rehabilitation becomes clear when considering the unmet developmental needs of youth during incarceration, which puts marginalized youth at an even greater disadvantage. Many at-risk teens already struggle with behavioral health and substance use disorders before entering the justice system, and studies show that confinement only exacerbates these challenges. One study found that after release from incarceration, around half of the participants met the criteria for PTSD, along with continued substance abuse, with alcohol use surpassing 50% and illicit drug use reported by 41.9% of the group (Ackerman et al., 2024). With such high levels of mental health and substance use persistence after incarceration, this demonstrates how, without rehabilitation, these young offenders do not have the resources to recover. For this reason, the first six months following release are pivotal to address behavioral health needs to prevent future cycles of harmful behavior (Bondoc et al., 2023). However, even when treatment services are available, not all youth experience these services equally because racial bias often plays a role in the quality of care they receive.

Systemic bias has consistently influenced outcomes, primarily for Black and Latino youth involved in the juvenile justice system. This injustice is especially clear when taking a closer

look at how marginalized youth feel unsupported when receiving behavioral health treatment during and after incarceration. Studies show that evidence-based mental health services do not always have consistent outcomes for racial and ethnic minority youth, especially in behavioral health environments where the juvenile court system is one of the main sources of treatment referrals (Bondoc et al., 2023). Because the courts often mandate these services, adolescents coming out of incarceration have limited control over their treatment, leaving many of them feeling powerless and disconnected from the process.

Additionally, Black and Latino youths who expressed that treatment did not help them frequently reported coping on their own with substance use (Bondoc et al., 2023). Rates of youth substance abuse may be more likely to decline if counseling services were tailored to the individual, and interventions looked more like treatment and less like imprisonment. Black and Latino youth reported engaging in treatment more when they could build a personal connection with treatment facilitators. However, when they were met with providers where that connection was lacking, they disengaged. They explained that supportive, collaborative, and culturally aware approaches enhanced rapport and improved their willingness to participate. Service providers who could not connect with or grasp their life experiences furthered feelings of disconnect during treatment (Bondoc et al., 2023). Lack of culturally aware healthcare is a contributing factor in the recidivism rates of at-risk youth; when they are not taught proper coping mechanisms, returning to risky behavior can feel like the only way to survive.

Research demonstrates that when at-risk youth receive structured rehabilitation rather than harsh confinement, they experience positive long-term outcomes more often. One reason rehabilitation is more effective is because incarceration alone does not provide adequate services for impressionable and developing minds. The juvenile justice system's strict setting can worsen

pre-existing conditions or create new ones, like increased mental health conditions and delayed academics (Ackerman et al., 2024). Ackerman et al. (2024) also shares findings that 10% of juvenile males completed high school, while another 31% obtained their GED, frequently while serving time in prison for adult crimes. Additionally, only around 20% of previously incarcerated males and 33% of females maintained a full-time job. Education setbacks combined with a lack of behavioral health care create a cycle where youth struggle to succeed in productive activities. This often leads to trouble finding employment, making it much easier for them to resort to criminal behavior.

Some argue that all youthful offenders should be punished to the fullest extent of the law for their crimes, regardless of severity. Some even see rehabilitation as a privilege. While rehabilitation programs are effective for a majority of youthful offenders, those involved in violent or sexual crimes must remain incarcerated, while still receiving rehabilitative services. Creemers et al. (2022) share findings that negative childhood events are often reported by juvenile offenders, who also display serious behavioral problems that exacerbate their criminal behavior. This suggests that treatment is necessary to increase the likelihood of reform; incarceration alone is seen as an unproductive approach. Because these underlying issues cannot be addressed only by punishment, confinement must include individualized treatment measures that work towards resolving past trauma and promoting long-lasting reform. Willingham (2024) notes that recidivism rates remain high among youth placed in correctional facilities, which is often where most young violent offenders are placed. Research over several decades shows that between 50% and 80% of these adolescents are rearrested within one to three years following release. It is clear that there needs to be a change in the current system; the juvenile justice system is failing to provide effective treatment, both during confinement and after release.

Looking ahead, a juvenile justice system that truly wants our youth to heal must balance accountability with meaningful rehabilitation. A mixed model that combines secure confinement with individualized treatment plans for all adolescent offenders offers the most effective long-term results. Willingham (2024) highlights the effectiveness of individualized treatment approaches such as Functional Family Therapy (FFT) and Multisystemic Therapy (MST), which intervene by improving family dynamics, strengthening communication, and addressing behavioral and academic concerns. Programs such as these have positive results in preventing juvenile crime and are especially helpful in reducing recidivism after release. Incorporating intervention programs like FFT or MST into correctional settings can help youth build the tools they need to be successful after release, creating a safer environment for both at-risk teens and society.

The juvenile justice system is met with the challenge of holding young offenders accountable while working to promote healthy behaviors. To improve long-term reform, at-risk youth in confinement should be involved in rehabilitation tailored to their circumstances, instead of punitive punishment. Yet access to effective treatment services is not equal for all youth. Youth of color are more likely to experience bias and a lack of culturally aware service providers. Efforts should be made to have more multicultural providers present in the juvenile justice system to ensure all youth have access to meaningful treatment. Institutional and community-based rehabilitative measures have been proven to have a positive influence on recidivism rates among youth. However, public safety is a priority, meaning violent and sexual offenders must be placed in secure facilities, but they need to receive treatment during and after confinement. Treatment cannot only be present while serving time, and long-term monitoring must be available during the reintegration process. Rehabilitation cannot be pushed aside when

children are incarcerated; they must be met with compassion and resources to make a meaningful change.

## References

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