



Influences of Adverse Childhood Experiences on Recidivism of Youth in Juvenile Practice and Training Center

Rawitsara Yamkead*

Veenukam Rujiprak**

Sunee Kanyajit***

Natthapon Sokanta****

■ บทคัดย่อ

Thailand has prioritized the rule of law under its Sustainable Development Goals (SDGs), particularly Goal 16, which seeks to promote peaceful and inclusive societies, ensure access to justice for all, and build effective, accountable, and inclusive institutions at all levels. One important target under this goal is Target 16.2, which aims to end abuse, exploitation, trafficking, and all forms of violence and torture against children. Although the Thai government has placed importance on monitoring violence against children and youths, Thailand continues to be reported as having a relatively high rate of child abuse. Adverse Childhood Experiences (ACEs) have been shown to significantly influence juvenile delinquency and recidivism. This study aimed to examine (1) Adverse Childhood Experiences among juveniles, (2) the relationship between ACEs and types of offenses, and (3) the influence of ACEs on juvenile recidivism among juveniles in Juvenile Practice and Training Centers. Using a quantitative approach, data were collected through

* Program in Criminology and Justice, Mahidol University

** Program in Criminology and Justice, Mahidol University

*** Program in Criminology and Justice (International Program), Mahidol University

**** Program in Criminology and Justice, Mahidol University

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self-administered questionnaires from 327 juveniles aged 15-17 years. The results indicated that 58.1% of the juveniles had grown up in families involving parental separation or divorce. Approximately 30% of juveniles experienced household substance abuse and parental incarceration. Furthermore, between 10% and 20% of the respondents reported family-related problems, such as domestic violence and household mental illness. Regarding the relationship analysis, offenses against life and bodily integrity were associated with physical abuse, while sexual offenses were associated with emotional abuse, sexual abuse, household substance abuse and parental incarceration. Property offenses were associated with physical abuse, substance abuse, parental separation or divorce, and having a family member with a criminal history. Drug-related offenses were associated with physical abuse, while offenses under the Firearms Act were associated with both physical and sexual abuse. Furthermore, physical and sexual abuse emerged as significant predictors of juvenile recidivism. The findings underscore the crucial role of ACEs in juvenile offending and emphasize the need for trauma-informed interventions in juvenile rehabilitation.

Keywords: Adverse Childhood Experience, Recidivism, Juvenile Practice and Training Center

■ Introduction

The Thai government has established policies consistent with Sustainable Development Goals (SDGs) following the United Nations' announcement in 2016. A revised conceptual framework has been developed to integrate the economic, social, and environmental dimensions with Thailand's SDG implementation. Among the key issues identified by the SDGs is the elimination of violence against children, which aligns with sub-goals 16.2 related to ending abuse, exploitation, trafficking and all forms of violence against and torture of children (Centre for SDG Research and Support (SDG Move), Faculty of Economics, Thammasat University, n.d.). Therefore, violence against children has been a consistent concern for both the Thai government and society, with continuous monitoring in place, owing to the multifaceted consequences of violence and trauma experienced during childhood, impacting not only individuals' physical and psychological well-being, but also exerting broader effects on society. Nadine Burke

Harris, the founder of the Center for Youth Wellness, described the experience of physical and psychological trauma in childhood as Adverse Childhood Experiences (ACEs), which refer to abusive, neglect, and household dysfunction, thereby emphasizing their profound and long-term impacts on health and development. A UNICEF report indicated that children who have experienced Adverse Childhood Experiences face long-term consequences for mental health including anxiety, stress, low self-esteem and depression, which may ultimately lead to suicidal tendencies and substance abuse. (UNICEF Thailand, 2022, pp. 2-4) Beyond psychological problems, children were also found to face adjustment challenges in social settings. They tend to be overly wary and distrustful in their relationships along with high-risk sexual behaviors, which may ultimately result in offending behaviors. Considering that adolescence is a developmental stage characterized by learning and adaptation to the surrounding environment, growing up with experiences of trauma and violence may unconsciously shape how youths perceive and respond to challenges, which can later manifest as delinquent or criminal behaviors. (Centers for Disease Control and Prevention, 2024, October 8; Yodsawadi Thipphayamongkol-udom et al., 2021, pp. 13-60)

Although the Thai government has been making continuous efforts to monitor and address violence against children, according to the United Nations, Thailand has consistently ranked among the top ten countries worldwide with the highest rates of violence against women and children. Approximately one-third of these cases involve psychological violence. However, only 17 percent of victims sought assistance from available services. The situation of violence against youths in Thailand has shown an alarming increase in both frequency and severity. The Multiple Indicator Cluster Survey (MICS) reported that 4.2 percent of children had experienced severe physical violence from their parents. This figure excludes other inappropriate behaviors such as sexual abuse, neglect, or abandonment (National Statistical Office of Thailand, 2023, p. 20). Furthermore, Data from the Department of Children and Youth (2021, pp. 40-42) show that reports of child abuse in Thailand remained consistently high between 2016 and 2020, including physical, emotional, and sexual abuse cases. Similarly, the Department of Women's Affairs and Family Development (2023, p. 19) found that Bangkok, Ratchaburi, and Chiang Mai recorded the highest numbers of domestic violence cases, indicating that child and family violence remains a persistent national concern.

From a theoretical standpoint, the occurrence of juvenile delinquency can be attributed to multiple interrelated factors. One of the key explanatory frameworks is Agnew's General Strain Theory (Agnew, 1992, pp. 47-87), which posits that exposure to negative stimuli such as family violence, neglect, or social exclusion creates strain that may lead individuals to engage in criminal behavior, particularly when they lack effective coping mechanisms. Moreover, several supporting theories suggest that household dysfunction and poor familial relationships play a significant role in influencing juvenile recidivism, as unstable family environments may hinder emotional development and reinforce maladaptive behavioral patterns. For the rehabilitation of juveniles under the Department of Juvenile Observation and Protection, the Centers for Training and Development of Children and Youth play an important role in the juvenile justice process. These centers are responsible for rehabilitating and training juvenile offenders through behavior modification, education, and preparation for reintegration into society (Department of Juvenile Observation and Protection, 2019, p. 2). Most juveniles undergoing rehabilitation come from complex family backgrounds and have experienced violence, neglect, or other

adverse childhood experiences (Fox et al., 2015, pp. 163-173; Schorr et al., 2020).

Therefore, understanding the underlying causes of juvenile delinquency is crucial, as such behavior not only affects both offenders and victims but also perpetuates a continuing cycle of violence. It is important to recognize that youths who have been victims of violence or adverse childhood experiences (ACEs) may later become perpetrators themselves. Previous studies have supported this intergenerational transmission of violence, revealing a significant correlation between types of delinquent behavior and the presence of adverse childhood experiences. Examining these underlying causes not only helps prevent the recurrence and transmission of violence across generations but also provides a foundation for developing appropriate strategies to rehabilitate and heal youths affected by ACEs. Such understanding is essential to breaking the cycle of trauma and preventing its continuation among future generations. The Centers for Training and Development of Children and Youth therefore play a crucial role in the rehabilitation and reintegration of juvenile offenders, helping them return to society and reduce the risk of reoffending. Furthermore, insights gained from these initiatives contribute to the formulation of effective

national policies aimed at ending child abuse and preventing juvenile delinquency in ways that are contextually appropriate to Thailand's social and cultural framework.

■ Research Objectives:

1) To explore the adverse childhood experiences (ACEs) of juveniles in juvenile training and rehabilitation centers.

2) To examine the relationship between ACEs and the types of offenses committed by juveniles.

3) To investigate the influence of ACEs on juvenile recidivism within juvenile training and rehabilitation centres.

■ Literature Review

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) refer to traumatic events that occur between birth and 17 years of age, including abuse, neglect, and household dysfunction. These experiences, either through direct victimization or witnessing violence from parents, guardians, or family members, are considered key factors contributing to long-term physical, behavioural, and psychological outcomes. Individuals who have been exposed to adverse childhood factors are often at risk of substance abuse, negative behavioural patterns, and mental

health disorders. Furthermore, those with high ACE scores are more than fourteen times at risk of suicidal behaviour. When it's about risk and negative behavioural, many documentary found link between ACEs with Anti-social behaviour, offending behaviour prior to adolescence, as well as a history of arrest during childhood and adolescence (Fagan & Novak, 2017, pp. 395-417; Hambrick et al., 2017, pp. 140-149; Hunt et al., 2017, pp. 391-402) and recidivism in juvenile before progressing into criminal pathways later in life (Craig et al., 2017, pp. 34-45; Wolff & Baglivio, 2017, pp. 1495-1521). Moreover, it was also found that types of offenses committed relate to some of ACEs factor for example emotional neglect and domestic violence relate to perpetration of sexual abuse against minors. (Levenson et al., 2014, pp. 340-359). The adverse experiences include: Physical abuse, Emotional abuse, Sexual abuse, Physical neglect, Emotional neglect, and Household dysfunctional.

Juvenile and Recidivism

Juvenile offending is addressed differently across countries, with many legal systems defining a minimum age of criminal responsibility or a minimum age for legal punishment. In Thailand, children and juveniles accused of criminal offenses are defined by statutory age classifications

under Section 4 of the Juvenile and Family Court and Juvenile and Family Case Procedure Act B.E. 2553 (2010). A child refers to a person aged over 10 years but not exceeding 15 years, while a juvenile refers to a person aged over 15 years but under 18 years of age.

Regarding recidivism, Maltz (1984, p. 54) defined recidivism as the commission of additional offenses after an offender has been arrested and sanctioned, or when an individual violates the conditions of probation or parole. Recidivism may involve offenses that are unrelated to the original offense, and repeated offending is often described in criminology as habitual or chronic offending, which is associated with greater difficulty in behavioral rehabilitation and long-term desistance from crime. There are growing evidence suggesting that adverse childhood experiences (ACEs) are associated with juvenile offending and patterns of reoffending.

Previous research has indicated that juvenile who have been childhood trauma more likely to come into contact with the justice system and to engage in repeated offending over time. This suggests that childhood adversity may have a stronger impact on offending behavior during adolescence, a developmental period characterized by emotional and behavioral

vulnerability. (Schorr et al., 2020; Yannon et al., 2024, pp. 1696-1714) In addition, empirical evidence direct forms of abuse, particularly physical and emotional abuse, are strongly linked to aggressive behavior and antisocial tendencies later in life (Schorr et al., 2020; Widom & Maxfield, 2001, p.2) In addition, empirical evidence forms of abuse, particularly physical and emotional abuse, are strongly linked to aggressive behavior and antisocial tendencies later in life (Schorr et al., 2020; Widom & Maxfield, 2001, p.2). Especially, Juveniles who have experienced adverse childhood experiences (ACEs) are more likely to engage in delinquent behavior and participate in gang-related criminal activities. Moreover, higher ACE scores are associated with an increased likelihood of juvenile recidivism. (Wolff et al., 2015, pp. 1210-1242). These findings suggest that early exposure to violence can influence how juveniles cope with stress and problems, often leading to unhealthy or aggressive responses. As a result, such experiences may increase the likelihood of continued offending. Overall, previous research highlights the importance of addressing childhood trauma as part of efforts to reduce juvenile recidivism and to improve rehabilitation outcomes.

Adverse Childhood Experiences (ACEs) and Juvenile Offending

A substantial body of research has demonstrated a strong association between adverse childhood experiences (ACEs) and a wide range of antisocial outcomes. ACEs have been linked to externalizing behavioral problems in childhood (Hunt et al., 2017, pp. 391-402) early onset of delinquency, and increased likelihood of juvenile arrest (Baglivio et al., 2015, pp. 229-241; Fagan & Novak, 2017, pp. 395-417; Hambrick et al., 2017, pp. 140-149). They are also associated with violent and aggressive behaviors (Fox et al., 2015, pp. 163-173), as well as recidivism and the development of persistent criminal trajectories (Craig & Zettler, 2020, pp. 27-44; Wolff & Baglivio, 2017, pp. 1495–1521). Beyond antisocial behavior, ACEs are closely related to substance use. Evidence suggests that higher ACE scores are associated with earlier initiation, longer duration, and more severe patterns of substance use in adulthood. Individuals with severe substance dependence are more likely to report exposure to at least one category of ACE compared to those without such conditions (Mongan et al., 2025; Rakovski et al., 2024; Seballo et al., 2023). These patterns may be explained by the impact of early adversity on emotional regulation, coping strategies, and personality traits

such as impulsivity and aggression, which can increase vulnerability to substance misuse.

Among justice-involved youth, ACEs have been consistently identified as a key risk factor for offending and reoffending. Higher ACE scores are associated with an increased likelihood of rearrest and shorter time to recidivism following release (Baglivio et al., 2015, pp. 229-241; Wolff et al., 2015, pp. 1210-1242). In addition, cumulative ACE exposure has been linked to earlier onset of offending and more persistent delinquent behavior over time (Baglivio et al., 2015, pp. 229-241). Even exposure to a single type of adversity may increase the risk of continued antisocial behavior, substance use, and criminal involvement into adulthood (Dube et al., 2003, pp. 564-572; Schorr et al., 2020; Zlotnick et al., 2004, pp. 1177-1181).

Even though previous research has consistently demonstrated an association between adverse childhood experiences (ACEs) and juvenile offending, recent evidence suggests that cultural context may influence how such experiences are perceived, interpreted, and normalized (Lansford et al., 2015, pp. 1417-1428). In some contexts, harsh parenting or violence within the family may be viewed as normal discipline, leading children and adolescents to be less likely to recognize these experiences as abuse.

Existing literature also suggests that universal definitions of child maltreatment may not be equally understood across sociocultural contexts. Although experiences of abuse and neglect may appear similar, the way individuals interpret and respond to these experiences can differ across cultures. Therefore, some forms of child maltreatment may become normalized or overlooked through family beliefs and cultural contexts, which may contribute to the intergenerational continuation of violence (Cho, 2020; Lansford et al., 2015, pp. 1417-1428; Zhu et al., 2025). These differences may affect how trauma is perceived, how psychological distress is expressed, and how children develop responses to stress and adversity.

Previous studies have linked ACEs with various forms of juvenile offending, including violent behavior, substance use, antisocial behavior, and recidivism. However, empirical evidence within the Thai context remains limited, particularly among justice-involved youth. Most existing studies have been conducted in Western settings, while studies examining specific ACE domains in relation to offending patterns and recidivism among juveniles in the Thai juvenile justice system remain limited.

■ Research Methodology

Study Design and Area

This research employs a quantitative approach to examine ACEs among juveniles in juvenile training and rehabilitation centers. A multistage sampling approach was employed. In the first stage, simple random sampling using a lottery method was applied to select representative Juvenile Training and Rehabilitation Centers from each region of the country, with one center selected per region. At this stage, the units of sampling were the rehabilitation centers. The data were collected through a self-questionnaire from participants who were residing in Juvenile Training and Rehabilitation Centers. The sample size was calculated using Taro Yamane's formula, based on a population of 1,372 juveniles across Thailand as of January 21, 2023. The calculated minimum sample size was 310 participants. In the second stage, non-probability sampling was applied using a quota sampling method. Quotas were based on the proportional distribution of the juvenile population across regions, as reported by the Department of Juvenile Observation and Protection as of January 21, 2023. Within each selected center, participants were recruited in proportions

reflecting the regional population distribution, in accordance with criteria identified through a review of the relevant literature. At this stage, the units of analysis were individual juveniles. The four selected centers were: Ban Karuna Juvenile Training and Rehabilitation Center for Boys ($n = 53$); Juvenile Training and Rehabilitation Center Region 7 (Chiang Mai) ($n = 73$); Juvenile Training and Rehabilitation Center Region 5 (Ubon Ratchathani) ($n = 141$); and Juvenile Training and Rehabilitation Center Region 9 (Songkhla) ($n = 60$). The final sample consisted of 327 juveniles. The self-administered questionnaire was divided into three sections, as follows: (1) general information, (2) information related to juvenile recidivism, and (3) the Adverse Childhood Experiences (ACE) questionnaire. The variables obtained from these sections were used to examine the relationships between ACEs and juvenile recidivism, as well as between ACEs and types of offenses. Following data coding, all data were entered into SPSS for statistical analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participant characteristics and ACE domains. Chi-square tests were conducted to examine associations between categorical variables, particularly between ACE domains and types of offenses. Binary logistic regression analysis

was performed to examine the effects of ACE domains on juvenile recidivism, as recidivism was treated as a dichotomous outcome variable (repeat offending vs. non-repeat offending). Statistical significance was set at $p < .05$.

Research Data Instruments

A self-administered questionnaire was designed to assess information about background characteristics of the participants such as age and education, juvenile recidivism consisting of Types of offenses and recidivism, and Adverse Childhood Experiences (ACEs). The Adverse Childhood Experiences (ACE) Questionnaire was adapted from the original CDC–Kaiser ACE Study Questionnaire. The questionnaire was developed based on ACE Study conducted by the Centers for Disease Control and Prevention (CDC) to assess adverse experiences during childhood. The original CDC–Kaiser ACE Study Questionnaire demonstrated acceptable reliability across three domains, including abuse, neglect, and household dysfunction, with Kappa coefficients ranging from 0.55 to 0.77 (95% CI: 0.47–0.85), and an internal consistency reliability (Cronbach's α) of 0.88. For the Thai version of the Adverse Childhood Experiences (ACE) Questionnaire used in this study, which consisted of 27 items, reliability was assessed using

Cronbach's alpha coefficient. The analysis yielded a Cronbach's alpha of 0.938, The instrument used Likert-scale items to measure emotional abuse, physical abuse, emotional neglect, and physical neglect. Household-related experiences, including domestic violence, substance abuse, mental illness, parental divorce or separation, and incarceration of a household member, were assessed using yes/no questions.

Sampling and Ethics

In this study, participants were selected to complete the assessment through coordination and assistance from staff members at the Juvenile Training and Rehabilitation Centers selected through the sampling process. Centers staff assisted in recruiting and identifying eligible juveniles in accordance with the study's inclusion criteria. Which included juveniles aged between 15 and 17 years, regardless of gender.

Ethical approval for this study was obtained from Mahidol University. Following

ethical approval, an official permission letter was issued by the university and submitted to the Director-General of the Department of Juvenile Observation and Protection, in accordance with the regulations governing research data collection within agencies under the Department of Juvenile Observation and Protection. After approval was granted by the Department, coordination was carried out with designated staff members at each selected center, and data collection was conducted in strict compliance with risk prevention and ethical guidelines.

Before participating in the study, all participants were clearly informed of the research purpose, as well as the potential risks and benefits of the study. Furthermore, participants were informed of their right to withdraw from the research at any time without any consequences. All information that could potentially identify individual respondents was kept confidential and was neither disclosed nor reported. Research findings were presented only in aggregate form.

■ Research Results

Descriptive Statistic

Table 1 Descriptive Statistic of the Study and Variables

Variables	Frequency	Percent
Number		
None-recidivism	238	72.8
Recidivism	89	27.2
Types of Previous Offenses		
Offences against life and bodily integrity	78	37.1
Offenses against sexual integrity	32	15.2
Offenses against property	16	7.6
Drug-related offenses	99	47.1
Firearms-related offenses	7	3.4
Types of Offenses		
Offences against life and bodily integrity	106	32.4
Offenses against sexual integrity	39	11.9
Offenses against property	22	6.7
Drug-related offenses	147	45.0
Firearms-related offenses	6	4.0
Adverse Childhood Experiences (ACE)		
Physical abuse		
Low	277	84.7
Moderate	34	10.4
High	16	4.9
Psychological abuse		
Low	264	80.7
Moderate	51	15.6
High	12	3.7
Sexual abuse		
Low	315	96.3
Moderate	9	2.8
High	3	0.9

Table 1 Descriptive Statistic of the Study and Variables (con.)

Variables	Frequency	Percent
Physical neglect		
Low	294	89.9
Moderate	22	6.7
High	11	2.8
Emotional neglect		
Low	288	88.1
Moderate	22	6.7
High	22	6.7
Household substance abuse	98	30.0
Household mental illness	33	10.1
Household violence	77	23.5
Household member incarcerated	110	33.6
Parental separation	190	58.1

Note. Compiled by the authors based on data analysis.

The Table 1 presents the descriptive statistics of the sample characteristics and offense-related variables. Among juveniles residing in Juvenile Training and Rehabilitation Centers, 27.2% had a history of recidivism, while 72.8% were non-recidivists. It should be noted that the number of previous offenses is lower than that of current recidivism offenses because juveniles who committed a first-time offense did not have any prior offending history by definition. Consequently, only juveniles with a history of recidivism were included in the analysis of previous offense types. A comparison between the distributions of previous offense types and current

recidivism offenses indicates a clear increase in the number of juveniles involved across offense categories.

Although only 27.2% of the juveniles had reoffended, many had engaged in more than one type of offense. Among recidivist juveniles, drug-related offenses were the most prevalent, accounting for 45.0% (n = 147), followed by offenses against life and bodily integrity at 32.4% (n = 106). Other offense categories, including sexual offenses, property-related offenses, and firearm-related offenses, were reported at lower proportions.

According to the classification of Adverse Childhood Experiences (ACEs) into five domains, among juveniles in Juvenile

Training and Rehabilitation Centers, Overall, the majority of participants reported low levels across all ACE domains. For physical abuse, 84.7% of juveniles reported low levels, while 15.3% reported moderate to high levels of physical abuse. Although overall physical abuse score was generally reported at low levels, item-level results showed that being hit hard enough to cause marks or injuries was the most frequently reported form within this domain. A similar pattern was observed for psychological abuse, with 80.7% reporting low levels of psychological abuse and 19.2% reporting moderate to high exposure. However, the most frequently reported experiences of juveniles involved being sworn at, insulted, or verbally demeaned to put them down, The level reached a moderate level, with 294 participants reporting having experienced this item.

With respect to sexual abuse, most juveniles reported very low exposure

(85.3%), whereas moderate to very high levels were reported by a small proportion of the sample (3.7%), overall, juveniles reported very low levels of sexual abuse. However, the most frequently reported item within this domain was having experienced someone touching their body in a sexual way. For neglect-related experiences, 89.9% of participants reported very low or low levels of physical neglect, while 10.1% experienced moderate to very high levels. Emotional neglect showed a slightly higher prevalence, with 88.0% classified as very low or low and 12.0% reporting moderate to very high levels. Although high and very high ACE levels were reported by a relatively small proportion of the sample, the presence of moderate to severe adverse experiences across all domains indicates that a non-negligible subgroup of juveniles had been exposed to significant childhood adversity.

Table II Associations Between ACEs and Types of Juvenile Offending

Variables	χ^2	p-value
Offences against life and bodily integrity		
Physical abuse	177.137	<.001*
Offences against sexual integrity		
Sexual abuse	6.027	0.049
Psychological abuse	13.207	0.001
Household substance abuse	4.899	0.027
Criminal	4.228	0.040
Offences against property		
Physical abuse	25.025	<.001*
Household substance abuse	9.584	0.002
Criminal	8.100	0.004
Drug-related offenses		
Physical abuse	100.042	<.001*
Firearms-related offenses		
Physical abuse	43.378	<.001*
Sexual abuse	12.222	0.002

Note. Compiled by the authors based on data analysis.

Associations Between ACEs and Types of Juvenile Offending

Table 2 presents the associations between adverse childhood experiences (ACEs) and types of juvenile offending. For offenses against life and bodily integrity, physical abuse showed a strong and significant association ($\chi^2 = 177.137$, $p < .001$). In contrast, offenses against sexual integrity were associated with multiple ACE domains, including sexual abuse ($\chi^2 = 6.027$, $p = .049$), psychological abuse ($\chi^2 = 13.207$, $p = .001$), household substance abuse ($\chi^2 = 4.899$, $p = .027$), and a criminal household

environment ($\chi^2 = 4.228$, $p = .040$).

Regarding property-related offenses, significant associations were observed for physical abuse ($\chi^2 = 25.025$, $p < .001$), household substance abuse ($\chi^2 = 9.584$, $p = .002$), and criminal household environment ($\chi^2 = 8.100$, $p = .004$). Drug-related offenses were significantly associated with physical abuse ($\chi^2 = 100.042$, $p < .001$). For firearms-related offenses, significant associations were found for physical abuse ($\chi^2 = 43.378$, $p < .001$) and sexual abuse ($\chi^2 = 12.222$, $p = .002$).

Table III Associations between adverse childhood experiences and juvenile recidivism (regression analysis)

ACE	Unstandardized	S.E.	β	t-value
1. Physical abuse	-.201	.076	-.153	-2.661*
2. Psychological abuse	-.023	.096	-.014	-.240
3. Sexual abuse	.153	.077	.124	.1979*
4. Physical neglect	-.036	.073	-.031	-.493
5. Emotional neglect	.097	.068	.088	1.439
6. Household substance abuse	-.058	.099	-.036	-.591
7. Household mental illness	.051	.096	.035	.527
8. Household violence	-.184	.142	-.077	-1.292
9. Household member incarcerated	.141	.078	.106	1.815
10. Parental separation	-.082	.086	-.059	-.961
Note : B = unstandardized coefficient; SE = standard error; β = standardized coefficient				
*p-value < 0.05				

Note. Compiled by the authors based on data analysis.

Table III presents the association between adverse childhood experiences and juvenile recidivism based on regression analysis. Among the ACE domains, physical abuse showed a statistically significant negative association with juvenile recidivism ($B = -0.201$, $SE = 0.076$, $\beta = -0.153$, $p < .05$), indicating that increased exposure to physical abuse was associated with lower levels of recidivism. In contrast, sexual abuse demonstrated a significant positive association with recidivism ($B = 0.153$, $SE = 0.077$, $\beta = 0.124$, $p < .05$), suggesting that higher levels of sexual abuse were associated with higher levels of recidivism. Other ACE domains, including psychological abuse, physical neglect, emotional neglect,

household substance abuse, household mental illness, household violence, household member incarceration, and parental separation, were not significantly associated with juvenile recidivism. This suggests that not all adverse childhood experiences contribute equally to reoffending behavior. The findings are consistent with the descriptive results, which indicated that although overall ACE levels were generally low, specific experiences involving direct abuse were more frequently reported. Taken together, these results highlight the importance of examining specific types of childhood adversity when studying juvenile recidivism.

■ Discussion

The finding indicate that adverse childhood experiences (ACEs) are common among juveniles in Juvenile Training and Rehabilitation Centers. Overall, ACE scores in this study were relatively low levels. This pattern may partly reflect methodological limitations associated with data collection among juveniles in training or correctional settings. In particular, responses may be influenced by social desirability bias, as youth offenders may tend to provide more socially desirable responses (Krumpal, 2013, pp. 2025-2047; Tourangeau & Yan, 2007, pp. 859-883). In addition, recent evidence suggests that the disclosure of child maltreatment is shaped by cultural norms and family context (Latiff et al., 2024). Adolescents may not always recognize their experiences as abusive, especially when such experiences are normalized within their sociocultural environments. Furthermore, the data were collected using self-administered questionnaires completed in group settings and in the presence of psychologists or staff, which may have constrained disclosure and led to underreporting.

Although most juveniles reported low levels of ACEs across domains, psychological abuse being the most frequently reported domain. This pattern suggests that verbal

aggression and emotional harm within the family context remain pervasive yet often overlooked forms of childhood adversity, particularly in Asian societies where such practices may be culturally normalized (Yodsawadi Thipphayamongkol-udom et al., 2021, pp. 13-60). This finding further suggests that emotional and verbal abuse within the family context may be more common than physical or sexual abuse, yet remains less visible and less likely to be formally recognized. In the Thai social and cultural context, such forms of discipline may be normalized and therefore underestimated, despite their long-term impact on emotional development and behavior.

This finding raises an important question about how abuse is define across cultures. While many framework focus on physical and sexual abuse, the current study suggests that emotional abuse in parenting may be unawareness and overlook by norm culture, even though it can affect that development over time. The impact of such experiences may not become fully apparent until individuals reach adulthood. In some cases, individuals may lack awareness of these effects and subsequently transmit patterns of violence to the next generation.

The results further show that physical abuse is associated with multiple types of offending, including offenses against

life and bodily integrity, property-related offenses, and drug-related offenses. This finding is consistent with previous studies demonstrating that childhood physical abuse increases the risk of aggressive and antisocial behavior later in life (Schorr et al., 2020). From a strain and social learning perspective, repeated exposure to physical abuse may heighten emotional distress and reduce adaptive coping skills. When coping with stress, children may learn negative coping strategies from their childhood experiences, such as using violence to deal with emotional distress, thereby increasing the likelihood of delinquent behavior (Agnew, 2001, pp. 319-361; Bandura, 1977, pp. 191-215).

Although reports of sexual abuse were relatively low in this study, the findings remain important. Sexual abuse in childhood is widely recognized as it directly violates a child's sense of safety, trust, and bodily autonomy. Even when experienced by a smaller proportion of juveniles, sexual abuse can create deep psychological wounds that persist well beyond childhood. Previous research has shown that survivors of childhood sexual abuse often experience long-term difficulties in emotional control, self-worth, and interpersonal relationships, which may continue into adolescence and adulthood (Hailes et al., 2019, pp. 830-839). Such early trauma can disrupt

normal emotional development and impair the ability to form healthy interpersonal boundaries (Hailes et al., 2019, pp. 830-839) for some juveniles fear, helplessness, anger, shame, or powerless may later manifest as harmful or risky behaviors, including sexual offending and violence (Levenson et al., 2014, pp. 340-359). Previous studies also suggest that sexual abuse often co-occurs with other forms of family adversity, such as household substance use and criminal family environments, rather than occurring in isolation (Yannon et al., 2024, pp. 696-1714). Similarly, the association between firearm-related offenses and experiences of physical and sexual abuse suggests that severe forms of childhood trauma may be linked to more serious and violent offending patterns, including weapon involvement, as also reported in previous research (Yannon et al., 2024, pp. 1696-1714).

In terms of recidivism, the results indicate that only physical abuse and sexual abuse were significantly associated with repeated offending, while other ACE domains did not show a significant effect. This finding suggests that direct forms of abuse may have a stronger and more persistent influence on continued delinquent behavior than indirect household adversities such as parental separation or household mental illness. Consistent with prior studies, juveniles who experienced physical

or sexual abuse may carry unresolved trauma that affects emotional regulation, impulse control, and decision-making, thereby increasing the likelihood of reoffending (Fox et al., 2015, pp. 163-173; Li et al., 2015, pp. 990-1007). Both physical and sexual abuse have a direct impact on psychological development. According to Robert Agnew's General Strain Theory, exposure to strain in the form of negative or noxious stimuli, such as physical or sexual abuse, constitutes a type of strain that generates psychological stress. When considering the environment and parental care in which many juveniles are raised, particularly in environments lacking adequate caregiving, such experiences may hinder the development of effective coping mechanisms for managing negative emotions. Moreover, juveniles may internalize maladaptive behavioral responses through social learning from their surroundings. As a result, they may rely on ineffective psychological defense mechanisms to reduce internal distress, potentially resulting in problematic or delinquent behavior. Without appropriate rehabilitation and treatment intervention, these patterns may persist and increase the likelihood of continued offending into adulthood.

The finding reveal a complex pattern. Physical abuse was associated with multiple types of offending, including offenses

against life and bodily integrity, property-related offenses, and drug-related offenses. However, in contrast, physical abuse showed a negative association with recidivism. This suggests that higher levels of physical abuse were associated with a lower likelihood of reoffending in this sample. A prior research and consistent with social learning theory, individuals who experienced physical abuse may be more likely to engage in offending at earlier stages, particularly through learned behaviors shaped by exposure to violence in childhood. From a social learning and strain perspective, children exposed to violence may learn to cope with stress through aggression, especially when they lack appropriate coping skills. As a result, early offending may reflect learned responses to stress and adversity (Jackson et al., 2023; Schorr et al., 2020). Meanwhile, the long-term consequences of physical abuse might follow a different pathway. Many survivors develop chronic psychological distress and resort to maladaptive coping (such as substance use) to manage trauma (Ayres, 2020, pp. 1-22; Wolff et al., 2019, pp. 24-53). Jackson et al. (2023, pp. 1109-1115) similarly noted that substance use in childhood significantly mediates the effect of ACEs on later delinquency. (Jackson et al., 2023, pp. 1109-1115; Wolff et al., 2019, pp. 24-53)

This pattern differs slightly from sexual abuse. Although sexual abuse

was associated with certain forms of offending, the results suggest that its relationship with recidivism does not decrease as the severity of early trauma increases. In some cases, unresolved trauma related to sexual abuse may continue to influence behavior over time, contributing to ongoing offending, including forms of violence or risky behavior. This may reflect psychological defense processes in which internal distress is redirected toward external targets, such as objects or other individuals. (Craig & Zettler, 2020, pp. 27-44). Thus, unresolved trauma stemming not only from sexual abuse but also from other adverse childhood experiences (ACEs) may continue to contribute to risky or violent behavior during adolescence. If not adequately addressed through appropriate treatment and rehabilitation, such patterns may increase the likelihood of short-term recidivism (Wolff & Baglivio, 2017, pp. 1495-1521).

Taken together, these findings underscore the importance of moving beyond a general assessment of ACE exposure and focusing on specific types of childhood abuse when working with justice-involved youth. The results suggest that trauma-informed interventions in juvenile rehabilitation settings should prioritize the identification and treatment of physical and sexual abuse histories, alongside programs that strengthen adaptive

coping skills and emotional regulation. By addressing the underlying trauma rather than focusing solely on offending behavior, juvenile justice systems may be better positioned to reduce recidivism and support more positive developmental outcomes for vulnerable youth.

■ Recommendations

1) Policy Recommendations

Frist, Raising awareness of family violence beyond physical and sexual abuse.

Relevant agencies such as the Department of Children and Youth, the Department of Mental Health, and the Office of the Basic Education Commission should promote public awareness of family violence, particularly psychological abuse. Awareness campaigns should highlight that emotional abuse can also have long-term negative impacts on children. Educational programs and learning activities should also be developed to increase public understanding of the effects of family violence.

Second, Court-ordered family intervention measures.

When family conditions are identified as contributing factors to juvenile offending, juvenile courts should consider requiring family participation in rehabilitation or counseling programs. Cooperation among

agencies such as the Department of Juvenile Observation and Protection, the Department of Mental Health, and the Ministry of Social Development and Human Security may support family rehabilitation and reduce the risk of reoffending.

Third, formal policy provisions should be established to require the routine and standardized assessment of adverse childhood experiences (ACEs) among juveniles in the justice system.

The findings highlight the need for formal policy frameworks that mandate the systematic assessment of adverse childhood experiences (ACEs) among justice-involved youth. Specifically, juvenile justice systems should implement standardized ACE screening procedures at the point of intake and throughout the rehabilitation process. Such assessments would enable early identification of trauma exposure and facilitate the development of individualized, trauma-informed intervention plans. In addition, policies should ensure that ACE assessments are conducted by trained professionals using validated instruments, with appropriate safeguards to maintain confidentiality and minimize the risk of traumatization. Integrating ACE screening into routine practice would also support inter-agency collaboration between juvenile justice institutions, mental health services, and child protection systems.

2) Practical Recommendations

First, Strengthening the role of families in preventing juvenile offending.

Relevant agencies should support parenting programs that promote positive parenting practices and reduce violence in child-rearing. Family education programs may help parents build healthy relationships with their children and reduce the risk of future delinquency.

Second, Counseling services for families of juvenile offenders.

Psychological counseling and social support services should be provided for families of juvenile offenders. Counseling programs may help families better understand the challenges faced by juveniles and develop appropriate coping strategies during rehabilitation and reintegration.

Third, Developing rehabilitation programs addressing ACEs.

Since certain adverse childhood experiences were associated with offending behavior and recidivism, ACE screening should be integrated into juvenile rehabilitation programs. Trauma-informed interventions may help juveniles develop better coping skills and reduce the likelihood of reoffending.

Fourth, practical procedures should be established to identify and manage youth with high levels of adverse childhood experiences (ACEs).

Although only a small proportion of youth reported high ACE scores, these cases reflect severe and cumulative trauma with potential long-term effects on psychological functioning and offending. Juvenile justice agencies should establish clear criteria to identify high-risk cases based on ACE assessments. Youth identified as high-risk should receive comprehensive evaluation by trained mental health professionals, covering trauma symptoms, coping capacity, and environmental risk factors. The identification process must be conducted in a non-stigmatizing and trauma-sensitive manner. ACE assessments should not be used to label youth, but to understand their needs and guide appropriate support, with attention to confidentiality and respectful engagement. Intervention should be individualized and trauma-informed, including psychological support, emotional regulation skills, and substance use services where needed. Importantly, both family conditions and living environments should be considered alongside individual factors.

3) Recommendations for Future Research

Frist, Comparative studies with diverse populations and the inclusion of control variables should be considered.

Future research should include comparisons between juvenile offenders and non-offending youth to better

understand the influence of adverse childhood experiences on delinquent behavior. Furthermore, future studies should incorporate additional control variables that may influence adverse childhood experiences and offending outcomes, such as family environment, socioeconomic background, or assessment settings.

Second, Incorporating qualitative approaches.

Qualitative research may provide deeper insight into how adverse childhood experiences influence juvenile offending and recidivism.

Third, Examining legal and policy measures.

Future studies should examine legal frameworks related to child abuse, family violence, and child neglect to assess their effectiveness in preventing juvenile offending.

Fourth, Evaluating rehabilitation programs.

Longitudinal research should examine the effectiveness of trauma-informed rehabilitation programs and their impact on reducing juvenile recidivism.

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