

Mental Health and Moral Awareness in Juvenile Offenders: A Systematic Review of Literature

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Abstract Juvenile delinquency intersects moral development and mental health, with growing evidence linking deficits in moral reasoning and psychological vulnerability. This systematic review synthesizes 38 empirical studies from 2015 to 2025, exploring the relationship between moral awareness and mental health in juvenile offenders. Using Kohlberg's moral development theory and Bandura's moral disengagement framework, findings show that disrupted self-conscious emotions such as guilt and shame, along with distorted moral reasoning, contribute to antisocial behavior. Incarcerated adolescents experience high rates of depression, anxiety, PTSD, and substance abuse, which are higher than the general adolescent population. Risk factors include dysfunctional family environments, peer pressure, childhood adversity, and limited access to mental health care. Although the need for targeted interventions is increasing, programs addressing moral emotions remain scarce and lack strong empirical validation. This review emphasizes the urgency of trauma-informed and developmentally appropriate psychosocial interventions to support rehabilitation and promote psychological well-being and prosocial reintegration.

Keywords: Mental Health, moral awareness, juvenile offenders, systematic literature review

1 Introduction

Moral reasoning and development have been the subject of significant research over the past two decades, especially under the influence of Kohlberg's theory of the stages of moral development. Morality emerges as a set of skills and motives for cooperating with others and develops through increasingly complex cognitive thinking to make moral judgments and decisions [1]. Refers to the theory of delay or immaturity in moral judgment and egocentric bias, deficits and distortions in the processing of social information, and lack of social skills in juvenile delinquency behavior. Nas et al provide an overview that morality contributes an important role in the social life of adolescents [2]. Referring to Kohlberg's theory of moral development [3], early adolescence to adulthood is at a conventional stage that has the task of developing good interpersonal relationships and maintaining social order. Bandura and Gerwitz [4] introduced the concept of *moral disengagement* as a mechanism of detachment from moral control, so that individuals can commit immoral acts without feeling guilty. These mechanisms include moral justification, the use of subtle language, the release of responsibility, distortion of consequences, dehumanization and attribution of blame. This moral control can be prevented through self-regulation mechanisms such as moral standards, self-supervision and self-sanctions (*guilt* and *pride*). On the other hand, individual moral standards are formed through the internalization of social norms, universal moral laws and prevailing cultural values [5]. Rest

defines moral awareness as a process of recognizing a situation as a moral issue and serves as the basis for ethical decision making [6]. According to Rest's Four component model, moral sensitivity is the ability to recognize the impact of one's action on others, making it a key component of moral behavior [7].

Romeral et al.'s research on mental health and moral reasoning in juvenile offenders reveals significant insights into the psychological and developmental factors that influence juvenile delinquency behavior. A meta-analytical review showed a significant negative correlation between moral reasoning and juvenile delinquency, suggesting that lower moral reasoning was prevalent among offenders. Moral reasoning itself is defined as a cognitive process that allows individuals to make morally acceptable decisions in response to a particular situation. On the other hand, the moral aspect, particularly moral disengagement, plays a critical role in maintaining delinquent behavior patterns [8]. Baron et al., sees that when the level of guilt is low, it predicts a high level of antisocial so that there will be moral violations and *moral disengagement*. Thus, the higher the moral level of disengagement, the lower the feelings of guilt and regret [9].

Moral sense in childhood based on the moral stages of Kohlberg is shown by the orientation to the direct consequences of an action, avoiding punishment and trying to obey the rules to avoid sanctions. Children will learn about good and bad behavior, rewards and punishments and learn to build good social relationships including learning about empathy. Trivedi-Bateman and Crook explain the finding between empathy and crime in lawbreakers, that weak empathy is closely related to antisocial behavior and criminality. Empathetic interventions are more effective when started early, especially in childhood [10].

Lefebvre's study findings explain that as we age, moral identity becomes increasingly supported by internal rather than external motivations [11]. Some individuals believe that morality is personally important and has important implications for moral emotions, decision-making and behavior [12]. In particular, moral reasoning has been linked to criminal behavior [13, 14]. Thus, moral reasoning is one of the most important and decisive elements of moral behavior.

In Indonesia, the number of child prisoners between 2020 and 2024 shows a fluctuating but generally an increasing trend, rising from 1,400 in 2020 to 1,826 in 2024 [15]. This upward pattern highlights the persistence of child imprisonment and emphasizes the importance to examine not only the legal aspects but also the psychological dimensions relating to moral development such as moral awareness. Therefore, this study aims to systematically review the relationship between mental health and moral awareness among juvenile offenders, to provide a deeper understanding and to offer directions for interdisciplinary approaches when addressing this issue.

2 Literature Review

2.1 Adolescent Morality and Mental Health

Adolescents are in a transition period between preconventional and conventional in the stages of Kohlberg's moral development so they need good moral reasoning in making behavioral decisions. What is the relationship between moral and mental health of adolescents (question 1). Research from Barra et al assessed mental health among young offenders while incarcerated and analyzed their criminal careers up to 15 years after release. The findings found a high level of mental health problems, especially externalization problems, but also concerned patterns of drug and alcohol use and personality disorders [16]. Furthermore, the study by Dembo R et al

in their study explains that the majority of children in the U.S. juvenile justice system suffer from mental health and labeling problems after incarceration, which are largely related to their recidivism [17]. Furthermore, this research explores the impact of labeling on children's prejudices against themselves, and whether these prejudices affect children's recidivism rates [18]. In addition, positive assessments, adolescents' involvement in community-based programs, employment opportunities, and education can help reduce their recidivism by addressing adolescents' low self-esteem and self-esteem due to labeling [19].

In addition, the link between *imprisonment* and mental health has been shown in several research results [20, 21, 22, 23, 24]. The WHO states that problems related to mental health are seven times more likely to arise in the prison population than in the general population. Grisso et al mentioned that the prevalence rate of adolescents with mental disorders in the justice system was found to show a fairly high number compared to the figure in the prevalence of adolescents in general, which refers to the figure of 40%-80% of adolescents who face the law to have at least one mental health disorder (25). Furthermore, it was stated that it is estimated that around 50-75% of the 2 million adolescents in the justice system meet the criteria for mental health disorders, including depressive disorders, anxiety disorders, post-traumatic stress disorder (PTSD), and suicidal ideation. In Indonesia, although specific data were limited, similar findings were reported at the Children's Special Development Institute (LPKA), where 57% of adolescents experienced symptoms of severe depression and 36% reported persistent suicidal ideation [26].

Some studies show that children who are in conflict with the law (CICL) will indirectly experience mental health problems. About 70% of juvenile offenders have at least one diagnosed mental disorder, such as anxiety, depression, or ADHD [27]. In Indonesia, BPS data (2013–2019) shows an increase in juvenile delinquency cases by 10.7% per year, including theft, brawls, and narcotics abuse. A study of adolescent inmates in Indonesia found that 73.4% experienced depression in middle adolescents and 87.7% in late adolescents [28]. WHO defines mental health as a condition of individual well-being regarding the awareness of one's own potential in coping with normal life pressures, being able to work productively and contributing to one's community [29]. The high prevalence of these mental disorders not only exacerbates delinquent behavior but also creates a cycle of recidivism that is difficult to break. The study in Jordan [26] showed that 57% of adolescents in rehab experienced symptoms of moderate to severe depression and 36% reported persistent suicide.

This condition is exacerbated by an unstable family background, social conflicts, and exposure to violence or poverty [26, 30]. Another study that examined the prevalence of mental and behavioral disorders in the prison environment found that the prevalence of mental disorders showed a high percentage of 90% of inmates experiencing one or more mental disorders such as severe depression (44%), anxiety (30-44%), substance abuse (53-87%), PTSD (23.9%), personality and psychotic disorders (8-56%). Adolescents who are in conflict with the law need social support to be able to have positive expectations in their lives. Schuster sees positive influences and expectations contributing to psychological adjustment and positive development in adolescents so that they can predict better mental health [31]. This includes understanding past experiences that may have influenced their behavior and creating a positive environment for growth.

2.2 Factors Contributing to Morale and Mental Health in Juvenile Offenders

Various factors contribute to the occurrence of juvenile delinquency, including family, individual, and school environment factors, what are the factors that contribute to moral awareness and mental health in juvenile offenders (Question 2). Some of the main factors identified are lack of parental involvement, parental divorce, peer pressure, involvement in criminal groups, as well as a history of parental involvement in criminal acts [32]. In this context, the attachment of norms and social to families, schools, and prosocial entities will reduce juvenile delinquency.

Chiang et al in their study explain that poor parental attachment increases mischievous behavior and school commitment decreases mischievous behavior in adolescents [33]. In addition, external factors such as a history of family violence, *bullying*, and structural poverty also contribute to the accumulation of psychopathological risks [25]. Azeredo, Moreira and Barbosa conducted a systematic review of the influence of genetic and environmental factors on the development of delinquent behavior showing that environmental factors such as parenting style, economic status, family conflicts have a strong influence on delinquent behavior, as well as genetic factors contribute to impulsive behavior and emotional regulation in addition to the effect of peer association which also has a very strong influence [34]. There are factors that affect juvenile delinquency and can cause adolescents to face the law in Lobos' research that *peer pressure* is the most dominant factor causing juvenile delinquency, while family and relatives exert a significant, though not predominant, influence, whereas schools have only a minor impact on deviant behavior [35].

These factors increase the risk of adolescents engaging in unlawful behavior. Factors on individual aspects, family, and community and community influences can play a role in preventing children from conflicting with the law. Deepa et al stated that it is very important to understand the reasons behind unlawful actions committed by children and adolescents. One of the important factors that can underlie lawbreaking behavior committed by adolescents is the lack of instilling moral values in them [36].

Patowary & Gopalan [37] conducted a qualitative analysis of psychosocial factors that play a significant role in juvenile delinquent behavior and in shaping perceptions of offending, involving 30 aged 10-17 years who were involved in offenses such as rape, and murder, theft, kidnapping, physical assault, and cybercrime. The study found that factors like poor anger control, low tolerance, weak academic performance, media influence, low socioeconomic status, family illness, and crime in the environment increased the risk of delinquency. In addition, it is known that juvenile offenders have a sense of responsibility, poor understanding or understanding, and awareness related to these mischievous acts.

Several other studies have revealed the factors that cause juvenile delinquency including (35) *peer pressure*, family problems, school, and socioeconomic status. In addition, family role dysfunction factors are directly related to the mental health of adolescents involved in court (38). This is certainly still a limitation of research, even according to Carbonell et al, seeing that there is no service model that supports mental health in juvenile justice [38].

Bentley conducted a literature review to examine racial disparities in access to mental health services for minority adolescent offenders. Studies have found that minority youth are more likely to experience mental health disorders but have limited access to needed services. Causative factors include federal policies, community resources and socioeconomic status [39].

2.3 Moral Awareness and Mental Health Intervention Programs in Juvenile Offenders

Although there has been a lot of research on children facing the law, there is still a research gap in understanding social intervention programs that can help children rediscover their hopes, gain social acceptance, and build confidence to live a better life. Appropriate intervention program models for morality and mental health that are appropriate for the problems of adolescents who violate the law (Question 3).

Deepa, Jacob & Manalan explained that the need for psychosocial interventions that proactively address cognitive, emotional and social needs such as counseling, vocational training, mentoring and positive approaches can support adolescents' personal growth and CICL for the better [36]. Schaefer & Erickson further expressed the need for facilities in juvenile correctional facilities to include programs to build adolescent psychosocial skills [40]. There is still limited research that examines interventions that target self-conscious emotions (shame and guilt) with the aim of reducing recidivism in juvenile offenders [40]. There were only two studies that focused on interventions that addressed empathy, in which Theriot reported moderate (positive) effects on empathy and varying (positive and negative) weak effects on recidivism [40].

Basto-Pereira and Maia's research examined the relationship between childhood adverse experiences (ACE) and delinquent behaviors, with mental health as a mediator. The results of the study showed that bad childhood experiences correlated with mental health problems and delinquency, where mental health mediated the relationship partially. These findings emphasize the importance of mental health service interventions in the rehabilitation of juvenile offenders. However, the study was limited to a small sample size and only explored one mediator [41].

Liu et al analyzed psychopathological trajectories and psychological resilience in 574 adolescent serious offenders over 7 years using statistical modeling and machine learning. Three patterns of anxiety and depression were found: low stable, high stable, and recovery. The LASSO analysis identified predictors at the personal (neuroticism), relational (parental hostility) and contextual (chaotic environment) levels as well as protective factors such as work orientation and paternal education. The study emphasizes the importance of holistic interventions, but is limited in generalizations because the data was collected more than a decade ago [42].

Underwood and Washington highlighted the high prevalence of mental health disorders among juvenile delinquents and the importance of a comprehensive treatment approach across sectors. The community-based approach is considered more effective than detention in rehabilitation, as it has the potential to increase moral awareness and reduce deviant behavior. However, this article also notes the limitations of the empirical evidence and the need for further research [25]. Furthermore, Ribeiro et al., analyzed the discourse of health professionals related to children's mental health conflicting with the law in juvenile correctional centers. There is no one dominant discourse, but a variety of professional perceptions, especially related to the understanding of social factors as the root of the problem. The study emphasizes the importance of listening to adolescents' voices and involving professionals perspective in the care system [43].

Yoder, Whitaker, & Quinn examined adolescents in correctional institutions and found that childhood trauma was associated with mental health disorders, while mental health services were associated with a reduced risk of recidivism. This study emphasizes the importance of trauma-based approaches in the juvenile justice system to support rehabilitation and prevent

reoffending [44]. Huikko et al., This study emphasizes the need for early screening and intervention, as well as a multiprofessional approach to prevent involvement in criminality due to unaddressed mental health issues [45]. Bartholomeu et al assessed moral emotions such as guilt, shame, anger in 141 adolescents, that adolescents' emotional experiences in risky situations were closely related to their moral development. The limitations of the study include the lack of specific instruments to accurately assess moral emotions and the lack of similar research in the context of Brazilian adolescents [46].

Heynen in his research showed that interventions targeting moral judgments had no significant effect on recidivism. Other findings suggest that no studies specifically target guilt and shame, as well as too few studies to analyze empathy interventions meta-analytically, suggest research limitations in aspects of moral emotions [47] Heynen's research is a continuation of further research by Stams et al [48].

Based on the findings and research results, there is an explanation of the complex relationship between moral development and antisocial behavior in adolescents, with an emphasis on the lower moral judgments that are often found among adolescent offenders. Various previous studies have shown that environmental factors, such as family pathologies and adverse childhood experiences, can contribute significantly to impaired moral development and adolescent mental health.

3 Method

This study uses a systematic literature review approach in synthesizing scientific evidence related to moral awareness and mental health in Juvenile Offenders as the formulation of the problem of this research study. A systematic review of the literature is carried out by collecting all published evidence on the selected topic and assessing the quality of the evidence presented [49].

3.1. Data Collection Methods

The method used in this study is the collection of Systematic Literature Review (SLR) data to identify, evaluate, and interpret research results that are relevant to a particular research question, or topic area, or phenomenon of concern. Meanwhile, the qualitative approach in systematic review is used to summarize the results of research that are qualitative descriptive. The systematic literature review conducted in this study was carried out to answer research questions based on the steps that were carried out systematically.

3.2 Literature Search

Relevant literature systematically retrieved from major academic databases, including Google Scholar, Scopus, Scielo, SINTA, and Index Copernicus. The searches were conducted using the software tools *Publish or Perish* and *SciSpace*, which facilitated access to these databases and improved the management of search results. Keywords such as “moral awareness, juvenile”, “mental health, juvenile”, “moral juvenile”, and “mental health, juvenile offender” were applied across the databases. To ensure credibility and targeted results, API connections (e.g., Crossref and Scopus) were also utilized. This systematic search yielded 45 relevant empirical publications published between 2014 and 2025.

3.3 Screening and Determination of Criteria

After the literature search process, the researcher conducted a screening and criteria determination process with the help of Mendeley and SciSpace to help manage references and facilitate sorting. In addition, VOSviewer was employed to visualize and analyze the

relationships among keywords obtained from the search results. This bibliometric mapping supported the identification of clusters and research themes relevant to the study as shown in Figure 1 a to c.

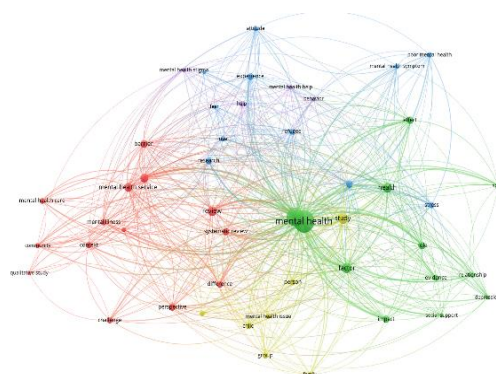


Fig. 1.a. Mental Health Networking

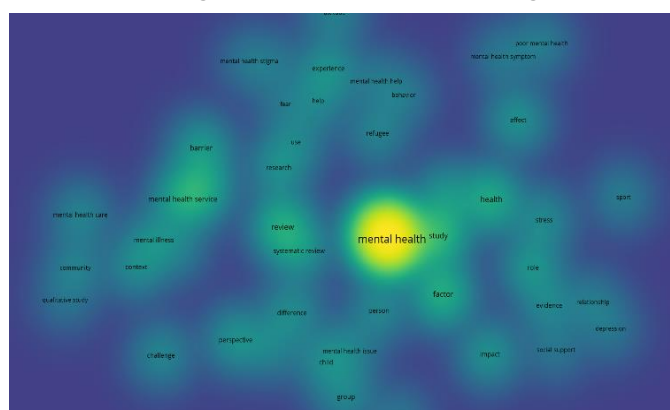


Fig. 1.b. Mental Health Density

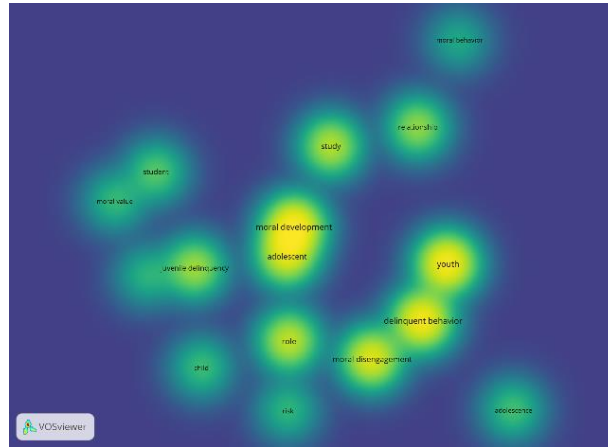


Fig. 1.c. Moral Density

Based on the screening that has been carried out with the help of VOSviewer and SciSpace, the relationship between *moral awareness* and the mental health of *juvenile offenders* results in a link with *moral disengagement*, *delinquent behavior*, *juvenile delinquency*, *self-conscious emotion*, *guilt*, *pride*, *shame*, *embarrassment*, *mental health stigma* and *moral development*. Next, the researcher screened the journals based on the inclusion and exclusion criteria shown in table 1. From the screening process, there were 38 selected literature as primary data and supported by secondary data from books, journals and articles relevant to the topic.

Table 1. Inclusion and Exclusion Criteria

| | |
|-----------------------|---|
| Inclusion Criteria | Study journals using both large and small-scale data that included both juvenile offenders and adolescents. |
| | Study discusses moral awareness and mental health with juvenile offender subjects |
| | Studies identified through broader databases (Google Scholar, SINTA, Scielo, Index Copernicus) were screened to avoid missing potentially relevant works; however, only studies indexed in accredited and reputable journals were retained for inclusion, ensuring quality and consistency. |
| Exclusion of Criteria | Studies that are irrelevant to the variables of moral awareness and mental health |

3.4 Quality Control

This stage implements quality control by reviewing the selected literature based on the Scopus Quartile (Q1-Q4) and other academic databases indexation according to the topics studied shown in **Figure 2**.

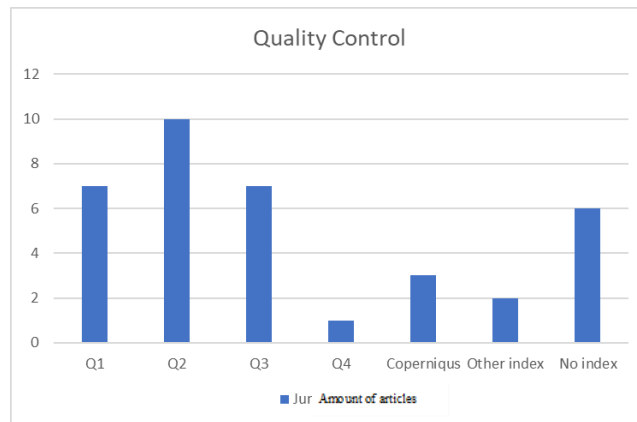


Fig. 2. Quality Control

4 Result

4.1 Stage 1: Dataset Preparation

At this stage, a literature search was conducted by two different softwares (eg. Publish or Perish and SciSpace). Publish or Perish was employed to retrieve metadata from databases such as Google Scholar, PubMed, Scopus, and Crossref. It allows direct keyword-based queries and provides structured bibliographic data (e.g., publication years, authorship, citation counts etc) that can be exported for further screening. Meanwhile, Scispace was utilized in a subsequent stage to assist in filtering and identifying articles more efficiently. Thus, Publish or Perish was used primarily for data collection, while SciSpace functioned as a complementary tool for screening and refining the dataset. Later, the search was conducted using relevant keywords such as "*mental health juvenile*", "*moral awareness juvenile*", "*moral juvenile*" and "*mental health and moral awareness juvenile*". The inclusion criteria focused on publications from the last ten years, specifically between 2015 and 2025. The number of results retrieved from each database is presented in **Table 2**.

Table 2. Initial Research Metadata Through Publish or Perish

| Category Keyword | Number of Articles |
|--|--------------------|
| Mental Health Juvenile | 90500 |
| Moral Juvenile | 33400 |
| Moral Awareness Juvenile | 19600 |
| Mental Health and Moral Awareness Juvenile | 18100 |
| Total | 161.600 |

4.2 Stage 2: Advanced Search

At this stage, the search continued using the SciSpace tool to complete the metadata of the articles found earlier. The same keywords were used as in the previous stage, with the publication year limited to 2015-2025. Each search generated 100 articles, which are summarized in **Table 3**.

Table 3. Number of Relevant Articles Through SciSpace

| Category Keyword | Number of Articles |
|--|--------------------|
| Mental Health Juvenile | 100 |
| Moral Juvenile | 100 |
| Moral Awareness Juvenile | 100 |
| Mental Health and Moral Awareness Juvenile | 100 |
| Total | 400 |

4.3 Stage 3: Finalization of Key Data Selection

At this stage, further screening and selection were conducted on the main data obtained through SciSpace. This process involved an in-depth verification of article quality, including the review of abstracts, results, methods, identification of research gaps and the relevance of content to the research topic. Articles were eliminated if they did not meet the inclusion criteria, such as i) did not involve juvenile or mental health variables, ii) did not examine moral awareness or mental health variables, ii) were indexed only in non-accredited databases. These exclusions resulted in 38 scientific articles and ensured that only relevant studies to the research focus as well as sufficient methodological were retained as the main data of the Systematic Literature Review (SLR) analysis, as presented in **Table 4**.

Table 4. Finalised Primary Data

| Category Keyword | Number of Articles |
|--|--------------------|
| Mental Health Juvenile | 18 |
| Moral Juvenile | 12 |
| Moral Awareness Juvenile | 4 |
| Mental Health and Moral Awareness Juvenile | 4 |
| Total | 38 |

5 Discussion

This study aimed to review the relationship between mental health and moral awareness in juvenile, particularly those conflicting with the law. The findings show that while the topic is highly relevant, it has not been fully integrated into academic literature. Based on the results of three systematic stages conducted, a large number of articles were initially identified through Publish or Perish and Google Scholars, but after applying strict inclusion and exclusion criteria using SciSpace, only 38 articles met the Systematic Literature Review (SLR) analysis criteria. These results highlight the need for an interdisciplinary approach to examine the relationship between mental health conditions and the moral development of Children or Adolescents in Conflict with Law (CICL). Furthermore, the review reveals a research gap, as few studies comprehensively combine the two variables, while limitations remain due to restricted database access and potential bias in article selection.

The findings from bibliometric mapping through VOSviewer also show that research on mental health in children and adolescents is still limited and has not yet become a major focus in the global literature. This is reflected in the visualization of research networks in Figure 2.b and further emphasized in Figure 2.c which shows that the topic of juvenile delinquency and mental health issues only forms small clusters with low density. In other words, there is still a

significant research gap, particularly in integrating psychological and moral aspects of the lawless adolescent population [50, 51].

Before discussing further, mental health itself has become a significant global issue and has direct implications for individual behavior patterns, including in the context of lawlessness by adolescents. WHO defines mental health as a condition of well-being in which individuals are aware of their potential, are able to cope with reasonable life pressures, work productively, and contribute to their communities [29]. In the context of corrections, the WHO notes that the risk of mental health disorders in the prison population is up to seven times higher than in the general population, a figure that underscores the urgency of attention to the psychological aspects of law offenders, especially adolescents [29].

The relationship between moral awareness and mental health in juvenile offenders is an area of study that requires more attention in research. The results of the literature review show that although many studies have highlighted one aspect (either moral or psychological), few explicitly examine both integratively. In fact, the two are closely interrelated: adolescents with moral regulatory disorders, such as low guilt or an inability to feel empathy, tend to show vulnerability to psychological disorders; Conversely, adolescents with disturbed psychological conditions are more prone to moral *disengagement*, which ultimately reinforces delinquent behavior [52, 53].

However, methodologically, the majority of the studies studied still use correlational or cross-sectional designs, so causal conclusions still need to be carefully studied. These limitations also include the lack of longitudinal approaches or mixed methods that can describe the dynamics of moral and psychological development more comprehensively. Some studies also did not explicitly examine mediating or moderating factors such as childhood trauma, parenting patterns, or socioeconomic status that actually had a significant influence [54, 55].

In some of the cutting-edge literature, the neuroscience perspective is beginning to offer a deeper explanation of the relationship between morality and psychological conditions. Activation and dysregulation of the areas of the *prefrontal cortex* (which regulates self-control and moral reasoning) and the amygdala (which is involved in emotional responses such as fear and guilt) suggest that neuropsychological inequality may explain dull tendencies of moral detachment, impulsivity, and empathy in law-breaking adolescents, especially those who experience trauma or violence from an early age [56, 57].

From a cross-cultural perspective, most of the studies reviewed came from Western countries, with much more structured justice and mental health systems than in developing countries. In the Indonesian context, the challenges are further complicated by the still strong stigma against mental disorders, the lack of experts at the Children's Special Development Institute (LPKA), and rehabilitation approaches that are still normative and punishment-oriented, not rehabilitative. Therefore, it is important to formulate intervention models that are culturally based, harnessing collective social forces such as family roles, religious values, and local communities as part of the social reintegration process [58].

The results of this review support the need for a new paradigm in juvenile offender rehabilitation, namely an approach that not only targets behavior control, but also the restoration of adolescents' moral-affective capacity through trauma-informed, community-based, and

developmentally sensitive strategies. This approach should ideally not stand alone, but be integrated with educational services, family support, and mental health facilities. Thus, the intervention model can be directed not only to decrease recidivism, but also to rebuild a sense of self-worth, empathy, moral responsibility, and hope for the future [57,58].

6 Conclusion

This study highlights the relationship between mental health and moral awareness in juvenile offenders. Based on a systematic literature review of 38 primary studies, it was found that low moral awareness, including moral disengagement mechanisms such as moral justification and dehumanization, contributes significantly to deviant behavior in adolescents. On the other hand, mental health disorders such as depression, anxiety, PTSD, and suicidal ideation are also consistently found in the adolescent population in the justice system, reinforcing the cycle of recidivism that is difficult to break.

The review found empirical evidence that juvenile delinquency is associated with developmental delays and moral awareness, including moral judgment, empathy, and self-conscious emotions (guilt and shame). Low guilt contributes to antisocial behavior. Meanwhile, low reasoning and moral emotion can also worsen mental health conditions. Unfortunately, there are still research gaps in designing interventions that holistically target both simultaneously. The majority of the existing approaches are still partial and punishment-oriented. Therefore, an intervention model that integrates cultural and community closeness, affective moral reinforcement (guilt, empathy, responsibility), and sustainable psychosocial support is needed. Integration between the justice system, mental health services, education, family, and community is key to a more humane, effective, and sustainable adolescent rehabilitation process. Thus, understanding moral and psychological dynamics is essential for developing rehabilitation policies that promote resilience and positive adaptation in juvenile offenders.

Acknowledgements

Thank you to supervisors, supporting institutions, or other parties who have made significant contributions.

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