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Moral Disengagement and Aggression: The Mediating Role of Empathy Deficits

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A B S T R A C T

Objective: This study aimed to investigate the mediating role of empathy deficits in the relationship between moral disengagement and aggression among young adults.

Methods and Materials: A descriptive correlational design was employed, involving 399 participants from Taiwan, selected based on the Morgan and Krejcie sample size table. Participants completed validated self-report measures: the Aggression Questionnaire (AQ), the Moral Disengagement Scale (MDS), and the Basic Empathy Scale (BES). Pearson correlation analysis was conducted using SPSS-27 to examine bivariate relationships among the variables, and Structural Equation Modeling (SEM) was employed via AMOS-21 to test the hypothesized mediation model. Model fit indices and standardized path coefficients were calculated to assess the strength and validity of the relationships.

Findings: Results revealed that moral disengagement was positively correlated with aggression ($r = .48$, $p < .001$) and empathy deficits ($r = .59$, $p < .001$), while empathy deficits also correlated significantly with aggression ($r = .55$, $p < .001$). The SEM analysis confirmed that the model had acceptable fit indices ($\chi^2/df = 2.06$; CFI = .96; RMSEA = .052). Moral disengagement had a significant direct effect on aggression ($\beta = .28$, $p < .001$), as well as an indirect effect through empathy deficits ($\beta = .18$, $p < .001$), resulting in a total effect of $\beta = .46$ ($p < .001$). Empathy deficits also directly predicted aggression ($\beta = .37$, $p < .001$).

Conclusion: The findings support a mediational model in which empathy deficits partially explain the relationship between moral disengagement and aggression. These results highlight the cognitive and emotional mechanisms underlying aggressive behavior and underscore the importance of targeting both moral reasoning and empathic responsiveness in intervention efforts.

Keywords: *Aggression; Moral Disengagement; Empathy Deficits.*

1. Introduction

Aggression remains one of the most persistent and socially disruptive behavioral patterns, cutting across age, gender, and cultural lines. Defined as behavior intended to harm another individual who is motivated to avoid such treatment, aggression is a multifaceted phenomenon influenced by emotional, cognitive, and social variables (Frick & Kemp, 2021). Researchers have long investigated the underlying mechanisms that explain why individuals act aggressively, particularly in the absence of provocation or direct benefit. Among the various cognitive-affective pathways, moral disengagement and deficits in empathy have emerged as pivotal predictors of aggressive behavior, particularly in adolescents and young adults (Derish, 2021; Mg et al., 2025).

Moral disengagement, a concept introduced by Bandura, refers to the process by which individuals deactivate their moral self-regulatory processes, allowing them to behave unethically without experiencing guilt or self-censure. This disengagement can occur through several mechanisms, including moral justification, euphemistic labeling, and the displacement or diffusion of responsibility (Hernández, 2025). In recent years, moral disengagement has gained empirical support as a robust predictor of aggressive and antisocial behavior. For instance, individuals who more frequently utilize moral disengagement strategies are more likely to engage in violence, bullying, and delinquent acts (Atadjikova & Ениколопов, 2019; Cristofani et al., 2020). Importantly, moral disengagement operates not only through cognitive rationalization but also by suppressing emotional processes—particularly empathy—that serve as natural inhibitors of harm.

Empathy, defined as the capacity to understand and share the feelings of others, is widely recognized as a protective factor against aggression (Godfrey et al., 2020). Empathic individuals are less likely to dehumanize others, a cognitive precursor to moral disengagement, and are more likely to inhibit violent impulses due to emotional resonance with the victim (Heym et al., 2019). The dual structure of empathy—affective and cognitive—adds complexity to its role in moral reasoning and social behavior. Cognitive empathy, the ability to intellectually understand another's emotional state, and affective empathy, the capacity to emotionally resonate with others, both appear to be inversely correlated with aggressive behavior (Gong et al., 2023). Empathy deficits may weaken emotional barriers against harming others, thereby facilitating moral disengagement and subsequent aggression (Waller & Hyde, 2018). Neurodevelopmental and clinical studies have repeatedly confirmed that impairments in empathy—especially when paired with callous-unemotional traits—serve as a reliable precursor to persistent aggressive behavior (Kimonis & Prasad, 2020; Neo et al., 2023).

Recent neuropsychological and forensic research has deepened our understanding of how these variables interact. For example, research into the role of the amygdala and prefrontal cortex has revealed that abnormalities in these brain regions contribute to both moral disengagement and empathy deficits (Anselmo et al., 2022; Claro et al., 2025). In particular, damage or developmental irregularities in the prefrontal cortex have been associated with impairments in executive functioning, emotional regulation, and social cognition—factors that underlie both empathy and moral judgment. Moreover, neurostimulation studies suggest that activating the dorsolateral prefrontal cortex can reduce aggressive behavior by enhancing empathy and moral sensitivity (Anselmo et al., 2022). Similarly, functional imaging studies indicate that individuals who are prone to aggressive acts show reduced activation in brain areas associated with empathy and moral reasoning, reinforcing the neurobiological plausibility of this triadic relationship (Čekić, 2025).

From a developmental and clinical standpoint, the interplay between these variables has been well documented across various populations. For instance, in children with conduct disorders, impairments in empathy and increased moral disengagement have been linked to chronic patterns of aggression and oppositional behavior (Frick & Kemp, 2021; Waller & Hyde, 2018). Children exhibiting limited prosocial emotions—such as lack of remorse and low empathy—are especially susceptible to moral disengagement mechanisms that justify harming others (Neo et al., 2023). These findings are consistent across both community and forensic samples, indicating a generalizable pathway toward aggression mediated by socio-cognitive dysfunctions. Furthermore, research conducted among children in conflict with the law confirms that social intelligence deficits significantly predict aggression, with empathy and moral disengagement serving as intermediary mechanisms (Mg et al., 2025).

Sociocultural factors also play a pivotal role in modulating the expression of aggression and its psychological antecedents. For example, cultural norms around collectivism versus individualism, social hierarchies, and normative expressions of emotion influence how empathy is cultivated and how moral reasoning is applied

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(Couette et al., 2019; Tyler et al., 2018). In collectivist societies, emphasis on social harmony may enhance emotional attunement and discourage moral disengagement strategies. However, such cultural frameworks may also inhibit open emotional expression, potentially impairing the development of affective empathy (Wardani et al., 2023). Comparative studies across cultural contexts are thus essential for understanding the universality versus cultural specificity of these mechanisms (Galán & Mazefsky, 2022; Дучимінська & Mahdysiuk, 2022).

Gender differences have also been explored extensively in the literature. While males generally report higher levels of physical and relational aggression, females tend to score higher on measures of empathy (Godfrey et al., 2020; Heym et al., 2019). Some evidence suggests that males are more likely to utilize moral disengagement mechanisms, perhaps due to socialization patterns that emphasize dominance, competition, and emotional suppression. These patterns raise important questions about whether interventions should be tailored to account for gender-specific profiles in empathy and moral reasoning (Bosch et al., 2020; Kimonis & Prasad, 2020). Additionally, individual differences in personality traits such as impulsivity and callousness modulate the degree to which empathy deficits and moral disengagement predict aggression (Atadjikova & Ениколопов, 2019; Derish, 2021). For instance, individuals high in callous-unemotional traits may display particularly low levels of both affective empathy and moral inhibition, thereby representing a high-risk group for violent behavior.

Despite extensive research on each of these constructs, few studies have empirically tested an integrated model in which moral disengagement and empathy deficits are simultaneously considered in relation to aggression. Most studies have treated empathy and moral reasoning as independent predictors rather than as part of a mediational framework (Cristofani et al., 2020; Godfrey et al., 2020). Furthermore, while empathy deficits have been widely acknowledged as a key antecedent of aggressive behavior, less attention has been given to their indirect effects through moral disengagement. Understanding whether deficits in empathy lead individuals to morally disengage, thereby increasing their propensity for aggression, could significantly advance theoretical models and inform clinical interventions. Structural equation modeling approaches, which allow for simultaneous examination of mediating pathways, offer a robust method for testing these complex relationships (Gong et al., 2023; Neo et al., 2023).

This study seeks to fill this gap by proposing and testing a mediational model in which empathy deficits serve as a mediator in the relationship between moral disengagement and aggression.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a descriptive correlational research design to examine the relationships between moral disengagement, empathy deficits, and aggression. The target population comprised young adults residing in Taiwan. A total of 399 participants were selected using simple random sampling, based on the recommendations of the Morgan and Krejcie (1970) sample size determination table for a population of 20,000 or more. Participants were informed about the objectives and confidentiality of the study and provided informed consent prior to participation. Inclusion criteria required individuals to be between the ages of 18 and 35, fluent in Mandarin, and not currently undergoing psychological or psychiatric treatment. The sample included both male and female respondents from diverse educational and occupational backgrounds.

2.2. Measures

2.2.1. Aggression

To assess the dependent variable Aggression, the study utilizes the Aggression Questionnaire (AQ) developed by Buss and Perry in 1992. This widely used instrument consists of 29 items divided into four subscales: Physical Aggression, Verbal Aggression, Anger, and Hostility. Respondents rate each item on a 5-point Likert scale ranging from 1 (extremely uncharacteristic of me) to 5 (extremely characteristic of me). The AQ yields both subscale scores and a total aggression score, with higher scores indicating greater aggressive tendencies. Numerous studies have confirmed its strong internal consistency ($\alpha > .80$ for the total scale) and test-retest reliability, making it a valid and reliable tool for measuring aggression in adolescents and adults.

2.2.2. Moral Disengagement

To measure Moral Disengagement, the study employs the Moral Disengagement Scale developed by Bandura and colleagues in 1996. This scale includes 32 items grouped into eight mechanisms of moral disengagement: moral justification, euphemistic labeling, advantageous

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comparison, displacement of responsibility, diffusion of responsibility, distortion of consequences, dehumanization, and attribution of blame. Each item is rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The total score reflects the degree of an individual's tendency to morally disengage in order to justify unethical or aggressive behavior. The MDS has shown high internal consistency (typically $\alpha > .85$) and has been validated across diverse cultural and age groups, demonstrating robust psychometric properties.

2.2.3. Empathy

The mediator variable Empathy Deficits is measured using the Basic Empathy Scale (BES) developed by Jolliffe and Farrington in 2006. This 20-item scale assesses both cognitive empathy (understanding another's emotional state) and affective empathy (sharing another's emotional experience) through two subscales: Cognitive Empathy (9 items) and Affective Empathy (11 items). Items are rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores reflecting greater empathy. The BES has demonstrated good internal consistency ($\alpha = .79$ for cognitive and $\alpha = .85$ for affective empathy) and test-retest reliability, and it is validated for use among adolescents and adults in both clinical and non-clinical populations.

2.3. Data Analysis

Data were analyzed using SPSS version 27 and AMOS version 21. Descriptive statistics (means, standard deviations, frequencies, and percentages) were calculated for demographic variables and study constructs. Pearson correlation coefficients were computed to examine bivariate associations between the dependent variable (aggression) and each independent variable (moral disengagement and empathy deficits). Furthermore, Structural Equation Modeling (SEM) was conducted using AMOS-21 to test the hypothesized mediation model and to assess the direct and indirect paths between variables. Model fit indices including the Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Chi-square/df ratio were used to evaluate model adequacy.

3. Findings and Results

Among the 399 participants, 227 individuals (56.89%) identified as female, while 172 individuals (43.11%) identified as male. The age distribution showed that 144 participants (36.09%) were between 18–22 years old, 176 participants (44.11%) were between 23–27 years old, and 79 participants (19.80%) were aged 28–35. Regarding educational background, 98 participants (24.56%) had completed high school, 212 participants (53.13%) held a bachelor's degree, and 89 participants (22.31%) had obtained a postgraduate degree. In terms of employment status, 161 respondents (40.35%) were full-time employees, 102 (25.56%) were students, 87 (21.80%) were part-time workers, and 49 (12.29%) were unemployed.

Table 1

Descriptive Statistics for Main Variables (N = 399)

Variable	Mean (M)	Standard Deviation (SD)
Aggression	68.47	9.52
Moral Disengagement	81.34	10.76
Empathy Deficits	59.22	8.63

Participants scored moderately high on moral disengagement (M = 81.34, SD = 10.76) and aggression (M = 68.47, SD = 9.52), while empathy deficits showed a moderate average level (M = 59.22, SD = 8.63). This indicates a sample with significant variability across key psychological constructs relevant to aggressive behavior (Table 1).

Prior to conducting parametric analyses, the assumptions of normality, linearity, multicollinearity, and homoscedasticity were assessed and met. Normality was confirmed through skewness and kurtosis values, which ranged from -0.61 to 0.72 and -0.87 to 1.01 respectively, all within the acceptable range of ±2. Linearity was visually inspected through scatterplots and confirmed by a significant linear trend ($p < .001$) in preliminary correlations. Variance Inflation Factor (VIF) values for all predictors ranged from 1.12 to 1.41, indicating no multicollinearity concerns. Homoscedasticity was verified through a residuals plot

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showing constant variance across predicted values. Additionally, Mahalanobis distance values were examined, and no multivariate outliers were detected beyond the critical χ^2 value of 16.27 for df = 3 at $p < .001$.

Table 2

Pearson Correlation Coefficients Among Variables (N = 399)

Variable	1	2	3
1. Aggression	—		
2. Moral Disengagement	.48** (p < .001)	—	
3. Empathy Deficits	.55** (p < .001)	.59** (p < .001)	—

Pearson correlations revealed that aggression was significantly and positively correlated with moral disengagement ($r = .48$, $p < .001$) and empathy deficits ($r = .55$, $p < .001$). Additionally, moral disengagement and empathy deficits were strongly correlated ($r = .59$, $p < .001$), indicating interrelated constructs and supporting the plausibility of the mediation model (Table 2).

Table 3

Fit Indices for the Structural Equation Model (SEM)

Fit Index	Value	Recommended Threshold
Chi-Square (χ^2)	84.26	—
Degrees of Freedom (df)	41	—
χ^2/df	2.06	< 3.00
GFI	0.95	> 0.90
AGFI	0.92	> 0.90
CFI	0.96	> 0.95
TLI	0.95	> 0.95
RMSEA	0.052	< 0.08

The SEM results demonstrated an acceptable model fit. The χ^2/df ratio was 2.06, well below the maximum cut-off of 3.00. Goodness-of-fit indicators such as GFI (.95), AGFI (.92), CFI (.96), and TLI (.95) all exceeded recommended thresholds, while the RMSEA value (.052) indicated good fit. Collectively, these indices confirm that the proposed model is statistically valid and well-specified (Table 3).

Table 4

Direct, Indirect, and Total Effects Between Study Variables

Path	B	S.E.	β (Beta)	p
Moral Disengagement → Aggression	0.31	0.07	.28	< .001
Empathy Deficits → Aggression	0.42	0.06	.37	< .001
Moral Disengagement → Empathy Deficits	0.53	0.05	.48	< .001
Moral Disengagement → Aggression (Indirect via Empathy Deficits)	0.22	0.04	.18	< .001
Moral Disengagement → Aggression (Total)	0.53	0.06	.46	< .001

The structural path analysis revealed that moral disengagement had both a direct effect on aggression ($\beta = .28$, $p < .001$) and a significant indirect effect via empathy deficits ($\beta = .18$, $p < .001$), resulting in a total effect of $\beta = .46$. Empathy deficits themselves were a strong direct predictor of aggression ($\beta = .37$, $p < .001$). Additionally, moral disengagement significantly predicted empathy deficits ($\beta = .48$, $p < .001$), confirming its role as a cognitive antecedent to emotional desensitization and aggressive behavior (Table 4).

Figure 1

Model with Beta Coefficients

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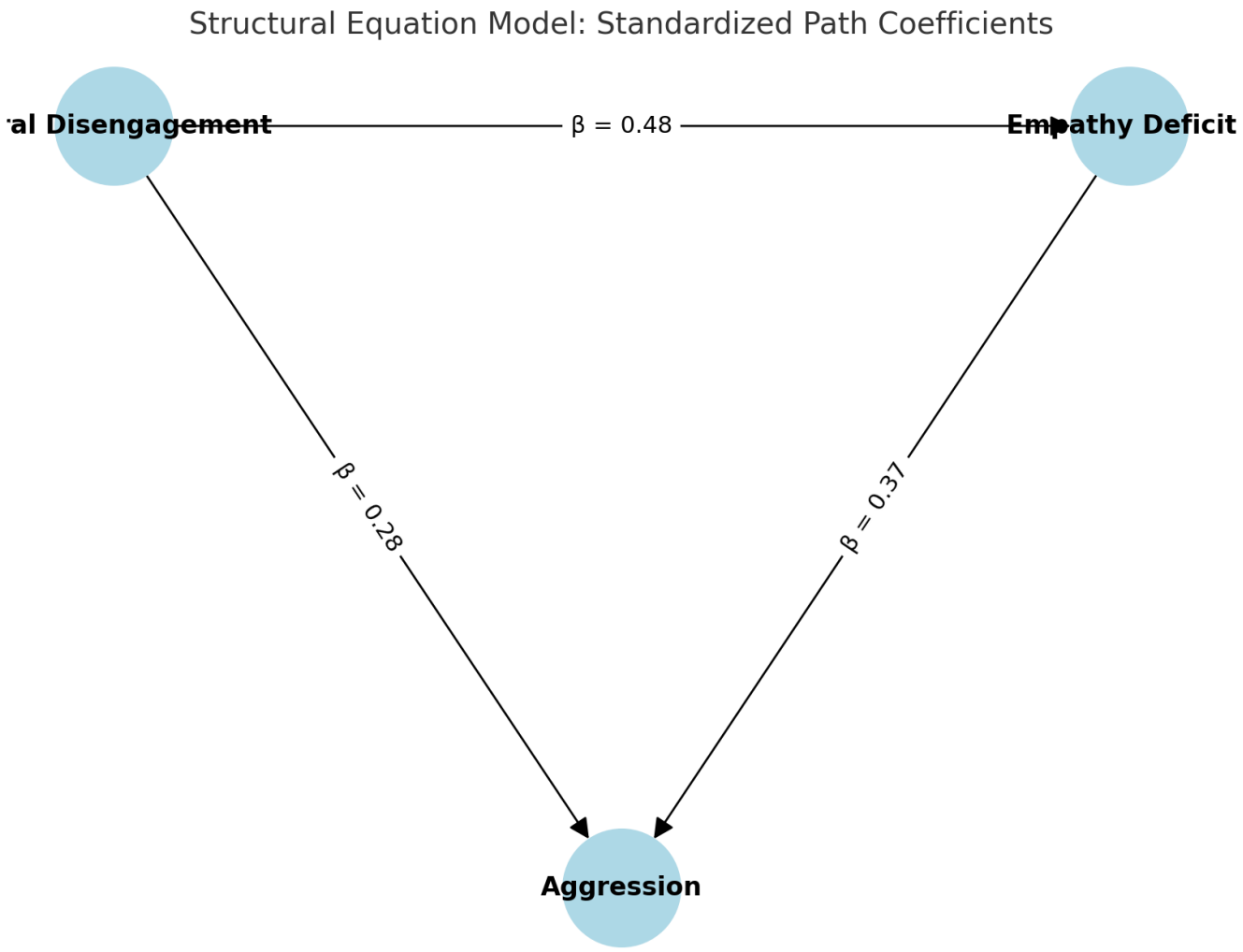

4. Discussion and Conclusion

The primary objective of this study was to examine the mediating role of empathy deficits in the relationship between moral disengagement and aggression in a sample of young adults in Taiwan. Using both Pearson correlation and structural equation modeling (SEM), the findings confirmed that moral disengagement positively predicts aggression and that this relationship is significantly mediated by empathy deficits. These results suggest that individuals with a high tendency to disengage morally are more likely to exhibit aggressive behaviors, particularly when their capacity for empathy is diminished.

Descriptive and correlational analyses indicated a strong positive association between moral disengagement and aggression, supporting the first hypothesis. Participants who reported higher use of moral disengagement mechanisms, such as justifying harmful actions or minimizing personal responsibility, also scored higher on aggression measures. This is consistent with the theoretical framework proposed by Bandura, who argued that moral disengagement allows individuals to bypass self-sanctions and act aggressively without experiencing guilt or shame (Hernández, 2025). Furthermore, empathy deficits were negatively correlated with aggression, meaning that lower levels of empathy—both cognitive and affective—were associated with more frequent aggressive behavior. The SEM analysis revealed that empathy deficits partially mediated the effect of moral disengagement on aggression, indicating that moral disengagement leads to lower empathy, which in turn facilitates aggressive tendencies.

This mediational pathway aligns with prior studies emphasizing the inhibitory role of empathy in aggressive conduct. Godfrey et al. found that empathy mediated the relationship between working memory and intimate partner aggression, reinforcing the idea that cognitive-emotional functioning regulates antisocial behavior (Godfrey et al.,

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2020). Similarly, Heym et al. highlighted that specific empathy deficits, especially in affective empathy, are central to the link between dark personality traits and relational aggression (Heym et al., 2019). The current findings replicate and extend these observations by positioning empathy deficits as not only a correlate but a mediator between cognitive moral distortion and behavioral aggression.

Empathy has long been recognized as a critical socio-emotional capacity that curtails antisocial behavior, and its absence has been observed across various psychiatric and developmental disorders marked by externalizing symptoms. For example, children diagnosed with conduct problems and limited prosocial emotions often show both low empathy and increased moral disengagement, leading to higher levels of aggression (Frick & Kemp, 2021; Neo et al., 2023). This pattern has also been documented in populations with callous-unemotional traits, where reduced affective response to others' suffering facilitates the use of moral disengagement mechanisms (Kimonis & Prasad, 2020; Waller & Hyde, 2018). The findings of the present study confirm that these processes are also observable in community samples of young adults and not limited to clinical or forensic populations.

In addition, the neurobiological underpinnings of empathy and moral disengagement provide a compelling explanation for the observed relationships. Neuroimaging and neuromodulation studies have shown that prefrontal cortex dysfunction is associated with both poor empathy and impaired moral reasoning (Anselmo et al., 2022). The basolateral and central amygdala nuclei, which are critical for recognizing and responding to emotional cues, have also been implicated in psychopathic traits and aggression (Claro et al., 2025). Reduced activation in these regions may limit an individual's ability to resonate with or care about others' suffering, thereby enabling them to morally disengage and act violently. Thus, the current findings are supported by converging psychological and neuroscientific evidence.

Importantly, this study offers empirical support for an integrated cognitive-affective model of aggression that connects moral cognition and socio-emotional responsiveness. Although previous studies have examined moral disengagement and empathy separately as predictors of aggression, few have explored how these constructs interact within a unified framework. By confirming the mediating role of empathy deficits, this research helps clarify the mechanisms through which moral disengagement leads to externalizing behavior. This supports earlier findings by Cristofani et al., who emphasized that executive functioning and empathy jointly contribute to behavioral regulation in children with neurodevelopmental disorders (Cristofani et al., 2020).

The observed associations also appear to be stable across cultural contexts. Though conducted in Taiwan, the findings mirror results from Western populations, suggesting that the psychological pathways from moral disengagement through empathy to aggression may be universal. Studies conducted in diverse samples, including those with clinical diagnoses such as schizophrenia or autism, have similarly shown that empathy deficits predict aggressive outbursts and social dysfunction (Bosch et al., 2020; Galán & Mazefsky, 2022; Gong et al., 2023). Moreover, a cross-national review of antisocial behavior noted that social intelligence and empathy are foundational to normative behavior across societies (Mg et al., 2025). Therefore, interventions aimed at enhancing empathy may have widespread applicability in aggression prevention.

The gender and developmental nuances observed in prior studies also offer a relevant interpretative lens. Males, on average, exhibit higher levels of physical aggression, while females demonstrate stronger empathic capacities (Heym et al., 2019). These sex differences are consistent with findings on moral cognition and emotional regulation, and they may explain why empathy deficits exacerbate the moral disengagement–aggression link more significantly in males. Furthermore, the developmental timing of empathy acquisition is crucial. Tyler et al. emphasized that disruptions in cognitive neuroscience pathways during childhood could set the stage for lifelong behavioral disorders, including aggression (Tyler et al., 2018). Thus, early interventions that target empathy development may mitigate the long-term effects of moral disengagement.

Additionally, the psychological literature suggests that individuals who display limited prosocial emotions are particularly susceptible to becoming morally disengaged due to a lack of guilt and emotional concern for others (Neo et al., 2023). This highlights the importance of evaluating both dispositional traits and social cognitive processes in understanding aggression. Atadjikova and Ениколопов emphasized that psychopathy and callous-unemotional traits in children are linked to moral and emotional deficits that predispose them to aggression (Atadjikova & Ениколопов, 2019). The present study contributes to this understanding by empirically linking empathy deficits and moral disengagement in a dynamic model.

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While most aggression-related research has focused on pathological or incarcerated populations, this study shows that these psychological risk factors also operate within non-clinical populations. As such, the implications extend to educational, occupational, and community contexts. The identification of empathy as a modifiable mediator provides promising pathways for targeted interventions. For example, school-based social-emotional learning programs that focus on enhancing empathy and moral reasoning could serve as protective factors against aggressive behavior (Couette et al., 2019). Similarly, therapeutic strategies such as supportive psychotherapy have shown promise in increasing emotional awareness and ethical reflection in populations with personality disorders (Wardani et al., 2023).

The present study also raises questions about how these mechanisms evolve in the digital age. With increasing exposure to violent media and desensitizing content, young adults may experience reduced empathic concern, thereby facilitating moral disengagement and justifying aggressive behavior online and offline. These socio-technological shifts necessitate continued research into how empathy and moral reasoning are shaped in modern environments (Čekić, 2025).

5. Limitations & Suggestions

Despite its contributions, the study has several limitations that must be acknowledged. First, the reliance on self-report measures introduces the risk of social desirability bias and inaccurate self-assessment, particularly in sensitive areas such as aggression and moral reasoning. Second, the cross-sectional design precludes any causal inferences, limiting the ability to determine whether empathy deficits precede or follow moral disengagement. Third, while the sample was diverse in terms of gender and age, it was geographically limited to Taiwan, which may restrict the generalizability of the findings to other cultural contexts. Finally, the use of a single mediation model may overlook additional moderating or confounding variables such as impulsivity, parenting styles, or peer influence, which are known to affect aggression.

Future studies should consider employing longitudinal designs to track changes in empathy, moral disengagement, and aggression over time and across developmental stages. Experimental or intervention-based studies could further clarify the causal directionality between these variables and test whether enhancing empathy reduces moral disengagement and aggression. It would also be beneficial to explore potential moderators such as gender, socioeconomic status, or exposure to trauma. Moreover, expanding the research to multicultural and cross-national samples would help determine whether these relationships hold universally or are shaped by cultural norms and values. The inclusion of neurobiological or behavioral observation methods could also offer a richer understanding of these complex psychological processes.

The results of this study have practical implications for educators, clinicians, and policymakers aiming to reduce aggression in youth and young adults. Developing and implementing empathy-enhancing programs in schools, such as role-playing, perspective-taking exercises, and emotion regulation training, may reduce aggressive tendencies. Mental health professionals should assess both moral disengagement strategies and empathy levels when working with individuals prone to aggression and consider cognitive-behavioral or schema-focused therapy approaches. Finally, public health campaigns and parenting programs can benefit from including components that foster moral responsibility and empathic awareness, which together may serve as protective mechanisms against antisocial behavior.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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