

Article

Active and Passive Moral Disengagement in Adolescents: Associations with Psychological Difficulties and Prosocial Behaviour

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Abstract

The aim of this study was to examine the role of active and passive mechanisms of moral disengagement in adolescent difficulties through a new instrument with realistic scenarios: the Attitude to Moral Disengagement Scale (AMDS). A sample of 184 adolescents aged 14–16 years was recruited. All participants also completed the Moral Disengagement Scale (MDS) and the Strengths and Difficulties Questionnaire (SDQ). The AMDS showed satisfactory reliability and convergent validity with the MDS. The AMDS showed positive correlations with risk factors and negative correlations with protective factors of adolescent difficulties. Specifically, conduct problems, peer relationship problems, and hyperactivity/inattention were associated with higher levels of active moral disengagement, whereas prosocial behaviors were linked to lower levels. Conduct problems and emotional symptoms were uniquely linked to passive moral disengagement. The results highlighted how emotional and behavioral difficulties relate to different disengagement strategies, while prosocial behaviors play an important protective role. Practical insights and crucial information for targeted preventive interventions are discussed.

Keywords: moral disengagement; adolescents; prosocial behavior; conduct problems; risk factors; protective factors

1. Introduction

1.1. Moral Disengagement

Adolescence is a critical stage of development, as it involves physical, social, and psychological changes. Specifically, adolescents tend to challenge social and moral norms and question the prestige of authority [1]. Antisocial behavior, which can result from it, is a widespread phenomenon during this developmental stage, as evidenced by numerous studies [2–6].

To protect their self-image, people use cognitive mechanisms to justify antisocial behavior and avoid feeling guilty [7]. Bandura defines this process as moral disengagement [8,9]. It is defined as the set of cognitive processes through which a person justifies or makes acceptable transgressive, harmful, or immoral behaviors that they would normally consider wrong. These mechanisms allow the individual to reinterpret the negative action in such a way as to reduce feelings of guilt or personal responsibility [10,11].



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According to Bandura's social cognitive theory, moral disengagement (MD) operates through eight cognitive mechanisms categorized into four distinct loci. Through the behavioral locus, individuals reframe harmful conduct into acceptable actions via moral justification (serving a higher purpose), euphemistic labelling (using sanitized language), and advantageous comparison (contrasting it with worse acts). The agency locus minimizes personal accountability through the displacement of responsibility to authority figures or its diffusion across a collective group. Within the outcome locus, individuals engage in the distortion or disregard of consequences by ignoring or minimizing the actual harm caused. Finally, the victim locus neutralizes self-sanctions by devaluing the target through dehumanization or via the attribution of blame, falsely framing the victim as the true provocateur.

According to [12], moral disengagement mechanisms systematically operate through active or passive modalities. Active mechanisms directly influence the perception or judgment of the conduct itself, acting through a cognitive restructuring of the meaning of the immoral action [11,13]. Passive mechanisms, on the other hand, involve a reduction or cancellation of individual responsibility, diluting it within the group or referring to an action that did not occur, as in failure to assist or the bystander effect [12,14–17].

1.2. Moral Disengagement and Adolescents

Moral disengagement is particularly common among young adolescent offenders [1,18]. However, Bandura [8] also found the presence of moral disengagement among adolescents from a community sample.

Although literature indicates that moral disengagement decreases after adolescence with the transition into adulthood [19,20], individuals who continue to maintain high levels of moral disengagement are more likely to persist in violent and aggressive behaviors [19,21].

Researchers have found the presence of moral disengagement among adolescents in various forms: bullying [7,22], cyberbullying [23,24], delinquent behavior [25–27], and in correlation with video game use [2,28,29]. Specifically, adolescents utilize MD to justify their antisocial conduct in order to avoid negative repercussions on their personal and social image [30–32]. Indeed, MD is not merely an internal mechanism, as it alters others' perceptions of the immoral act, thereby mitigating stigma [2,33,34].

Research involving both cross-sectional and longitudinal designs indicates that bullying perpetrators frequently rely on active cognitive restructuring. This process utilizes specific moral disengagement mechanisms, namely moral justification, euphemistic labelling, and advantageous comparison [35–37]. By cognitively reframing their actions, aggressors transform harmful behavior into something acceptable or even commendable. This shift allows them to continue engaging in, for example, bullying or other aggressive actions without feeling guilt or perceiving a violation of their own internal moral standards. Furthermore, this distorted perception is often accompanied by dynamics of victim-blaming and dehumanization [2,38], which provide perpetrators with additional psychological leeway to circumvent their moral constraints. Empirical studies have shown that bystanders predominantly employ the diffusion of responsibility, the minimization or distortion of consequences, and the displacement of responsibility. While direct perpetrators tend to use mechanisms linked to the conduct itself or the victim (such as moral justification and dehumanization), passive or pro-aggressor bystanders activate specific cognitive defenses to justify their inaction or failure to intervene without undermining their own self-esteem [39,40]. When analyzing these various mechanisms of disengagement—which invariably entail cognitive restructuring—it appears that moral justification, euphemistic labeling, advantageous comparison, dehumanization, and victim-blaming require active

cognitive restructuring and are associated with actively aggressive or antisocial behavior; in contrast, the other mechanisms are linked to bystander behavior, where the associated cognitive and moral bias serves to protect one's self-image from the guilt of failing to intervene to protect the victim [35–39].

Several factors moderate the effect of MD, thereby serving as either risk or protective factors.

The factors that increase MD levels include Callous-Unemotional (CU) traits, such as a lack of remorse and empathy [21,23,41], peer rejection, which tends to stabilize MD processes [42], co-offending [27], emotional and behavioral self-regulation, hyperactivity and inattention problems [43,44] and personal distress [45].

Conversely, an equal number of factors intervene by reducing the effect of MD; in particular, empathy correlates negatively with MD [7,23,46], as do prosocial moral reasoning [45] and positive, supportive friendships [47].

As demonstrated by numerous studies, the continuous and persistent use of MD can lead to significant psychological and social consequences. MD acts as a predictor of antisocial behavior in both adolescence and adulthood [10,38,48], as well as bullying [49,50] and cyberbullying [51]. Furthermore, research has highlighted its correlation with pathological gambling [52,53] and animal cruelty [54,55].

1.3. Aims of the Present Study

It is therefore important to have intervention programs and valid assessment tools to measure, prevent and reduce levels of moral disengagement in adolescents.

In the literature, there are different versions of the instrument initially developed by Bandura as a measure of the eight mechanisms of moral disengagement [10,56]. However, these are tools that present a list of cognitive distortions through which people justify unethical or aggressive behavior, deactivating their moral standards to avoid feelings of guilt. In reality, the situations experienced are much more complex and often lead to the activation of more ethical and cognitive distortions and justifications.

The main purpose of this study was to examine moral disengagement from the most complex and realistic perspective possible. Drawing on the distinction in the literature between actively offensive conduct and passive bystander behavior, this study aims to examine the distinction between mechanisms of active and passive disengagement using a newly developed instrument with realistic scenarios: the Attitude to Moral Disengagement Scale (AMDS). In this study, participants were presented not only with isolated statements relating to behavioral justifications, but also with brief scenarios that allow for a greater moral and relational representation of the situation and a greater identification with it. When faced with a certain situation, we can activate multiple distortions and justifications, which is why multiple moral disengagement mechanisms were assessed for each situation. Furthermore, moral disengagement mechanisms may involve a restructuring of behavior, consequences, and/or emotional aspects. Drawing on the distinction in the literature between actively offensive conduct and passive bystander behavior, the aim is to examine the distinction between mechanisms of active and passive disengagement [12,35–39]. In other words, some cognitive distortions underlying disengagement mechanisms may require an active effort. In this study, Bandura's eight mechanisms were therefore divided into "active moral disengagement" and "passive moral disengagement," and their association with certain psychological difficulties and resources that adolescents perceive themselves to have was verified.

1.4. Hypotheses

This study tested the following hypotheses:

1. The Attitude to Moral Disengagement Scale has convergent validity with the Moral Disengagement Scale;
2. The MDS is expected to display positive significant links with Conduct Problems. Conversely, the AMDS is hypothesized to link with a broader set of variables, showing unique positive associations with both Conduct Problems and Peer Relationship Problems, and a negative association with Prosocial Behaviors
3. Conduct Problems, Peer Relationship Problems, and Hyperactivity/Inattention are hypothesized to be uniquely and positively associated with Active Moral Disengagement, whereas Prosocial Behaviors are expected to display a significant inverse relationship with it. Concurrently, Conduct Problems and Emotional Symptoms are expected to be uniquely and positively linked to Passive Moral Disengagement.

2. Method

2.1. Recruitment

The study recruited 184 adolescents through convenience sampling on a voluntary basis after the parents had signed the informed consent. Participants included in the study met the following inclusion criteria: (a) having signed the informed consent; (b) declaration of understanding of the Italian language; (c) absence of missing items in the study tasks; and (d) absence of intellectual disabilities or other sensory deficits that may have limited or compromised the correct perception of visual and verbal stimuli.

2.2. Instruments

2.2.1. Moral Disengagement Scale

The 16-item Italian version of the Moral Disengagement Scale (MDS) [56] assessed tendencies to use cognitive mechanisms to justify antisocial behavior and avoid feeling guilty. Items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Total scores were calculated by averaging item responses, with higher values indicating a greater propensity for moral disengagement. According to Bandura's social-cognitive theory, the 16 statements comprising the scale measure eight moral disengagement mechanisms grouped into four clusters, as previously mentioned: Behavioral locus, Agency locus, Outcomes locus and Victim locus. For each participant, a total composite score was calculated by summing the responses of the 16 items, where higher scores indicate a greater propensity for moral disengagement. The mean values for the sum of the totals are reported in Appendix A.

2.2.2. Attitude to Moral Disengagement Scale

It is a new instrument composed of six realistic scenarios that reflect frequent situations that adolescents may experience in real life. The subject can therefore identify with frequent and realistic situations. For each scenario, there are four questions based on five-point Likert scales, measuring various attitudes of moral disengagement derived from Bandura's theoretical model. While in other self-report questionnaires on moral disengagement, the subject responds to single questions for several situations, the AMDS detects multiple attitudes, both those involving active and passive cognitive distortion. In fact, adolescents' actions may depend on multiple moral disengagement mechanisms activated in the same situation. This is what the AMDS aims to detect. For each scenario, four different disengagement mechanisms are investigated—specifically, those reflecting both active and passive attitudes.

In formulating the items, consideration was given to previously published versions of the MDS addressing other dimensions—such as cyberbullying behaviors [44,45], school-related behaviors [57], teamwork, and collective disengagement [19]. The stimuli developed

for the new instrument represent an evolution and reformulation of situations and questions already employed in other instruments. For example, the study by Shu and colleagues [58] served as the basis for developing a scenario regarding copying during in-class assignments.

Before developing the instrument, preliminary interviews were conducted with adolescents to identify the situations they most frequently encounter that violate social norms. Teachers were also asked to outline common scenarios in which adolescents employ mechanisms of moral disengagement to justify their behavior. Subsequently, ten scenarios were developed, accompanied by questions relating to Bandura's eight mechanisms of moral disengagement. These initial scenarios were administered to a pilot sample of 62 adolescents aged 14 to 16; participants were asked to answer the questions and to rate—using a 10-point Likert scale for each scenario—how understandable, realistic, and emotionally positive or negative they found them to be. All scenarios proved to be understandable and realistic. Scenarios that elicited polarized responses regarding perceived emotional tone or the type of mechanism activated were excluded. The process of verifying face validity ensured that the items were correctly understood and interpreted as intended, without requiring further semantic modifications.

The instrument in its current form is therefore composed of 24 questions that detect the 8 mechanisms of moral disengagement identified by Bandura (3 questions on a Likert scale for each mechanism).

Example: “Maria’s friends share a video on social media showing her drunkenly dancing in skimpy clothing with laughing emoticons superimposed. The video quickly goes viral. When Maria discovers it, she becomes very angry with Luca because she considers him her best friend, something she hadn’t expected from him”.

Respond to the following questions as honestly as possible, giving your opinion, considering that 1 = strongly disagree and 5 = strongly agree.

- (a) How much do you think Maria was ultimately asking for it? (mechanism of Victim Blaming with active cognitive distortion)
- (b) How much do you think Luca’s behavior wasn’t that serious because Maria’s other friends also posted the video? (mechanism of Diffusion of Responsibility with passive cognitive distortion)
- (c) How much do you think his friends didn’t actually do anything that bad? (mechanism of Minimization with passive cognitive distortion)
- (d) How much do you think social media is to blame for allowing videos to be posted, turning a gesture between friends into a viral and out-of-control situation? (mechanism of Displacement of Responsibility with passive cognitive distortion).

The instrument has two subscales corresponding to active and passive mechanisms of distortion and moral disengagement, designated as Active Moral Disengagement and Passive Moral Disengagement, respectively.

The mean values for the sum of the totals are reported in Appendix A.

2.2.3. Strengths and Difficulties Questionnaire (SDQ) [59]

It is composed of 25 items divided into 5 subscales (each with 5 items), rated on a 3-point scale (0 = not true, 1 = partly true, 2 = certainly true). The Italian self-report version for adolescents aged 11–16 was used in the study [60]. The instrument measures strengths and weaknesses through the use of five subscales: Emotional Symptoms (i.e., anxiety, fear, sadness, or physical complaints without medical cause); Conduct Problems (i.e., anger, disobedience, lying, or petty theft); Hyperactivity/Inattention (i.e., restlessness, difficulty concentrating, and impulsiveness); Peer Relationship Problems (i.e., loneliness, bullying, or difficulty making friends); and Prosocial Behavior (i.e., kindness, helpfulness, and ability to help others).

It provides a total SDQ score and a score for each of the individual scales. The mean values for the sum of the totals are reported in Appendix A.

2.3. Procedure

A non-probability convenience sampling strategy was adopted for participant recruitment. Specifically, a cluster-sampling approach was utilized by contacting various high schools from different geographical areas to reach the 14–16-year-old adolescent population. The high schools contacted included classical, humanities, and scientific high schools, as well as vocational institutes. Schools sent informed consent forms to the parents of students aged 14–16, which were then handed over to the researchers.

All parents of the participants completed the informed consent form, which provided information regarding the study's objective, proposed activities, and the processing of sensitive data. Data collection was conducted anonymously and in compliance with the ethical principles and guidelines for research with humans, as indicated by the Declaration of Helsinki. The study was approved by the Bioethics Committee of the University of Perugia (No. 20/2025).

Data collection occurred in a single session via an online platform accessible via QR code. Before data collection began, participants were briefly informed of the study's purpose, encouraged to answer honestly, and assured of anonymity; they were also given the option to stop filling out the forms at any time to avoid random responses. Participants were also asked if they wished to take part before the process began. Only questionnaires that were fully completed in all sections were included in this study. In the first part, some sociodemographic variables were collected: age, gender, nationality and, in the case of foreign students, understanding of the Italian language. In the first part, participants were asked to indicate the presence of any sensory and/or intellectual deficits. In the second part, the tools were administered. The time taken to complete the form was approximately 20 min.

2.4. Analysis Strategy

To validate the AMDS, we conducted an Exploratory Factor Analysis with Horn's Parallel Analysis (PA) and oblimin rotation to detect the presence of factors. We included all items. Before conducting this analysis, we tested the hypotheses by performing the Kaiser-Meyer-Olkin (KMO) test and Bartlett's test of sphericity. To identify the number of factors, we considered the scree plot and analyzing the eigenvalues of a solution that included 1 to 10 factors, following the Kaiser-Guttman criterion, and then extracting the factors with eigenvalues greater than 1.0, or approximate to 1.0. We conducted a formal model comparison using Exploratory Structural Equation Modeling (ESEM) with Oblimin rotation, directly comparing the two-factor model with the alternative five-factor solution. We followed the criteria of the best BIC value and parsimony, avoiding overfactoring, to select the model with the best fit.

Subsequently, the factors identified in the EFA were inspected at the item level, and their internal validity was assessed using Cronbach's alpha, McDonald's omega, and item-score correlation. Split-half reliability analyses were also conducted. Subsequently, the internal consistency of the scale items was obtained by dividing them into Active and Passive Cognition Distortions.

Pearson correlations were then performed between the MDS and AMDS to determine convergent validity. *t*-test comparisons of MDS and AMDS scores were conducted between males and females.

Pearson correlations were run between MDS, AMDS and SDQ scales; p -values for the bivariate correlations were adjusted using the Benjamini–Hochberg False Discovery Rate (FDR) procedure for controlling Type I errors.

A preliminary power analysis was conducted using G*Power 3 [61] to determine the minimum sample size required for the multiple linear regression models. Based on a medium effect size ($f^2 = 0.15$), alpha level of 0.05, a power of 0.80, and six predictors, the recommended minimum sample size was $N = 146$. Our final sample of 184 participants exceeds this requirement, ensuring adequate statistical power to detect meaningful effects and minimizing the risk of Type II errors.

Several multiple linear regression models were generated, each assuming Gender (male vs. female), Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, Peer Relationship Problems, and Prosocial Behavior as predictors of the MDS and AMDS. Finally, the SDQ subscales were assumed as predictors of Active and Passive Moral Disengagement. All models have been verified for multicollinearity; normality and homoscedasticity of residuals; influential observations; linearity; and variance inflation factors.

Descriptive statistics for all scores have been reported in Appendix A (see Table A1).

3. Results

3.1. Participants

The recruited sample consisted of 184 adolescents aged 14 to 16 (mean age 15.1; $SD = 0.78$; min–max = 14–16) with all inclusion criteria met. 55.6% of the sample were male and the remainder female. No participant declared themselves to be of a different gender.

3.2. Preliminary Analysis

In the initial phase of the study, an Exploratory Factor Analysis (EFA) with Horn's Parallel Analysis (PA) was performed to determine the optimal number of factors to retain. Factor extraction was executed via the Maximum Likelihood (ML) method, since the Shapiro–Wilk test yielded a non-significant result ($W = 0.992$; $p = 0.286$). Since the factors are part of the same macro-construct, an Oblimin rotation was performed. The KMO test revealed an overall value of 0.80, Bartlett's test of sphericity was significant, $\chi^2(276) = 1457$, $p < 0.001$, and the model showed a satisfactory fit ($TLI = 0.90$; $RMSEA = 0.051$, 90% CI [0.040, 0.062]).

The PA algorithm suggested a 5-factor solution (see scree plot, Figure 1), as the empirical eigenvalues for the first five dimensions remained above the random simulation curve. However, only the first exceeded the eigenvalue of 1 below the traditional Kaiser criterion, and the second was 0.95. A closer inspection of the variance explained revealed that factors 3, 4, and 5 accounted for negligible shares of variance (each explaining less than 5%), while the first and second explained 20% and 12% of the variance, respectively. According to psychometric standards [62], extracting minor factors with such low variance-explanatory power leads to severe overfactoring; attention was focused on the first two factors. Furthermore, an examination of the factor loadings revealed that the items of the first factor reappeared with similar or lower values in factors 3, 4, and 4 (see Table A2).

We conducted a formal comparison between the 5-factor model suggested by Horn's Parallel Analysis and the 2-factor model indicated by the eigenvalue analysis, using Exploratory Structural Equation Modeling (ESEM) with Oblimin rotation. The statistical results provide unequivocal support for retaining the two-factor structure based on the principle of psychometric parsimony: the two-factor model yielded a substantially lower and optimal BIC value ($BIC = -700.0$) compared to the five-factor model ($BIC = -629.8$). The difference between the two BIC values indicated that the five-factor solution introduces excessive parameterization (over-factoring) that is unjustified in terms of parsimony. The

table in Appendix A (see Table A2) showed that factors 3, 4, and 5 lack conceptual autonomy. For instance, Factor 3 presented no unique items (its only items with loadings above the 0.40 threshold—1B and 3C—showed equivalent or higher cross-loadings on Factor 1). Factor 5 merely replicated the variance of Factor 2 through redundant cross-loadings (e.g., item 4D loads at 0.587 on Factor 2 and 0.584 on Factor 5). The two-factor solution met the saturation threshold of ≥ 0.40 , was consistent with Obimin’s logic—which allows for correlation between concurrent moral disengagement strategies—and represented the most robust and stable framework for the AMDS.

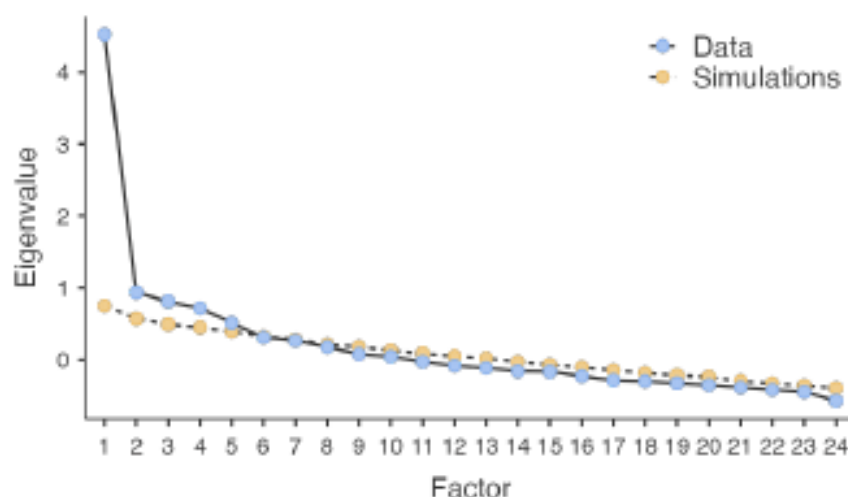


Figure 1. Scree Plot of the AMDS.

An examination of item loadings revealed that the first factor included items referring to more active cognitive mechanisms of disengagement, such as moral justification, attribution of blame, advantageous comparison, euphemistic labeling, and dehumanization, which require an active cognitive restructuring of behavior and lead to Active Moral Disengagement, with 15 items. In the second factor, there were items of the mechanisms of diffusion of responsibility, displacement of responsibility, and minimization of consequences, which require a more passive cognitive distortion and lead to Passive Moral Disengagement, with 9 items (see Table 1). The inter-factor correlation between the two factors was positive and moderate ($r = 0.445$) [63].

Table 1. Factor loadings of the AMDS ($N = 184$).

Scenario/Item	Factor 1	Factor 2
1. Elisa is forbidden from going to the disco, but her parents surprise her there for her best friend’s birthday. Having broken the rule, she’s banned from going out with friends for the entire month.		
1A. How much do you think Elisa’s behavior was ultimately just a prank?	0.401	0.278
1B. How much more important do you think Elisa’s display of affection for her friend is than breaking a rule?	0.417	0.122
1C. How much less serious do you think going to a disco to celebrate her friend’s birthday is than other actions Elisa could have done, such as using drugs?	0.430	0.102
1D. How much do you think the punishment is exaggerated because in reality Elisa has done nothing wrong?	0.302	0.561

Table 1. *Cont.*

Scenario/Item	Factor 1	Factor 2
2. Maria's friends share a video on social media showing her drunkenly dancing in skimpy clothing with laughing emoticons superimposed. The video quickly goes viral. When Maria discovers it, she becomes very angry with Luca because she considers him her best friend, something she hadn't expected from him		
2A. How much do you think Maria was asking for it, ultimately?	0.421	0.293
2B. How much do you think Luca's behavior isn't that serious because Maria's other friends also posted the video?	0.244	0.441
2C. How much do you think his friends didn't actually do anything that bad?	0.487	0.308
2D. How much do you think social media is to blame for allowing videos to be posted, turning a gesture between friends into a viral and out-of-control situation?	0.187	0.405
3. Mauro tells his math teacher that Andrea forced him to hand over the answers to the exercises on his last test. Andrea finds out and, while his classmates are urging him to get back at him, gets so angry that he pushes Mauro, knocking him to the floor.		
3A. How much do you think Mauro was ultimately a scoundrel and therefore deserves punishment?	0.582	−0.188
3B. How much do you think Andrea did the right thing because Mauro is just a useless burden for the whole class?	0.528	0.173
3C. How much do you think it's more important in these situations to defend one's honor rather than appear "weak" in front of others?	0.527	0.177
3D. Andrea would do well to make his teacher understand that the blame for having pushed Mauro isn't only his, but also that of the classmates who encouraged him	0.199	0.407
4. Giulia is a very popular girl at school. One day, a close friend of hers leaves a mean and negative comment about Matteo because of his physical appearance. Within minutes, the post receives a slew of likes and amused comments from her entire group of friends. Giulia, too, so as not to feel different from the rest of the group, leaves a like.		
4A. How much do you think the situation wouldn't have changed even without Giulia's like?	0.236	0.558
4B. How much do you think Giulia just liked the post like everyone else, and whoever wrote the comment did the worst thing?	0.466	0.300
4C. How much do you think it's just a like on social media?	0.615	0.145
4D. How much do you think social media is what drives kids to act like this?	0.157	0.587
5. A "secret" chat group has been created at your school where the most popular students meet. Within it, a small group of students begins to target another class, collectively calling them "Robots," considering them boring and empty, just like robots. A secretly taken photo is posted in the chat, showing a "Robot" boy crying in the hallway after a bad grade. Mocking comments begin to appear under the photo.		
5A. To what extent do you think the comments are in a secret chat and therefore less serious than those posted on a social network visible to everyone?	0.407	0.112
5B. To what extent do you think the Robot was asking for it by crying in front of everyone?	0.498	0.135
5C. To what extent do you think negative comments can't hurt Robots anyway?	0.615	0.158
5D. To what extent do you think the fault lies with those who posted them and not with those who left the comments?	0.211	0.441

Table 1. Cont.

Scenario/Item	Factor 1	Factor 2
6. A group of four friends are playing an online role-playing game. One of them, Leo, makes a trivial mistake at the end of the match, causing the team to lose. The other three begin insulting him in voice chat, then exclude him from the group and his profile to have him banned.		
6A. How much do you think that bad players like Leo ruin everyone's experience, and is it right to ban him?	0.403	0.121
6B. How much do you think it's the algorithm's fault for not matching players of the same skill level?	0.105	0.443
6C. How much do you think they didn't insult a friend but that they removed a bot?	0.444	0.325
6D. How much do you think that when you play role-playing games, comments are about the character and shouldn't be taken personally?	0.151	0.415

Bold text indicates that the item specifically loads onto the factor shown in the column.

An internal reliability analysis on all items was conducted using Cronbach's alpha ($\alpha = 0.82$) and McDonald's Omega ($U = 0.83$). The items had an intercorrelation between 0.241 and 0.472. When split-half reliability is assessed, the first and second halves showed coefficients of 0.76 and 0.78, respectively.

The internal consistency of the items was calculated considering the type of active vs. passive mechanisms of moral disengagement. Considering that the disengagement mechanisms of moral justification, attribution of blame, advantageous comparison, euphemistic labeling, and dehumanization require an active cognitive restructuring of behavior and lead to an Active Disengagement, their internal reliability was calculated ($\alpha = 0.80$; $U = 0.81$). When split-half reliability is assessed, the first and second halves show coefficients of 0.74 and 0.76, respectively. The values remained acceptable, albeit lower, but this could be attributed to the reduced number of items comprising the two halves. With respect to the mechanisms of diffusion of responsibility, displacement of responsibility, and minimization of consequences, which require a more passive cognitive distortion and lead to a Passive Disengagement, a satisfactory internal reliability was calculated ($\alpha = 0.71$; $U = 0.73$). When split-half reliability is assessed, the first and second halves show coefficients of 0.65 and 0.68, respectively. The values have decreased, but this could be linked to the reduced number of items making up the two halves.

Hypothesis 1. *The Attitude to Moral Disengagement Scale has convergent validity with the Moral Disengagement Scale.*

Pearson correlations showed significant correlations between AMDS, Active and Passive Disengagement, and MDS scores ($r = 0.357$, $p < 0.001$; $r = 0.306$, $p < 0.001$; $r = 0.255$, $p < 0.001$, respectively). These results provided modest support for the convergent validity of the scale. While the correlations were systematically significant, their moderate-to-low magnitude suggested that the two instruments assess distinct nuances of the construct and are not entirely interchangeable, thereby confirming the unique empirical contribution of the AMDS.

t-test comparisons by gender revealed no differences in MDS ($M_{\text{male}} = 53.4$; $SD = 10.19$; $M_{\text{female}} = 52.08$; $SD = 6.27$) and AMDS ($M_{\text{male}} = 60.4$; $SD = 10.19$; $M_{\text{female}} = 59.07$; $SD = 9.27$) scores.

Hypothesis 2. *The MDS is expected to display positive significant links with Conduct Problems. Conversely, the AMDS is hypothesized to link with a broader set of variables, showing unique positive associations with both Conduct Problems and Peer Relationship Problems, and a negative association with Prosocial Behaviors.*

A Pearson correlation analysis was conducted between the AMDS, MDS and SDQ scales (Table 2). To account for the inflation of Type I error due to multiple simultaneous comparisons, *p*-values for the bivariate correlations reported in Table 2 were adjusted using the Benjamini–Hochberg False Discovery Rate (FDR) procedure. Moral disengagement on both the AMDS and MDS showed significant positive correlations with the SDQ scales, except for the Prosocial Behavior scale, with which they had negative correlations. Active Moral Disengagement showed different correlations than Passive Disengagement. The first showed significant correlations with all variables, while Passive Disengagement only with Emotional Symptoms and Conduct Problems.

Table 2. Pearson correlations between AMDS, MDS and SDQ scales (*N* = 184).

	AMDS	Active Disengagement	Passive Disengagement	MDS	SDQ
SDQ	0.264 ***	0.245 ***	0.452 **	0.198 ***	-
Emotional Symptoms	0.145 *	0.191 **	0.152 *	0.104	0.695 ***
Conduct Problems	0.303 ***	0.395 ***	0.227 **	0.383 ***	0.604 ***
Peer Relationship Problems	0.228 **	0.294 ***	0.057	0.071	0.640 ***
Hyperactivity/Inattention	0.147 *	0.318 ***	0.094	0.202 **	0.651 ***
Prosocial Behaviors	−0.217 **	−0.238 ***	−0.005	−0.099	−0.128 *

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; AMDS = Attitude to Moral Disengagement Scale; MDS = Moral Disengagement Scale; SDQ = Strengths and Difficulties Questionnaire.

The multiple linear regression models were generated for AMDS and MDS, respectively, assuming gender (male vs. female) and all subscales of the SDQ as predictors (Table 3). A systematic verification of the diagnostic assumptions underlying the linear regression models estimated for AMDS and MDS was conducted. Homoscedasticity and linearity of residuals were assessed through visual inspection of scatterplots plotting standardized residuals against standardized predicted values; the homogeneous and stochastic distribution of points—showing no systematic patterns such as funnel shapes or curvilinear trends—confirmed that both assumptions were fully met. Error normality was verified by analyzing Q-Q plots of the standardized residuals, which showed optimal alignment along the theoretical diagonal line; residuals fell entirely within the range of -2.5 to $+2.3$, well within the conventional tolerance threshold of ± 3.5 standard deviations [64]. Finally, the presence of influential observations was assessed by calculating Cook’s Distance. For both specified models, the maximum Cook’s Distance value was well below the critical cut-off of 1 (Max Cook’s $D = 0.03$ and 0.04 , respectively), ruling out the presence of aberrant cases or outliers capable of distorting coefficient estimates. The assumption of normality of the residuals was verified using the Shapiro–Wilk test ($W = 0.993$; $p = 0.286$; $W = 0.997$; $p > 0.225$, respectively). No effects of collinearity emerged. The results showed that Conduct Problems and Prosocial Behavior were associated with moral disengagement in a positive and negative way, respectively. Peer Relationship Problems showed significant effects only on AMDS.

Table 3. Multiple Linear Regression models of the SDQ scales on AMDS and MDS ($n = 184$).

predictor	AMDS				MDS			
	<i>B</i>	SE	β	VIF	<i>B</i>	SE	β	VIF
Intercept	59.88	3.30			38.04	2.88		
Gender	0.31	1.12	0.04	1.02	−0.01	0.97	−0.01	1.01
Emotional Symptoms	−0.20	0.24	−0.06	1.14	0.18	0.21	0.06	1.40
Conduct Problems	0.88	0.28	0.23 **	1.29	1.24	0.24	0.37 ***	1.27
Peer Relationship Problems	0.62	0.27	0.16 *	1.12	−0.24	0.24	−0.07	1.27
Hyperactivity/Inattention	0.07	0.30	0.02	1.39	0.16	0.27	0.05	1.40
Prosocial Behaviors	−0.68	0.34	−0.14 *	1.40	−0.12	0.29	−0.03	1.14
$R^2 = 0.138$ $F = 5.63$ ***					$R^2 = 0.155$ $F = 6.63$ ***			

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; AMDS = Attitude to Moral Disengagement Scale; MDS = Moral Disengagement Scale; Gender: 1 = male; 2 = female.

Hypothesis 3. *Conduct Problems, Peer Relationship Problems, and Hyperactivity/Inattention are hypothesized to be uniquely and positively associated with Active Moral Disengagement, whereas Prosocial Behaviors are expected to display a significant inverse relationship with it. Concurrently, Conduct Problems and Emotional Symptoms are expected to be uniquely and positively linked to Passive Moral Disengagement.*

The same regression models performed for hypothesis 2 were again generated on the dependent variables Active and Passive Moral Disengagement (Table 4). The normality of the errors was verified through an analysis of Q-Q plots of the standardized residuals that fell entirely within the range of -2.0 to $+2.3$, well within the conventional tolerance threshold of ± 3.5 standard deviations [64]. These were formally supported by the Shapiro–Wilk test, which confirmed full adherence to the assumption ($W = 0.992$; $p = 0.127$; $W = 0.990$; $p > 0.103$, respectively). The maximum Cook’s Distance value was well below the critical cut-off of 1 (Max Cook’s D = 0.03 and 0.04, respectively). No critical VIF value emerged. The SDQ subscales showed different effects in the two models. On the Active Moral Disengagement scale, the Conduct Problems, Peer Relationship Problems, and Hyperactivity/Inattention scales had a positive impact, indicating that high scores on these forms of distress are linked to greater forms of Active Moral Disengagement. The ability to demonstrate Prosocial Behavior reduces the risk of it. On the Passive Moral Disengagement scale, effects were obtained only for Emotional Symptoms and Conduct Problems.

Table 4. Multiple linear regression models of the SDQ scales on Active and Passive Moral Disengagement ($n = 184$).

predictor	Active Moral Disengagement				Passive Moral Disengagement			
	<i>B</i>	SE	β	VIF	<i>B</i>	SE	β	VIF
Intercept	32.59	2.52			20.81	2.14		
Gender	−0.51	0.85	−0.07	1.01	−0.16	0.72	−0.03	1.01
Emotional Symptoms	0.18	0.19	0.07	1.40	0.31	0.16	0.15 *	1.40
Conduct Problems	0.80	0.21	0.26 ***	1.27	0.57	0.18	0.24 ***	1.27

Table 4. Cont.

	Active Moral Disengagement				Passive Moral Disengagement			
Peer Relationship Problems	0.46	0.21	0.15 *	1.27	−0.14	0.18	−0.06	1.27
Hyperactivity/Inattention	0.42	0.23	0.13 *	1.40	−0.10	0.20	0.04	1.40
Prosocial Behaviors	−0.58	0.26	−0.14 *	1.14	0.05	0.22	0.02	1.14
	$R^2 = 0.240$ $F = 11.10^{***}$				$R^2 = 0.071$ $F = 2.25^*$			

* $p < 0.05$; *** $p < 0.001$; AMDS = Attitude to Moral Disengagement Scale; MDS = Moral Disengagement Scale; Gender: 1 = male; 2 = female.

4. Discussion

The main purpose of this study was to examine moral disengagement from the most complex and realistic perspective possible. This study validated the Attitude to Moral Disengagement Scale (AMDS) in adolescents, distinguishing between active and passive mechanisms using realistic scenarios to explore their associations with psychological difficulties. Results indicated that specific emotional and behavioral issues are linked to distinct disengagement strategies, while prosocial behaviors counter the tendency to morally disengage. Indeed, in real life, adolescents could activate multiple disengagement mechanisms when faced with the same situation, which may require both active and passive cognitive distortions [12].

The Attitude Moral Disengagement Scale used in this study presented six scenarios reflecting situations that adolescents may frequently experience. For each situation, four disengagement mechanisms were considered, pertaining to Bandura's theoretical model [35–39].

Exploratory Factor Analysis, following a methodological criterion to avoid overfactoring, identified two factors that meet the required statistical parameters [62]. The analysis of factor loadings revealed that the first factor included 15 items referring to active cognitive restructuring involving moral disengagement mechanisms, such as moral justification, attribution of blame, advantageous comparison, euphemistic labeling, and dehumanization. The second factor consisted of 9 items referring to more passive mechanisms, such as diffusion of responsibility, displacement of responsibility, and minimization of consequences (see Table 1). Bandura's eight mechanisms of moral disengagement involve processes of cognitive and behavioral restructuring, both active and passive [35–39]. For this reason, they have been classified into two categories—Active Moral Disengagement and Passive Moral Disengagement—with both the total scale of the AMDS and its two subscales demonstrating satisfactory reliability and internal consistency. The two-factor solution finds theoretical support in previous studies highlighting how actively aggressive behaviors co-occur with mechanisms of moral disengagement—namely moral justification, euphemistic labeling, advantageous comparison, dehumanization, and victim blaming—which, in our study, constitute the “Active Moral Disengagement” factor [35–39]. Conversely, passive behaviors and bystander roles in previous studies appear to be more strongly related to mechanisms such as diffusion of responsibility, minimization of consequences, and displacement of responsibility—which, in our model, are included in the “Passive Moral Disengagement” factor. The explained variance can be considered sufficient, although these initial results suggest a need to replicate the study with a larger and more heterogeneous sample to confirm that the scenarios and associated questions are interpreted consistently. Indeed, while the use of scenarios can foster greater immersion in the depicted situations, it can simultaneously lead to greater heterogeneity in interpretation. The total scale and the two subscales (Active and Passive Moral Disengagement) demonstrated satisfactory

internal reliability. Reliability values remained satisfactory in the split-half analysis as well, although a potential issue was noted regarding the Passive Moral Disengagement subscale, where the limited number of items in each half may well have reduced the reliability coefficients. Further investigation into this matter is warranted, and these results could suggest that future revisions to the instrument are needed to optimize the reliability of this subscale.

Pearson correlations between the AMDS and the Active and Passive Moral Disengagement subscales of the MDS were positive and significant. However, these results provided only modest support for the scale's convergent validity. Although the correlations were consistently significant, their magnitude—ranging from moderate to low—suggested that the two instruments measure distinct nuances of the construct and are not entirely interchangeable, thereby confirming the unique empirical contribution of the AMDS.

The second aim of the study was to examine the association of several manifestations of adolescent distress and moral disengagement. Table 2 showed significant positive correlations between adolescents' relational and behavioral difficulties and moral disengagement. The AMDS and MDS showed similar correlation patterns with the SDQ and its subscales; however, the AMDS also had significant correlations with Emotional Symptoms (positive) and Prosocial Behaviors (negative). This suggests that the AMDS may be a more sensitive tool, closely aligned with the varied strengths and weaknesses that adolescents experience.

The linear regression models reported in Table 3 to test Hypothesis 2 showed that both models are significant and support the initial hypotheses. While the model featuring the MDS appears to account for a greater amount of variance, this is solely due to the shared variance between Conduct Problems and moral disengagement. The results in Table 3 indicate that the AMDS relates to both conduct-related aspects and social relationships, whereas the MDS is uniquely linked to conduct problems. The results suggest that adolescents who tend to break rules, engage in aggressive behavior, experience peer conflict, and experience isolation tend to exhibit higher AMDS scores. Conversely, individuals who engage in more prosocial behaviors (altruism, helping, empathy) show significantly lower levels of AMDS. These initial findings highlight that the attitude toward moral disengagement (AMDS) is a complex construct closely linked to relational, behavioral, and emotional factors, such as low empathy and altruism. While Bandura's concept of moral disengagement (MDS) is primarily linked to problematic behaviors enacted by the individual, the AMDS measures the individual's attitude, ideological justification, or cultural and value-based propensity toward moral disengagement. An attitude favorable to moral disengagement develops within a social and relational context; it co-occurs not only with the aggressive actions the individual performs (Conduct problems) but also with difficulties in integrating with peers (Peer Problems). Conversely, empathy and altruism (Prosocial factors) act as a protective barrier to counter the tendency toward moral disengagement. In addition to conduct problems, perceived difficulties and tensions in peer relationships are concurrently associated with the use of disengagement mechanisms to justify actions and minimize consequences [42,47]. According to the literature [65], moral disengagement is linked not only with behavioral and external variables but also with internal factors and personality characteristics. In this way, the results obtained in the present study support a more complex, multifaceted framework. Our study revealed no gender differences in the use of disengagement mechanisms; thus, it appears that the risk patterns surrounding conduct problems may be similar for both males and females. It should be noted that the conduct problems considered in this study refer to anger, impulsivity, and conflictual or provocative behavior among peers, rather than to antisocial behavior. The actual concurrent or long-term validity of the AMDS regarding antisocial behaviors and more structured

disengagement mechanisms can be verified through longitudinal designs, which were beyond the scope of the present study.

To better understand how the various mechanisms of disengagement are associated with emotional, cognitive, and behavioral variables, further analyses have been conducted. Specifically, the aim of the study was to detect distinct patterns of association between adolescents' psychological difficulties or strengths and their use of different cognitive strategies and related disengagement mechanisms. For this purpose, the last two regression models reported in Table 4 were generated, examining the concurrent relationship between SDQ variables and Active versus Passive Moral Disengagement. Greater psychological difficulties, such as conduct problems, hyperactivity, and difficulties in peer relationships, are more strongly linked to the use of active forms of cognitive distortion and behavioral restructuring, including the tendency to blame the victim. As shown in Table 4, high levels of psychological difficulties are positively associated with active disengagement strategies, such as moral justification, euphemistic labeling, advantageous comparisons, and even dehumanization and victim blaming. Previous studies have, in fact, demonstrated how such disengagement mechanisms can be more frequent in adolescents with difficulties in emotional and behavioral self-regulation and hyperactivity [43,44].

The linear regression model incorporating Active Moral Disengagement demonstrated greater explanatory power and highlighted concurrent links with both behavioral and relational challenges among adolescents. In contrast, the Passive Moral Disengagement model accounted for a minimal amount of variance and was uniquely associated with emotional distress and problematic behaviors. Conduct problems emerged as the common correlate across the AMDS, Bandura's MDS, and both the active and passive subscales of moral disengagement.

Adolescents reporting rule-breaking behaviors exhibit a systematic co-occurrence with moral disengagement, spanning both active and passive dimensions. Specifically, hyperactivity, aggression, and a tendency toward dominance in peer relations show a stronger, concurrent association with more overtly transgressive behaviors, which align closely with active cognitive justification mechanisms. Conversely, emotional distress appears more closely linked to passivity, including passive disengagement strategies. Individuals reporting anxiety or emotional withdrawal (Emotional Symptoms) display a tendency to engage with passive strategies (e.g., downplaying consequences or passively enduring situations without intervening), suggesting a co-occurrence between emotional insecurity and defensive or avoidant moral disengagement profiles. It should be noted that the regression model involving Passive Moral Disengagement accounted for low explanatory power; this represents a notable constraint regarding the overall scope of these specific findings. However, it should be noted that the regression model for passive moral disengagement showed very low explained variance (7%), which limits the scope of the findings. This suggests that other variables may co-occur with this type of moral disengagement and further investigation is required.

Future applications of the tool with adolescents in deviant peer groups could investigate whether the use of active versus passive disengagement mechanisms co-occurs with different roles within a group or with different types of transgressive behavior—such as being an aggressor, bystander, or group follower.

The capacity to enact prosocial behaviors appears to be negatively associated with the expression of active disengagement mechanisms. While conduct problems exhibit a strong concurrent association with passive disengagement, emotional symptoms—such as anxiety, fear, and sadness—also systematically co-occur with specific passive dimensions, including the diffusion of responsibility, minimization of consequences, and displacement of responsibility [66]. These findings offer valuable insights by highlighting distinct patterns

of alignment between specific psychological challenges and corresponding disengagement profiles. Furthermore, they provide practical entry points for targeted prevention and intervention strategies. For instance, adolescents reporting elevated emotional difficulties may benefit from support designed to address minimization or the diffusion of responsibility, specifically by fostering cognitive pathways centered around self-responsibility. Conversely, adolescents displaying hyperactive profiles show a stronger alignment with active disengagement mechanisms, suggesting specific cognitive distortions that could be prioritized during clinical or educational interventions.

5. Limitations

The study presents several limitations: first, it was cross-sectional and used only self-report tools lacking control scales to detect potential response bias. The sample was modest in size and limited to the 14–16 age group, not including adolescents of other age ranges and used a convenience sample. A comparison group consisting of individuals with a clear history of deviance or deviant behavior is missing, and this may have helped to understand, more clearly and precisely, any associations between various disengagement mechanisms and psychological difficulties. The factorial and psychometric structure of the instrument requires further verification and replication. In particular, the Passive Moral Disengagement subscale appears to require modification or further structural validation; this seems to stem from the values for explained variance and split-half reliability. Furthermore, among the many factors highlighted by literature [41–44,67], only psychological variables measured by the SDQ question were considered, excluding variables such as personality traits, or diagnosis of cognitive delays, neurodevelopmental disorders; also other psychological conditions and social or external factors. This is a pilot study, as the validation of a new instrument should involve a large sample and multiple age ranges, as well as clinical and non-clinical populations.

6. Conclusions

The aim of this study was to evaluate the role of active and passive moral disengagement mechanisms in adolescent behavioral difficulties, using a new instrument featuring realistic scenarios: the Attitude to Moral Disengagement Scale. (AMDS). The findings highlighted distinct patterns of association, showing how emotional and behavioral difficulties, as measured by the SDQ, uniquely align with specific disengagement profiles, while prosocial behaviors exhibit a key inverse relationship. This study offers valuable insights for targeted preventive interventions, distinguishing between addressing active cognitive distortions in adolescents reporting hyperactivity or attentional challenges and fostering personal accountability in adolescents presenting with concurrent emotional symptoms [1].

Adolescents' behavioral and emotional difficulties displayed distinct patterns of co-occurrence with active and passive moral disengagement, indicating that certain cognitive mechanisms and distortions are more prominent depending on the specific profile of difficulty manifested. These considerations offer preliminary insights into the psychological networks surrounding adolescent deviance, specifically regarding how different behavioral and emotional factors group with active or passive moral disengagement strategies. While the current community-based sample limits direct applicability to forensic populations, mapping these associations represents a valuable starting point for future research. Longitudinal or intervention designs are needed to determine the directional or causal links between emotional or conduct dimensions and moral disengagement. If confirmed over time, these frameworks could eventually inform the development of evidence-based prevention programs and support future investigations into juvenile rehabilitation and risk assessment.

Although limited by its preliminary nature and the exclusive reliance on self-report measures, the AMDS proves to be a sensitive tool for investigating the complex interplay between psychological functioning and moral disengagement. To address these limitations, future research should assess the AMDS using a larger, more diverse sample across broader adolescent age ranges, including both clinical and non-clinical populations. Future studies should also explore how external social factors, core personality traits, and specific neurodevelopmental conditions track concurrently with these disengagement mechanisms to build more comprehensive, multi-variable psychological profiles.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author.

Conflicts of Interest: The authors declare no conflicts of interest.

Appendix A

Table A1. Descriptive statistics.

	Mean (SD; Min—Max)
AMDS	59.92 (8.65; 39–82)
Active Moral Disengagement	35.61 (7.08; 19–55)
Passive Moral Disengagement	24.03 (5.12; 11–42)
MDS	53.03 (7.60; 19–64)
SDQ	16.80 (6.26; 4–31)
Emotional Symptoms	4.52 (2.70; 0–10)
Conduct Problems	4.31 (2.31; 0–10)
Peer Relationship Problems	3.11 (2.27; 0–8)
Hyperactivity	4.67 (2.15; 0–10)
Prosocial Behaviors	7.62 (1.75; 2–10)

Table A2. Factor loadings of the AMDS.

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
1A	0.401	0.278	0.060	0.026	0.003
1B	0.417	0.122	0.491	0.073	0.074
1C	0.430	0.102	0.186	0.364	0.046
1D	0.302	0.561	0.109	0.508	−0.074
2A	0.421	0.293	−0.078	0.056	0.185
2B	0.244	0.441	−0.011	0.103	0.037
2C	0.487	0.308	−0.018	−0.006	0.113
2D	0.187	0.405	0.037	−0.138	0.481
3A	0.582	−0.188	0.071	0.238	0.077
3B	0.528	0.173	0.200	0.017	−0.031

Table A2. Cont.

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
3C	0.527	0.177	0.526	0.032	0.099
3D	0.199	0.407	0.048	0.168	0.406
4A	0.236	0.558	−0.072	0.558	−0.059
4B	0.466	0.300	0.107	0.394	0.033
4C	0.615	0.145	0.038	0.083	−0.078
4D	0.157	0.587	0.036	0.064	0.584
5A	0.407	0.112	−0.028	0.253	−0.008
5B	0.498	0.135	−0.009	−0.006	0.026
5C	0.615	0.158	−0.043	0.200	0.007
5D	0.211	0.441	0.340	0.182	0.083
6A	0.403	0.121	0.390	0.144	−0.235
6B	0.105	0.443	0.345	−0.073	0.019
6C	0.444	0.325	0.149	−0.217	−0.050
6D	0.151	0.415	0.151	0.270	−0.052

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