

Research Article

Unraveling the Psychological Mechanisms Linking Childhood Ill-Treatment and Low Self-Esteem: The Mediating Role of Shame

Ying Liu*

Department of Human Resources, Alliance Manchester Business School, University of Manchester, Manchester M156PB, England, United Kingdom

Keywords: Childhood ill-treatment, Delinquent behavior, Juvenile offenders, Self-esteem, Shame

Health Psychology Research

Vol. 13, 2025

Background

Childhood ill-treatment at any stage of development has been shown to significantly impair the psychological functioning of an individual and increase the risk of delinquent behavior. Childhood maltreatment in the form of physical abuse, neglect, and sexual abuse is especially detrimental to the development of self-esteem, often instilling feelings of shame in developing children.

Objective

This study explores the psychological mechanisms linking childhood ill-treatment to juvenile crimes, with a particular focus on the mediating role of shame in the relationship between childhood ill-treatment and self-esteem.

Methods

This study employed a qualitative approach, utilizing semi-structured interviews and case studies. Direct engagement with juvenile offenders presents several practical and ethical challenges. Therefore, 10 counselors from Chinese correctional institutions and rehabilitation centers were selected as interview participants for qualitative data collection. In addition, two case studies were analyzed to explore the relevance of observed patterns. Thematic analysis was conducted to identify recurring themes within the interview data.

Results

Childhood ill-treatment contributes significantly to the psychological outcomes observed in juvenile offenders. Thematic analysis of semi-structured interviews with counselors revealed that neurobiological stimuli, emotional dysregulation, and cognitive distortions diminish self-esteem and promote negative self-evaluation in juveniles, largely due to a lack of social identity. These factors contribute to the adoption of maladaptive coping strategies, often resulting in self-destructive behaviors. Moreover, the case studies illustrated that childhood experiences of parental neglect and bullying were closely associated with subsequent juvenile delinquency.

Conclusion

This study provides new insights for developing interventions aimed at mitigating the adverse effects of childhood ill-treatment.

*Corresponding author:

Ying Liu

Department of Human Resources, Alliance Manchester Business School, University of Manchester, Manchester M156PB, England, United Kingdom

Email: yingjie.liuu@gmail.com

1. INTRODUCTION

1.1. BACKGROUND

Childhood ill-treatment – including neglect, as well as emotional, physical, and sexual abuse – can cause long-term impairments in psychological development. According to the World Health Organization, epidemiological studies report that approximately one in four children experience mental health disorders related to child abuse and neglect, with a prevalence rate of 44.6%, as noted by Massullo *et al.*¹ Kessler *et al.*² states that these factors, whether occurring individually or in combination, often stem from maladaptive family functioning. Such underlying issues contribute to resistance to treatment and psychotherapeutic interventions aimed at controlling criminal tendencies in affected children. Research indicates that these negative experiences correlate with a wide range of behavioral and psychological problems. For instance, Bernard *et al.*³ and Arnold *et al.*⁴ highlight that racial discrimination, communal violence, limited access to healthcare services, and parental substance abuse contribute to mental and physical health issues collectively categorized as adverse childhood experiences (ACE). This highlights how the biopsychosocial impact of ACE contributes to depression, personality disorders, and anxiety in children, who may adopt anger and delinquent behaviors as coping mechanisms for stress. Therefore, it is essential to explore less-investigated pathways through which childhood maltreatment leads to delinquent behavior, in order to prevent juvenile crime and support the rehabilitation of affected individuals.

In addressing juvenile crimes and delinquent behavior, it is important to clearly define relevant terminology. According to Young *et al.*,⁵ juvenile delinquents are typically individuals under the age of 18 who have committed a criminal activity, falling within the legal age of criminal responsibility. Therefore, a wide range of illegal activities committed by individuals below 18 years old constitutes what is classified as “juvenile crimes,” as noted by Mwangangi.⁶ Modecki⁷ further explains that juvenile offenders often engage in risk-taking behaviors motivated by reward systems linked to pubertal development, or by an “invincible” attitude characterized by an overestimation of their own abilities. In addition, mental illness and intellectual disabilities may also contribute to the criminal behavior of juveniles. Turner *et al.*⁸ report that approximately 35.9% of Chinese juvenile offenders with a history of ACEs were diagnosed with intermittent explosive disorder. This suggests that psychological factors can impair youth’s capacity for law-abiding decision-making, increasing their likelihood of engaging in criminal acts. Garbutt *et al.*⁹ further state that these factors foster feelings of shame and diminish self-esteem by creating a cycle of persistent negative emotions. Therefore, it is essential to examine the underlying mechanisms that link childhood ill-treatment to juvenile crime, in order to inform effective prevention strategies and targeted interventions.

1.2. RESEARCH OBJECTIVE

This study aims to investigate the psychological mechanisms underlying the relationship between juvenile crime and childhood ill-treatment, with a specific focus on the mediating role of shame in the association between self-esteem and childhood ill-treatment.

1.3. RESEARCH QUESTION

This study examines how self-esteem is influenced by childhood ill-treatment and explores the potential correlation between shame – as an externalizing behavior – and its mediating role in the relationship between childhood ill-treatment and self-esteem.

1.4. LITERATURE REVIEW

1.4.1. REFLECTING ON CHILDHOOD ILL-TREATMENT AND PSYCHOLOGICAL ADVERSITIES

ACEs contribute to an increase in delinquent behaviors, often accompanied by intense feelings of shame and significantly reduced self-esteem. Lippard and Nemeroff¹⁰ highlight that persistent feelings of worthlessness and low self-esteem stem from a disrupted self-concept in affected children. These conditions are strongly associated with the development of negative psychological outcomes such as anxiety, depression, mental health disorders, and post-traumatic stress disorder, as reported in multiple studies.^{11–13} The long-term psychological consequences of childhood ill-treatment have been widely explored in the existing literature. Miu *et al.*¹⁴ report that children exposed to early adversity often display emotional lability and extreme levels of aggression. Schalinski *et al.*¹⁵ and Ritchie *et al.*¹⁶ further note that such aggression interferes with cognitive processes such as memory, attention, and categorization. These findings underscore the importance of early intervention programs aimed at alleviating the persistent traumatic effects of childhood ill-treatment, as noted by Shonkoff *et al.*¹⁷ McLaughlin *et al.*¹⁸ and Lund *et al.*¹⁹ also confirm that abused or neglected children exhibit reduced memory and executive function, which correspond to decreased volumes in the prefrontal cortex and hippocampus. This demonstrates significant alterations in brain development, particularly in regions responsible for emotional regulation and stress responses, as identified by Smith and Pollak,²⁰ Astridge *et al.*²¹ Consequently, complex mental health issues in maltreated children are attributed to neurological remodeling, which contributes to both temperamental and cognitive deficits.

1.4.2. THE RELATIONSHIP BETWEEN SELF-ESTEEM, SHAME, AND CHILDHOOD ILL-TREATMENT CAUSING DELINQUENT BEHAVIOR

Self-esteem plays a crucial role in shaping psychological and emotional well-being. According to Orth and Robins,²² self-esteem is defined as the cumulative evaluation of individual worth. It encompasses elements such as self-respect and self-acceptance.^{23,24} Self-esteem is regarded as a subjective construct and does not necessarily reflect an individual’s objective competencies. Several studies have reported alarmingly low levels of self-esteem in certain individuals, which are often associated with delinquent behaviors and the perpetuation of a recurring negative cycle.^{22,25,26} Persistent low self-esteem leads to feelings of shame, which negatively affects psychological functioning.²⁷ This emotional distress has been linked to aggression, social withdrawal, and other counterproductive behaviors.^{28–31} Therefore, it is evident that feelings of shame contribute to low self-esteem in ill-treated children, resulting in enhanced inferiority complex and humiliation. This finding is validated by several recent studies. For instance, Hill³²

highlights that reintegrating convicts into society is challenging even after they have served their sentences, largely due to shame, lack of perceived social support, and feelings of hopelessness. Consequently, shame can lead individuals to accept a “delinquent identity” and become unrepentant about repeated offenses, with these effects varying by gender.^{33,34} However, Poudel *et al.*³⁵ and Jolly *et al.*³⁶ emphasize that strong perceived social support and positive peer influences can help counteract the impact of shame, thereby influencing the relationship between self-esteem and delinquent behavior. Overall, shame serves as a mediating factor between low self-esteem, childhood ill-treatment, and juvenile delinquency.

1.4.3. THEORETICAL FRAMEWORKS

1.4.3.1. SOCIAL CONTROL THEORY

Individuals with strong social support – particularly from family, friends, and peer groups – tend to exhibit lower tendencies toward criminal behavior. This phenomenon is explained by the Social Control Theory, proposed by Travis Hirschi in 1969, which highlights the role of strong social bonds in preventing deviant behavior. Hirschi³⁷ and Agnew³⁸ outline four key elements of these bonds: commitment, belief, attachment, and involvement. When these bonds are weakened or broken, especially in ill-treated children, vulnerability to criminal behavior increases. Such actions often result in social exclusion once revealed, which in turn significantly undermines self-esteem. In this context, Mohammed *et al.*³⁹ report that approximately 4.2% of children experience maltreatment and face severe social exclusion, either due to their personality traits or as a consequence of engaging in delinquent behavior. Therefore, the strength of social relationships – particularly with family and peer groups – during developmental stages is inversely related to engagement in transgressive behavior.^{40–42} This suggests that a diminished sense of belonging, lack of parental guidance, or absence of peer support can discourage children from exhibiting prosocial behaviors, often leading to withdrawal and social isolation.

1.4.3.2. STRAIN THEORY

Several studies have highlighted how the difficulties faced by ill-treated children can prevent them from accessing legitimate ways to achieve desirable social status. According to the Strain Theory proposed by Agnew⁴³ and Glassner,⁴⁴ when children are unable to attain conventional social status, they may turn to criminal behavior out of frustration. Experiences such as abuse, neglect, or the loss of positive support systems can push them to view delinquency as a coping strategy for attaining social status. Stogner⁴⁵ supports this by claiming that strain increases the prevalence of criminal activities as a consequence of failed coping strategies and emotional and cognitive incompetencies, which may be influenced by economic background and education. Thus, Strain Theory serves as a significant theoretical basis for understanding the mechanisms behind these challenges and their consequences, such as shame and low self-esteem.

1.4.3.3. CONCEPTUAL FRAMEWORK

The conceptual map (Figure 1) illustrates the impact of childhood ill-treatment (independent variable) on low self-esteem and delinquent behavior (dependent variables).

The model is aligned with the theories discussed in the previous section, highlighting the interconnectedness of these variables, with shame serving as a mediating factor.

1.5. RESEARCH GAPS

Various studies have examined the psychological impact of childhood ill-treatment; however, the mediating role of shame in the relationship between childhood maltreatment and juvenile delinquency remains underexplored. By collecting feedback from counselors, this study offers insights into how shame influences self-esteem in the context of juvenile criminal behavior, based on real-life experiences. Learning from these counselors provides an unbiased perspective on the underlying causes of the research problem and reduces the risk of self-report bias, where offenders manipulate the severity of their actions. Furthermore, their shared insights contribute to a deeper understanding of policies and programs that can be developed as intervention strategies to prevent further consequences.

2. MATERIALS AND METHODS

2.1. RESEARCH DESIGN

A qualitative research approach was employed to investigate the mediating role of shame in the relationship between self-esteem and childhood ill-treatment. Creswell and Poth⁴⁶ support qualitative data analysis as particularly well-suited for capturing the nuanced interactions between psychological constructs. This study utilized semi-structured interviews and analyzed two juvenile crime case studies from China to gain insights into the experiences of juvenile offenders. This methodology allowed flexibility in exploring narratives and probing emerging themes, as suggested by Kallio *et al.*⁴⁷ Interviews were audio-recorded and manually transcribed, followed by color-coding to identify common patterns within the transcripts. These patterns were then organized into themes and subjected to thematic analysis to address the main research question.

2.2. PARTICIPANTS

A total of ten counselors working in rehabilitation and detention centers in China were invited to participate in this study, and all provided informed consent. The counselors were selected using purposive sampling, which is ideal for small sample sizes in qualitative research.⁴⁸ To ensure consistency and enhance the credibility of the data, inter-rater reliability was assessed. In addition, two juvenile delinquency case studies were thoroughly examined (Appendix 2), and their relevance to the findings from the semi-structured interviews was noted.

2.3. DATA COLLECTION

Data were collected through either face-to-face interviews or video conference sessions, depending on the participants' availability and preference. Each interview lasted between 15 and 20 min and included open-ended questions designed to elicit detailed responses regarding experiences and perceptions related to childhood ill-treatment and juvenile delinquent behavior. The interview questions were carefully aligned with existing literature on childhood ill-treatment,

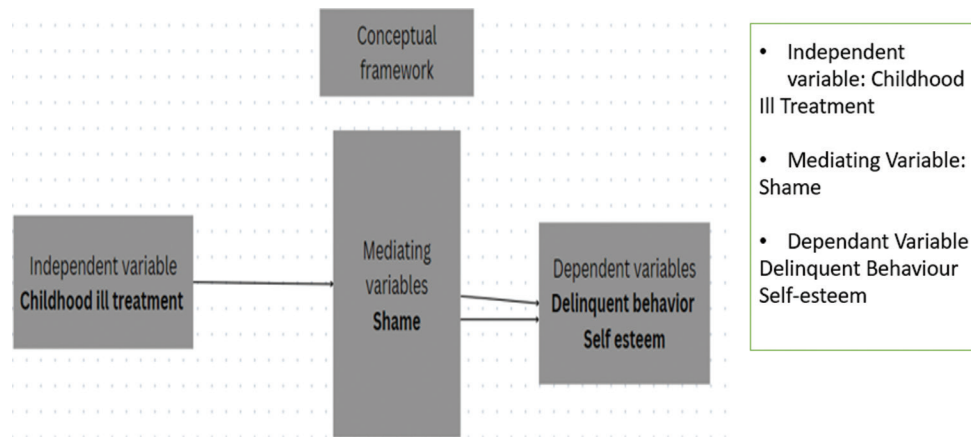


Figure 1. Conceptual framework

self-esteem, shame, and delinquency to ensure validity. As proposed by Bryman,⁴⁹ all interviews were audio-recorded with participants' consent, manually transcribed, and subsequently subjected to thematic analysis. Each audio recording was transcribed verbatim to facilitate thematic analysis of the interview data. To validate the counselors' perspectives and explore the influence of parental neglect on juveniles' intentions to engage in criminal behavior, two case studies of juvenile offenders – Wu and Wang – were thoroughly examined. As noted by Mengyao and Xuan⁵⁰ and Global Times,⁵¹ this approach allowed for the inclusion of psychiatric and criminological insights, providing a comprehensive understanding that complements the counselors' responses and addresses the research questions holistically. These case studies were selected to capture the perspectives of juvenile offenders relevant to this research. This approach helped avoid the challenges of obtaining government ethical approvals for primary interviews with juvenile offenders, while still allowing for an in-depth analysis of their experiences related to the research question.

2.4. DATA ANALYSIS

Thematic analysis was employed to identify, analyze, and report common patterns within the qualitative interview data. This method, validated by Braun and Clarke,⁵² involved six different phases, including familiarization with the data, generating initial codes, and extensively reviewing and defining themes to produce a coherent final analysis. During coding, particular attention was given to recurrent patterns related to the theoretical frameworks of Strain Theory and Social Contract Theory. To ensure transparency, credibility, and reliability, a summary of key findings was shared with the counselors for validation and to confirm that no important details were overlooked. Triangulation was then performed to align findings with existing literature and theoretical frameworks, reinforcing the study's credibility. Finally, an audit trail was conducted to confirm dependability and identify any lapses in decision-making or documentation. Simultaneously, case studies sourced from published news reports on juvenile crimes in China were researched, examined, and critically analyzed to address the research question from the perspective of juvenile offenders.

2.5. ETHICAL CONSIDERATIONS

Since the research involved human participants, ethical approval was obtained from the institutional review board

before data collection. All ethical guidelines, including informed consent, were strictly followed. Participants (the counselors) were assured anonymity and informed of the voluntary nature of their participation. Sensitive topics were handled with care, ensuring privacy and confidentiality during interviews to minimize potential stress. In addition, for the case study analysis, only the names published in newspapers were used to study and analyze the juvenile offenders' cases.

3. RESULTS

For this study, counselors who work closely with juvenile offenders were selected for interviews, as they have direct access to these individuals and can provide valuable insights while addressing ethical and approval-related challenges. From the semi-structured interviews, several important findings emerged regarding the psychological mechanisms linked to childhood ill-treatment, self-esteem, and shame in juvenile offenders. Three major themes emerge through thematic analysis of both the interview data and the criminal case studies: (i) the impact of childhood ill-treatment on self-esteem; (ii) the role of shame in shaping negative self-perception; and (iii) the externalization of shame through criminal behavior. Table A1 in shows the alignment between the quotations of the participants corresponding to the respective themes, selected from the semi structured interviews and establishes a justification on how the emergent themes answer the different aspects of the research question.

3.1. THEME 1: THE IMPACT OF CHILDHOOD ILL-TREATMENT ON SELF-ESTEEM

Counselors' observations indicate that juvenile offenders commonly exhibit diminished self-esteem, often stemming from feelings of worthlessness and self-doubt. These findings suggest that low self-esteem is a direct consequence of childhood maltreatment.

Counselor 1 (C1) shared his observation, Most of the juveniles were victims of consistent verbal abuse and were continuously reminded that they are worthless with time believed in it. It is sad when it comes from parents and friends; nothing can be worse than this undeserving feeling in life.

This indicates that low self-esteem causes emotional distress and leads individuals to disengage from societal

expectations.

Likewise, Counselor 2 (C2) shared that the sense of self is completely shattered long before they commit the crime. It is just that they are unloved and feel that they are not worth it. They have nothing to lose, not at least someone who can lift their self-esteem. Hence, they engage in various criminal activities more often.

This observation highlights that low self-esteem is potentially a gradual consequence of childhood abuse and neglect, serving as a risk factor for future behavioral and emotional disturbances. In addition, the response from Counselor 3 (C3) emphasizes the damaging effects of overt abuse.

Counselor 3 said, Though neglect is overlooked, it is damaging. If not equally then more than that. It makes them feel they are not valuable enough to be cared for. Insignificance and worthlessness drive them to commit careless crimes. They do it for validation!

This perspective underscores the link between self-esteem and childhood neglect, highlighting the internalized belief among juvenile offenders that they are unworthy of respect. Several counselors noted that self-esteem was further damaged by severe emotional manipulation. For instance, Counselor 5 (C5) said, "They feel that they are internally flawed, and abuse endured is well deserved." This statement indicates the decline of their self-worth and highlights the connection between emotional manipulation and diminished self-esteem.

Counselor 7 (C7) discussed the role of physical abuse: "physical pain is temporary, but most scars remain invisible. It is almost like they are self-punishing themselves, thus confirming in negative self-concept." This suggests that the psychological impact of physical abuse during childhood is a strong predictor of low self-esteem later in life.

The case study of Wu illustrates how long-term maladjusted behavior is closely linked to diminished self-worth resulting from emotional neglect in childhood, as reported by Mengyao and Xuan.⁵⁰ It suggests that societal disapproval and parental neglect had become normalized in Wu's community, leading juveniles to internalize feelings of unworthiness. This supports the observation by C3, who noted that low self-esteem is a significant consequence of neglect – often more damaging than the scars caused by physical abuse. Similarly, Wang's case study reveals that verbal abuse can severely damage self-perception during formative years, a point emphasized by C1 and C2, as cited in Global Times.⁵¹ Notably, juveniles in Wang's case justified their crimes as a way to avoid internalized feelings of worthlessness, as confirmed by Global Times.⁵¹ This aligns with the observed correlation between diminished self-esteem and an increased tendency toward delinquent behavior.

3.2. THE ROLE OF SHAME IN SHAPING NEGATIVE SELF-PERCEPTION

Another theme that emerges from the counselors' responses is "shame," which serves as a link between delinquent behaviors and low self-esteem.

Counselor 6 (C6) described how shame manifests in juveniles: "shame is a daunting shadow that is deep-seated. The children feel ashamed of their family, past, and even of their existence." This statement shows how deeply shame affects juveniles, making them feel worse than just low self-esteem.

Similarly, Counselor 8 (C8) discussed how shame modulates behavior. She stated, "Shame is very powerful; it cannot be shaken off. They carry it in all aspects of their lives,

often lashing out in anger and grief. It is difficult for them to process it!" This suggests that delinquent behaviors or aggression may serve as a way to mask the inability to process feelings of shame, thus becoming a maladaptive coping strategy.

Moreover, Counselor 9 (C9) said, "It is a never-ending loop – a black hole. The lesser self-esteem they have the more ashamed they are of their fundamental existence." This shows how shame perpetuates low self-esteem.

However, Counselor 7 (C7) discussed external sources of shame. He remarked, "Juvenile offenders are stigmatized and excluded by society. They are called 'Problem Child.' How scarring it is to their self-esteem, it only piles on their worthlessness." This suggests that social stigma, family dynamics, and peer rivalry can worsen internalized shame.

Finally, Counselor 10 (C10) stated, "Shame is a silent burden. Self-destruction is just the outcome. It does not let them reach out, ask for help. It is an invisible demon which they feel they deserve!" This highlights the insidious nature of shame, which stops juveniles from seeking medical or psychological support. As a result, it can worsen self-harming behaviors and accelerate the vicious cycle of shame and delinquency.

The observations by C6 describe shame as a "daunting shadow," which reflects the cyclical nature of shame evident in juvenile offenders, as seen in Wu's case study reported by Mengyao and Xuan.⁵⁰ This shame is further amplified externally through social stigma and family rejection, aligning with C7's observation that societal labels like "problem child" reinforce internalized shame. Similarly, C10 highlights shame as an invisible barrier to rehabilitation, restricting juveniles from seeking help. In contrast, Wang's case demonstrates that shame often manifests through peer interactions and behavioral outbursts, serving as a way to mask the inability to process these feelings – an insight supported by C8. These findings suggest that cognitive behavioral therapy (CBT) and counseling interventions have redefined shame, transforming it into a potential avenue for healing, as reflected in C2's observations.

3.3. THE EXTERNALIZATION OF SHAME IN CRIMINAL BEHAVIOR

The counselors' responses suggest that shame underlies criminal behavior. Juvenile offenders reportedly believe that engaging in reckless acts, which instill fear in others, helps them escape feelings of shame.

Counselor 4 (C4) discussed, "Shame is empowering to these kids, even if temporary. Even after knowing it is destructive, they feel it will give them a sense of power." This indicates that coping mechanisms rooted in shame provide only temporary relief from overwhelming distress. Ultimately, they lead to severe self-destruction behaviors and reinforce ongoing negative self-perception. This highlights Wu's case, which illustrates how engaging in criminal activities offers a sense of temporary empowerment, as noted by Mengyao and Xuan.⁵⁰ It reinforces the need to address shame as a critical element in the rehabilitation process.

Counselor 10 described delinquent behavior as a form of self-sabotage, stating, "It is like a confirmation of negative beliefs. They no longer care about proving themselves right." This indicates that shame initiates a process of self-sabotage.

In addition, C3 provided insight into the role of peer influence in criminal behavior: "most of the juveniles did it

to prove themselves around peer circles. It is a way of fitting in with those struggling with the same low self-esteem and shame.” This suggests that criminal activities may serve as a means of bonding or gaining acceptance among peers who share similar emotional struggles. This observation aligns with Wang’s case, which illustrates how shame is externalized through delinquent behavior as a way to seek validation from social groups, as reported by Global Times.⁵¹

Despite its damaging effects, shame can, at times, be redirected to reshape criminal mindsets and address underlying trauma. C2 said: “I feel CBT is relieving! Replacing the feeling of shame to positively readdress the crime often makes them forgive themselves.”

Counselor 5 offered a new direction: “the shame lingers with them even more intensely as they get bailed from the detention center. Crime does not leave them; it haunts them more than they have served. Hence, they get caught in a cycle of reoffending, which impacts shame and self-esteem if not addressed.” This demonstrates the long-term impact of poverty, crime, social exclusion, and the normalization of delinquency within certain communities. It highlights the importance of addressing the root causes of criminal behavior – such as shame and low self-esteem – in rehabilitation programs. This observation is supported by Wang’s case study, where the lingering effect of shame persists even after detention. As reported by Global Times,⁵¹ unresolved shame contributes to reoffending cycles, highlighting the need for targeted psychological interventions.

4. DISCUSSION

The findings from this study reinforce the relationship between self-esteem and childhood ill-treatment. Internalization of negative messages – primarily conveyed by abusers, often identified as family members or close associates, as noted by C1 – plays a critical role. This is consistent with Wang’s case, where being labeled a “problem child” by family members contributed to a degraded self-perception during formative years, as reported by Global Times.⁵¹ These insights align with Reid-Russell *et al.*,⁵³ who associate negative implicit self-representation with long-term emotional abuse in childhood, ultimately leading to cognitive distortions. Personalization and catastrophizing appear as implicit outcomes of the underlying psychological mechanisms associated with low self-esteem in victims – often triggered by negative feedback, physical harm, and harsh criticism from caregivers. The present study reveals that such cognitive distress can also lead to emotional dysregulation, particularly among individuals who have experienced childhood maltreatment, thereby increasing the likelihood of delinquent behavior. As described by C5, juvenile offenders are frequently trapped in a “make-believe” reality where they perceive themselves as worthless, a belief reinforced by emotional dysregulation. Pereira *et al.*⁵⁴ further support this, explaining that emotional dysregulation has a direct negative impact on self-esteem in victimized children, often resulting in damaged interpersonal relationships. Consequently, a lack of social support, along with emotional stress and poor self-esteem, acts as a catalyst for engagement in criminal activities.

In addition, consistent with the observations of C2 and C3, Murphy *et al.*⁵⁵ report that alterations in neuroendocrine

arousal systems, particularly involving the hypothalamic-pituitary-adrenocortical axis, may heighten stress sensitivity in children who experience severe neglect and abuse. This lowered threshold for stress, especially in response to ACEs, leads to intense negative self-evaluation and poor self-perception, ultimately resulting in reduced self-esteem. Kim *et al.*⁵¹ identify this lowered self-esteem as a key mediating mechanism underlying the development of antisocial behavior. In this context, C7 described physical abuse as a major long-term factor affecting self-esteem. Supporting this, Jankowiak *et al.*⁵⁶ apply attachment theory to explain how physical and/or sexual abuse inflicted by parents specifically worsens self-esteem later in life. Similarly, peer rejection and bullying further undermine the sense of acceptance that self-esteem provides. Overall, fluctuations in self-esteem emerge as a fundamental psychological mechanism influenced by various forms of childhood ill-treatment.

Additional findings reveal shame as a mediator between low self-esteem – stemming from childhood ill-treatment – and delinquent behaviors in juveniles. Reflecting on the statements by C6 and C9, an overlapping pattern of existential and self-identity crises emerged when mapping shame’s influence on negative self-perception. The daunting nature of shame is similarly highlighted in Wang’s case study, where it leads to delinquent behaviors such as bullying vulnerable individuals to validate their identity, as noted by Global Times.⁵¹ This pattern aligns with the Social Identity Theory, which suggests that belonging to a perceived superior group with positive beliefs often leads to discrimination and marginalization of outgroups, as described by Harwood.⁵⁷ Children from chaotic households or troubled pasts often feel ashamed of their existence and do not see themselves as integral members of society due to ongoing seclusion. Consequently, intense feelings of shame and low self-worth arise from both social rejection and an existential crisis. This perpetuates low self-esteem and further erodes their sense of belonging within mainstream society.

The reinforcement of shame is accompanied by social stigma, which creates a mental block of being labeled a “problem child,” as observed by C7. Gannon⁵⁸ references Sigmund Freud’s psychodynamic theory, explaining that this negative self-perception triggers shame as a defense mechanism that arises when a child is unable to process internalized stigmatization, particularly from family and peers. For juvenile offenders, this phenomenon justifies behavioral distortions stemming from unresolved childhood trauma, with shame becoming the primary way to cope with painful experiences and low self-esteem. C10 links this mental block to barriers in seeking help, which often manifests as self-destructive behaviors. For instance, Sekowski *et al.*⁵⁹ state that childhood maltreatment – particularly sexual abuse – can result in depressive hopelessness, which serves as a driving mechanism behind suicidal tendencies rooted in profound shame and guilt. This reflects a lack of effective emotional regulation and difficulty internalizing shame, leading individuals to engage in reckless behaviors, followed by a deep distrust of psychotherapists and counselors due to fear of further shame or judgment. As noted by C8, shame often appears as a negative schema. Victims of experiences such as peer victimization or childhood sexual abuse often carry a suppressed feeling of rage and violence. Although these emotions may initially remain unexpressed, they can eventually manifest as aggressive or disruptive behaviors driven by unresolved humiliation, as supported

by Asmari *et al.*⁶⁰ Thus, a wide range of cognitive and emotional processes act as underlying mechanisms behind shame, positioning it as a key mediating factor between low self-esteem and childhood maltreatment.

Shame may serve as a key driver behind criminal behaviors in juveniles, often rooted in experiences of childhood maltreatment. C10 and C4 note that some juveniles display overconfidence or act superior to mask their shame and reinforce negative beliefs about themselves. In Wu's case study, juvenile offenders are described as exhibiting traits of covert narcissism, as noted by Mengyao and Xuan.⁵⁰ Vaknin⁶¹ explains that such individuals often resort to antisocial behavior or create delusional narratives to transform internalized shame into aggression and violence. This reflects a compensatory attitude of carelessness and self-sabotage aimed at boosting self-esteem while concealing deep-seated shame and overwhelming feelings of worthlessness. C5 further confirms that lingering shame is the persistent mechanism behind self-fulfilling cycles of negative self-perception, as illustrated in Wang's case study reported by Global Times.⁵¹ Becker's "labeling theory," cited by Deakin *et al.*,⁶² supports this phenomenon by positing that individuals labeled as risky or delinquent internalize these identities. Consequently, juvenile offenders adopt maladaptive coping behaviors that offer a temporary sense of control but ultimately reinforce their shame. Therefore, these individuals seek validation within peer groups who share similar experiences of shame and low self-esteem, which drives them to break societal norms, as shown in Wu's case study reported by Mengyao and Xuan.⁵⁰ Thomas and McCuddy⁶³ support C3's observations that socializing within peer groups with criminal mindsets contributes to juvenile delinquency.

In contrast, shame can also serve a healing role. CBT, confirmed by C2 and Heynen *et al.*,⁶⁴ along with aggression replacement training and moral recognition therapy, helps replace delinquent identities by acknowledging and processing shame experienced during trauma, thereby supporting rehabilitation. However, lingering shame significantly increases the risk of reoffending, as noted by C5. Similarly, Rew *et al.*⁶⁵ highlight that revisiting shameful episodes during counseling aimed at fostering empathy in juvenile offenders can sometimes trigger reoffending. This underscores the repetitive pattern of shame as a maladaptive coping mechanism that links delinquent behavior with attempts to restore self-worth.

5. CONCLUSION AND RECOMMENDATION

This study aimed to investigate the role of shame in the relationship between self-esteem and juvenile delinquency. Childhood ill-treatment acts as a significant contributing factor in shaping the psychological outcomes of juvenile offenders. Thematic analysis of semi-structured interviews with counselors revealed that neurobiological stimuli, emotional dysregulation, and cognitive distortions reduce self-esteem and foster negative self-evaluation in juvenile offenders due to a lack of social identity. These factors trigger maladaptive coping mechanisms that lead to self-destructive behaviors.

In addition, this study highlights the insidious nature of shame, which traps juvenile offenders in a persistent cycle of low self-esteem. Their inability to seek help, combined with social exclusion and stigma, leads to lingering shame that

acts as a negative schema, often resulting in aggression and violence. While shame can play a healing role through CBT, it may also increase the immediate risk of reoffending by fostering a false sense of empowerment, especially influenced by peer groups. Below are several recommendations beyond CBT to provide healthier coping mechanisms for children:

- (i) Therapeutic interventions targeting shame, such as trauma-focused therapies – including eye movement desensitization and reprocessing and trauma-focused CBT – should be employed to help process trauma and reframe shame-related memories.
- (ii) Social support systems and attachment-based therapies must be integrated comprehensively into rehabilitation programs to better prepare juveniles for reintegration into mainstream society.
- (iii) Counselors and educators working closely with juvenile offenders should be equipped to design intervention strategies and effective support techniques aimed at managing shame and restoring self-esteem.

5.1. LIMITATIONS OF THE STUDY

Several limitations remain in this study. First, the relatively small sample size of 10 counselors limits the generalizability of the findings. Second, the qualitative approach may be subject to social desirability bias, as counselors might have responded in ways they perceive as socially acceptable. Finally, future research should consider factors such as socioeconomic status, social hierarchy, and cultural differences to provide a more nuanced understanding of how shame influences self-esteem and delinquent behavior in juvenile offenders.

5.2. FUTURE RESEARCH SCOPE

The findings of this study offer valuable insights for future longitudinal research aimed at monitoring juvenile offenders over time to assess the impact and intensity of shame across different life stages. Incorporating a quantitative approach – using tools such as the childhood trauma questionnaire and the Epworth sleepiness scale – could help generalize these findings across a larger population, thereby providing more robust data for policymakers and counselors. In addition, cross-cultural comparisons involving diverse communities worldwide may offer deeper insights into the unique dynamics of shame among Chinese juvenile offenders in the context of childhood ill-treatment.

ACKNOWLEDGMENTS

None.

FUNDING

None.

CONFLICT OF INTEREST

The author declares no conflict of interest.

AUTHOR CONTRIBUTIONS

This is a single-authored article.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study was exempt from formal ethical review by the University of Manchester, as it meets all criteria for non-sensitive research. Written informed consent was obtained from all individual participants involved in the study.

CONSENT FOR PUBLICATION

Informed consent from all human participants involved in this study has been obtained. All consent forms and related documentation have been securely stored, and the data

and images have been processed in accordance with ethical guidelines and relevant data protection regulations to safeguard the privacy and rights of the participants.

DATA AVAILABILITY STATEMENT

Data are available from the corresponding author upon reasonable request.

Submitted: 24 March 2025; Accepted: 05 April 2025;

Published: 01 July 2025

REFERENCES

1. Massullo C, De Rossi E, Carbone GA, *et al.* Child maltreatment, abuse, and neglect: An umbrella review of their prevalence and definitions. *Clin Neuropsychiatry*. 2023;20(2):72-99. doi: [10.36131/cnfliorteditore20230201](https://doi.org/10.36131/cnfliorteditore20230201)
2. Kessler RC, McLaughlin KA, Green JG, *et al.* Childhood adversities and adult psychopathology in the WHO world mental health surveys. *Br J Psychiatry*. 2010;197(5):378-385. doi: [10.1192/bjp.bp.110.080499](https://doi.org/10.1192/bjp.bp.110.080499)
3. Bernard DL, Calhoun CD, Banks DE, Halliday CA, Hughes-Halbert C, Danielson CK. Making the “C-ACE” for a culturally-informed adverse childhood experiences framework to understand the pervasive mental health impact of racism on black youth. *J Child Adolesc Trauma*. 2021;14:233-247. doi: [10.1007/s40653-020-00319-9](https://doi.org/10.1007/s40653-020-00319-9)
4. Arnold R, Ahmed F, Clarke A, Quinn N, Beenstock J, Holland P. The relationship between parental adverse childhood experiences and the health, well-being and development outcomes of their children: A systematic review. *Public Health*. 2023;219:146-153. doi: [10.1016/j.puhe.2023.03.025](https://doi.org/10.1016/j.puhe.2023.03.025)
5. Young S, Greer B, Church R. Juvenile delinquency, welfare, justice and therapeutic interventions: A global perspective. *BJPsych Bull*. 2017;41(1):21-29. doi: [10.1192/pb.bp.115.052274](https://doi.org/10.1192/pb.bp.115.052274)
6. Mwangangi RK. The role of family in dealing with juvenile delinquency. *Open J Soc Sci*. 2019;7(3):52-63. doi: [10.4236/jss.2019.73004](https://doi.org/10.4236/jss.2019.73004)
7. Modecki KL. *Understanding Delinquency During the Teenage Years: Developmental Pathways of Antisocial Decision Making among Disadvantaged Youth*. AIC Final Research Report; 2018. <https://www.aic.gov.au/sites/default/files/2020-05/13-1415-finalreport.pdf> [Last accessed on 2025 May 21].
8. Turner D, Wolf AJ, Barra S, *et al.* The association between adverse childhood experiences and mental health problems in young offenders. *Eur Child Adolesc Psychiatry*. 2021;30(8):1195-1207. doi: [10.1007/s00787-020-01608-2](https://doi.org/10.1007/s00787-020-01608-2)
9. Garbutt K, Rennoldson M, Gregson M. Shame and self-compassion connect childhood experience of adversity with harm inflicted on the self and others. *J Interpers Violence*. 2023;38(11-12):7193-7214. doi: [10.1177/08862605221141866](https://doi.org/10.1177/08862605221141866)
10. Lippard ET, Nemeroff CB. The devastating clinical consequences of child abuse and neglect: Increased disease vulnerability and poor treatment response in mood disorders. *Am J Psychiatry*. 2020;177(1):20-36. doi: [10.1176/appi.ajp.2019.19010020](https://doi.org/10.1176/appi.ajp.2019.19010020)
11. Lackova Rebicova M, Dankulinova Veselska Z, Husarova D, *et al.* The number of adverse childhood experiences is associated with emotional and behavioral problems among adolescents. *Int J Environ Res Public Health*. 2019;16(13):2446. doi: [10.3390/ijerph16132446](https://doi.org/10.3390/ijerph16132446)
12. Huang X, Hu N, Yao Z, Peng B. Family functioning and adolescent depression: A moderated mediation model of self-esteem and peer relationships. *Front Psychol*. 2022;13:962147. doi: [10.3389/fpsyg.2022.962147](https://doi.org/10.3389/fpsyg.2022.962147)
13. Norrington J. Adolescent peer victimization, self-concept, and psychological distress in emerging adulthood. *Youth Soc*. 2021;53(2):273-295. doi: [10.1177/0044118X20910938](https://doi.org/10.1177/0044118X20910938)
14. Miu AC, Szentágotai-Táatar A, Balazsi R, Nechita D, Bunea I, Pollak SD. Emotion regulation as mediator between childhood adversity and psychopathology: A meta-analysis. *Clin Psychol Rev*. 2022;93:102141. doi: [10.1016/j.cpr.2022.102141](https://doi.org/10.1016/j.cpr.2022.102141)
15. Schalinski I, Teicher MH, Carolus AM, Rockstroh B. Defining the impact of childhood adversities on cognitive deficits in psychosis: An exploratory analysis. *Schizophr Res*. 2018;192:351-356. doi: [10.1016/j.schres.2017.05.014](https://doi.org/10.1016/j.schres.2017.05.014)
16. Ritchie K, Jausent I, Stewart R, *et al.* Adverse childhood environment and late-life cognitive functioning. *Int J Geriatr Psychiatry*. 2011;26(5):503-510. doi: [10.1002/gps.2553](https://doi.org/10.1002/gps.2553)
17. Shonkoff JP, Slopen N, Williams DR. Early childhood adversity, toxic stress, and the impacts of racism on the foundations of health. *Annu Rev Public Health*. 2021;42(1):115-134. doi: [10.1146/annurev-publhealth-090419-101940](https://doi.org/10.1146/annurev-publhealth-090419-101940)
18. McLaughlin KA, Peverill M, Gold AL, Alves S, Sheridan MA. Child maltreatment and neural systems underlying emotion regulation. *J Am Acad Child Adolesc Psychiatry*. 2015;54(9):753-762. doi: [10.1016/j.jaac.2015.06.010](https://doi.org/10.1016/j.jaac.2015.06.010)
19. Lund JI, Toombs E, Radford A, Boles K, Mushquash C. Adverse childhood experiences and executive function difficulties in children: A systematic review. *Child Abuse Negl*. 2020;106:104485. doi: [10.1016/j.chiabu.2020.104485](https://doi.org/10.1016/j.chiabu.2020.104485)
20. Smith KE, Pollak SD. Early life stress and

development: Potential mechanisms for adverse outcomes. *J Neurodev Disord.* 2020;12:34. doi: 10.1186/s11689-020-09337-y

21. Astridge B, Li WW, McDermott B, Longhitano C. A systematic review and meta-analysis on adverse childhood experiences: Prevalence in youth offenders and their effects on youth recidivism. *Child Abuse Negl.* 2023;140:106055. doi: 10.1016/j.chiabu.2023.106055

22. Orth U, Robins RW. Is high self-esteem beneficial? Revisiting a classic question. *Am Psychol.* 2022;77(1):5-17. doi: 10.1037/amp0000922

23. Monteiro RP, Coelho GLH, Hanel PH, De Medeiros ED, Da Silva PDG. The efficient assessment of self-esteem: Proposing the brief rosenberg self-esteem scale. *Appl Res Qual Life.* 2022;17(2):931-947. doi: 10.1007/s11482-021-09936-4

24. Berg M, Klemetz H, Lindegaard T, Andersson G. Self-esteem in new light: A qualitative study of experiences of internet-based cognitive behaviour therapy for low self-esteem in adolescents. *BMC Psychiatry.* 2023;23(1):810. doi: 10.1186/s12888-023-05328-0

25. Gauthier-Duchesne A, Hébert M, Blais M. Child sexual abuse, self-esteem, and delinquent behaviors during adolescence: The moderating role of gender. *J Interpers Violence.* 2022;37(15-16):NP12725-NP12744. doi: 10.1177/08862605211001466

26. Wang X, Huebner ES, Tian L. Longitudinal relations among perceived parental warmth, self-esteem and social behaviours from middle childhood to early adolescence in China: Disentangling between- and within-person associations. *Br J Psychol.* 2023;114(4):969-990. doi: 10.1111/bjop.12672

27. Tangney JP, Stuewig J, Martinez AG. Two faces of shame: The roles of shame and guilt in predicting recidivism. *Psychol Sci.* 2014;25(3):799-805. doi: 10.1177/0956797613508790

28. Budiarto Y, Helmi AF. Shame and self-esteem: A meta-analysis. *Eur J Psychol.* 2021;17(2):131. doi: 10.5964/ejop.2115

29. Holmstrom AJ, Shebib SJ, Mazur AP, et al. Self-conscious emotions and esteem support: The effectiveness of esteem support in alleviating state shame and guilt. *Hum Commun Res.* 2021;47(2):105-131. doi: 10.1093/hcr/hqaa015

30. Balluerka N, Aliri J, Goñi-Balentziaga O, Gorostiaga A. Association between bullying victimization, anxiety and depression in childhood and adolescence: The mediating effect of self-esteem.

Rev Psicol Didact. 2023;28(1):26-34. doi: 10.1016/j.psicoe.2022.11.001

31. Kim Y, Lee H, Park A. Patterns of adverse childhood experiences and depressive symptoms: Self-esteem as a mediating mechanism. *Soc Psychiatry Psychiatr Epidemiol.* 2022;57:331-341. doi: 10.1007/S00127-021-02129-2

32. Hill E. "I Live a Half-Life Now": Negotiating the Label of 'Sex Offender' on Release From Prison. *Dissertation.* England: Nottingham Trent University; 2021.

33. Pesta R. Is the school-to-prison pipeline just for boys? The effect of school punishment across gender. *Fem Criminol.* 2023;18(1):65-88. doi: 10.1177/15570851221115853

34. Bidwell L, Polley L. 'Mind your language': What people in prison think about the language used to describe them. *Howard J Crime Justice.* 2023;62(3):313-324. doi: 10.1111/hojo.12515

35. Poudel A, Gurung B, Khanal GP. Perceived social support and psychological wellbeing among nepalese adolescents: The mediating role of self-esteem. *BMC Psychol.* 2000;8:43. doi: 10.1186/s40359-020-00409-1

36. Jolly PM, Kong DT, Kim KY. Social support at work: An integrative review. *J Organ Behav.* 2021;42(2):229-251. doi: 10.1002/job.2485

37. Hirschi T. *Causes of Delinquency.* England: Routledge; 2017. doi: 10.4324/9781315081649

38. Agnew R. A longitudinal test of social control theory and delinquency. *J Res Crime Delinq.* 1991;28(2):126-156. doi: 10.1177/0022427891028002002

39. Mohammed AY, Raji A, Onuegbu CM. Children in stressful situations in Nigeria: Child abuse as a focus for development. *J Geogr Environ Plan.* 2017;12(2):184-194.

40. Geher G, Rolon V, Holler R, et al. You're dead to me! The evolutionary psychology of social estrangements and social transgressions. *Curr Psychol.* 2021;40:4516-4530. doi: 10.1007/s12144-019-00381-z

41. Cavanagh C. Healthy adolescent development and the juvenile justice system: Challenges and solutions. *Child Dev Perspect.* 2022;16(3):141-147. doi: 10.1111/cdep.12461

42. Saladino V, Mosca O, Petruccielli F, et al. The vicious cycle: Problematic family relations, substance abuse, and crime in adolescence: A narrative

- review. *Front Psychol.* 2021;12:673954. doi: 10.3389/fpsyg.2021.673954
43. Agnew R. Foundation for a general strain theory of crime and delinquency. *Criminology.* 1992;30(1): 47-88. doi: 10.1111/j.1745-9125.1992.tb01093.x
44. Glassner SD. Bullying victimization and delinquent involvement: An application of general strain theory. *Child Youth Serv Rev.* 2020;116:105099. doi: 10.1016/j.chidyouth.2020.105099
45. Stogner J. General strain theory and biosocial criminology. In: Walsh A, Yun I, editors. *The Nature Versus Nurture Biosocial Debate in Criminology: On the Origins of Criminal Behavior and Criminality.* England: Routledge; 2014. p. 199-216.
46. Creswell JW, Poth CN. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches.* 4th ed. United Kingdom: Sage; 2018.
47. Kallio H, Pietilä AM, Johnson M, Kangasniemi M. Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *J Adv Nurs.* 2016;72(12):2954-2965. doi: 10.1111/jan.13031
48. Patton MQ. *Qualitative Research & Evaluation Methods: Integrating Theory and Practice.* United Kingdom: Sage Publications; 2014.
49. Bryman A. *Social Research Methods.* 5th ed. United Kingdom: Oxford University Press; 2016.
50. Mengyao W, Xuan TJ. *How Legal Loopholes Helped a boy Who Stabbed his Mother to Death Avoid Punishment.* Caixin Global; 2018. Available from: <https://www.caixinglobal.com/2018-12-13/how-legal-loopholes-helped-a-boy-who-stabbed-his-mother-to-death-avoid-punishment-101358926.html> [Last accessed on 2025 May 21].
51. Global Times. *Chinese Man Executed for Murder of his Mother*; 2024. Available from: <https://www.globaltimes.cn/page/202401/1306459.shtml> [Last accessed on 2025 May 22].
52. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3(2):77-101.
53. Reid-Russell A, Miller AB, Cvencek D, Meltzoff AN, McLaughlin KA. Lower implicit self-esteem as a pathway linking childhood abuse to depression and suicidal ideation. *Dev Psychopathol.* 2022;34(4):1272-1286. doi: 10.1017/S0954579421001716
54. Pereira A, Santos JP, Sardinha P, Cardoso J, Ramos C, Almeida T. The impact of childhood abuse on adult self-esteem and emotional regulation. *Ann Med.* 2021;53(sup1):S164. doi: 10.1080/07853890.2021.1896171
55. Murphy F, Nasa A, Cullinane D, et al. Childhood trauma, the HPA axis and psychiatric illnesses: A targeted literature synthesis. *Front Psychiatry.* 2022;13:748372. doi: 10.3389/fpsy.2022.748372
56. Jankowiak B, Jaskulska S, Sanz-Barbero B, et al. Will I like myself if you hurt me? Experiences of violence and adolescents' self-esteem. *Sustainability.* 2021;13(21):11620. doi: 10.3390/su132111620
57. Harwood J. Social identity theory. In: van den Bulck J., editor. *International Encyclopedia of Media Psychology.* 1st ed. Hoboken, NJ: Wiley; 2020. p. 1-7. doi: 10.1002/9781119011071.iemp0153
58. Gannon S. *An Exploration of the Formation of Shame and its Treatment in the Therapeutic Space. Dissertation.* Ireland: Dublin Business School; 2020.
59. Sekowski M, Gambin M, Cudo A, et al. The relations between childhood maltreatment, shame, guilt, depression and suicidal ideation in inpatient adolescents. *J Affect Disord.* 2020;276:667-677. doi: 10.1016/j.jad.2020.07.056
60. Asmari Y, Dolatshahi B, Poursharifi H, Barahmand U. Early negative memories, humiliation and defectiveness/shame schema: An emotion-focused therapeutic approach to social anxiety. *J Evid Based Psychother.* 2022;22(1):117-135. doi: 10.24193/jebp.2022.1.7
61. Vaknin S. Narcissistic mortification, shame, and fear. *SunText Rev Neurosci Psychol.* 2020;1(1):106. doi: 10.51737/2766-4503.2020.006
62. Deakin J, Fox C, Matos R. Labelled as 'risky' in an era of control: How young people experience and respond to the stigma of criminalized identities. *Eur J Criminol.* 2022;19(4):653-673. doi: 10.1177/1477370820916728
63. Thomas KJ, McCuddy T. Affinity, affiliation, and guilt: Examining between-and within-person variability in delinquent peer influence. *Justice Q.* 2020;37(4): 715-738. doi: 10.1080/07418825.2019.1634752
64. Heynen E, Hoogsteder L, Van Vugt E, Schalkwijk F, Stams GJ, Assink M. Effectiveness of moral developmental interventions for youth engaged in delinquent behavior: A meta-analysis. *Int J Offender Ther Comp Criminol.* 2023;69(5):537-558. doi: 10.1177/0306624X231172648
65. Rew G, Clark L, Rogers G. Making sense of offense-related trauma: Exploring two patients' lived experience. *J EMDR Pract Res.* 2022;16(4):228-238. doi: 10.1891/EMDR-2022-0004

Appendix

APPENDIX 1

Table A1. The alignment between the quotations of the participants corresponding to the respective themes

Research question	Main theme	Quotation (evidence from interview)	Participant
What role does shame play in mediating the relationship between childhood ill-treatment and self-esteem?	The impact of childhood ill-treatment on self-esteem	“Most of the juveniles were victims of consistent verbal abuse and were continuously reminded that they are worthless with time believed in it. It is sad when it comes from parents and friends; nothing can be worse than this undeserving feeling in life.”	C1
		“The sense of self is completely shattered long before they commit the crime. It is just that they are unloved and feel that they are not worth it. They have nothing to lose, not at least someone who can lift their self-esteem. Hence, they engage in various criminal activities more often.”	C2
		“Though neglect is overlooked, it is damaging. If not equally then more than that. It makes them feel they are not valuable enough to be cared for. Insignificance and worthlessness drive them to commit careless crimes. They do it for validation!”	C3
		“They feel that they are internally flawed, and abuse endured is well deserved.”	C5
		“Physical pain is temporary, but most scars remain invisible. It is almost like they are self-punishing themselves, thus confirming in negative self-concept.”	C7
	The role of shame in shaping negative self-perception	“Shame is a daunting shadow that is deep-seated. The children feel ashamed of their family, past, and even of their existence.”	C6
		“Juvenile offenders are stigmatized and excluded by the society. They are called “Problem Child”. How scarring it is to their self-esteem, it only piles on their worthlessness.”	C7
		“Shame is very powerful; it cannot be shaken off. They carry it in all aspects of their lives, often lashing out in anger and grief. It is difficult for them to process it!”	C8
		“It is a never-ending loop – a black hole. The lesser self-esteem they have the more ashamed they are of their fundamental existence.”	C9
		“Shame is a silent burden. Self-destruction is just the outcome. It does not let them reach out and ask for help. It is an invisible demon which they feel they deserve!”	C10
	The externalization of shame in criminal behavior	“Shame is empowering to these kids, even if temporary. Even after knowing it is destructive, they feel it will give them a sense of power.”	C4
		“It is like a confirmation of negative beliefs. They no longer care about proving themselves right.”	C10
		“Most of the juveniles did it to prove themselves around peer circles. It is a way of fitting in with those struggling with the same low self-esteem and shame.”	C3
		“The shame lingers with them even more intensely as they get bailed from the detention center. Crime does not leave them; it haunts them more than they have served. Hence, they get caught in a cycle of reoffending, which impacts shame and self-esteem if not addressed.”	C5
		“I feel cognitive behavioral therapy is relieving! Replacing the feeling of shame to positively readdress the crime often makes them forgive themselves.”	C2

Abbreviation: C: Counselor.

APPENDIX 2

Case study 1

Title: The case of Wu: Juvenile crime and legal loopholes in China

Name of the convict: Wu (surname only disclosed)

Date: December 3, 2024

Court verdict:

Since the age of criminal responsibility in China is 14, Wu, a 12-year-old boy, was released without charges for being under the legal age of criminal responsibility. Under the delinquency law of the country, he was exempted from punishment for matricide.

Case details:

Wu stabbed his mother, a 34-year-old woman residing in Yuanjiang, Hunan, on December 3, 2024. The 12-year-old boy described his act as a consequence of years of prolonged physical abuse. This triggered an act of revenge in response to

several incidents of recurring beating. It was even more shocking when Wu showed a lack of remorse. On questioning, he said, “But I didn’t kill other people, I only killed my mother.” Given the age of assigned criminal responsibility in China, Wu could not be sent to a juvenile detention center or even charged with a crime. In addition, his crime was considered too serious for placement in a reform school, where minors with lesser infractions could be accommodated. Thus, the absence of a distinct rehabilitation system compelled the authorities to initially send Wu back to his place of residence. This sparked public outrage – especially from the parents of his classmates – who raised concerns about the safety of their children. As a result, Wu was sent to a supervised hostel, monitored closely by the local authorities, his father, and his grandmother. He is currently receiving academic tutoring, legal education, and psychological counseling at the hostel.

Insights from criminologists and psychiatrists:

Criminological perspective:

The gaps in the legal frameworks for minors in China were highlighted in Wu’s case. In this context, Pi Yijun, a specialist in juvenile delinquency, stated that authorities are restricted due to limited options. The lack of clear and specific guidelines for “re-education through custody” often limits the judiciary’s ability to administer punishment, resulting in situations where minors can commit serious, even heinous, crimes and evade consequences. In addition, in a psychiatric evaluation, Tian Xiangsia, vice secretary of the Shanghai Youth Crime Prevention Research Association, suggested that years of physical and emotional trauma inflicted on Wu led to this extremely violent act. The prolonged abuse left deep psychological scars that altered Wu’s behavior and ultimately prompted the need for psychological counseling.

Logical reasoning:

The impact of childhood abuse on Wu’s mental health was evident in his actions. He adopted extreme violence as a coping mechanism, which led him to engage in delinquent behavior. The sense of powerlessness and unresolved anger created a cycle of violence, rooted in prolonged exposure to physical abuse. Moreover, the complexity of balancing the rights of a juvenile offender with public safety was reflected in the local government’s decision to place Wu in a closely monitored hostel. This demonstrates that the lack of structured rehabilitation options for minors with delinquent tendencies leaves both society and the offender vulnerable. It also highlights that while re-education through custody exists as a theoretical approach, its effectiveness relies on clear and proper implementation mechanisms.

Source: Mengyao and Xuan⁵⁰

Case study 2

Title: The case of Wang (13 years old) from Handan, Hebei Province, China.

Name of the convict: Not disclosed; three teenage classmates (age below 14 years old).

Date: March 10, 2024

Court verdict:

The three classmates were detained, but their detention sparked public debate due to China’s legal age of criminal responsibility being 14.

Case details

After being bullied and extorted for a long duration, Wang was brutally murdered in Handan, Hebei Province in northern China. The body was found in an abandoned vegetable greenhouse, hidden under a tarp. CCTV footage revealed that the suspects were seen with Wang shortly after his phone was switched off. A day after the murder, the suspects were detained. It was later discovered that Wang had long been exploited by one of the suspects and had been a victim of extreme bullying. The alleged murders and Wang were classified as “left-behind children.” This term indicates that the minors lived in rural China while their parents migrated to urban centers for work, leaving them under the supervision of elderly relatives. This shows that this category of children is subjected to neglect during their formative years, having received minimal emotional support and guidance. Thus, childhood ill-treatment in this case is closely linked to exposure to violent content, influenced by inappropriate online materials and limited access to quality education. The lack of parental supervision normalized the aggressive behavior of the suspects.

Insights from criminologists and psychiatrists:

Criminological perspective:

Neglect impacts the perpetrators primarily through the development of attachment disorders. Criminologists argue that a lack of empathy during formative years leads to antisocial behaviors. This is further exacerbated by exposure to adverse childhood experiences, making left-behind children more vulnerable to harmful peer influences. In Wang’s case, repeated trauma and helplessness may have led him to seek help, ultimately placing him in the wrong situation. From a criminological perspective, such cases fall into a legal grey zone due to limited accountability for minors under 14 years of age, as stipulated by Chinese law. This sparks the debate on whether juvenile offenders should be held accountable based on the overall gravity of their crimes or be directed toward rehabilitation. The vacuum in social responsibility has been identified by experts like Zhang Dongshuo, who attributes Wang’s case to a systemic “educational vacuum” resulting from both parental neglect and governmental negligence – factors that have allowed delinquent behaviors to go unchecked.

Logical reasoning:

Intergenerational trauma is a key factor contributing to dysfunctional behavior in children, largely stemming from the absence of parental care. Moreover, aggression often emerges as a defense mechanism, potentially fostering self-protective behaviors that manifest as hyper-aggression. In addition, the lack of supervision among youth, particularly within peer groups, can create an environment conducive to serious and violent crimes, as evidenced in Wang’s case.

Source: Global Times⁵¹