# Chapter #9

# **RISKY BEHAVIOR IN ADULTS RELATED TO GENDER, AGE, AND CHILDREN AT HOME**

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#### ABSTRACT

We predicted that having children at home would reduce risky behavior for women and men, but more so for women than men. More than 450 American adults of different genders, ages and ethnicities were recruited from Prolific. Participants completed a questionnaire to measure engagement in various forms of risky behavior throughout their lifetime, including illegal and risky sexual behavior. Differences in illegal behavior, risky sexual behavior, and other types of risky behavior were found between men and women, F(3, 441) = 9.09, p < .0001, partial  $\eta^2 = .06$ , with men reporting more risky behavior of all types. ANCOVAs were used to assess the relationships between gender identity further and having children and total risky behavior and illegal behavior; age was covaried. Significant interactions between IVs revealed that male participants with children at home engaged in significantly more risky sexual behavior, F(1, 441) = 4.24, p = .04, overall risky behavior, F(1, 441) = 3.89, p = .049, and illegal behavior, F(1, 441) = 3.59, p = .059, than those without children at home. For women, there was no relationship between having children at home and risky behavior, or risky sexual behavior.

Keywords: gender effects, risky behavior, illegal behavior, risky sex, children.

# **1. INTRODUCTION TO RISKY BEHAVIOR**

Scholars and researchers study the factors that contribute to risky behaviors and the outcomes of such activities with the aim of harm prevention for individuals, groups, families, and communities. According to Trimpop (1994), risk-taking is consciously or unconsciously-controlled behavior where there is uncertainty about: (a) outcome, (b) potential costs, or (c) potential benefit to the economic, physical, or psychosocial well-being of the self or others. Risky behaviors are those that expose individuals (self or others) to harm or significant risk of harm and that can potentially impede persons from reaching their potential (Ansari, Alghamdi, Alzahrani, Alfhaid, Sami, Aldahash, Aldukhayel, Alshanbah, & Almutairi, 2016). Engagement in risky behavior can serve as a pathway to prison (Barbarin, 2010), lead to lasting injury and mortality (Taubman-Ben-Ari & Skvirsky, 2019), and can destabilize families and communities (Terzian, Andrews. & Moore, 2011).

Risky behaviors have a broad definition that can include aggression, illegal behaviors, impulsive eating, non-suicidal self-harm, physical inactivity, reckless driving, smoking, alcohol and substance use, untreated mental illness, unprotected sex or sex with multiple partners, impulsive spending, and gambling (Horvath & Zuckerman, 1993). For the purposes of this study, we will use the definition of risky behavior described in the Risky, Impulsive, and Self-Destructive Behavior Questionnaire (RISQ; Sadeh & Baskin-Sommers, 2016).

In the measure, risky adult behavior includes alcohol use, unsafe or impulsive sexual behavior, aggression, illegal behavior of all types, self-harm, impulsive eating, gambling, reckless driving, and impulsive spending. These activities can lead to self-harm as well as harm to others and can lead to consequences such as death or injury, relationship struggles, and financial or legal issues. Given these concerns, it is worthwhile to understand additional factors involved to inform education, parenting programs, rehabilitation, and law enforcement awareness.

Risky behavior has been studied concerning personality traits, exposure to trauma, familial legal involvement (Moore, 2019), socioeconomic resources, and the COVID-19 pandemic (Glaeser, Jin, Leyden, & Luca, 2021). Prior research suggests that adolescent boys and young adult men are more likely to engage in risky behaviors than women and girls, perhaps due to social norms (Harris, Jenkins, & Glasser, 2006; Sohrabivafa et al., 2017). Important factors in risk-taking behaviors, such as certain socioeconomic factors, like affordability and access to risky activities, have been identified (Asamoah & Agradh, 2018; Javier Garcia-Castilla, Martinez Sanchez, Campos, & Arroyo Resino, 2020; Sohrabivafa, M., Tosang, Zadeh, Goodarzi, Asadi, Alikhani, Khazaei, Dehghani, Beiranvand & Khazaei, 2017; Zahran, Zack, Vernon-Smiley, & Hertz , 2007). Sensation seeking among youths is another factor in risk-taking whereby youths seek to feel alive, similarly to how shows, films, social media influencers and celebrities present their lives as exciting (Branley & Covey, 2018). However, existing literature has primarily focused on adolescent youth (13-18) or young adult (19-24) college students (Asamoah & Agradh, 2018; Leigh, 2002; Pharo, Sim, Graham, Gross, & Hayne, 2011; Sohrabivafa, M., Tosang, Zadeh, Goodarzi, Asadi, Alikhani, Khazaei, Dehghani, Beiranvand & Khazaei, 2017). This study aimed to examine the association between gender, the presence of children at home, and engagement in risky behaviors among parents or caregivers to identify added variables involved in developing patterns of risky behavior.

# 2. THEORETICAL PERSPECTIVES ON RISK TAKING

There are many theories on delinquency and parental influences, yet no single theory has been developed to explain how risky parental behaviors affect children (Johnson & Easterling, 2012). Attachment theory and social control theory are two theoretical perspectives to conceptualize risky behavior in parents and caregivers and the influence this might have on children and communities.

#### 2.1. Attachment Theory

Attachment behaviors are adaptive responses of infants to cope with stress brought on by separation or inconsistent nurturing from caregivers (John, Robins, & Pervin, 2008). According to the theory, three attachment styles develop within the first year of life: secure, anxious-resistant, and avoidant (John, Robins & Pervin, 2008). Children with secure attachments were raised by parents who were mostly responsive to their needs (Moore, 2019). These children effectively regulate their emotions and behaviors with their parents' support (Kim, Cicchetti, Rogosch, & Manly, 2009). Children with insecure attachment (anxious-resistant and avoidant) can have parents who are mostly inconsistent in their care, reject their care, or are insensitive to the child's needs (John et al., 2008).

Literature supports that children with insecure attachments have an increased risk of engaging in aggressive and antisocial behaviors (Farrington, 2003). Attachment is typically impacted by the parent being cold, rejecting, or separating from the child (Farrington, 2010). Parents that provide insecure, avoidant, or anxious-resistant attachment are often neglectful

to the child's needs, are erratic in behavior, and do not provide a sense of safety and security. Parental substance use and untreated mental illness can contribute to impairments in attachment (Dallaire, 2007), which serve as obstacles to emotional and physical connection. As a result, the child can spend less time with parents and becomes free to develop relationships with peers who engage in risky behavior (Hirschi, 1969). Attachment theory suggests that children with insecure attachments to their parents commit more reckless acts.

#### **2.2. Social Control Theory**

Another framework to conceptualize risky behavior is social control theory. The perspective suggests that individuals and groups are inclined to commit deviant acts, yet measures of control such as law enforcement deter these activities (Beaver, Wright, & DeLisi, 2007; Thio & Taylor, 2011). Other dissuading influences include family dynamics, neighborhood and community context, and school environments (Beaver, Wright, & DeLisi, 2007; Taylor, 2001). When people form bonds within society, in this line of thinking, they have a reduced proclivity for risky and criminal behavior (Thornberry, Freeman-Gallant, & Lovegrove, 2009). Harkening back to attachment theory is the idea that pivotal social bonds require attachment to people and institutions (Hirschi, 1969). Family is the primary source for internalizing norms and understanding rules of conduct. Immediate and extended family serve as role models who supervise and implement the socialization process (Hagan & Dinovitzer, 1999).

#### 3. ADOLESCENT AND ADULT RISKY BEHAVIORS

Whether a parent's risky behavior can impact children's well-being at home is lacking in research attention. However, when children are involved, risky parental or adult behaviors can broadly affect the child. For example, having an incarcerated parent has numerous short- and long-term consequences for children, such as depression, aggressive behavior, hyperactivity, attention issues, withdrawal, obesity, asthma, migraine headaches, and hypertension (Dallaire, 2007; Huebner & Gustafson, 2007; Lee Fang & Luo, 2013; Murray & Farrington, 2008; Wildeman & Western, 2010). Additionally, risky behavior on the part of a parent in a partnership can result in relationship conflict and emotional or physical violence. Children become susceptible to further instability, such as caregiver substance abuse and mental illness, impoverished living conditions, maltreatment, exposure to violence, and unstable housing (Lee Fang & Luo, 2013). These adverse childhood outcomes, not surprisingly, are associated with risky youth behavior (Asamoah & Agardh, 2018; Pharo et al., 2011).

#### 3.1. Age, Gender Roles, and Risky Behavior

In the extensive literature on risky behavior, men are often more likely to engage in these activities than women (Wang, Zhang, Feng, Wang, & Gao, 2020). Scholars attribute this to gender roles and social attitudes where binary genders are treated differently in media, at home, and in the broader communities. For example, parents tend to monitor girls' online behavior more closely and place more restrictions on Internet use than boys. The difference may be due to the idea that girls should be protected, yet boys can handle themselves more readily (Sasson & Mesch, 2016). Girls tend to be more influenced by family expectations, according to a few studies that link family values, parental warmth, and expectations as serving as protective factors for girls against risky behaviors (Montano, Ray & Mizock, 2021).

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Engagement in certain types of risky behavior has gender differences as well. When mortality is a potential outcome of risky behavior, such as climbing a height with the risk of falling, girls had a significantly lower willingness to participate than boys (Hirschberger, Florian, Mikulincer, Goldenberg, & Pyszczynski , 2002). Girls tend to engage in more passive risky behaviors, such as riding in cars with drinking drivers and engaging in non-suicidal self-harm (Rivas-Rivero, Bonilla-Algovia & Vázquez 2020). On the other hand, boys tend to engage in more active risk behaviors, such as fast driving and physical fights (Biolcati, Mancini, & Trombini, 2018). Both genders, it seems, can engage in certain activities, such as risky or unprotected sex. Again, the gender difference may be related to gender role expectations whereby traditional views of men can allow for more social acceptance of more outright and aggressive risky behavior than women would (Biolcati et al., 2018).

Further, age is a predictor of risky activities. Adolescent youths and young adults (19-24), in particular, are more likely than older adults to engage in these behaviors, which can partly be explained by neurodevelopmental factors (Vijayakumar, de Macks, Shirtcliff, & Pfeifer, 2018). The social (adolescence) and biological (puberty) changes are mediated by neurodevelopment, whereby neural structures are organized and changed in temporary and permanent ways influencing affective, behavioral, and social presentations. These changes, imbalances, and resultant information processing are attributed to adverse adolescent outcomes, particularly risk-taking behaviors, increased susceptibility to depression and psychopathy, and a higher likelihood to use alcohol and substances (Feldstein Ewing, Hudson, Caouette, Mayer, Thayer, Ryman, & Bryan, 2018). 2018; World Health Organization, 2014). In this way, it is expected that younger ages will engage in more risky behaviors, yet more research is required to explore this idea, particularly in terms of risky adult behavior as a reference point.

#### 3.2. Relationships, Attachment, and Risky Behavior

Limited research exists on relationship status and its association with risky behaviors. In a previous study (Ray, Kats-Kariyanakatte, Moore, & Jacquin, 2021), we examined the connection between relationship status and risky behavior. In that study, we found that relationship status and gender were significant predictors of total risky behavior. Trends in the data indicated that men, particularly men living with a partner, engaged in more risky behaviors than other groups. These results extend prior research showing that men are more likely to engage in risky behaviors than women (Wang, Zhang, Feng, Wang, & Gao, 2020), yet relationship status may be an essential factor in the process. It may be that women in relationships assume socially responsible roles, and men feel more privileged to engage in risky behavior (Stronge, Overall, & Sibley, 2019). The difference may be encouraged, too, by children at home, where women continue to be the principal caregivers for the family. In our research, men in the living-with-a-partner group were more likely to engage in risky behavior; conceivably, men exhibiting high levels of risky behavior are viewed as less suitable partners for marriage or unable to commit to marriage (Valentine, Li, Meltzer, & Tsai, 2019). There remains a gap in the literature as to whether another type of relationship status – having children who live at home – predicts risky adult behavior.

# 4. CHILDREN AT HOME, PARENTAL BEHAVIOR, AND PARENTAL SEPARATION

Sometimes risky behavior on the part of parents or caregivers can lead to separation from their children, which can influence children in numerous ways. Researchers have indicated that children of incarcerated parents exhibit external and internal distress symptoms, such as depression, withdrawal, regression, clinging behavior, bedwetting, sleeping and eating problems, hyperactivity, homelessness, attention issues, aggression, and truancy (Cicchetti & Rogosch, 1997; Dallaire, 2007; Lee, Fang & Luo, 2016; Murray & Farrington, 2008; Geller, Cooper, Garfinkel, Schwartz-Soicher, & Mincy 2012; Wildeman & Western 2010). There are also physical health problems in young adults who experienced parental separation, such as parent in prison, including obesity, asthma, migraine headaches, and hypertension (Lee, Fang, & Luo, 2016; Murray & Farrington, 2005). Extant research indicates that parental separation may aggravate familial relationships, disrupt attachment and social bonds, and impact the home environment. These adverse events include parental or caregiver substance abuse, mental illness, unstable housing, poor living conditions, violence exposure, and child maltreatment.

Although the potential negative impact of risky parental behavior on children seems apparent, prior research has not examined whether parents with children at home are more or less likely to engage in risky behavior. Our research helped fill this gap by examining the association between having children at home and risky behavior in adult women and men. We predicted that having children at home would be associated with reduced risky behavior for both women and men, with a more significant effect on women than men due to gender role expectations.

# **5. PARTICIPANTS**

IRB approval (18-0507) was received before commencing the study. Recruitment for the project occurred through the online crowdsourcing site, Prolific. Prolific is a participant recruitment platform focused on connecting researchers and participants worldwide. The platform has been found to produce high-quality data and replicate existing results (Peer, Brandimarte, Samat, & Acquisti, 2017). Prolific participants are recruited through social media (i.e., Facebook, Twitter, Reddit, and blog posts) and poster/flyer campaigns at universities. Participation of minors is prohibited and screened by Prolific, and participants are not employees of Prolific.

Participants received compensation for completing the survey equivalent to the minimum wage in many U.S. states, which was distributed directly through the site. To ensure participant safety, they were provided quick and risk-free options for withdrawing their consent during the study. The participant responses were collected through an online survey administered through Qualtrics.

Demographic information was obtained through a questionnaire provided by Prolific that included participant age at the time of the study, gender identity, whether they have children at home (yes or no), and relationship status (married, divorced, living with a partner, single), among others. More than 450 (N = 454) American adults (M age = 33.3 years, SD = 11.9) were recruited in total. Participants identified as male (54.4%), female (45.4%) or transgender (0.2%). Ethnicity was self-identified as Caucasian/White (80.4%), African American/Black (7.7%), multiracial (4.4%), Latinx (4%), Asian/Asian American (3.1%), Native American or Alaskan Native (0.2%), and other (0.2%). Less than one-third (29.1%) had children at home.

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#### 6. METHOD

Through Prolific, participants completed an anonymous survey called the Risky, Impulsive, and Self-Destructive Behavior Questionnaire (RISQ; Sadeh & Baskin-Sommers, 2016). The RISQ measures engagement in total risky, illegal, and risky sexual behavior throughout one's lifetime. The RISQ defines total risky behavior as concerning eight components within the 38 questions. The components include Illegal Behavior (13 questions), Aggression (5 questions), Reckless Behavior (4 questions), Gambling (4 questions), Self-Harm (4 questions), Heavy Alcohol Use (2 questions), Harmful Eating (2 questions), and Risky Sexual Behavior (4 questions). The endorsed behaviors are assessed for frequency over the participant's life span and in the past month. Age at the onset of the behavior and implications of the behavior (medical, legal, familial, or work-related issues) are further evaluated (Sadeh & Baskin-Sommers, 2016). In particular, Illegal risky behavior is defined in the assessment tool as shoplifting, speeding, elicit drug use, vandalism, illegal gambling, running red lights, and stealing money. The assessment measure describes risky sexual behavior as having sex with two or more partners at one time, sex for money or substances, paying for sex, and unprotected sex with someone just met. The items are rated on a 5-point Likert-type scale that asks participants to rate their agreement from 0 = strongly disagree to 4 = strongly agree if the behavior is used to stop unwanted negative emotions or to obtain a wanted pleasurable emotion (Moore, 2019). Sadeh and Baskin-Sommers (2016) included the Likert-style items to assess for avoidance and approach affective triggers.

The RISQ obtained an internal consistency score of  $\alpha = .92$  and individual factor reliability ranging from .73-.92 except for the factor of reckless behavior, which produced .63 for internal consistency (Moore, 2019). The measure's construct validity correlated with instruments of proactive and reactive aggression (rs = .43-.45), impulsive eating (rs = .44-.54), problematic gambling behavior (r = .65), substances and alcohol problems (r = .33), and suicidal behaviors (r = .84). Within the RISQ is a consistently high association between risky and self-destructive behaviors, and exposure to violence (rs = .50-.57). Further, there was a notable connection to sensation-seeking traits (r = .41), and borderline and antisocial personality disorder (rs = .37-.39; Sadeh & Basking-Sommers, 2016). Instrument validity and reliability testing indicated that the affective scales have convergent and discriminant validity (Moore, 2019). The Avoidance scale, for example, is negatively correlated with distress tolerance (r= -.36) and positively correlated with general distress (r = .29). The Approach scale, rather, has a low correlation with distress tolerance (rs = -.08)and with general distress (rs = -.13; Moore, 2019; Sadeh & Basking-Sommers, 2016). Importantly, the RISQ total score is strongly linked with psychological disorders that endorse elevated rates of risky and self-destructive behaviors, such as antisocial personality disorder, rs = .39. Also important to consider is each of the RISQ components demonstrates a strong relationship between violence exposure and the frequency of RISQ behaviors with total score rs = .50-.57 (Moore, 2019).

#### 7. DATA ANALYSIS

The statistical analysis was completed using the Statistical Package for Social Sciences (SPSS) 24.0 Macintosh Version. Data were cleaned to eliminate missing data and evaluate outliers. MANCOVA is a type of analysis of covariance. Yet, it is used to explore research questions with more than one dependent variable, and there is a need to control for concomitant continuous independent variables (Field, 2017). We chose a MANCOVA because the model can factor out the error that the covariate can introduce to the test and

results for the overall gender difference in illegal behavior, risky sexual behavior, and other types of risky behavior (Field, 2017). The variable was selected as there is no prior research looking at the relationship between risky behaviors and the presence of children. The components addressed by the other subscales, such as alcohol use, impulsive eating, and gambling, have been previously looked at (McKetta & Keyes, 2019; Suomi, Lucas, Dowling, & Delfabbro, 2022). Then, we used an ANCOVA. This type of general linear statistical blends ANOVA and regression and is a form of analysis of covariance. The ANCOVA was used to appreciate relationships between gender identity, children at home, total risky behavior, risky sexual behavior, and illegal behavior.

#### 8. RESULTS

MANCOVA revealed differences in illegal behavior, risky sexual behavior, and other types of risky behavior between men and women, F(3, 441) = 9.09, p < .0001, partial  $\eta^2 = .06$ , with men reporting more risky behavior than all types. Three ANCOVAs were conducted to assess further the relationships between gender identity and having children at home (I.V.s) and total risky behavior, risky sexual behavior, and illegal behavior (D.V.s); age was covaried due to significant correlations with risky behavior. As expected based on the MANCOVA, significant main effects were found for gender on total risky behavior, F(1, 441) = 13.15, p < .0001, partial  $\eta^2 = .03$ , risky sexual behavior, F(1, 441) = 4.73, p = .03, partial  $\eta^2 = .01$ , and illegal behavior, F(1, 441) = 23.57, p < .0001, partial  $\eta^2 = .05$ . For each DV, men reported engaging in more risky behavior than women. In addition, a significant main effect was found for children at home on risky sexual behavior, F(1, 441) = 5.11, p = .02, partial  $\eta^2 = .01$ . The effect of children at home on total risky behavior approached significance, F(1, 441) = 3.07, p = .08, partial  $\eta^2 = .01$ . For both D.V.s, having children at home was associated with more risky behavior. Children at home did not show a main effect for illegal behavior, F(1, 441) = 1.85, p = .18, partial  $\eta^2 = .01$ .

The main effects are better understood by examining interactions between gender and children at home. Overall those who are male (M = 11.62) were found to engage in more risky behavior than those who are female (M = 9.65). Specifically, men who had children at home were found to engage in the riskiest behaviors (M = 14.13). Significant interactions showed that male participants with children at home engaged in significantly more risky sexual behavior, F(1, 441) = 4.24, p = .04, overall risky behavior, F(1, 441) = 3.89, p = .049, and illegal behavior, F(1, 441) = 3.59, p = .059, than those without children at home. For women, there was no relationship between having children at home and risky behavior, illegal behavior, or risky sexual behavior.

Variable	Children at home		No Children at Home		Total	
	М	SD	М	SD	М	SD
Male	14.13	10.28	10.58	7.16	11.62	8.34
Female	9.95	6.60	9.53	6.05	9.65	6.20
Total	12.25	9.03	10.10	6.68		

 Table 1.

 Association of Children at Home and Total Risky Behavior.

#### 9. DISCUSSION

We hypothesized that children in the home would be associated with reduced risk-taking behaviors, especially among women. The women in our sample supported the prediction—women with children at home engaged in less risky behavior overall. As previously mentioned, women in many contexts tend to assume more of the caretaking of children than men due to social norms and expectations that stem from traditional values. There were Latin women in our sample, for example, and Latinas often assume caretaking responsibilities and are expected to maintain many aspects of family life. The belief is not present for men, who instead are expected to meet the requirements of masculinity (*machismo*; Montano et al., 2021). While the expectation that women endure much of the burden of unpaid caretaking in families is changing in some contexts, it remains an influential aspect of social behaviors in many Western countries.

In line with attachment theory, there is an idea that mothers are responsible for the psychic lives of their children, perhaps more so than fathers or other caregivers, and they can experience maternal guilt and shame when they are not prioritizing the needs of their children (Collins, 2021). The COVID-19 pandemic highlighted that the disparities associated with traditional gender roles remain quite present (Carreras, Vera, & Visconti, 2022). Women in the U.S., Canada, and the U.K., for instance, reported that they were expected to reduce or stop working while children were at home to support their kids' online learning and provide child care.

The prediction that men with children at home would exhibit reduced risky behaviors was not supported for the men in our sample, and in fact, the opposite was true. In line with social control theory, our expectation is that children in the home might have a stabilizing effect on men in that they create important social bonds that facilitate socially normative and community-building behaviors (Randles, 2018). Overall, men with children at home reported engaging in more total risky behavior, illegal behavior, and risky sexual behavior compared to men without children at home.

In line with traditional gender roles, some men might feel more social pressure to assume a form of masculinity where acting out behaviors (even if these are destructive) is more accepted than maintaining social and emotional bonds with family and in the home. As mentioned earlier, the Latinx population can endorse a degree of masculinity that is traditional in that men are not encouraged to serve as the unpaid caretakers in their families but are largely are socialized to remain emotionally aloof from the occurrences within the home (Montano, Ray & Mizock, 2021). Healthy attachment is often linked to mothers, yet

fathers or male caregivers serve an important role in supporting children's healthy social bonds and relational confidence. Some research has indicated, for example, that healthy paternal involvement and strong relationships between children and male caregivers can increase a sense of a secure base in the child and inspire healthy relationships towards boys and men (Ahnert & Schoppe-Sullivan, 2020). As discussed by Randles (2018), traditional gender behaviors are often encouraged by systems and social policies, and governments could do more to facilitate more involvement in the care of children in the home, such as with paid paternity leave.

As outlined in the introduction, risky behavior can have consequences, such as death or injury, financial challenges, relationship discord, legal issues, and health concerns. Thus, these behaviors can lead to adverse childhood experiences that have implications in terms of attachment and social-control theory. For example, children in the home that are exposed to parents or caregivers with risky behaviors can result in disruptions in attachment. Offspring of parents that engage in risky behavior may develop insecure attachment due to inattentive or neglectful parents and early or long separation during infancy (such as in parental incarceration) that can result in decreased emotional connection (Dallaire, 2007; Gius, 2016). Children with insecure attachment can endorse impulsivity, a factor that is associated with the inability to regulate one's emotions and engagement with risky coping behaviors (Morrongiello, Corbett, & Bellissimo , 2008). Since children can internalize societal norms through exposure to their parent or caregiver behaviors, children can be imprinted by these activities and mimic them in adolescence and adulthood (Espeleta, Brett, Ridings, Leavens, & Mullins , 2018; Ryb, Dischinger, Kufera, & Read , 2006).

The implications could also be understood through another aspect of social control theory (Thornberry, Freeman-Gallant, & Lovegrove, 2009). When norms and rules are interrupted or maladaptive, the societal bond is damaged (Jang & Smith, 1997). Disruptive risky behaviors, separation, and family stressors can limit meaningful interaction between parents and children (Geller et al., 2012). These barriers can lend space for vulnerable children and youth to seek connections with peers and increase the possibility of deviant associations and the development of risky behaviors (Hagan & Dinovitzer, 1999; Jang & Smith, 1997). Social control theory suggests children in these circumstances feel a polarized struggle between an alliance with their peers or with family. More research is required to appreciate how child exposure to adult and caregiver risky behavior can influence their choices and behaviors.

# **10. LIMITATIONS**

There are several limitations to our study. For one, less than one-third of the sample had children at home (29.1%, n = 132), and we are unaware of the specific ages, genders, and the number of children the participants had. The way that the demographic question about children at home was asked lends space for ambiguity, too. Instead of asking if the children in the home were the participant's children, siblings, or other children, the question simply asked whether there were children at home, and the response was either a yes or no answer. Additional research with larger samples of individuals with specific information about the children living in the home will clarify our findings. The number of children at home and the ages and gender of those children may play a role in parents' choices about engaging in risk-taking behaviors. Further study with the inclusion of diverse sexual orientations, gender identities, and types of partnerships would further elucidate these initial findings by increasing inclusivity and resultant generalizability.

#### **11. CONCLUSION**

There is an adage that individuals can settle down or mellow out in their behaviors, including risky behaviors, with partnership, marriage, and family. The findings here suggest that this is not the case for men in our sample. Because the presence of risky behavior in a child's home by their parents can be a destabilizing factor, contribute to adverse childhood experiences, and can lead to children reenacting the behavior in adolescence and adulthood, it is important that these results inform policy, education, social programs, and expand the awareness of law enforcement. For example, findings may support parenting-education courses and social service practices and may inform police practices regarding the complexities involved in risky adult behavior – the etiology and impact for a perhaps more compassionate treatment. Identifying impulsive behaviors in children and building skills to cope with stress and anxiety in different ways may be helpful in curbing adolescent and adult risky behaviors. Continued research into risky-behavior pathways is required.

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