



Model of Risk Behavior that Combines Criminology and Psychology

Dema Li*

Department of Psychology, Bhutan

*Corresponding Author's E-mail: dem@gmail.com

Received: 02-Mar-2023; Manuscript No: irjass-23-90804; **Editor assigned:** 06-Mar-2023; Pre-QC No: irjass-23-90804 (PQ); **Reviewed:** 20-Mar-2023; QC No: irjass-23-90804; **Revised:** 24-Mar-2023; Manuscript No: irjass-23-90804 (R); **Published:** 31-Mar-2023, DOI: 10.14303/2276-6502.2023.84

Abstract

Due to their heightened risk behaviour, such as delinquency and substance use, adolescents have long been stigmatised as the stereotypical risk-takers. So, increasing the minimum age for substance use is a typical legal move that assumes that restricting the exposure to substances, or "risk exposure," may lessen such increased adolescent risk behaviour. Towards some level, criminological models recognise this ecological concept of risk exposure access to risk-friendly settings. Modern psychological theories, however, which emphasise neuropsychological development, particularly socio-affective and cognitive control development, essentially ignore risk exposure. Moreover, age-dependent development, which is a common feature of this idea, is ignored when theories in these areas do take risk exposure into account.

Keywords: Adolescents, Neuropsychological

INTRODUCTION

To prevent the negative effects that this risky conduct has on young people, the Dutch minimum age to buy and consume alcohol in public places was raised from 16 to 18 in 2014 (Eigenbrode SD, 2007). This popular legal action is predicated on the idea that reducing exposure to substances will reduce teenage substance usage. Is this assumption accurate? It's surprising that psychological sciences haven't explored much of this issue. This knowledge gap may be caused by the propensity of both historical and modern developmental psychology theories to ignore the significance of physical ecological factors, such as physical availability to substances, in the emergence of hazardous behaviour. An "exposure to a risk conducive context" is a requirement for any risky conduct, nevertheless (Fiksel J, 2014).

Risk behavior is described as "participation in behaviours that are associated with some possibility of unpleasant effects" in the literature on developmental psychology. This term implies that the precise consequence is unclear; therefore a good outcome may also result (Glika DC, 2007). The preceding term is modified in the DNERM framework to

be more culturally appropriate. Specifically, "risk behaviour" is characterised as activities that have a chance of leading to a maladaptive consequence, which could obstruct achieving socially sanctioned objectives. Adolescence (ages 11 to 18) or emerging adulthood (ages 18 to 24) are the prime years for maladaptive risk-behaviors like substance abuse and delinquency to demonstrate rapid growth (Hoover E, 2015). Because of the frequent interruptions they cause to young people's schooling, these increased risk behaviours can be maladaptive. Youth development, such as the emergence of risky behaviours, is thoroughly examined in psychology. Both individual characteristics, such as biological, cognitive, and social factors, such as parental and peer influences, are looked at as potential predictors. On the other hand, less is known about the physical environment, such as availability to alcohol in supermarkets and increased store access with laxer security. This does not, however, mean that risk exposure has any less of an impact on the emergence of risk behaviours in young people. In actuality, a recently released meta-analysis did not discover that teenagers in the lab take higher risks than younger kids (Maxwell K, 2014). The conclusion that adolescents take greater risks than children in the actual world is supported by this data, which may be at least in part because adolescents are exposed to more

risky situations. A human exists in the context of his or her residence, and within this context, the individual may be exposed to circumstances that are risk-attracting, or "risk exposures," which may lead to risky conduct (de Jonge P et al., 2018). Since availability is defined as "the degree to which something is at hand when needed," the term "exposure" in the context of risk exposure is sometimes used synonymously with that term. It should be noted that the term availability is not always utilised in the scientific literature. Alternately, words like "access," "exposure," and "opportunity" can all be used to refer to the availability of a scenario. In DNERM, "exposure" is chosen above other phrases like "access" and "opportunity," and as a result, the phrase "risk exposure" is employed since it more accurately depicts the individual's first-hand experience (Park C, 2013).

Physical risk exposure

The overwhelming majority of criminology research that have attempted to quantify the impact of physical risk exposure on crime have looked into whether or not "disadvantaged" or "disordered" communities' overall composite scores may be used to forecast crime. The components in these composite scores do, in fact, exhibit some overlap with the idea of physical risk exposure. Nonetheless, there has been a lack of consistency in the findings regarding how well-rounded a community is (Sarris J et al., 2014). A wide definition of what constitutes a "disadvantaged" or "disordered" area may also contribute to this, as may the variety of methods used to study neighbourhood characteristics. Using extrapolation from DNERM, it is possible to conclude that this discrepancy is the result of assessments of neighbourhood quality conflating social and physical risk exposure. Importantly, one aspect of physical risk exposure that has received even less scientific investigation in both criminology and psychology is how exposure to physically risky situations inevitably rises as people move from childhood to adolescence and from adolescence to emerging adulthood, and how this affects their levels of risk behaviours. Yet, physical risk exposure as it is articulated by DNERM is comparable to the Prototype Willingness model's "risk opportunity" notion (Liem A et al., 2017). The Prototype Willingness model, like criminology models, does not, however, take into account the developmental (age-dependent) element of exposure to physical (or social) risk. Unlike DNERM, the Prototype Willingness model, for instance, ignores the fact that real-world risk behaviour is higher during adolescence than during childhood (at least in part) due to age-dependent increases in risk exposure. Teenagers were more likely than kids to select the "sure option". Contrary to the exciting laboratory findings, which show that risk-taking levels differ between children and teenagers, these two age groups take different amounts of risks in the actual world. Yet, it should be remembered that in lab experiments, all participants—regardless of age—have an identical chance exposure to engage in hazards. Contrarily, adolescents in the real world are exposed to more physical hazards than children do,

such as attending parties where drugs are available. This may help to explain why adolescents take more risks than children do. Uniquely, DNERM puts up two theories about how risk exposure affects development (Vohra S et al., 2005). Secondly, DNERM contends that during adolescence, risk exposure rises with age. Second, DNERM suggests that because younger adolescents have lower levels of self-control than older adolescents, increased risk exposure would lead to more risk-taking, particularly among young adolescents compared to older adolescents. We'll talk more about this claim later. These effects of age or developmental stage were not taken into consideration in the studies on risk exposure outlined above that used neighbourhood quality to predict antisocial behaviour. As a result, it appears that there is no empirical evidence to support the DNERM hypothesis about antisocial behaviour. The empirical substance use literature, which is reviewed below, does, however, provide evidence in favour of such a connection.

CONCLUSION

A hybrid psychological and criminological model called the Developmental Neuro-ecological Risk-taking Model (DNERM) takes both risk and resilience into account when predicting the emergence of risk behaviour in young people. Additionally, it takes into account for the first time how young people are growing and changing in a physical and social environment that is both online and offline in "real life" and that either exposes them to hazards or shields them from such harm. In light of this, DNERM further asserts that these shifting ecological elements combine with a person's "self-control" to anticipate increased risk-behaviors in adolescence or the early stages of adulthood. Self-control in particular is crucial to take into account because it is flexible and one of the most reliable personal indicators of risk-behavior. Thus, DNERM advises that interventions should focus on people who have low levels of self-control in the event of risk exposure.

REFERENCES

1. Eigenbrode SD (2007). Employing philosophical dialogue in collaborative science. *Bioscience*. 57: 55-64.
2. Fiksel J (2014). The triple value model: a systems approach to sustainable solutions *Clean Technol. Environ Policy*. 16: 691-702.
3. Glika DC (2007). Risk communication for public health emergencies. *Annu Rev Public Health*. 28: 33-54.
4. Hoover E (2015). Social science collaboration with environmental health *Environ. Health Perspect*. 123: 1100-1106.
5. Maxwell K (2014). Getting there from here *Nat. Clim Chang*. 4: 936-937.
6. de Jonge P, Wardenaar KJ, Hoenders H, Evans-Lacko S, Kovess-Masfety V, et al (2018). Complementary and alternative medicine contacts by persons with mental disorders in 25

- countries: results from the world mental health surveys. *Epidemiol Psychiatr Sci.* 27: 552-567.
7. Park C (2013). Mind-body CAM interventions: Current status and considerations for integration into clinical health psychology. *J Clin Psychol.* 69: 45-63.
 8. Sarris J, Glick R, Hoenders R, Duffy J, Lake J, et al (2014). Integrative mental healthcare White paper: establishing a new paradigm through research, education, and clinical guidelines. *Adv Int Med.* 1: 9-16.
 9. Liem A, Rahmawati KD (2017). The meaning of complementary, alternative and traditional medicine among the Indonesian psychology community: a pilot study. *J Int Med.* 15: 288-294.
 10. Vohra S, Feldman K, Johnston B, Waters K, Boon H, et al (2005). Integrating complementary and alternative medicine into academic medical centers: experience and perceptions of nine leading centers in North America. *BMC Health Serv Res.* 5: 78-84.