

Parent Child Relationship and Risk-Taking Behaviour among Adolescent Females

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Abstract: *Adolescence can be defined as the period beginning with the onset of puberty and ending at when the adulthood begins. It is a period when prompt physiological and psychological changes demand for new social roles to take place. The Adolescence age is a time of multiple transitions, namely, the transition to puberty and transitions involving parent-child relationships, school, peers, and cognitive and emotional abilities. This period is also characterized by an increase in risk-taking behaviours, e.g. those linked to careless driving, substance use, unprotected sexual behaviour, eating disorders, delinquency, homicidal and suicidal behaviours. Parents are the primary and most influential organization of socialization. It is the family where a child learns basic lessons of social life like control of impulses, pro-social behaviour, empathy, guilt, social interactions, give and take relations etc. Any disturbance in this primary organization can lead to disturbance in the process of socialization. Family environment includes dimension like attachment with parents, trust, communication and alienation with parents. The current research aims to study the risk-taking behaviours of adolescent females in the context of parent-child relationship. For this purpose, Adolescent Risk-Taking Questionnaire (2000), Inventory of Parent and Peer Attachment (IPPA) Armsden & Greenberg (1989) and The Children's Perception of Inter-parental Conflict Scale (CPIC) Grych, Seid, & Fincham (1992) were used to study the association between adolescent females risk-taking behaviour with parental role. Participants (N=300 adolescent females); M (age) =16.01 years) were selected from city-based schools from Punjab. Pearson Product-moment correlation and stepwise multiple regression analysis were applied to see the correlation between risky behaviours and parent child relationship. The result of the present research indicates that the risk-taking behaviours in adolescent females are positively correlated with self-blame, content of marital conflict, perceived threat, frequency of marital conflict, intensity of marital conflict while negatively correlated with the coping efficacy and resolution of marital conflict. The result also shows that the dimensions of parents trust, parents communication have an inverse correlation with risk-taking behaviour in adolescent females on the other side parent alienation has positive correlation with risk-taking behaviour of adolescent females. The current paper would be helpful in examining and predicting the phenomenon of risk-taking behaviour in adolescent females and thus be of value to the relevant stakeholders.*

Keywords: adolescent risk-taking, parent-child relationship, family environment, adolescent females, marital conflict

1. Background

Adolescence is a period of transition when the individual changes- physically and psychologically from a child to an adult. It is a period when prompt physiological and psychological changes demand for new social roles to take place. The adolescents, due to these transitions often face a number of perplexity and dilemmas. It is the period when the child moves from dependency to autonomy. It demands sententious adjustment to the physical and social changes. Undoubtedly adolescence represents one of the greatest of these periods of crises. In fact, it is the stage of stress, strain and storm. It brings many ambiguities in life. During this phase one really does not know where he or she stands. It is believed that this uncertainty about one's role causes many conflicts. Adolescence is a stage when young people undergo significant changes of the body, mind and personal amenabilities. Teenagers encounter significant psychological and emotional changes in addition to physical changes. It is a time when many physical, psychological and behavioural transformations happen and when adolescents establish a lot of the habits, behavioural patterns and relationships they will take into their adulthood (Rani, 2023). The adolescent period is a stage when the adolescent takes on new aspects and experiment with self-reliance. They seek for integrity; learn to apply values gained in early childhood and build skills that will help them in adulthood (Sandhu, Kaur & Bhatt, 2017).

Adolescent is a critical period of an individual. This discerning period includes a variety of risk-taking behaviors. Furthermore, a potentially risky behavior for an early adolescent might not be considered as developmentally harmful for a late adolescent. In other words, this period has

also different developmental characteristics. Risk-taking behaviors can be regulating and social acceptable to some extent depend upon the type, frequency, and degree of risky behavior. Moreover, empirical evidence points out that young people are more prone to involve in risky-behaviors that have fatal dangers and long-term effects. Furthermore, results of previous studies on adolescent risk taking behavior have suggested that the role of personality and demographic characteristics of adolescents should also be considered in understanding the risk-taking behaviours (Siraj, Najam & Ghazal, 2021). Adolescents often adopt incorrect attitudes and behavioral patterns than can lead to both social problems and ill health. Adolescent's risky behaviours often result from their inadequate knowledge of and experience with such behaviours and their lack of understanding of the risks involved. Moreover, their cognitive limitations make it difficult for them to learn from the experiences of others. Adolescents represent an age range marked by rapid physical and behavioral changes. Habits, good and bad, are often formed in this age range, which impact the health and social wellbeing of adolescents throughout their lives (Breinbauer, 2005).

Adolescent Risk-taking Behaviours and Parent Child Relationship

Parents are the primary and most influential organization of socialization. It is the family where a child learns basic lessons of social life like control of impulses, pro-social behaviour, empathy, guilt, social interactions, give and take relations etc. Any disturbance in this primary organization can lead to disturbance in the process of socialization. Family environment includes dimension like attachment with parents, trust, communication and alienation with parents.

Attachment theory (Bowlby 1960): Attachment theory examines how the caregiver-child bond develops and its impact on consequential development. Bowlby identified four types of attachment styles: 1) Secure 2) anxious-ambivalent 3) disorganized 4) avoidant. Adolescent who are more securely attached to their parents are less likely to be delinquent. Securely attached adolescents tend to have respect for their parents' opinions and consider how their decisions would be received by their parents before engaging in delinquent behaviour. Positive attachment relationships between parents and adolescents have been linked to positive outcomes such as self-esteem, autonomy, fewer risk behaviours and enhanced coping skills (Delgado et al., 2022). Supportive parenting and positive perceptions of the quality of the parent-child relationship were related to a reduction in behavioural problems (Zhu, & Shek, 2020). People with insecure attachment style tend to have the most difficulty seeking and accepting care from others, and as adults, they fall into highly unstable, dysfunctional relationship, reflecting the confusion that surrounds their feelings toward their original attachment figure. They may come to perceive others as rejecting, unreliable, untrustworthy and they may see themselves as broken, shameful, undeserving of love, care and respect (Mandeville, 2021). A further study done by Van der Vorst et al., (2006) found that insecurely attached people use alcohol as a method to cope with negative affect, which in turn would subsequently lead to harmful drinking. Insecure attachment could also predispose adolescent to spend more time with deviant peers who drink; these friendships could place them at risk to start drinking at an early age.

Parents child relationship and risk-taking behaviors

Parent-child relationship quality has been described as the product of ongoing interplay between parents and their children which underpins all aspects of parenting. A healthy parent-child relationship is thought to be important in that it fosters open communication between parent and child, providing a foundation for better parental monitoring and setting of appropriate boundaries for adolescence (Ali, Letourneau & Benzie, 2021).

A positive parent-child relationship can be a protective factor in children's development. A close relationship between children and leads to higher self-esteem, better relationship skills, more success in school, and abstain from drug, alcohol and other risky behaviours (Manual & Migallos, 2021). When parents are more involved with their child, children are less likely to become involved in problematic behaviour and are emotionally healthier (Ginsburg & Committee on Psychosocial Aspects of Child and Family Health 2007).

Parents are supportive, warm, sensitive to the psychological states of their children and responsive to their psychosocial needs in a healthy parent-child relationship. They are generally seen as emotionally available and accepting of their children. Such parenting behaviour results in greater sociability, self-regulation and prosocial behaviour (Batool & Lewis, 2020). The influence of parents continues to serve an adaptive and protective function for adolescents with lack of emotional warmth and less open communication leading to problem behaviours in adolescents (Kapetanovic & Skoog, 2021).

Trucco, (2020) found that adolescents reported a higher tendency to use alcohol, smoking and taking drugs if they perceived more permissiveness, less nurturance and less monitoring.

Utilizing Kaluliyana, (2017) research it is evident that less communication, low parental attachment and low monitoring has been associated with adolescent's excessive risky behaviours such as initial level of alcohol misuse, underage drinking and driving, speeding, fighting and many more. An important part of development of an individual is the parent-adolescent relationship. For adolescents, conflicts among parents and parental separation are majorly unfavorable experiences. Conflicts are generally followed by parental separation, which becomes a huge risk factor leading to adolescent problem behavior. Gustaven et al., (2014) studied impact of parental divorce on risk behaviors of teenage children. Results revealed that there was significant increase in the possibility of risk behaviours in children whose parents were divorced.

The review of literature presents some very interesting areas to explore in order to understand risk-taking behaviours of adolescents. It is especially relevant in exploring the psychosocial developmental tasks of identity and autonomy for adolescent development within the Indian context as Indians live in a collectivist society where individuals set aside personal goals for the good of the whole. In addition, Punjab youth have been engaged in a high proportion of different types of negative risk behaviour since childhood. Reports also show drug addiction even among adolescents (Singh & Singh, 2023; Sandhu, 2015). According to one study, the prevalence of violence, alcohol and drug use, and sexual behavior is high, ultimately leading to health and social problems, affecting the younger generation (Ahmed et al., 2020). A significant number of studies have shown that adolescents with positive relationship with parents tend to be safe from a variety of dangerous behaviors, including illegal drug use, alcohol use, and unsafe sexual behavior. On the contrary, adolescents with negative and conflicted relationship with parents have experienced stress in making meaningful commitments and struggle to achieve their personal goals and more indulge towards risk-taking behaviour (Vadivel et al., 2023).

2. Purpose and Significance

A substantial amount of research has received attention for behaviors exhibited by adolescents that have potential danger or even fatal consequences for them. It has been consistently established that in comparison to other life phases, the adolescent years are marked by a heightened tendency for recklessness, thrill-seeking, and risk-taking behavior. Statistics associated with adolescent engagement in risk-taking behaviors reveal that adolescents drive faster in comparison to adults, have the highest occurrence of sexually transmitted diseases, have the highest prevalence of self-reported drug use, and indulge in a large portion of crimes. Also it is seen that poor identity development has repercussions for and engagement in risk-taking behaviours. Adolescents with disturbed relationship with parents have been found to be more inclined to engage in substance abuse and risky behaviours in comparison to teenagers having

healthy relationships with care taker. Parents are the primary and most influential organization of socialization. It is the family where a child learns basic lessons of social life like control of impulses, pro-social behaviour, empathy, guilt, social interactions, give and take relations etc. Any disturbance in this primary organization can lead to disturbance in the process of socialization. Family environment includes dimension like attachment with parents, trust, communication and alienation with parents. It is evident from the research that family especially various aspects of parent-child relationship play a crucial role in the development/ maintenance of risk-taking behaviour in adolescents. Thus there is a need to explore various dimensions of parent-child relationship which serve as important correlates of risk-taking behaviour in the Indian adolescent females. Though there are various factors/determinants leads to risk-taking behaviour during adolescence. Parental factors are most important. This work aims to study the risk-taking behaviour of Indian adolescent females in context of their parental role.

Hypotheses

- 1) Risk-taking behaviour in females will be correlated with parental attachment.
 - a) Risk-taking behavior in females will be inversely correlated with parental trust and communication.
 - b) Risk-taking behavior in females will be positively correlated with parental alienation.
- 2) Risk-taking behavior in females will be correlated with inter-parental conflict.
 - a) a) Risk-taking behavior in females will be positively correlated with various dimension of inter-parental conflict (self -blame, content, perceived threat, frequency, intensity).
 - b) Risk-taking behavior in females will be negatively correlated with various dimensions of inter-parental conflict (coping efficacy and resolution).

3. Methodology

Participants

A total sample consisted of 300 adolescent females of age 13-18 years were taken from various private and government schools of secondary and senior secondary level from Patiala, Bathinda and Sangrur district of Punjab. The participants were studying in grades 8-12.

Measures

Adolescent Risk Behavior Questionnaire (ARQ) - Gullone, Moore, Moss, & Boyd (2000)

The ARQ is a comprehensive questionnaire to assess health risk behavior and exploratory risk behaviour, designed for use with adolescents. It has two sub parts that are scored discretely: (1) a 22-item questionnaire that assess the frequency of risk behaviors and (2) a 22-item risk belief questionnaire that assess the perception of risk involved with every behavior of adolescent. Item responses are assigned on a five-point Likert-type scale.

The Children's Perception of Inter-parental Conflict Scale (CPIC) Grych, Seid & Fincham (1992)

The CPIC was constructed to assess school-aged children's perspectives on numerous aspects of inter-parental conflict. It consists of 49-item child-completed questionnaire and evaluates different areas of Inter-parental Conflict: Frequency (how frequently the parents quarrel), Intensity (extent of negative affect or hostility exhibited and the incidence of physical aggression), Resolution (poor resolution of the disagreement), Perceived Threat (extent of threat felt due to conflict), Coping efficacy (perceived capability to cope with the disagreement), Content (child related vs. non-child related), and lastly, Self-blame (tendency on part of the child to blame oneself for the marital disagreement).

Inventory of Parent and Peer Attachment (IPPA) Armsden & Greenberg (1989)

The IPPA was constructed to evaluate adolescent' perceptions of the positive and negative affective/cognitive aspects of relationships with their parents and close mainly how well these figures serve as basis of psychological security. It is a design to measure adolescent attachment to parents (mother, father) and adolescent attachment to friends (peers). The revised version (Mother, Father, and Peer Version) is composed of 25 items in each of the mother and father, providing two separate attachment scores, the two dimensions used to measure attachment are mother/father, mother/father and mother/father, which were conceptualized by Armsden & Greenberg (1987).

4. Procedure

The present study was aimed to see the correlations between risk-taking behaviour with parental role among adolescent females in Punjab. For this purpose, 300 adolescent females in the age range of 13–18 years were selected from various schools in Punjab. The present investigation started first with obtaining permission to carry out the research work from the authorities concerned. Permission was sought from principals and teachers to request their permission to approach the students to take part in the current research. Further, a brief psychological workshop of approximately thirty minutes was conducted with the subjects to get acquainted with them and develop a rapport. Participants were requested to fill the required information for the test. Administration of tests was planned in the two sessions on two consecutive days and adequate resting time was also given between the administrations of two tests. This was done to overcome the effects of fatigue, interference or monotony. In the first session, after conducting the workshop, and giving a break of ten minutes, Adolescent Risk Behavior Questionnaire (ARQ) was administered and it took almost 40 minutes to be completed. In the second phase (on the second day), the same group of students was given the The Children's Perception of Inter-parental Conflict Scale (CPIC) and it took around 40 minutes for it to be completed. After a gap of twenty minutes, participants were administered an inventory of parent and peer attachment (IPPA). This scale was used to assess adolescent's perceptions of their attachment with their parents. The participants completed in 40 minutes. Scoring of the tests was done strictly according to the instructions/ scoring key provided in the manuals of the tests used. The

data were analysed using: (a) Pearson-product moment correlation (b) Step-wise multiple regression (c) t-test. The data were analysed using SPSS version IBM 22.

Analysis

Pearson's Product Moment Correlation and stepwise multiple regression were computed to study the relationship of risk-taking behaviours with various dimensions of inter-parental conflicts and attachment with parents.

5. Results and Discussion

Table 1: Showing Mean difference and standard of deviation of Risk-taking Behaviour in females and various dimensions of Inter-parental Conflict scale (N=300)

Variables	Mean	SD
Risk-taking Behavior	56.51	12.54
Frequency of Marital Conflict	14.37	5.55
Intensity of Marital Conflict	16.08	3.36
Resolution of Marital conflict	13.41	2.63
Content of Marital Conflict	12.10	3.03
Perceived Threat	13.33	6.63
Coping Efficacy	10.53	2.95
Self-blame	10.77	2.61
Mother Trust	21.89	7.75
Father Trust	20.46	6.80
Mother Communication	21.11	6.79
Father Communication	19.79	5.53
Mother Alienation	25.70	9.02
Father Alienation	25.49	7.84

Table shows the Mean and SDs of scores on the children's perception of inter-parental conflict scale. The mean and S.D on frequency of marital conflict are 14.07 and 5.55 and for intensity of marital conflict the mean and S.D are 16.08 & 3.36. The mean & S.D for resolution of marital conflict for adolescent are 13.41 and 2.63, and for content of marital conflict mean and S.D are 12.10 and 3.03 And for perceived threat dimension, the mean and S.D for adolescent are 13.33 and 6.63. The mean and S.D for coping efficacy are 10.53 & 2.95 and for dimension of self-blame, the mean and S.D are 10.77 and 2.61.

The means for the dimensions of parent and peer attachment namely mother trust, father trust, mother communication, father communication, mother alienation and father alienation, were 21.29, 20.46, 21.11, 19.79, 25.70 and 25.49. The standard deviation for these dimensions were 7.75, 6.80, 6.79, 5.53, 9.02, and 7.84 respectively.

Table 2: Correlation of adolescent risk-taking behaviors in females with the dimensions of parent attachment and various dimensions of inter-parental conflict

	Variables	Adolescent risk-taking Behavior	
Inventory of Inter-Parental Conflict	Self-blame	.33**	
	Content of marital conflict	.19**	
	Perceived threat	.32**	
	Frequency of marital conflict	.48**	
	Intensity of marital conflict	.35**	
	Coping efficacy	-.25**	
	Resolution of marital conflict	-.36**	
Inventory of Parent and Peer Inventory	Dimensions	Mother	Father
	Trust	-.28**	-.37**
	Communication	-.36**	-.21**
	Alienation	.32**	.31**

** . Correlation is significant at the 0.01 level (2-tailed).

Pearson product moment correlation analysis was applied to study the correlations of adolescent risk-taking behaviors the dimensions of parent attachment and various dimensions of inter-parental conflict.

Correlational analysis between these variables has been discussed under the following subheadings:

- 1) Correlation between risk-taking behavior in females and dimension of parent attachment.
- 2) Correlations between various dimensions of inter-parental conflict and risk-taking behavior in females.

Correlation between Risk-taking Behavior and Inter-Parental Conflict

The perusal of table no. 2 shows that Risk-taking Behavior was Positively correlated with Self Blame ($r=.33$, $p<0.01$), Content of marital conflict ($r=.19$, $p<0.01$), Perceived Threat ($r=.32$, $p<0.01$), Frequency of marital conflict ($r=.48$,

$p<0.01$), Intensity of marital conflict ($r=.35$, $p<0.01$). A significant relationship was found between these variables. It can be seen from the above table that Coping Efficacy and Resolution were significantly negatively correlated with Risk-taking Behavior ($r=-.25$, $p<0.01$) and ($r=-.36$, $p<0.01$) respectively. These results affirm the hypothesis.

Correlation between Risk-taking behavior and Parent attachment

It can be seen from the table that the dimension of Mother Trust ($r=-.28$, $p<0.01$) and Father Trust ($r=-.37$, $p<0.01$) had significantly inverse correlated with risk-taking behavior in adolescents. Results shows that the dimension of Mother Communication ($r=-.36$, $p<0.01$) and Father Communication ($r=-.21$, $P<0.01$) had significantly inverse correlated with risk-taking behavior. Also the dimension of Mother Alienation ($r=.35$, $p<0.01$), and Father Alienation ($r=.31$, $p<0.01$) has significant correlations with risk-taking behavior.

Overall, it can be said that trust and communication are inversely significant correlated risk-taking behaviour in

adolescents. Whereas, parental alienation is positively correlated with risk-taking behaviour in adolescents.

Table 3: Stepwise Multiple Regression Analysis of the Children's Perception of Inter-Parental Conflict Scale for Risk-taking Behavior in adolescent females

Criterion	Model	R	R ²	SE of estimation	R2change	F change	Df	B	T
Risk-taking behavior	Frequency of marital conflict	.47	.23	10.5	.23	180.9	1/618	.47**	13.4
	Resolution of marital conflict	.61	.38	9.5	.15	147.1	1/617	-.38**	-12.1
	Self-blame	.66	.44	9.1	.06	66.6	1/616	.25**	8.2
	Perceived threat	.69	.48	8.7	.05	50.4	1/615	-.22**	7.1
	Intensity of marital conflict	.73	.53	8.2	.04	68.2	1/614	.24**	8.2
	Coping efficacy	.74	.55	8.1	.02	24.5	1/613	-.14**	-4.9
a. Predictors: (constant), Frequency of Marital Conflict b. Predictors: (constant), Frequency of Marital Conflict, Resolution of Marital Conflict c. Predictors: (constant), Frequency of Marital Conflict, Resolution of Marital Conflict, Self-blame d. Predictors: (constant), Frequency of Marital Conflict, Resolution of Marital Conflict, Self-blame, Perceived threat e. Predictors: (constant), Frequency of Marital Conflict, Resolution of Marital Conflict, Self-blame, Perceived threat, Intensity of marital conflict, f. Predictors: (constant), Frequency of Marital Conflict, Resolution of Marital Conflict, Self-blame, Perceived Threat, Intensity of Marital Conflict, Coping Efficacy									

Table no.3. shows that the Frequency of marital conflict ($\beta=.47$, $p<0.01$), is the strongest predictor for Risk-taking Behavior which positively accounted for 23% of the unique variance in it. A negative contribution of Resolution of marital conflict ($\beta=-.38$, $p<0.01$) was also observed accounting for 15 % of the variance while Self-blame ($\beta=.25$, $p<0.01$) accounted positively for variance in Risk-taking Behavior about (6%). It is also suggested by the results that Perceived threat ($\beta=.22$, $p<0.01$) is positively contributing

towards Risk-taking Behavior about 5%. It is evident that the Intensity of marital conflict is positively contributing to Risk-taking Behavior ($\beta=.24$; $p<0.01$). It is revealed from the table that Coping efficacy is also inversely contributing to Risk-taking Behavior ($\beta=-.14$, $p<0.01$). Content of marital conflict did not emerge as potent predictor in determining adolescent's risk-taking behaviour and was excluded from the regression model

Table 4: Stepwise Multiple Regression Analysis of Parent Attachment Styles for Risk-taking Behavior in females

Criterion	Model	R	R ²	SE of estimation	R2 Change	F change	Df	B	T
Risk-taking Behaviour	Mother alienation	.59	.34	9.7	.20	190.5	1/618	.46	13.8
	Father trust	.66	.43	9.1	.09	94.9	1/617	-.31**	-9.7
	Father Alienation	.68	.46	8.8	.03	39.2	1/616	.19**	6.3
	Mother trust	.70	.49	8.6	.01	11.1	1/615	-.11**	-3.3
	Mother Communication	.71	.50	8.5	.01	11.8	1/614	-.14**	-3.4
a. Predictors: (constant), Mother Alienation b. Predictors: (constant), Mother Alienation, Father Trust c. Predictors: (constant), Mother Alienation, Father Trust, Father Alienation d. Predictors: (constant), Mother Alienation, Father Trust, Father Alienation, Mother Trust e. Predictors: (constant), Mother Alienation, Father Trust, Father Alienation, Mother Trust, Mother communication									

A perusal of Table 4 shows that Mother Alienation dimension emerged as the strongest predictor for Risk-taking Behavior ($\beta=.46$, $p<0.01$) which positively accounted for 20% of the unique variance in it, while Father Alienation ($\beta=.19$, $p<0.01$) accounted positively for variance towards Risk-taking Behavior about .3%. The table also revealed that Mother Communication (.01%) and Mother Trust (0.1%) both accounted negatively contributing towards the variance of Risk-taking Behavior in adolescents. It is evident that Father Trust is negatively contributing to Risk-taking Behavior in adolescents ($\beta=-.31$, $p<0.01$) accounted negatively for variance in Risk-taking Behavior about .09%.

The main goal of the present study was to examine the associations of parent-adolescent relationships, including parental support and Inter-parental Conflict, with adolescents risk-taking behaviors. Overall, the results indicated that for those adolescents with higher levels of parent-adolescent conflict and lower levels of perceived parental support predicted more risk-taking behaviors. Duell & Steinberg (2020) revealed that a similarity in the correlations of parental

trust that has significant inverse correlation with risk-taking behavior in adolescents. Trust within parent-child relationship refers to a confident belief in each other's reliability, emotional trustworthiness, and honesty The appropriate socioemotional development of children is significantly influenced by their level of trust in their parents. For instance, according to attachment theory, children's present and future social function is influenced by their trust in their carers' availability, dependability, and responsiveness. (Xie & Pentina, 2022; Bowlby, 1969; Bridges, 2003).

Parents know that at a certain point in their adolescent's life, they must "stop relying on their own vigilance, discipline, and control and begin relying on their children's responsibility and integrity". This trust is established through shared knowledge and communication, often centered on parental knowledge of their children's daily activities. and previous demonstration of established responsibility on the part of the adolescent (Sujarwo et al., 2021)

Research has shown that adolescents who perceive a strong mutual trust with their parents are less likely to engage in high-risk behaviors such as delinquency (Bouffard & Armstrong, 2021; Sandhu, Kaur & Bhatt, 2017); however, much less is known about the relationship between perceived trust and other risk behaviors such as sexual activity or substance use. Trust should be examined in the context of the other dimensions of parenting to determine its relative contribution in explaining adolescent risk behavior (Flykt et al., 2021).

Empirical studies have also shown that adolescents who perceive a strong mutual trust and communication with their parents and peers tend to engage in fewer high-risk behaviors (Murphy, et.al 2021), feel less loneliness (Lin et al., 2023), report a higher level of parent-adolescent relational qualities and show better psychosocial adjustment (Ebbert, Infurna & Luthar, 2019).

Communication in a family is of utmost importance as it helps the family to cope with everyday stresses and problems (Segrin & Flora, 2018). Parent-child communication is considered by scholars as just one of many variables that can affect children's attitudes, beliefs and, ultimately, behaviors (Astle et al., 2022). Some scholars find that parent-child communication is an effective way of reducing unhealthy behaviors in adolescents (Jang, Brown & Park, 2021; Akard et al., 2006).

Adolescents, who have repeated communications about sex, sexuality, and development with their parents, are more likely to have open and closer relationships with them, in addition to being more likely to talk with their parent's in the future about sex issues than adolescents whose sexual communication with their parents included less repetition (Astle, et.al, 2021). When parents and youth have good communication, along with appropriate firmness, studies have shown youth report less depression and more anxiety and more self-reliance and self-esteem.

Parental alienation is a serious mental condition for a child, based on a false belief that the alienated parent is a dangerous and unworthy parent. The severe effects of parental alienation on children are well-documented; low self-esteem and self-hatred, lack of trust, depression, and substance abuse and other forms of addiction are widespread, as children lose the capacity to give and accept love from a parent. Self-hatred is particularly disturbing among affected children, as children internalize the hatred targeted toward the alienated parent, are led to believe that the alienated parent did not love or want them, and experience severe guilt related to betraying the alienated parent. Their depression is rooted in feelings of being unloved by one of their parents, and from separation from that parent, while being denied the opportunity to mourn the loss of the parent, or to even talk about the parent. Alienated children typically have conflicted or distant relationships with the alienating parent also, and are at high risk of becoming alienated from their own children; Baker reports that fully half of the respondents in her study of adult children who had experienced alienation as children were alienated from their own children. Lower quality relationships with parents may lead to more depressive symptoms because adolescents in such relationships experience low support when facing emotional problems

(Silva, 2021). The perception of being accepted and valued is thought to boost self-esteem and self-efficacy, which protects against depressive feelings (Nunes & Faro, 2021). Witnessing anger or conflict can be aversive for children and it is often associated with increased arousal, distress, and aggression as well as long-term adjustment difficulties including behavioral, emotional, social, and academic problems. Children from homes characterized by high conflict appear to be vulnerable to externalizing problems such as verbal and physical aggression, noncompliance, and delinquency, as well as internalizing problems such as depression and anxiety (Coutinho, 2022). Alienation and children who become estranged from the non-residential parents (Kelly & Johnston, 2001) are also at high risk of poor adjustment. Estrangement is when children, for good reasons, become reluctant or refuse to see the parent. Typically, this is because they have experienced poor treatment, been overwhelmed developmentally by the visiting arrangements, or suffered family violence. Parental alienation is defined as a child's unreasonable rejection of one parent due to the influence of the other parent combined with the child's own contributions (Johnston & Sullivan, 2020). Early intervention (and usually this requires specialist intervention) in alienation and estrangement is advocated.

Empirically, research has found that good relationships with parents may protect youth from initiating risky behavior (Bozzini et al., 2020), while observing risk-taking by parents may endorse these behaviors and increase the likelihood that their children will adopt these behaviors (Wood & Kennison, 2017). Regardless of the focus on these studies, it is clear that both the parent-child relationship and parental behavior are associated with adolescent problem behavior.

The degree of parental conflict is a major risk factor associated with children's adjustment, being more susceptible to school indiscipline, absenteeism, and likely to indulge in sexual activities and drug or alcohol use (Hancock Hoskins, 2014). A longitudinal study found higher rates of cigarette smoking was found among young or late adolescents who experienced the divorce of their parents as compared to adolescents whose parents were married (Khlat et al., 2020). Another study found that parental divorce when experienced at early stages in life lead to lifetime alcohol dependence (Roustit, Chaix, & Chauvin, 2010; Huurre et al., 2010; Hasin et al., 2020). Close family bonding has been identified as a protective factor for youth sexual risk-taking behavior (Mihic et al., 2022), and family connectedness is also related to less frequent cigarette use in teens (Goldfarb, Tarver & Sen, 2015).

Inter-parental conflict can also impact on child adjustment indirectly, undermining the quality of parenting and discipline, and leading to increased parental inconsistency, lack of authoritative parenting, negativity and coerciveness. Non-cooperative parenting between ex-partners and emotional withdrawal by both quality of parent-child relations, including levels of parental warmth, support and residential and non-residential parents following episodes of conflict can affect the nurturance, and parent-child connectedness (Gao & Cummings, 2019). The children's increased anger and upset make it even more difficult for distressed parents to maintain effective parenting practices

(Kelly, 2003). Inter-parental conflict is also a cause of non-visitation by the non-residential parent, visitation disputes, non-payment of child support (Burke & Gridley, 2009) and post-divorce litigation (Maccoby & Mnookin, 1992). In a study of children whose parents presented for help with conflict resolution, over one-third of the children had poor mental health ratings (rated on the Strengths and Difficulties Questionnaire (SDQ) compared with only 13% of children in the general population (McIntosh and Long, 2006). The peak points of risk are when conflict remains high and unresolved.

As reported earlier that Inter-parental conflict is positively contributed towards risk-taking behavior in adolescents. Researches have also pointed out that positive family environment is associated with better psychosocial functioning of adolescents, while conflicted family environments support negative outcomes (Sandhu & Tung, 2003). A study done by Catalano et al., (2002) also suggest that family conflict and communication may lead to alienation between parents and children, which in turn manifest itself in delinquency and drug use. Children in families with high levels of conflict are at greater risk for internalizing, externalizing, academic, and social competency problems. The finding that children living in families with higher rates of marital conflict perform more poorly academically than peers living in families with little or no marital conflict, has been well supported in the literature (Zhang et al. 2023).

Inter-parental conflict can also impact on child adjustment indirectly, undermining the quality of parenting and discipline, and leading to increased parental inconsistency, lack of authoritative parenting, negativity and coerciveness. Non-cooperative parenting between ex-partners and emotional withdrawal by both residential and non-residential parents following episodes of conflict can affect the quality of parent-child relations, including levels of parental warmth, support and nurturance, and parent-child connectedness (Meapa & Ntshalintshali, 2020). The children's own increased anger and upset makes it even more difficult for distressed parents to maintain effective parenting practices (Kelly & Emery, 2003). Inter-parental conflict is also a cause of non-visitation by the non-residential parent, visitation disputes, non-payment of child support (Pearson & Thoennes, 1988) and post-divorce litigation (Maccoby & Mnookin, 1992). In a study of children whose parents presented for help with conflict resolution, over one third of the children had poor mental health ratings (rated on the Strengths and Difficulties Questionnaire (SDQ) compared with only 13% of children in the general population and unresolved. (McIntosh and Long, 2006). The degree of parental conflict is a major risk factor associated with children's adjustment to divorce, and the association between intense marital conflict and children's poor adjustment has been repeatedly demonstrated. A large body of research documents that children have more psychological problems when their parents are in conflict, either during marriage or following divorce (Amato & Keith, 1991a, 1991b; Grych, 2005; Grych & Fincham, 1990; Kelly & Emery, 2003). Such difficulties include higher levels of anxiety, depression and disruptive behaviour (Grych, 2005). Most experts therefore agree that children may be better off living in a happy divorced family than a conflict-ridden married one (Emery, 1999). Children from divorced but

conflict-free homes have been found to have fewer behaviour problems than children whose parents remain in an unhappy marriage (Hetherington & Stanley-Hagan, 1999). In addition, children's adjustment improves when conflict declines after divorce (Kitzmann & Emery, 1994). Conflict is marked by some or all of the following parental behaviours: high degrees of anger and distrust, incidents of verbal abuse, intermittent physical aggression, ongoing difficulty in communicating about their children, ongoing difficulty cooperating in the care of their children, and the deliberate sabotaging of the child's relationship with the other parent (McIntosh, 2003). Previous studies have also found that children who grow up in maladapted homes and witness discord or violence will later exhibit emotional disturbance and behavior problems (Simons, Wu, Johnson, & Conger, 1995). Another study found that parental divorce when experienced at early stages in life lead to lifetime alcohol dependence (Roustit, Chaix, & Chauvin, 2007; Huurre et al., 2010; Hasin et al., 2014).

Children who grow up in violent families or who watch their parents' abuse have been proven to either commit abuse, neglect, or become victims of homicide themselves. Regardless of the type of inter-parental conflict, be it in the forms of inter-parental, mother-adolescent or father-adolescent, it is a consistent predictor of risk-taking behavior. Meanwhile, consistent relationships have been obtained between inter-parental conflict and adolescents' internalizing behavior problems, such as self-esteem and depression. A high level of inter-parental conflict has been found to be associated with an increased risk of the development of such problems (Cumming, 2006).

6. Implications and Future Directions

Significant relationships were found between parent-child attachment quality and risk-taking behavior in females. These relationships provide empirical support for the recommendation that intervention efforts should include family-level approaches. In risk-taking preventive interventions, parents should be trained on establishing and maintaining secure, close relationships with their child especially during adolescent development. Programs that target the quality of the attachment as assessed through the IPPA in the current study between parent and child may be particularly effective. Promoting acceptance and supportive bonds between parents and girls may aid families in preventing adolescent girls engagement in a wide range of risk-taking behavior by contributing to adolescents' development of perceived confidence in their ability to resist social pressures to engage in risk-taking behavior. The IPPA and CPIC scale were used in this study may also be a useful screening tool for identifying families whose children are at risk for engagement in health-risk behaviors. It is also useful to consider implications for improving family problem-solving. Family problem-solving may be related to other constructs such as conflict and conflict resolution, which have been identified as an important factor in the development of antisocial behavior. In families with high quality parent-child relationships, family problem-solving may be more readily apparent and useful, which may facilitate other positive processes, such as conflict management within interpersonal relationships. Although more investigation is required to fully understand the connections between the se related constructs,

but practically, an effort to improve the parent–child bond is warranted and may decrease vulnerability for risk-taking while also increasing family problem-solving. It may be that adolescents with greater attachment quality to a caregiver will have higher levels of satisfaction of parent–child communication, which could in turn be associated with less engagement in risk-taking behavior. It could also be that having greater attachment quality to a caregiver is associated with having more open communication between parents and adolescents, which in turn is negatively associated with adolescent risk-taking. Further research should consider these alternative mechanisms when examining the relationship between attachment quality and adolescent risk-taking behavior in order to develop successful prevention and intervention approaches.

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