

The Nature and Prevalence of Impulsive Behaviour in a South African University Sample

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Abstract

Impulsive behaviour is a concerning phenomenon, closely linked to a range of adverse mental and physical health outcomes. It often manifests in risky sexual behaviour, excessive alcohol consumption, and reckless driving. University students appear particularly vulnerable to such behaviours, as they navigate the transition from high school to university and experience increased autonomy in their decision-making. Research has shown that economic and social inequality are key drivers of risky behaviour among young adults in developing societies, including African contexts, yet there is a lack of prevalence data, and much of the existing literature tends to focus primarily on risky sexual behaviour and substance use. This highlights the need to explore the nature and prevalence of other forms of risky behaviour within this context. The present study aimed to explore the prevalence and nature of impulsive behaviour in a sample of university students in South Africa. Using a quantitative approach and a cross-sectional design, the study recruited 532 psychology students aged 18–35 years from a South African university. The Impulsive Behaviour Scale (IBS) was administered across three year groups in a group setting. Data were analysed using SPSS Version 28, revealing a high prevalence rate (90%) of impulsive behaviour in the sample, with no significant gender differences. The most frequently endorsed behaviours included risky sexual activity, self-harm, impulsive spending, and excessive alcohol consumption. The findings have important implications for social workers and other mental health practitioners in the South African context.

Keywords: impulsive behaviour; young adults; university; South Africa



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Introduction

Impulsivity is a multifactorial construct that has been variously described in the literature as a cognitive style, a personality trait, and a phenomenon with neurobiological correlates, accounting for both normative individual differences and psychopathology (Mitchell and Potenza 2014; Stanford et al. 2009). It frequently manifests as impulsive or risky behaviour, such as unsafe sex and substance use, with research indicating that involvement in multiple risk behaviours is associated with negative physical, psychological, and social outcomes among young adults (Campbell et al. 2020). Notably, individuals with a high propensity for impulsivity often exhibit a diminished capacity to regulate cognition and behaviour in response to stimuli, resulting in limited consideration of the consequences of their actions (Stanford et al. 2009).

Impulsivity has been conceptualised in various ways, with the literature reflecting numerous and often inconsistent definitions of the construct (Vassileva and Conrod 2019). Depue and Collins (1999, 495) describe impulsivity as a “heterogeneous cluster of lower-order traits that includes terms such as [...] sensation seeking, risk-taking, novelty seeking, boldness, adventuresomeness, boredom susceptibility, unreliability, and unorderliness”. This conceptual complexity is further compounded by challenges in measurement, particularly in distinguishing between different facets of impulsivity (e.g. cognitive versus behavioural impulsivity), which have hindered the formulation of a comprehensive theory regarding impulsivity and its role in psychopathology (Bakhshani 2014; Gullo, Loxton, and Dawe 2014).

Young Adults, University, and Impulsive Behaviour

Impulsive behaviour appears to be particularly prevalent among young adults. Dayan et al. (2010) explain that, according to the developmental frameworks of Erikson (1968) and Blos (1989), young adults grappling with the psychosocial stage of *intimacy versus isolation* have a strong need for social recognition and autonomy. However, this stage is often paradoxically accompanied by tendencies towards self-isolation and self-doubt. In navigating these conflicting emotions, young adults may experience mood swings, which they may attempt to regulate through risky behaviour as a form of self-medication. Ozcebe et al. (2012) found that lifestyle was a significant risk factor for impulsive behaviour in university students, with factors such as time spent with peers, relationships with parents, and place of residence all significantly influencing engagement in risky behaviour.

Additionally, Romer (2010) posits that environmental stressors and adverse childhood experiences—such as physical abuse, exposure to domestic violence, and childhood neglect—are linked to impulsive behaviours like substance abuse and suicidal behaviour. Studies on adverse childhood experiences (Babad et al. 2021; Schafer 2021) indicate that stress during childhood predicts later risk-taking behaviour. For young females in particular, childhood sexual abuse has been found to correlate with high-risk

sexual behaviour in later life (Ménard and MacIntosh 2021). In contexts like South Africa, additional multi-systemic factors, such as inequality, poverty, and food insecurity, often intersect (Radkani et al. 2023; Van den Berg and Raubenheimer 2015), and risky behaviour may be a means of meeting basic needs. Similarly, Getaneh and Wondimu (2022) reported that low socio-economic status was among the factors likely to be linked to risky behaviour in their sample of Ethiopian university students.

Impulsive behaviour has been shown to have multiple long-lasting negative outcomes for university students. Firstly, impulsivity negatively impacts self-regulation and executive functioning, leading to academic underachievement and impaired learning outcomes (Nigg 2017). Research by Barkley (2010) highlights the association between decreased emotional regulation—a key component of impulsivity—and attention-deficit hyperactivity disorder (ADHD), with this association significantly affecting academic performance. In this cohort, impulsive behaviour may also result in unwanted pregnancies, sexually transmitted infections (STIs), criminal convictions, and university dropout (Unasho and Tedesse 2013). Moreover, risky behaviours may not only increase students' immediate vulnerability but may also shape their long-term mental and physical health, as well as that of future generations (Diggs and Neppl 2018; Kwan et al. 2016). Substance use is one example of how the intergenerational transmission of risky behaviour can span multiple generations (Neppl, Diggs, and Cleveland 2020), highlighting the importance of intervening in the behaviour early on.

Secondly, the interplay between emotion regulation, motivation, and the underlying dynamics of psychopathology has been highlighted by Beauchaine and Zisner (2017), who identify impulsivity as a vulnerability marker for various other mental disorders. In addition to its contribution to personality styles (Whiteside and Lynam 2001), impulsivity has been found to be implicated in mood and anxiety disorders, neurological disorders (e.g. ADHD and impulse control disorders), and substance use disorders (American Psychological Association [APA] 2013). It has also been shown to have robust predictive relationships with these disorders (Kozak et al. 2019; Stautz and Cooper 2013). Of particular concern are findings suggesting that, in disorders such as schizophrenia, substance abuse is correlated with higher rates of impulsivity and suicidality, thereby complicating treatment in already severe pathology (Gut-Fayand et al. 2001).

Gender, Age, and Impulsive Behaviour

Gender has been found to influence impulsivity, with externalising behaviours such as conduct disorder, physical aggression, and substance abuse (APA 2013; Thompson, Zalewski, and Lengua 2014) reported to be more prevalent in males (Regan, Harris, and Fields 2019). Internalising disorders such as depression and anxiety, on the other hand, have been found to be more prevalent among female youth (Matos et al. 2017).

In a systematic literature review, Argyriou, Um, Carron, and Cyders (2018) found that younger age is correlated with a heightened presence of impulsive traits, likely influenced by neurodevelopmental changes during this life phase. Sensation-seeking behaviour, which reflects these traits, often begins in early adolescence, increases during middle adolescence, and decreases as the individual approaches young adulthood—although there is evidence that, for some individuals, it may increase again in young adulthood. Steinberg (2010) also highlights age as a variable in sensation seeking, presenting evidence for a “dual systems model” that explains the heightened risk-taking propensity among younger individuals compared to older ones. Although the link between impulsive behaviour and adverse physical and mental health outcomes is widely acknowledged (Reddy et al. 2013), and there is evidence that an earlier age of onset is associated with worse outcomes (Lara and Abdo 2016), there appears to be a perceived sense of invincibility among young adults regarding their personal vulnerability to these outcomes. As a result, the behaviour often continues unabated and becomes largely normalised.

The Present Study

In any context, a younger population—particularly university-educated young adults—contributes significantly to economic growth by entering the labour force, driving productivity, and leading innovation. Behaviour that threatens the optimal functioning of this cohort therefore warrants serious attention. In South Africa, numerous political and social issues impact economic growth and influence who enters the labour force, as well as when and how this occurs. Young adults are disproportionately affected by unemployment in the country (World Bank Group 2023), which recorded an unemployment rate of 33.5% in 2024 (Statista 2024). South Africa is considered one of the most unequal countries in the world, with the Global Wealth Report (2024) indicating that the country leads globally with a score of 82 out of 100 on the inequality index (where a score of 100 denotes absolute inequality). Statista (2024) also recorded a Gini coefficient of 0.63 in 2024. The province of KwaZulu-Natal (the site of the study) recorded a Gini coefficient of 0.63 in 2021 and had the second-highest unemployment rate among the nine provinces in the country (KwaZulu-Natal Economic Profile 2021). This is significant because research has shown that risky behaviour among university students is associated with low socio-economic contexts (Getaneh and Wondimu 2022).

In addition to placing students at physical and psychological risk, impulsive behaviour can also expose them to economic risk when it results in unwanted pregnancies, STIs, criminal convictions, academic failure, and dropout. Addressing this issue requires up-to-date prevalence statistics. However, in South Africa, there is a paucity of literature on impulsive behaviour, with available studies largely focusing on risky sexual behaviour (e.g. Hlongwa et al. 2018; Hlongwa, Peltzer and Hlongwana 2020) and substance use (e.g. Khuzwayo, Taylor, and Connelly 2020). There is therefore a need to further explore other forms of impulsive behaviour among university students in this context.

The present study sought to explore the prevalence and nature of impulsive behaviour in a sample of university students—an “at-risk” cohort for this behaviour in South Africa. The research question guiding the study was: What is the prevalence and nature of impulsive behaviour in this university sample?

Theoretical Framework

Whiteside and Lynam (2001) emphasise the role of the Five Factor Model in understanding impulsivity and its correlation with risk-taking behaviours. Drawing on the available literature, the authors summarise impulsivity as a multifaceted construct comprising five dimensions: (i) negative urgency—the tendency to behave impulsively when experiencing negative affect; (ii) positive urgency—behaving impulsively when experiencing positive affect; (iii) lack of premeditation—a lack of forethought in an individual’s engagement with their environment; (iv) lack of perseverance—difficulty following through on tasks perceived as difficult or uninteresting; and (v) sensation seeking—the tendency to seek out intense and novel activities. These facets of impulsivity have been found to be associated with a range of high-risk behaviours (Cyders et al. 2007; Whiteside et al. 2005).

Method

Research Design

The study employed a cross-sectional survey design using a quantitative methodology. This approach aligned with the aim of the study, which was to explore the prevalence and types of impulsive behaviour within the sample (Sileyew 2019).

Respondents

Using a convenience sampling method, undergraduate students at a tertiary institution were invited to participate in the study. Three psychology classes, comprising first-, second-, and third-year students, were recruited based on their availability to the researcher and their alignment with the inclusion criteria of age and being part of a university population. Five hundred and thirty-two (532) respondents aged 18–35 years ($M = 20.05$, $SD = 2.06$) were included in the study. The final sample comprised 408 females and 124 males. In terms of race, the sample self-identified as Black African (83.5%), Indian (11.5%), White (2.3%), and Mixed Race (0.6%).

Instruments

The instrument used was the Impulsive Behaviour Scale (IBS) (Rossotto et al. 1998), a 25-item scale designed to assess the frequency of engagement in risky or impulsive behaviours. Example items include: “Overdosed on prescription/illegal drugs”, “Been sexually promiscuous”, “Had self-mutilation thoughts/impulses”, “Consumed too much alcohol”, and engaged in “Non-lethal suicide gestures”. Items are scored on a 5-point scale ranging from 1 to 5, yielding a possible score range of 25 to 125. Descriptive

statistics for the IBS in the present study were as follows: range=25–83, $M=39.47$, $SD=12.37$; skewness (statistic=1.30, $SE=0.106$, $z=12.34$); and kurtosis (statistic=2.06, $SE=0.211$, $z=9.80$). In previous validation studies, Rossotto et al. (1998) reported an alpha coefficient of 0.85, while Naidoo and Collings (2019) reported an alpha coefficient of 0.90 in a South African study. In the current study, the scale demonstrated good reliability ($\alpha=0.88$).

Procedure

Students were invited to participate in the study following a brief presentation, delivered one week prior to data collection, outlining the purpose and nature of the research and its ethical considerations. Those who volunteered were required to sign an informed consent form before participating. On the day of data collection, the signed consent forms were collected, and students who chose not to participate were free to leave, as the class ended ten minutes earlier than usual. Data were collected during this time and handled separately for each year group by three research assistants. The process was completed within ten minutes, and questionnaires were collected before the next class began. The author was not the lecturer for any of the participating classes and did not participate in the data collection.

Ethical Considerations

The study received full ethical clearance (BE:138/14–2018) from the University of KwaZulu-Natal, and all institutional gatekeeping processes were strictly followed. Students were informed that participation was entirely voluntary and that they were free to withdraw from the study at any stage without penalty. Data were managed in accordance with established ethical principles, ensuring anonymity, confidentiality, and secure data storage.

Results

Frequency analyses indicated that 90.0% of the sample had engaged in at least one impulsive behaviour, with almost all these respondents endorsing more than one type. A chi-square test for independence (with Yates's continuity correction) indicated no significant association between gender and engagement in impulsive behaviours, $X^2(1, n=532) = .02$, $p=.89$, $\phi=-.01$. As shown in Table 1, the most commonly endorsed behaviour in the overall sample was "impulsively spent money on clothes, jewellery or other items", followed by "hurt self regularly", "engaged in unsafe sex", "consumed too much alcohol", and "eaten food in a store before paying for it". Among male participants, the most commonly reported impulsive behaviour was "consuming too much alcohol", followed by "stolen personal items or money from acquaintances, friends or family" and "engagement in unsafe sex", "hurt self regularly even if I didn't mean to" and "enjoyed taking risks or engaging in dangerous activity". Among female participants, the most frequently endorsed behaviour was "impulsively spent money on clothes, jewellery or other items", followed by "eaten food in a store before paying for

it”, “engagement in unsafe sex”, “consumed too much alcohol”, and “hurt self regularly even if I didn’t mean to”.

Table 1: Frequency and chi-square analyses of impulsive behaviours in the sample

Impulsive Behaviours	Gender (%)		Total (N=532) (%)	χ^2 (df=4)	<i>p</i>
	Male (n=123) (23.3)	Female (n=408) (76.7)			
Overdosed on prescription/illegal drugs	19 (15.3)	90 (22.1)	109 (20.4)	4.43	0.35
Been sexually “promiscuous”	42 (33.9)	90 (22.1)	132 (24.8)	12.38	0.01*
Had self-mutilation thoughts/impulses	53 (42.7)	163 (40.0)	216 (40.6)	6.28	0.17
Consumed too much alcohol	69 (55.6)	175 (42.9)	244 (45.8)	12.76	0.01*
[Had] sex with someone didn’t necessarily want to have sex with	50 (39.3)	113 (17.7)	163 (30.6)	13.52	0.00*
[Been] told you’re a daredevil type or takes risks	48 (39.7)	134 (32.8)	182 (34.2)	2.36	0.06
Suicide gestures (non-lethal)	26 (21.0)	110 (27.0)	136 (25.5)	3.03	0.55
Been to doctor/hospital for self-harm incident	22 (17.7)	50 (12.3)	72 (13.5)	9.92	0.07
Abused laxatives, diuretics/diet pills	15 (12.1)	48 (11.8)	63 (11.8)	2.40	0.66
Stolen personal items or money from acquaintances, friends, family	64 (51.6)	144 (34.3)	208 (39.0)	13.06	0.01*
Driven under influence of drugs/alcohol	27 (21.8)	44 (10.8)	71 (13.3)	14.81	0.00*
Made suicide attempts	19 (15.3)	79 (19.4)	98 (18.4)	2.66	0.61

Impulsive Behaviours	Gender (%)		Total (N=532) (%)	χ^2 (df=4)	<i>p</i>
	Male (n=123) (23.3)	Female (n=408) (76.7)			
Been accident prone	25 (21.2)	70 (17.2)	95 (17.8)	0.14	0.03*
[Had] suicidal thoughts/impulses (without taking action)	32 (25.8)	145 (35.5)	177 (33.2)	5.92	0.20
Eaten food in a store before paying for it	54 (43.5)	186 (45.6)	240 (45.1)	3.34	0.05
Taken too many recreational drugs	26 (21.0)	69 (16.9)	95 (17.8)	4.06	0.39
Pushed self physically to the limit	50 (41.3)	128 (31.4)	178 (33.4)	12.36	0.01*
Driven recklessly	31 (25.0)	41 (10.0)	72 (13.5)	21.79	0.00*
Stolen material goods from a store	24 (19.4)	48 (11.8)	72 (13.5)	8.23	0.08
Hurt self regularly, even if you didn't mean to	56 (45.2)	220 (43.9)	276 (51.8)	3.01	0.55
Impulsively spent money on clothes, jewellery/other items	67 (44.0)	291 (71.3)	358 (67.2)	15.96	0.00*
Self-mutilated (e.g., cutting, pinching, burning yourself)	29 (23.4)	111 (24.2)	140 (26.3)	4.80	0.30
Enjoyed taking risks or engaging in dangerous activity	57 (46.0)	174 (42.6)	231 (43.4)	1.67	0.79
Stolen food	51 (41.1)	125 (30.6)	176 (33.0)	5.91	0.20

*Significant at $p < 0.05$. The five most common impulsive behaviours endorsed by males, females, and the combined sample are indicated in bold

A chi-square test of independence also indicated that males were significantly more likely to have been “sexually promiscuous”, “consumed too much alcohol”, “had sex with someone they didn’t necessarily want to have sex with”, “stolen money from family or friends”, “driven under the influence of drugs and/or alcohol”, were more

“accident prone”, “pushed themselves physically”, and “driven recklessly” than females. Females were significantly more likely to have “impulsively spent money on clothes, jewellery or other items” than males.

Discussion

The findings suggest a concerning trend of impulsive behaviour among university students in the South African context. At present, many university students are the first in their families to access higher education, often in an effort to break the cycle of poverty. However, their low socio-economic circumstances—and the resulting limited access to essential study resources such as food, textbooks, and digital devices—can lead to heightened stress and poor self-esteem, making them more vulnerable to pleasure-seeking and often risky behaviour (Getaneh and Wondimu 2022; Mabaso et al. 2018; Scorgie et al. 2012). This, in turn, is likely to compromise their academic performance, potentially leading to failure and dropout, which may leave their families in an even worse financial position than before the student began their studies (Fraser 2024).

Engagement in unsafe sex, while often seen as a relatively common behaviour among young adults, has long been associated with negative physical outcomes, particularly for women (Adhikari, Soonthornhdada, and Prasartkul 2009; Latimore et al. 2013; Joint United Nations Programme on HIV/AIDS [UNAIDS] 2021). Africa is disproportionately affected by HIV, with 67% of those living with the virus residing in sub-Saharan Africa. Females aged 15–24 years are twice as likely to be living with HIV as their male counterparts (UNAIDS 2021). The literature also highlights the correlation between drug and alcohol use and high-risk sexual behaviour, identifying substance use as a key driver of this behaviour through various biopsychosocial mechanisms (Wagenaar et al. 2018).

Impulsive buying may be associated with sensation seeking, impulsive personality traits, and self-identity issues in young adults (Iyer et al. 2022). Regarding self-identity issues, impulse buying may revolve around purchases that are believed to represent an ideal self where individuals perceive identity deficits (Dittmar et al. 2014), particularly for younger people whose identity formation is still in flux. For individuals in low socio-economic contexts, such as the environments that many students inhabit in South Africa, food security is a genuine struggle, which may have resulted in the endorsement of stealing from others and eating food without paying for it. Research has established a link between inequality and petty crime (Western 2006). Radkani et al. (2023) propose the concept of a “desperation threshold”, referring to an individual’s perception that possessing any fewer resources than they currently have would be “gravely and permanently damaging” (p. 2). A South African study of university students reported that 65% of participants experienced food insecurity (Van den Berg and Raubenheimer 2015). These students are frequently compelled to make difficult choices between food,

transport, and textbooks, with some even using government student loans to provide financial support to their families.

The high incidence of self-harming behaviour endorsed by this sample is also cause for concern. While the scale item did not specifically assess whether the behaviour constituted deliberate self-harm, the high levels of risk-taking and engagement in dangerous activities—combined with Joiner's (2005) assertion that such behaviours may serve as a gateway to later suicidal behaviour through the mechanism of acquired capability—raise serious concerns. Interrupting the pathways to suicidality, whether these originate in reckless behaviours or intentional self-harm, therefore warrants greater therapeutic attention.

The finding of no significant gender differences in the rate of engagement in impulsive behaviour within the sample contrasts with existing literature, which suggests that males are more likely than females to exhibit externalising disorders, such as conduct disorder and substance abuse (APA 2013), which are commonly associated with impulsive behaviour (Regan et al 2019). It is therefore evident that mental healthcare providers must prioritise support for both male and female university students equally when addressing impulsive behaviour, as the outcomes appear to be similar across genders, regardless of the underlying mental health condition.

The transition to adulthood is characterised by significant changes in identity development and responsibility, occurring alongside the continued development of the individual's capacity for self-regulation (King et al. 2012). For university students, this period also marks a time when mental health issues such as depression and anxiety frequently emerge (Pedrelli et al. 2015). Engagement in impulsive behaviours often becomes a coping mechanism for managing the negative thoughts and emotions associated with these conditions (Soleimani et al. 2019). It is well established that individuals, particularly during the manic phase of bipolar mood disorder, often struggle with the cognitive control required to manage impulsivity—resulting in behaviours such as self-harm, excessive spending, and risky sexual activity. During depressive phases, impulsive behaviour may serve as an attempt to escape overwhelming negative emotions. Furthermore, certain forms of impulsive behaviour may increase the likelihood of others; for example, alcohol use has been shown to elevate the risk of engaging in unsafe sexual behaviour; the former is associated with impaired judgement (Cho and Yang 2023).

At a relational level, impulsive behaviour can negatively impact individuals' social relationships by straining connections with peers and family members (Rot, Moskowitz, and Young 2015). It may lead to difficulties in maintaining friendships, resolving conflicts, and adhering to social norms—ultimately resulting in social isolation and feelings of loneliness. Physically, impulsive behaviours such as unsafe sexual activity, reckless driving, and substance abuse can compromise not only the individual's health and safety but also that of others in society (Tariq and Gupta 2023). This places

additional pressure on South Africa's already strained healthcare system. Furthermore, the legal consequences of impulsive actions that infringe on the rights of others can lead to contact with the criminal justice system. Impulsivity is associated with behaviours such as violence, theft, and other crimes (Foroozandeh 2017), increasing the likelihood of judicial involvement and long-term consequences for future employment and social opportunities.

The ability to regulate one's impulsivity is therefore a crucial skill for young people navigating a society where immediate gratification—from substances, social media, or sex—is readily accessible. Enhancing impulse control is thus regarded as “a key societal goal for the twenty-first century” (Vassileva and Conrod 2019, 2).

Limitations

The use of a university sample has implications for the generalisability of the study's findings to young people in other contexts. For example, university students navigate environments where there is greater peer pressure to engage in impulsive behaviour, due to the concentration of similarly aged peers (Javaid, Javed, and Naqvi 2025) and this may have skewed the findings. They also frequently live away from home and are required to make independent decisions about engagement in behaviour that young people living at home may not face. Additionally, as KwaZulu-Natal is one of the three poorest provinces in South Africa, it is possible that replicating the study in a more affluent province might yield different results.

The research also highlights other variables, such as depression, that may be important correlates of impulsive behaviour. Depression has been shown to impair cognitive functioning, reduce impulse control, and contribute to psychosocial difficulties in relationships (Tesfaye et al. 2019; Khan et al. 2009). Further, given that depression is a known correlate of self-harm (Naidoo 2019; Yates, Cohan, and Goharian 2017), the high prevalence of self-harm behaviour found in this study suggests that depressive symptoms may be present. Future research should explore the relationship between depression and other psychological correlates of impulsive behaviour in university contexts in South Africa.

Implications for Social Work Practice

Addressing impulsive behaviour among university students requires a multifaceted approach from social workers. It appears that many students begin university unprepared for the challenges of making sound decisions, managing peer pressure, and navigating their sexual autonomy. Ozcebe et al. (2012) argue that universities must take greater responsibility in providing guidance and access to resources that promote healthier lifestyles. In addition to offering counselling services and fostering a supportive campus environment, promoting mindfulness and emotional regulation

techniques, and encouraging healthy coping mechanisms such as physical activity, are important ways to manage negative emotions.

Additionally, targeting impulsivity through prevention programmes that educate young adults on the adverse long-term social, economic, and psychological consequences of impulsive behaviour may help to reduce its prevalence. Finally, social workers have a critical role to play in advocating for the reduction of social and economic inequality—which are key drivers of risky behaviour—which will go a long way toward mitigating impulsivity among university students.

Conclusion

University students in the present study appear to be an “at-risk” cohort, whose engagement in impulsive behaviour may have far-reaching physical, social, and economic consequences—not only for themselves, but for society at large. The high prevalence of impulsive behaviour found in the sample is concerning, given the adverse outcomes associated with such behaviours as reported in the literature. In addition to the expected findings of more common impulsive behaviours, such as risky sexual engagement and substance use, the high prevalence of self-harm is particularly alarming, as it suggests the possible presence of underlying mental health issues. Furthermore, the endorsement of behaviours such as stealing money and eating food without paying for it points to a level of desperation and food insecurity that is deeply concerning. It is therefore essential that social workers and other mental health professionals intervene timeously to address impulsive behaviour and help mitigate its harmful effects.

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