Risk Compensation in Home-User Computer Security Behavior: A Mixed-Methods Exploratory Study

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Introduction

Risk homeostasis theory (often applied in safety & traffic science) hypothesizes that people adjust their behaviors to compensate for factors that change their risk levels, ultimately maintaining a **constant** accepted level of risk (Wilde, 1998)

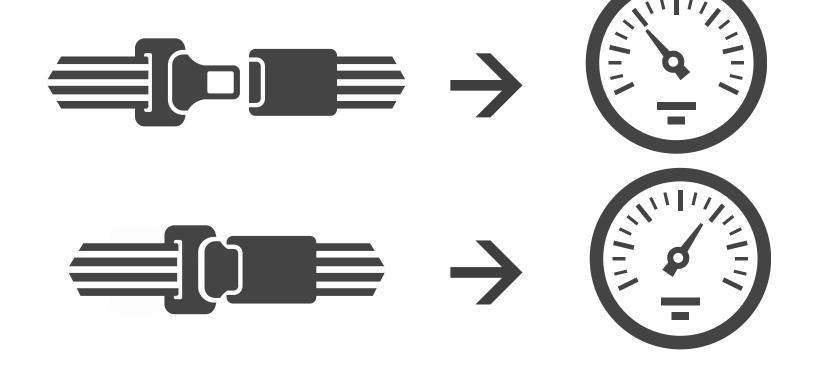
Research Question

If antivirus software is installed, theoretically lowering the level of risk, do users engage in other behaviors that compensate for that lower risk, e.g., visiting unsafe sites or declining security updates?

Two-Part Methodology

Longitudinal *in-situ* observation





Applicable to end-user security behavior?

- Security Behavior Observatory (SBO) (Forget et al., 2014)
- >200 Windows users observed over >1 year

Survey data

- 114 SBO participants & 135 MTurk Workers
- 36 questions about general usage, attitudes regarding security and antivirus, security experiences

Preliminary Findings

Statistically Traits of users with AV Source significant? installed

More likely to have OS *In-situ* No updates fully disabled

More likely to delay or Survey No decline software

Free text responses implied risk compensation behavior

- Since I work online and have to go to many different websites that I do not 100% trust I feel this is *required.* –Participant M190
- I like to poke around on the

updates

More likely to have Survey Yes (p = .001)had viruses in the past

Internet, and need something to clean up the stuff I get that I do not want on my PC. –Participant M90

Future Work

- Larger sample sizes
- How many users have antivirus installed but not functioning correctly?



• Separate investigation of novel reasons given for avoiding updates



References

A. Forget, S. Komanduri, A. Acquisti, N. Christin, L.F. Cranor, and R. Telang. 2014. Security Behavior Observatory: Infrastructure for Long-Term Monitoring of Client Machines. Technical Report. Carnegie Mellon University CyLab. G.J.S. Wilde. 1998. "Risk Homeostasis Theory: An Overview." Injury Prevention 4, 89-91.