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Selected Manifestations of Risk Behaviour in Children Placed in a Centre for Children and Families

Abstract: The aim of this qualitative research was to gain a deeper understanding of how children placed in a Centre for Children and Families (CCF) in the Slovak Republic reflect on their relationship with their biological parents and how they perceive the reasons for their placement. The study also focuses on identifying patterns of risk behaviour originating from their biological family background. Semi-structured interviews were conducted with 11 children placed in one CCF and analysed using the method of open coding. Two main categories were identified (relationship with parents and reasons for placement) and thirteen analytical codes. The data reveal strong emotional ambivalence in the children as well as intergenerational transmission of traumatic and risk-related behavioural patterns. The findings highlight the need for the implementation of a trauma-informed approach, individual support, and interdisciplinary collaboration in Centres for Children and Families.

Keywords: children in alternative care, risk behaviour, trauma, biological parents, qualitative research, Centre for Children and Families.

Introduction

Risk behaviour in childhood and adolescence has become an increasingly prominent topic in contemporary social work research and practice. Particular attention is being paid to vulnerable groups of children, including those placed in alternative care settings. Studies show that children living outside their biological families are more exposed to psychosocial risks, developmental trauma, and behavioural problems (Ungar, 2021). These difficulties are closely related to their early attachment experiences, the quality of parental care, and the nature of their relationships with biological parents.

Children placed in Centres for Children and Families (CCFs) in Slovakia often come from families affected by domestic violence, substance abuse, neglect, or the incarceration of one of the parents (Bodnárová and Filadelfiová, 2019). Although they have been removed from harmful environments, they continue to carry deep emotional and psychological consequences. Their relationship with biological parents remains active and influential – it shapes their emotional regulation, capacity for trust, and sense of self-worth.

Despite the growing interest in the institutional care system, there is still a lack of qualitative research that captures the subjective perspectives of children – how they experience and interpret their relationships with parents and the reasons for their placement in care. Understanding these perspectives is crucial not only for therapeutic and educational interventions but also for developing socially responsive child protection policies.

The present study is aimed at exploring how children placed in CCFs perceive their relationships with biological parents and how they understand the reasons for their placement. What is identified here with the use of qualitative thematic analysis (following Plichtová, 2002) are key emotional, behavioural, and relational manifestations, relevant to both the theory and practice of social work.

Theoretical Framework

Centres for Children and Families (CCFs) in Slovakia are institutions that implement child protection measures in accordance with Act No. 305/2005 Coll. on the Social and Legal Protection of Children and on Social Guardianship, as amended. Their primary objective is to provide a safe and stable environment that supports the overall development of children who are at risk – especially when care within the natural family environment is not feasible (Mareková, Farkašová, 2021). In line with the principles of deinstitutionalisation and individualised care, CCFs aim to create family-like conditions, which corresponds to international standards such

as the United Nations Guidelines for the Alternative Care of Children (United Nations, 2010). These documents emphasise the need to minimise the negative consequences of institutional upbringing and promote family-based forms of substitute care. As noted by Bodnářová and Filadelfiová (2019), children placed in CCFs generally come from socially disadvantaged backgrounds. The most common reasons for placement include neglect, domestic violence, parental addiction, and the inability of parents to meet the child's basic needs. Research confirms that children raised outside of their biological families are at greater risk of behavioural disorders, emotional instability, and difficulties in social adaptation (Colton, Heath, 1994; Pecora et al., 2009). CCFs provide a complex range of services, including educational activities, psychological and special pedagogical support, and social work with the child and their family.

A key element is the multidisciplinary collaboration of professionals, which allows the institution to address the individual needs of the child and respond appropriately to specific forms of risk behaviour (Križanová, 2020).

Substitute care – whether institutional or family-based – represents a significant intervention in a child's developmental environment. Children in such care face many risks, including disruption of primary attachments, loss of stability, frequent transitions between facilities or foster families, and uncertainty about their identity (Schofield, Beek, 2005; Dozier et al., 2012). These factors can significantly affect their psychological, social, and emotional development.

The developmental needs of children placed outside their biological family are often complex and layered. According to Bowlby's attachment theory (Bowlby, 1988), a stable and secure emotional bond in early childhood is crucial for healthy personality development. When these bonds are disrupted or unfulfilled, insecure or disorganised attachment styles may develop, increasing the likelihood of behavioural disorders, emotional dysregulation, and relationship difficulties (Bakermans-Kranenburg et al., 2003).

Children placed in CCFs may also experience the so-called complex developmental trauma – chronic and repeated stressors such as neglect, abuse, or separation – which affect neurobiological processes and coping mechanisms (van der Kolk, 2005). Research shows that such children more frequently face difficulties with cognitive functioning, self-regulation, learning, and social skills (Perry, Szalavitz, 2006).

Slovak experts highlight the importance of distinguishing between the specific developmental characteristics of children in substitute care and their peers raised in biological families. According to Žilová (2018), children in substitute care often show developmental delays, reduced capacity to trust, and a tendency toward behavioural problems, all of which require a targeted professional approach.

From a social work perspective, it is essential to apply a trauma-informed approach that takes into account the child's history and their need for safety, understanding, and predictability. Such an approach has the potential to minimise re-traumatisation and support healing processes (Bath, 2008).

Risk behaviour refers to actions that may endanger an individual's physical, psychological, or social health, or lead to negative outcomes in a broader social context. In children and adolescents, these are often behaviours that deviate from social norms and may threaten their development or safety (Jessor, 2016; Hurrelmann et al., 2022).

In academic literature, risk behaviour is understood as a multidimensional phenomenon arising from the interaction of several factors – biological predispositions, psychological characteristics, family background, peer influence, and the wider social environment (Reschová, Širůček, 2023). According to Problem Behavior Theory (PBT) developed by Jessor (2016), risk behaviour also has developmental significance – it represents a way of seeking identity, autonomy, or social status within a peer group.

Among the most common manifestations of risk behaviour observed in children and adolescents in alternative care are:

- aggressive and antisocial behaviour patterns (e.g., physical or verbal aggression, violation of rules, delinquency),
- truancy and school refusal,
- self-injurious behaviour and suicidal ideation,
- experimentation with addictive substances (alcohol, drugs, nicotine),
- risky sexual behaviour (early or unsafe sexual activity).

According to the recent Eurochild (2021) study, children in substitute care demonstrate a higher incidence of such behaviours compared to children raised in family environments. Similar findings were reported in a Slovak qualitative study by Mareková et al. (2022), which highlighted a correlation between the number of placements a child undergoes and the increase in behavioural problems.

A key concept in prevention and intervention is the distinction between risk and protective factors. As Ungar (2021) states, risk factors such as trauma, poor-quality relationships, or poverty increase the likelihood of risk behaviour, while protective factors – such as positive attachments, access to support, and school achievement – can mitigate these risks.

Effective social intervention requires the identification of the individual's risk profile and targeted strengthening of the child's resilience mechanisms. Social work in the context of Centres for Children and Families (CCFs) plays a crucial role in supporting children with risk behaviour, stabilising their condition, and creating the conditions necessary for healthy psychosocial development. This area of practice demands an individualised approach that takes into account the child's developmental characteristics, previous traumatic experiences, and the broader context of substitute care (Turbová, Mašková, 2021).

Based on the core values of social work – respect, human dignity, equal opportunities, and a strengths-based approach (IFSW, 2018) – professionals aim to provide a supportive, stable, and safe environment. Such an environment allows children to reflect on their behaviour, understand its consequences, and develop alternative strategies for coping with stress and conflict.

Social workers in CCFs fulfil several roles:

- **diagnostic-analytical** – identifying the child’s needs and the factors influencing their behaviour,
- **intervention-focused** – applying individual-based methods (e.g. counselling, crisis intervention, emotional support),
- **coordinating** – ensuring collaboration with other professionals (psychologists, psychiatrists, special educators, caseworkers),
- **advocacy** – representing the interests of the child in decisions and future planning (e.g. reintegration with family, adoption, post-penitentiary care) (Bačová, Hudecová, 2022).

In recent years, there has been increasing emphasis on implementing trauma-informed care (TIC) approaches that respect the impact of developmental trauma and aim to minimise re-traumatisation (Bryson et al., 2020). Such care helps children restore a sense of safety, trust, and predictability – key elements in managing risk behaviour.

Effective work with children in CCFs also requires interdisciplinary cooperation. According to a recent study by Mišová and Karkošková (2023), the most successful interventions are achieved by teams that integrate social work, psychotherapy, special education, and psychological diagnostics.

Finally, it is essential to actively involve children in the process. Through meaningful participation, children can express their needs, goals, and perspectives, which in turn increases their motivation to change (Larkins et al., 2021).

Methods

Research Problem and Aim

The aim of this qualitative study was to gain a deeper understanding of how children placed in a Centre for Children and Families (CCF) perceive their relationship with their biological parents and how they understand the reasons for their placement in alternative care. The research also focused on identifying manifestations of risk behaviour in children in relation to their original family environment. The main research question was: How do children placed in CCFs reflect on their relationship with their biological parents, and how do they perceive the reasons for their placement in the institution?

Research Design

In regard to the nature of the research topic, a qualitative research design was adopted. The study was conducted using semi-structured in-depth interviews, which allowed for flexible question formulation and open expression of the participants’ views on this sensitive topic.

This method of data collection was chosen as it enables the capture of subjective meanings and personal narratives from children – such data that standardised questionnaire techniques might not fully uncover.

Sample and Participants

The research sample consisted of 11 children aged approximately 10 to 16 years who were, at the time of the study, placed in a Centre for Children and Families in Slovakia (the specific location is not disclosed for ethical reasons). The children were selected through purposive sampling, in collaboration with the CCF's professional staff, on the basis of their ability to verbalise their experiences and their developmental capacity to comprehend the research purpose.

Data Collection

Interviews were conducted during the year 2023 on the premises of the CCF, in cooperation with caregivers who helped create a confidential and safe environment. Each interview lasted approximately 30 to 50 minutes and was scheduled in advance with the participants. Audio recording equipment was used with the informed consent of the children, and all interviews were transcribed verbatim.

Data Analysis

The data were analysed using the method of open coding based on the principles of grounded theory (Strauss, Corbin, 1998). On the basis of the identification of semantic units, two thematic categories and thirteen analytical codes were derived (following Plichtová, 2002), reflecting the children's relationship with their biological parents and the reasons for their placement in a Centre for Children and Families (CCF).

Research categories:

1. Children's relationship with biological parents (5 codes)
2. Reasons for placement in the CCF (8 codes)

The coding process was conducted manually and was supported by repeated re-analysis of the data to ensure the reliability and depth of interpretation.

Ethical Considerations

The research was conducted in compliance with the ethical standards of social science research (ESOMAR, 2021):

- Informed consent was obtained from legal guardians, as well as an assent from the children (appropriate to their age and level of understanding).

- Anonymity and confidentiality of data were ensured; participants are referred to in the text by codes (e.g. P1, P2...).
- The principles of voluntary participation was adhered to and a sensitive approach to potentially traumatic topics was maintained.

Results

The qualitative analysis of interviews with children placed in a Centre for Children and Families (CCF) revealed two main thematic categories:

1. Children's relationship with their biological parents
2. Reasons for placement in a CCF

Each category contains several analytical codes derived from repeated reading, sorting, and interpretation of children's statements. This section presents key findings from both categories, interpreted in the context of relevant academic literature.

Children's Relationship with Biological Parents

This category reflects children's emotional and value-based attitudes towards their biological parents. Despite the fact that many of these parents had failed in their caregiving roles, the relationship remained complex, ambivalent, and emotionally charged. The following five core codes were identified:

a) Concern for parents

Many children expressed deep concern about their parents – often in connection with their life situation, addictions, or existential vulnerability. This fear often manifested as an internal conflict – the institutionalized child feels responsible for the parent, a phenomenon known as parentification (Boszormenyi-Nagy, Spark, 1973):

I'm afraid of what will happen to her now that I don't live with her". (P10, 2023)

Gáborová (2020) similarly describes this upward transfer of care – where a child assumes a protective or caregiving role toward the parent.

b) Hatred and a sense of injustice

Other children expressed anger, resentment, and a profound sense of betrayal. Their statements reflect a rupture of trust and disruption of the fundamental sense of safety that a parent is expected to provide:

I hate my mother. She probably killed my father. (P9, 2023)

Why is she at home with another baby, and we are here? (P4, 2023)

These expressions align with attachment theory, particularly as consequences of disorganized attachment, which is common among children from traumatic environments (Dozier et al., 2012).

c) False hope

Repeated unfulfilled promises from parents (e.g., visits, gifts) created feelings of disappointment, uncertainty, and rejection in children:

I don't even believe she'll come. She came once. (P5, 2023)

She always has an excuse, but I'm still disappointed. (P11, 2023)

Such experiences conflict with the child's need for predictability and trust – key components of trauma-informed care (Bath, 2008).

d) Manipulation by the biological family

Some children interpreted promises and behavior from their parents as emotional manipulation:

My mom promised me a phone, I'm excited. (P11, 2023)

She said I'll live with her again when things get better. (P10, 2023)

This manipulative behavior may reflect the parent's attempt to maintain control or contact without real change (Matějček, 2005), and contributes to distorted expectations and defensive coping in children.

e) Understanding of the parent

Some children exhibited apologetic or protective attitudes toward their parents, possibly as a defense mechanism or a sign of immature loyalty:

I understand her. She's going through a lot. (P11, 2023)

She doesn't have a home, that's why she can't take us in. (P10, 2023)

This ambivalence – anger versus empathy – is a common feature of internal identity conflicts in children in care (Ungar, 2021).

Reasons for Placement in a CCF

This category captures the circumstances that led to the children's placement in institutional care. Based on the interviews, eight analytical codes were identified, representing complex and often traumatic life experiences.

a) Death of a parent

Loss of a parent was reported in two cases, with responses ranging from acceptance to profound grief.

b) Parental incarceration

A parent's imprisonment directly contributed to the child's placement, often triggering feelings of shame and anger.

c) Recurrence of pathological behaviors

This strong code involved children recounting experiences with alcohol, marijuana, violence, and risky sexual behavior as modeled by their parents:

I smoked with my mom, just like at home on the balcony. (P11, 2023)

Mom was always more easy-going when she smoked weed. (P4, 2023)

These patterns reflect intergenerational transmission of trauma (Yehuda, Lehrner, 2018).

d-h) Neglect, violence, trauma

The remaining codes (neglect, life-threatening situations, verbal/physical violence, and traumatic experiences) highlight cumulative risk factors that, according to experts (Hurrelmann et al., 2022) significantly contribute to the development of risky behaviors in adolescence.

Discussion

The results of this qualitative research confirm that children in CCFs develop complicated, often ambivalent relationships with their biological parents. These relationships deeply impact their emotional development, ability to trust, and behavioral patterns. The identified categories and codes illustrate not only individual experiences but also the manifested broader behavioral patterns inherited from the family of origin.

Children's Relationships with Their Biological Parents – between Loyalty, Fear, and Injustice

Children frequently expressed concern for their parents, despite the latter's failure in caregiving roles. This phenomenon can be interpreted through the lens of parentification, where a child becomes the emotional caregiver of an adult (Boszormenyi-Nagy, Spark, 1973). Research supports the view that children in

institutional care often assume responsibilities beyond their developmental capacity (Gáborová, 2020).

Conversely, strong feelings of hatred and injustice were also present, suggesting the existence of disorganized attachment (Bowlby, 1988). Children raised in unstable and traumatic environments struggle to form predictable models of trust, affecting both their behavior and future relationships (Dozier et al., 2012).

False hope and manipulation by parents emerged as recurring themes. Children repeatedly experienced disappointment from broken promises – such as missed visits or unfulfilled gifts. According to Ungar (2021), such unstable bonds increase the risk of anxious or avoidant attachment styles and foster defensive behaviors like lying or defiance.

An unexpected but significant finding was the tendency to understand or excuse the parents' actions – indicative of immature loyalty. Children sought reasons for their parents' behavior, likely to preserve their internal image of the family as a familiar frame of identity (Schofield, Beek, 2009; van IJzendoorn, 1995).

Reasons for Placement – Trauma, Violence, and Intergenerational Transmission

The interviews revealed a wide range of reasons for the children's placement, including parental death, incarceration, neglect, and abuse.

The recurrence of pathological behaviors emerged as a particularly strong code – children reported behaviors like smoking, drinking, substance use, risky sexual behavior, or self-harm as practices they observed or experienced with their parents. This underscores the intergenerational transmission of risky patterns (Yehuda, Lehrner, 2018; Mareková et al., 2022).

Neglect of basic needs (e.g., hygiene, food, heating, or stable housing) was present in all cases. According to Perry and Szalavitz (2017), such environments are constitute a fertile ground for developmental trauma, which alters brain structure, emotional regulation, and social skills.

Physical and verbal abuse, including threats, beating, and emotional manipulation, were reported by several children and were often associated with traumatic memories. Van der Kolk (2014) notes that repeated exposure to childhood violence leads to complex trauma, increasing the risk of self-loathing, self-injury, or suicidal ideation.

Some statements – such as idealizing sexual work based on a mother's behavior – highlight an urgent need for systematic intervention. These attitudes are not merely behavioral issues, but reflections of normalized violence and abuse in the family of origin, complicating institutional care efforts (Bryson et al., 2020).

In general, the study's findings underscore the profound impact of the primary family environment on the relational, emotional, and behavioral development of children in CCFs. The bond with biological parents persists even after physical

separation and carries ambivalent emotions – loyalty, anger, hope, and betrayal intertwined in the children’s everyday experience.

Comparing these findings with national and international literature confirms that the children’s statements align with established knowledge about developmental trauma, disorganized attachment, and intergenerational transmission of risky behavior. The results also validate the relevance of trauma-informed care and multidisciplinary approaches when working with children in institutional care.

Conclusion and Recommendations for Practice

The conducted qualitative research provided a deeper understanding of the experiences and manifested behaviour patterns of children placed in a Centre for Children and Families in relation to their biological parents. The findings indicate that this relationship is perceived as highly ambivalent – a mix of longing, loyalty, and emotional attachment on the one hand, and anger, hurt, or disappointment on the other.

At the same time, it became evident that the reasons for placing children in the Centre are often linked to long-term exposure to pathological phenomena in the biological family – neglect, violence, addictions, or dysfunctional relationship patterns. These experiences are subsequently reflected in the children’s behavior – not as “problematic,” but rather as adaptive responses to past trauma and insecurity.

A significant contribution of the research is the identification of specific manifestations of risk behavior and their connection to the children’s past experiences within their original families. The findings emphasize the need for a sensitive and long-term approach that takes into account not only the child’s current behavior but also their biography, relational wounds, and emotional dynamics in relation to their parents.

Recommendations for Professional Practice

1. Implementation of a Trauma-Informed Approach (TIA)

Centres for Children and Families should systematically implement principles of trauma-informed care, which take into account the consequences of developmental trauma and seek to minimize the risk of retraumatization throughout the caregiving process.

2. Individualized work with ambivalent attachments

The relationship of children with their biological parents should not be assessed unilaterally. Professional teams in care centres should acknowledge that even negative emotions (such as anger or hatred) are a natural part of processing loss and emotional injury.

3. Support for resilience and self-regulation

It is recommended to include programs aimed at developing self-reflection, emotional regulation, assertive communication, and recognition of one's needs and boundaries in the work with children.

4. Training of professionals in relational trauma and attachment

Social workers, psychologists, and caregivers should be systematically trained in attachment theory, developmental trauma, and their effects on children's behavior.

5. Inclusion of children in intervention planning

Child participation – in an age-appropriate manner – should become a standard part of practice in care centres. Every child has the right to be heard and involved in decisions that affect them.

6. Strengthening multidisciplinary collaboration

Addressing children's risk behavior and rehabilitating their family backgrounds requires interdisciplinary cooperation – among professionals in the field of social work, psychology, special education, and law. Only in this way is it possible to effectively support children's development and the formation of healthier relational patterns.

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