



Emotional and relational regulation of children and youth in residential care

Regulação emocional e relacional de crianças e jovens no cuidado residencial

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ABSTRACT

Family relationships have been shown to play an important role in the way children/youth evaluate themselves, influencing their emotional and relational regulation, more specifically, their self-concept, self-esteem, perception of social support and behavior. In order to compare the adjustment of children/youth living in residential care and in family, 169 children/youth aged between 10 and 21 years were studied, 62 living in residential care units and 107 with their families, 93 females and 76 males. The Piers-Harris Self-concept Rating Scale, Rosenberg



Self-esteem Scale, Procidano and Heller's Perception of Social Support from Friends and Family and Buss and Perry's Aggressiveness Questionnaire were applied via google forms and in person. The results showed that children and youngsters in residential care show statistically significant differences from those who live with their families in all the parameters analyzed. They are more fragile in terms of self-concept (except for the anxiety domain) and self-esteem, show a lower perception of social support from peers and family, and show a higher perception of aggressiveness, both in general and in the instrumental, affective and cognitive dimensions. We conclude that all participants showed weaknesses in terms of anxiety management, and that institutionalized children/youth were more psychologically and relationally maladjusted and more aggressive, thus demonstrating the urgency for a multidisciplinary intervention in this population, by promoting personal and relational skills.

Keywords: emotional and relational regulation, aggressiveness, children and youth, family, residential care.

RESUMO

As relações familiares demonstraram desempenhar um papel importante na forma como as crianças/jovens se avaliam, influenciando sua regulamentação emocional e relacional, mais especificamente, seu autoconceito, auto-estima, percepção de apoio social e comportamento. A fim de comparar a adaptação das crianças/jovens que vivem em unidades residenciais e familiares, foram estudadas 169 crianças/jovens entre 10 e 21 anos, 62 vivendo em unidades residenciais e 107 com suas famílias, 93 mulheres e 76 homens. A Escala de Autoconceito Piers-Harris, Escala de Auto-estima Rosenberg, Procidano e Heller's Perception of Social Support from Friends and Family e Buss e o Questionário de Agressividade de Perry foram aplicados através de formulários google e pessoalmente. Os resultados mostraram que as crianças e os jovens que vivem com suas famílias apresentam diferenças estatisticamente significativas em todos os parâmetros analisados. Eles são mais frágeis em termos de autoconceito (exceto no domínio da ansiedade) e auto-estima, mostram uma menor percepção de apoio social dos colegas e da família, e mostram uma maior percepção de agressividade, tanto em geral como nas dimensões instrumental, afetiva e cognitiva. Concluímos que todos os participantes mostraram fraquezas em termos de gerenciamento da ansiedade, e que as crianças/jovens institucionalizadas eram mais desajustadas psicologicamente e relacionalmente e mais agressivas, demonstrando assim a urgência de uma intervenção multidisciplinar nesta população, promovendo habilidades pessoais e relacionais.

Palavras-chave: regulação emocional e relacional, agressividade, crianças e jovens, família, cuidado residencial.

1 INTRODUCTION

The context of risk and danger for children and young people assume a relevant epidemiological character in today's society. In Portugal, according to the 2021 annual report of the Portuguese Association for Victim Support (Associação



Portuguesa de Apoio à Vítima [APAV], 2022), 1,959 children were victims of violence, that is, 38 per week and 5 per day. Taking into account the latest evaluation report of the Commission for the Protection of Children and Youngsters in Danger (Comissão de Proteção de Crianças e Jovens em Perigo [CPCJ]) of 2021 (Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens [CNPDPJC], 2022) there are 73,241 cases of promotion and protection, 69,727 children and young people have benefited from intervention by CPCJ and of these, 29,006 have benefited from measures applied or in execution (45% girls and 55% boys), with the Residential Care measure having been applied after a promotion and protection agreement (as foreseen in Law no. 147/99, September 1) to 7,6% of children/youth assessed.

According to the same source (CNPDPJC, 2022), the main situations of danger in childhood and youth reported to CPCJ in 2021 were mainly associated with neglect (31%), domestic violence (26,5%), right to education (19,9%) and dangerous behaviors (where child/young people tend to behave, severely and continuously, in a way that harms their physical and/or psychological integrity or that of others) (16,1%). According to the 2021 CASA Report from the Social Security Institute (Instituto de Segurança Social [ISS], 2022), on November 1, 2021, there were 6,369 children and youth in residential care in the 357 residential care units existing in Portugal.

According to the literature, it is in interaction that children develop emotional (self)regulation, building internal models, which result in representations about others, about themselves and their own value (Candeias et al., 2018). Relationships with reference figures exert significant power on psycho-emotional and relational adjustment from early childhood through adolescence (Blakely-McClure & Ostrov, 2016).

It is recognized that several factors can influence the way each child/youth evaluates him/herself, his/her self-concept, self-esteem, perception of social support and behavior, with family relationships playing a very prominent role (Giovanelli & Reynolds, 2021). According to the literature, the family context plays a crucial role in the holistic development of the child/youth, appearing with a connotation of refuge, where feelings of intimacy, affection, solidarity and privacy predominate, or as a place of inauthenticity, dominating feelings of oppression,



obligation, selfishness, in which case the family is the generator of conflict and violence (Lee & Holmes, 2021; Ramos, 1993).

Since the family is the first social group to which an individual belongs, it should offer models of behavior and social conduct. For Bandeira and collaborators (2006), problematic behaviors are related to the parenting styles adopted in raising children. Thus, parents of children who show problem behaviors are more directive, have less contact with their children, and have less responsibility. The study by Ferreira and Marturano (2002) showed that children with problematic behaviors have greater difficulties in relationships with their parents. The parents of these children adopt reactive parenting styles, and are characterized by negative interactions, less concern for the safety and needs of their children, and the use of threats and physical aggression. Therefore, according to Bolsoni-Silva and colleagues (2008) it becomes necessary to increase the frequency of parental social educational skills, since these can prevent children's behavior problems. If parents possess the necessary social skills, they can use more effective educational practices, such as setting limits rather than punitive practices.

Studies on family context reveal that caregivers of children/youth involved in the child/youth protection system have high levels of cognitive problems (McConnell et al., 2011), constituting a condition of vulnerability for the exercise of parenthood (Bayer et al., 2011), by the interaction between challenging children/youth with parental vulnerability (Sameroff, 2009) and by the complex interaction between biological, psychological, behavioral and contextual factors (O'Connor & Scott, 2007). According to Siqueira and Dell'Aglio, in 2010, placement in a non-family context and staying away from the family of origin can act as another form of violence for children/youth who have experienced situations of fragility throughout their development.

According to Oliveira and Próchno (2010), the situation of residential care interferes significantly with affective attachment in children/youth. Adolescents who have spent part of their development in residential care may have their thinking compromised, more specifically, their cognitive development (Sigal et al. 2003; Velarde & Martínez, 2008). More recent studies have indicated that language development in children in residential care tends to be slower (Pereira et al., 2020)



and that they demonstrate difficulties in executive functions, attentional control, impulsivity, and internality and externality problems (Moreno-Manso et al., 2020) relative to children/youth residing with family. The time of institutionalization can also influence the support network, especially regarding the perception of closeness and quality of relationships, since a longer time of institutionalization can be associated with a worse perception of closeness in relationships and fewer contacts in the support network (Siqueira & Dell'Aglio, 2010). This finding may explain why the subjective well-being of children in residential care units is significantly lower than that of children living in their families of origin (Delgado et al., 2019; Lausten & Fredriksen, 2016). On the other hand, it is known that institutionalized children are more prone to absenteeism and dropout even when compared to other children in vulnerable situations (Berridge et al., 2020). Gameiro et al. (2022) compared the adjustment of 250 children/youth living in different family typologies and in residential care and found that the self-concept and self-esteem are higher in children and youth in nuclear family, followed by those in reconstituted family, single parent family and finally, the ones with a weaker emotional adjustment are those in residential care. The work of Soriano-Díaz et al. (2022) also revealed a high percentage of behavioral problems in these children.

As for the protective factors in residential care, Albornoz (2009) states that institutionalization can work as a therapeutic resource for the recovery of children/adolescents victims of abandonment and abuse, since, in this context, affective care experiences can be rescued, not allowing previous experiences of deprivation to become incapacitating. Carvalho and Manita (2010) found that, after an initial adaptation period, children in residential care showed a positive perception of life in the institution and a positive valuation of the institution as a home. Several studies have presented results indicating the presence of resilience processes in the construction of new affective relationships established after institutionalization, both with peers, especially siblings, and with adults among adolescents in residential care (Dalbem & Dell'Aglio, 2008). Furthermore, according to Weber (2007), institutionalized children/youth living in an environment with clear routines and rules can promote their emotional, cognitive and behavioral repertoire, which facilitates their school and social performance.

Despite the complexity of risk and protection factors involved in



institutionalization, there are studies that show changes in the environment and quality of care in these places (Siqueira & Dell'Aglio, 2010), and over the years these have proven to be more adequate in the care, monitoring, and protection of children/youth. Recently, the study by González-García et al., (2023) revealed that being in a psychological monitoring process or not is a determining variable for the quality of development of children/youth in residential care.

In the bio-ecological perspective, human development is constituted in a broader way, being influenced by the person (dispositions - general and disruptive; resources - competencies and dysfunctions; demands - positive and negative) and the process (Micro-system; Mesosystem; Exosystem and Macrosystem). An important aspect promoting emotional development is the relationship with someone who genuinely cares about the child/youth and establishes a close relationship with them (Bronfenbrenner, 2011). Several studies that consider the contextual perspective of development have shown that being temporarily sheltered in a residential care unit can contribute to the child/adolescent's development of a satisfactory support network, capable of providing feelings of trust and proximal processes that favor their psychological and social development (Dalbem & Dell'Aglio, 2008; Siqueira & Dell'Aglio, 2010). Bellonci and Holmes (2021) highlighted, however, the lack of more specific scientific studies to enumerate the risk and protective variables associated with behavioral and well-being problems in children and youth in residential care.

Considering this diversity of comprehensive and outcome analyses, this study aimed to compare psycho-emotional and relational regulation between children/youth living in family of origin and residential care.

2 METHOD

2.1 PARTICIPANTS

The sample consisted of 169 children/youth aged between 10 and 21 years ($M=15.76$, $SD=2.68$), 76 (45%) males and 93 (55%) females. Regarding living arrangements, 62 (36.7%) were living in a residential care unit, and 107 (63.3%) were living with their family.



2.2 RESEARCH DESIGN

A comparative study was conducted. The dependent variables were the results of self-concept (Piers-Harris Self-Concept Assessment Scale), self-esteem (Rosenberg Self-Esteem Scale), perceived social support from friends and family (Perceived Social Support from Friends and Family Scales), and perceived aggressiveness (Aggressiveness Questionnaire). As independent variable, the place where they live (Residential Care and Family) was taken into consideration.

2.3 INSTRUMENTS

The Piers-Harris Self-Concept Assessment Scale (PHCSCS-2, Piers & Hertzberg, 2002, Portuguese version by Veiga & Domingues, 2012) was used to assess the perception of self-concept and the Rosenberg Self-Esteem Scale (EACRR, Rosenberg, 1989; Corcoran, & Fischer, 2000, Portuguese version by Pechorro et al, 2011) was used to assess the perception of self-esteem. The Perception of Social Support of Friends and Family Scales (PSS-Par and PSS-Fam, Procidano & Heller, 1983, assessed by Gouveia et al., 2015) were used to assess children's perceptions of their peers and family. The Aggressiveness Questionnaire (AQ, Buss & Perry, 1992, Portuguese version by Simões, 1993) was used to identify the self-perception of aggressiveness.

2.4 PROCEDURE

After institutional approval, the collaboration of different residential care units was requested. Four gave a positive response. Informed consent was filled out (by technicians and children/youth) and self-administration of the protocol was promoted, in person, individually and in a proper place, ensuring the privacy and anonymity of children and youth.

For children and young people in a family context, we opted for an online survey. The study was made known through social networks (Facebook and Instagram). The fathers/mothers/legal representatives who showed interest in the participation of their children (ages under 16) and young people (16 to 21) informed the researchers of their motivation, filled out the informed consent and the Google Forms link was made available (restricted to one response per IP address).



3 RESULTS

The differences between the groups, children/youth in residential care and living with their families, were analyzed in relation to the dependent variables (self-concept, self-esteem, perceived social support from friends and family, and perceived aggressiveness) using the independent samples t-test. It was found that children and adolescents in residential care showed statistically significant differences ($p=0.000$) from those living with their families in all parameters analyzed. The children and youngsters in residential care show less self-concept ($t(96,18) = -6,04$; $p = 0,000$) than those in a family context (Table 1). Only in the values related to the anxiety self-concept no significant differences were found, with both groups presenting values above the norms for their age group ($t(167) = 0,11$; $p = 0,910$) (Table 1).

Table 1 - Differences in Self-concept by group

	Residential care		Family	
	M	SD	M	SD
Total Self-concept	3,63*	0,87	4,37*	0,61
Self-concept- Anxiety	17,27	6,40	17,17	5,53

* $p = 0,000$

In terms of self-esteem, children and youth in residential care also show lower results ($t(116,88) = -5,24$; $p = 0,000$) than those who reside with their families (Table 2).

Table 2 - Differences in Self-Esteem by Group

	Residential care		Family	
	M	SD	M	SD
Self-esteem	14,66*	6,33	19,77*	5,69

* $p = 0,000$

As for the perception of social support from peers ($t(102,27) = -7,89$; $p = 0,000$) and family ($t(104,96) = -4,13$; $p = 0,000$), children and youth in residential care also registered lower values (Table 3).



Table 3 - Differences in Perceived Social Support by group

Perceived Social Support	Residential care		Family	
	M	DP SD	M	DP SD
Peers	9,16*	4,92	14,86*	3,75
Family	9,06*	6,34	12,93*	4,99

*p = 0,000

As for the perception of aggressiveness, the differences between the groups were also statistically significant, with institutionalised children/youth showing a higher perception of aggressiveness, both at the general level ($t(90,21) = 8,74$; $p = 0,000$), as well as in the instrumental ($t(96,62) = 7,38$; $p = 0,000$), affective ($t(83,18) = 7,80$; $p = 0,000$) and cognitive ($t(99,57) = 7,99$; $p = 0,000$) dimensions (Table 4).

Table 4 - Differences in the Perception of Aggressiveness per group

Aggressiveness	Residential care		Family	
	M	SD	M	SD
Total	3,17*	0,69	2,32*	0,44
Instrumental	3,22*	0,74	2,44*	0,52
Affective	2,98*	0,91	1,99*	0,51
Cognitive	3,20*	0,68	2,41*	0,50

*p = 0,000

4 FINAL CONSIDERATIONS

This study aimed to compare emotional and relational regulation between children/youth living in origin families and in residential care.

It was concluded that children and youth in residential care have a weaker self-concept and self-esteem and a lower perception of social support from peers and family than those in family settings and that institutionalized children and youth have a higher perception of aggressiveness, both in general and in the instrumental, affective and cognitive dimensions than those in a family setting.

These results are in line with the literature, which has shown that growing up in a family can work as a protective factor in children and adolescents (Gonçalves et al., 2016) and that their subjective well-being in residential care is significantly lower than those living in their families of origin (Delgado et al, 2019;



Lausten & Fredriksen, 2016), which raises additional concerns; all children who participated in this study showed weaknesses in terms of anxiety management, and those in residential care were more psychologically and relationally maladjusted and more aggressive, corroborating the results of previous studies (Moreno-Manso et al., 2020; Gameiro et al., 2022).

Taking this into consideration, it is urgent to intervene in a multidisciplinary way with this population, promoting personal, relationship, and social skills. It was with this objective in mind that the need arose to conceptualize, apply and validate a new model of intervention in Residential Care Units, already introduced in 2021 by Gameiro et al., that focuses on a perspective of promoting protective factors, which is an innovative response, with systemic integration of a set of stimulating activities (sports, arts, virtual reality, families and peers) and that aims to promote personal skills, interpersonal socialization and stimulation of relationships in order to respond to the weaknesses of this population and promote the quality of residential care for children and young people at risk in Portugal. The intervention with families, technical teams and the school community is also to be valued, equipping them with tools and strategies to intervene with all children and young people.



REFERENCES

Albornoz, A. C. G. (2009). Perspectivas no abrigo de crianças e adolescentes vitimizados. In S. Rovinski & R. Cruz (Eds.). *Psicologia jurídica: Perspectivas teóricas e processos de intervenção* (pp.181-194). Vetor.

Associação Portuguesa de Apoio à Vítima (2022). Estatísticas APAV: Relatório anual 2021.

APAV. https://apav.pt/apav_v3/images/press/Relatorio_Anual_2021.pdf

Bandeira, M., Rocha, S., Sousa, T., Del Prette, Z., & Del Prette, A. (2006).

Comportamentos problemáticos em estudantes do ensino fundamental:

Características da ocorrência e relação com habilidades sociais e dificuldades de aprendizagem. *Estudos de psicologia*, 11(2), 199-208.

Bayer, J., Ukoumunne, O., Lucas, N., Wake, M., Scalzo, K., & Nicholson, J. (2011).

Risk factors for childhood mental health symptoms: national longitudinal study of Australian children. *Pediatrics*, 128, 865–879. <https://doi.org/10.1542/peds.2011-0491>

Bellonci, C., & Holmes, L. (2021). Debate: The greater the needs the lesser the evidence

therapeutic residential care for young people. *Child and Adolescent Mental Health*, 26(1), 78-79. <https://doi.org/10.1111/camh.12448>

Berridge, D., Luke, N., Sebba, J., Strand, S., Cartwright, M., Staples, E., McGrath-Lone,

L., Ward, J., & O'Higgins, A. (2020). *Children in need and children in care:*

Educational attainment and progress. University of Oxford, Department of Education/University of Bristol.

Blakely-McClure, S. & Ostrov, J. (2016). Relational aggression, victimization and self-concept: Testing pathways from middle childhood to adolescence. *Journal of Youth and Adolescence*, 45, 376-390. <http://doi.10.1007/s10964-015-0357-2>

Bolsoni-Silva, A., Salina-Brandão, A., Versuti-Stoque, F., & Rosin-Pinola, A. (2008). Avaliação de um programa de intervenção de habilidades sociais educativas parentais: Um estudo-piloto. *Psicologia, Ciência e Profissão*, 28 (1), 18-33.

Bronfenbrenner, U. (2011). *Bioecologia do desenvolvimento humano: tornando os seres*

humanos mais humanos. Artmed.



Candeias, A., Portelada, A., Vaz-Velho, C., Galindo, E., Pires, H., Borralho, L., Grácio,

L. Costa, N., Reschke, K., & Witruk, E. (2018). Multiple approaches to the study and Intervention in Stress. *Proceedings of the International Seminar: Multiple Approaches to the study and Intervention in stress*. Universidade de Évora.

Carvalho, T., & Manita, C. (2010, Fevereiro 4-6). Percepções de crianças e adolescentes institucionalizados sobre o processo de institucionalização e a experiência na instituição [Paper presentation]. VII Simpósio Nacional de Investigação em Psicologia, Braga. <https://repositorio-aberto.up.pt/bitstream/10216/64468/2/87378.pdf>

Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens (2022).

Relatório de Avaliação da Atividade das CPCJ- 2021.
<https://www.cnpdpcj.gov.pt/relatorio-atividades>

Dalbem, J., & Dell’Aglío, D. (2008). Apego em adolescentes institucionalizadas: processos de resiliência na formação de novos vínculos afetivos. *Psico*, 39(1), 33-40.

Delgado, P., Carvalho, J. M. S., Correia, F. (2019). Viver em acolhimento familiar ou residencial: O bem-estar subjetivo de adolescentes em Portugal. *Psicoperspectivas*, 18(2). <http://dx.doi.org/10.5027/psicoperspectivas-vol18-issue1-fulltext-1605>

Ferreira, M. & Marturano, E. (2002). Ambiente familiar e os problemas do comportamento

apresentados por crianças com baixo desempenho escolar. *Psicologia: Reflexão e Crítica*, 15 (1), 35-45.

Gameiro, F., Ferreira, P., & Pedro, A. (2021). Intervenção com crianças e jovens em risco em acolhimento residencial: O Projeto D’AR-TE. In *Luces en el camino: Filosofía y ciencias sociales en tiempos de desconcierto* (pp. 2866- 2888). Editorial Dykinson S.L.

Gameiro, F., Ferreira, P., & Pedro, A. (2022). Ajustamento psicoemocional de crianças e jovens portugueses integrados em distintas tipologias de agregado. In M. Bermúdez-Vásquez & A. Chaves-Montero (Coords), *Investigación y transferencia de las ciencias sociales frente a un mundo en crisis* (pp. 196-214). Editorial Dykinson S.L.

Giovanelli, A., & Reynolds, A. J. (2021). Adverse childhood experiences in a low-income black cohort: The importance of context. *Preventive Medicine*, 148, 106557. <https://doi.org/10.1016/j.ypmed.2021.106557>

Gonçalves, M., Baptista, M. N., & Farcas, D. (2016). IPSF: Análise da estrutura interna



em uma amostra de jovens adultos portugueses. *Avaliação Psicológica*, 15(1), 115-123.

González-García, C., Vassiliadis, E., Moreno-Manso, J. M., Alcántara, M., del Valle, J. F., &

Bravo, A. (2023). Changes in mental health of children and young people in residential care: Outcomes and associated factors. *Psychosocial Intervention*, 32(1), 11-19. <https://doi.org/10.5093/pi2022a16>.

Gouveia, P., Leal, I., Cardoso, J. & Nunes, A. (2015). Contributos para a adaptação e aferição de duas medidas de suporte social. *Psicologia, Saúde&Doenças*, 16(3), 386-391. <http://dx.doi.org/10.15309/15psd160309>

Instituto de Segurança Social (2022). Relatório CASA 2021. ISS. https://www.seg-social.pt/documents/10152/13200/Relatório%20CASA_2021/d6eafa7c-5fc7-43fc-bf1d-4afb79ea8f30

Lausten, M., & Fredriksen, S. (2016). Do you love me? An empirical analysis of the feeling of love amongst children in out-of-home care. *Scottish Journal of Residential Child Care*, 15(3), 90–103. <https://doi.org/10.14324/111.444.ijsp.2017.07>

Lei n.º 147/99, da Assembleia da República Portuguesa (1999). Diário da República: Série I-A, n.º 204/1999. <https://dre.pt/dre/detalhe/lei/147-1999-581619>

Lee, J. J., & Holmes, L. (2021). Longitudinal trajectories of behavioral problems among children in out-of-home care: A systematic review. *Children and Youth Services Review*, 127, Article 106086. <https://doi.org/10.1016/j.childyouth.2021.106086>

McConnell, D., Feldman, M., Aunos, M., & Prasad, N. (2011). Parental cognitive impairment and child maltreatment in Canada. *Child Abuse and Neglect*, 35, 621–632. <https://doi.org/10.1016/j.chiabu.2011.04.005>

Moreno-Manso J.M., García-Baamonde, M.E., Guerrero-Barona, E., Godoy-Merino, M.J.,

Bueso-Izquierdo, N., & Guerrero-Molina, M. (2020). Emotional, behavioural and executive functioning problems in children in residential care. *International Journal of Environment Research and Public Health*, 20, 17(10), 3596. <https://doi.org/10.3390/ijerph17103596>

O'Connor, T., & Scott, S. (2007). *Parenting and outcomes for children*. Joseph Rowntree Foundation.

Oliveira, S. & Próchno, C. (2010). A vinculação afetiva para crianças institucionalizadas à espera de adoção. *Psicologia: Ciência e Profissão*, 30(1), 62-84.



Pechorro, P., Maroco, J., Poiares, C., & Vieira, R. (2011). Validação da escala de auto-estima de Rosenberg com adolescentes portugueses em contexto forense e escolar. *Arquivos de Medicina*, 25(5-6), 174-179.

Pereira, J.C., Barbosa-Ducharne, M., & Dias, P. (2020). Psychological adjustment and language development of young children in residential care. *Análise Psicológica*, 38(1): 75-86. doi: 10.14417/ap.1731.

Ramos, N. (1993), *Maternage en milieu portugais autochtone et immigré. De la tradition à la modernité. Un étude ethnopsychologique* (dissertação de doutoramento). Universidade de René Descartes, Sorbonne, Paris, França.

Sameroff, A. (2009). *The transactional model of development: How children and contexts shape each other*. American Psychological Association, Washington, DC, USA.

Sigal, J., Perry, J., Rossignol, M., & Ouimet, M. (2003). Unwanted infants:

Psychological and physical consequences of inadequate orphanage care 50 years later. *American Journal of Orthopsychiatry*, 73(1), 3-12. <https://doi.org/10.1037/0002-9432.73.1.3>

Simões, A. (1993). São os homens mais agressivos que as mulheres? *Revista Portuguesa de Pedagogia*, XXVII(3), 387-404.

Siqueira, A. & Dell'Aglio, D. (2010). Crianças e adolescentes institucionalizados:

Desempenho escolar, satisfação de vida e rede de apoio. *Psicologia: Teoria e Pesquisa*, 26(3), 407-415.

Soriano-Díaz C, Moreno-Manso JM, García-Baamonde ME, Guerrero-Molina M, & Cantillo-Cordero P. (2022). Behavioral and Emotional Difficulties and Personal Wellbeing of Adolescents in Residential Care. *International Journal of Environment Research and Public Health*. 20(1):256. <https://doi.org/10.3390/ijerph20010256>

Veiga, F & Domingues, D, (2012). A escala Piers-Harris children's self-concept scale:

Uma versão com repostas de um a seis. In *Atas do 12º Colóquio de Psicologia, Educação, Aprendizagem e Desenvolvimento: Olhares Contemporâneos através da Investigação* (pp.223-238), ISPA, Lisboa.

Velarde, M., & Martínez, P. (2008). Perspectiva temporal futura em adolescentes institucionalizados. *Revista de Psicologia*, XXVI(2), 256-276.

Weber, L. (2007). *Eduque com carinho* (2ª ed). Juruá.