



# *The Importance of the Family Environment in the Development of Eating Disorders*

## *Znaczenie środowiska rodzinnego dla powstawania zaburzeń odżywiania*

### ABSTRACT

**RESEARCH OBJECTIVE:** The aim of this research was to examine how family relationships and parenting styles influenced the development of eating disorders and to identify specific family factors contributing to their onset. The study was aimed to understand the respondents' subjective experiences and depict the analysed phenomenon from their perspectives.

**THE RESEARCH PROBLEM AND METHODS:** The research focused on the impact of familial dynamics and parenting practices on eating disorders. A qualitative biographical method was used, with written autobiographical narratives as a primary data source. Semi-structured interviews supplemented the narratives in order to complete and clarify key aspects.

**THE PROCESS OF ARGUMENTATION:** Respondents' reflections on family relationships, parenting styles, and communication were analysed. There were identified the recurring themes and patterns which showed the dependencies between family dynamics and maladaptive behaviors related to food, body image, and emotional coping.

**RESEARCH RESULTS:** Key patterns included cold or conflictual relationships, emotional distancing by parents, high performance expectations, rigid parenting styles, and lack of safe emotional space. Negative communication about food, body, and appearance, often reinforced by intergenerational transmission of beauty ideals, was a significant risk factor.

**CONCLUSION, RECOMMENDATIONS, AND APPLICABLE VALUE OF RESEARCH:** The study demonstrates the central role of family dynamics and parenting in eating disorders.

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Findings suggest the need for early intervention, supportive family environments, parent education, and therapeutic approaches addressing both individual and familial factors. This research provides clues for prevention programs, clinical practice, and the future studies supporting the mental health and reducing risk factors.

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→ **KEYWORDS**    **EATING DISORDERS, FAMILY RELATIONSHIPS, PARENTING STYLE, ANOREXIA NERVOSA, BULIMIA NERVOSA**

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## STRESZCZENIE

**CEL NAUKOWY:** Celem tego badania było ustalenie, w jaki sposób relacje rodzinne i style wychowawcze wpływały na rozwój zaburzeń odżywiania oraz zidentyfikowanie konkretnych czynników rodzinnych, które mogły przyczynić się do ich wystąpienia. Badanie miało na celu zrozumienie subiektywnych doświadczeń uczestniczek oraz przedstawienie analizowanego zjawiska z ich perspektywy.

**PROBLEM I METODY BADAWCZE:** Badanie koncentrowało się na wpływie dynamiki rodzinnej i praktyk wychowawczych na powstawanie zaburzeń odżywiania. Zastosowano jakościową metodę biograficzną, przy czym głównym źródłem danych były pisemne autobiograficzne relacje uczestniczek. Aby uzupełnić i doprecyzować informacje, przeprowadzono także wywiady półstrukturyzowane.

**PROCES WYWODU:** Analizowano refleksje uczestniczek dotyczące relacji rodzinnych, stylów wychowawczych i komunikacji. Zidentyfikowano powtarzające się tematy i wzorce, ukazujące zależności między dynamiką rodzinną a nieadaptacyjnymi zachowaniami związanymi z jedzeniem, postrzeganiem ciała i radzeniem sobie z emocjami.

**WYNIKI ANALIZY NAUKOWEJ:** Główne wzorce obejmowały chłodne lub konfliktowe relacje, emocjonalny dystans rodziców, wysokie wymagania dotyczące osiągnięć, rygorystyczne style wychowawcze oraz brak bezpiecznej przestrzeni do wyrażania emocji. Istotnym czynnikiem ryzyka była negatywna komunikacja dotycząca jedzenia, ciała i wyglądu, często wzmocniana poprzez transgeneracyjne przekazywanie nierealistycznych ideałów piękna.

**WNIOSKI, REKOMENDACJE I APLIKACYJNE ZNACZENIE WPŁYWU BADAŃ:** Badanie pokazuje kluczową rolę dynamiki rodzinnej i stylów wychowawczych w powstawaniu zaburzeń odżywiania. Wnioski wskazują na potrzebę wczesnej interwencji, wspierającego środowiska rodzinnego, edukacji rodziców oraz podejść terapeutycznych uwzględniających zarówno jednostkę, jak i rodzinę. Badanie dostarcza wskazówek dla programów profilaktycznych, praktyki klinicznej oraz przyszłych badań wspierających zdrowie psychiczne i zmniejszających czynniki ryzyka.

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→ **SŁOWA KLUCZOWE:** **ZABURZENIA ODŻYWIANIA, RELACJE RODZINNE, STYL WYCHOWANIA, ANOREKSJA, BULIMIA**

## Introduction

Eating disorders (ED) represent a serious mental health issue that affects not only an individual's physical health but also their overall quality of life. Their development is conditioned by a complex combination of biological, psychological, social, and cultural influences (Papežová, 2010; Quadflieg et al., 2025).

## The Risky Influence of the Family Environment on the Development of Eating Disorders

One of the key risk factors for eating disorders is the family environment. Family relationships, communication, values, emotional climate, and parenting strongly shape a child's personality and their attitudes toward food, body, and emotions.

This text focuses on the risk aspects of family dynamics that may contribute to the onset and maintenance of eating disorders – from genetic predispositions, through dysfunctional relational patterns, to the influence of maternal hyperprotection and the internalization of societal ideals of beauty within the family environment (Gurulyova & Merinov, 2024).

## Genetic Predispositions

Research shows certain genetic predispositions are more common in families of individuals with eating disorders (ED), contributing to their development. Hereditary neurobiological mechanisms linked to anxiety, perfectionism, or emotional instability – common in ED patients – may act as both causes and consequences, increasing the risk for other family members (Grogan, 2000; Amar et al., 2025; Ante et al., 2020; Galbally et al., 2022).

## Dysfunctional Relationship Patterns in the Family

Personality traits often associated with eating disorders – perfectionism, need for control, anxiety, reliance on others' evaluation (Perubhotla, & Reddy, 2025), or emotional suppression – can largely result from dysfunctional family patterns. Early developmental trauma can disrupt healthy personality development and emotion regulation, increasing the likelihood of maladaptive coping strategies, such as controlling food and body (Campbell & Rohrbaugh, 2016). Families of individuals with eating disorders often show parental dysfunction, including parentification, abandonment, emotional detachment, hyperprotection, parental alcoholism, mental disorders, or ineffective emotional regulation (Janebová, 2006).

## Lack of Emotional Support in the Family in the Context of Eating Disorder Development

One significant factor contributing to the development of these disorders is an unstable and unsupportive family background (Lichner, 2018). Girls suffering from eating disorders often experience feelings of loneliness, lack of emotional support (MAPN da Silva et al., 2025), and absence of open communication within the family (Lichner, 2018). Families often lack openness in communication between daughters and their parents and siblings, including discussions of personal topics, mutual sharing of feelings, sharing worries and joys, the possibility to confide in someone, openness, and understanding (Šiňanská & Štefková, 2019). A dysfunctional relationship with the mother is frequently mentioned in connection with girls suffering from eating disorders (Papežová, 2010).

### Maternal Hyperprotection

Janebová (2006) identifies maternal hyperprotection as a significant risk factor for the development of anorexia nervosa in girls. Hyperprotective mothers often focus on their daughters' performance and success, placing high demands on them that can significantly affect the child's psychological development (Hadaš, 2007). Excessive control and a lack of emotional support can contribute to the development of eating disorders, which then become maladaptive coping strategies to manage internal tension and to gain control over at least one area of their life – their own body and food (MAPN da Silva et al., 2025).

### The Role of Family and Social Norms in Shaping Body Image and the Risk of Eating Disorders

Social norms strongly influence body perception and individual value (Čeveliček et al., 2018). However, the family plays a key role, reinforcing these cultural ideals through direct or indirect comments on appearance, weight, or food, excessive emphasis on performance and self-control, or parental behaviors that adopt and reproduce societal body norms (Shevelenkova & Salnikova, 2024). Children closely observe their parents' attitudes toward their own and others' bodies and often internalize these behaviors.

### Research Aim and Research Questions

The aim of the research is to explore how family relationships and parenting styles have influenced the development of eating disorders in individuals, and to identify specific family factors that may have contributed to the onset of these conditions. The intention of the

research was to understand the female respondents, describe their subjective perspectives, and portray the studied phenomenon through the eyes of the actors themselves.

From the research aim, the following main research question arises:

How do family relationships and parenting styles influence the onset and development of eating disorders in individuals?

Based on the main research question, several sub-questions were formulated:

RQ1: What types of family relationships (e.g., conflictual, supportive, cold) most commonly occur among individuals with eating disorders?

RQ2: What influence did parental parenting styles (e.g., authoritative, permissive, neglectful) have on self-perception and body image?

RQ3: How was food, weight, and appearance discussed within the family, and how did this affect the development of the eating disorder?

RQ4: How did parents react to the first signs of eating disorder problems?

RQ5: How do individuals with eating disorders reflect on support or lack thereof from their family during the illness?

RQ6: Are there other cases of eating disorders or psychological difficulties in the family history that are associated with eating disorders?

RQ7: What importance did the family place on performance, control, and appearance in everyday life?

## Research Sample

The research sample consisted of 12 women who retrospectively recalled the period during adolescence or early adulthood when they suffered from eating disorders. All participating respondents are currently in a phase of stable remission, with more than five years having passed since their last episode of an eating disorder.

## Research Method

The research was qualitative, using a biographical method to analyze individual life stories and understand respondents' subjective experiences and developmental trajectories. Primary data consisted of written autobiographies, complemented by semi-structured interviews to clarify and deepen insights. Interviews were conducted face-to-face, online, or via email, recorded with consent, and transcribed verbatim, preserving authenticity and allowing analytical notes; pauses were marked with dots. Data reduction removed irrelevant content while maintaining context. Analysis involved segmentation, coding, and annotation, with codes grouped into categories based on thematic and semantic similarities using open coding. Additionally, "clusters" were created by grouping similar statements, and pattern identification was applied to document recurring themes, structures, and semantic patterns.

## Ethical Aspects of the Research Process

The research focused on the narratives of girls and women with eating disorders was conducted with great attention to ethical principles. The participants were informed in advance about the aims and course of the study, and their participation was voluntary, with the option to decline any question or end the interview at any time. During the interviews, the psychological well-being of the participants was prioritized – the researcher approached them empathetically, without judgment, and responded sensitively to any signs of discomfort. The questions were formulated so as not to evoke guilt or pressure. The participants' privacy was protected through thorough anonymization and secure data storage. During the analysis, quotations were adjusted to prevent any possibility of identifying the participants. The entire study was conducted with respect for the sensitivity of the topic, the participants' personal stories, and with the aim of minimizing any psychological burden.

## Research Results

Based on the qualitative analysis of the respondents' narratives, the main risk factors for eating disorders and their causes were identified and systematized into ten categories:

- The role of the family in the internalization of body norms and the formation of eating disorders,
- Family patterns as a key factor in shaping the body ideal and the risk of eating disorders,
- Transgenerational transmission of attitudes toward the body and its influence on the development of eating disorders,
- Absence of shared family meals,
- Occurrence of obesity in the family,
- Lack of emotional support in the family as a risk factor for eating disorders,
- Dysfunctional family relationships as a risk factor for eating disorders,
- Parental dominance and its influence on a performance focus and the daughter's body image.

## The Role of the Family in the Internalization of Body Norms and the Formation of Eating Disorders

A key psychosocial risk factor identified in the respondents' narratives was critical remarks from family members about body changes during adolescence. Such criticism disrupted the sense of safety and acceptance and often carried an evaluative or controlling tone, pressuring conformity to body standards. This sometimes led to maladaptive coping strategies, including restrictive eating, food avoidance, or negative body image.

[...] mainly prompted by my mother and father, who mocked me for being fat, comparing me to my mother, whom I can't measure up to even though she is 19 years older, I began to feel ashamed that I had gained weight and started to focus on my weight. I remember how I stopped wearing short skirts back then. I think that's when the beginnings of the disorder started to manifest. (R1)

## Family Patterns as a Key Factor in Shaping the Body Ideal and the Risk of Eating Disorders

For most respondents, family role models had a strong influence, often described as slim, attractive, socially popular, and successful. Respondents compared themselves to these models, aiming to resemble them in appearance and social status, which often led to dissatisfaction with their own bodies and self-worth.

My sister, Karolína... she was always beautiful... Whenever I stood next to her, I felt like a gray shadow... I gave it my all. Every day I counted calories, didn't eat until I collapsed at school. And I still felt not enough. Never pretty enough. Never good enough. (R3)

My mom was always beautiful. Neat, slim, energetic. The type of woman who only has small sizes in her closet and always has water with lemon in her glass. (R4)

## Transgenerational Transmission of Attitudes Toward the Body and Its Influence on the Development of Eating Disorders

Respondents reported that their families placed great emphasis on weight and slimness, often making it a central topic of conversation. Female family members commonly followed restrictive diets, and signs of eating disorders such as anorexia or bulimia frequently appeared.

Since childhood, I saw my mom cooking separately... Her remarks made it clear that gaining weight was terrifying... At thirteen, I started "just limiting side dishes." At fourteen, I ate only one apple a day... At fifteen, I began secretly binge eating and then vomiting. At sixteen, I was exhausted, malnourished, mentally broken. (R4)

The risk lies not just in restrictive diets but in motivations such as body dissatisfaction, low self-esteem, or negative body image, which can trigger maladaptive behaviors as a coping mechanism, potentially leading to anorexia or bulimia.

In therapy, I understood that it's not just about food... They are disorders of the relationship with oneself. And when you believe your whole life that you have to be different for someone to love you, you lose yourself. (R5)

In one case, eating disorders occurred intergenerationally, with the respondent's mother also having suffered from an undiagnosed disorder.

Only after years did I find out that my mom also once suffered from an eating disorder. (R1)

## Absence of Family Meals Together

Respondents described chaotic family eating habits, with irregular schedules, rare shared meals, and members eating separately. This lack of structure reflected broader organizational and emotional disarray, fostering maladaptive eating patterns and, in some cases, hide early signs of eating disorders.

At home, food was never more than a practical matter. Did I eat? Sure. I said yes. When, what, where – no one cared. (R6)

Confusing and uncoordinated family meals allowed one respondent to hide early anorexia symptoms:

At our house, food never brought people together. We rarely ate as a family. Everyone ate when and what they wanted. In that chaos, I lost myself. I started starving. First skipping breakfast, then lunch. I excused dinner. If anyone noticed, I made up stomach pain or a big lunch at school. (R7)

## Occurrence of Obesity in the Family

Maternal obesity is a risk factor for developing eating disorders, as reflected in respondents' statements. One described her mother's body shape being ridiculed, while another noted her mother's long-term body dissatisfaction, which influenced her own body image. This suggests possible indirect transmission of negative body self-concept and eating attitudes within the family. Observing a mother's struggle with weight, along with societal stigma, may lead girls to internalize negative body attitudes and focus excessively on appearance during a vulnerable developmental period, increasing the risk of eating disorders.

When people ask me when it all started, I can't answer exactly... Mom was obese. Kind, caring, nice – but big. Everyone saw it. And the world kept reminding her of it... I started to be afraid. Not for her. For myself. What if I end up the same? (R8)

"Never like Mom" I first said this to myself when I was eight... "I never want to look like Mom." (R9)

## Lack of Emotional Support in the Family as a Risk Factor for Eating Disorders

Respondents described family backgrounds often lacking stability, emotional support, and open communication. Many noted the absence of close relationships, limiting opportunities to share difficulties or feelings. This lack of emotional safety may have fostered loneliness, tension, and maladaptive coping strategies, including those related to eating and body image. For some, food became not only a physiological need but also a compensatory source of emotional fulfillment.

I dealt with all my negative emotions, my feelings of inadequacy with food because my own parents and then my own husband showed no interest in me... Like when I was 14 years old. And it systematically destroyed me... Eventually, I would even go to vomit a single bite of food. (R1)

Respondents frequently highlighted missing a close, trusting relationship, particularly with their mother, which influenced emotional coping and may have contributed to eating disorders.

It wasn't that my parents didn't love me. They just... weren't there. Didn't see. Didn't hear. (R2)

I was never close to my mom... Emotions were not dealt with at home. Feelings were weakness. So I learned to hide them. (R9)

Since early childhood, I perceived my mom ambiguously, sometimes kind, but also cold... focused primarily on herself, her beautiful appearance, and how our family would look to others. (R1)

Almost all my childhood and adolescence, I felt that my mother did not love me enough... I never stopped telling her my problems. (R1)

## Dysfunctional Family Relationships as a Risk Factor for Eating Disorders

In respondents' families, various forms of parental dysfunction often appear, deeply affecting children's psychosocial development.

Our family didn't function well, and actually, it was like that forever. Mom and dad argued almost all the time. And when I say argued, I don't mean just shouting. Insults, vulgar words often fell – and unfortunately, it didn't stop there, there were also slaps. It was hard. I couldn't handle it. And what destroyed me most was that I blamed myself for everything. I felt that if I were better, kinder, smarter, if I didn't cause problems – maybe they wouldn't argue. Maybe they would love me more. (R11)

Another phenomenon described by respondents is strong fixation on the mother, often linked to a lack of emotional safety and parentification – when the child becomes the parent's confidant or caretaker.

Mom is my best friend. The only real one. We go to town together – shopping, cosmetics, or just hanging out. Over coffee, we talk about everything. I tell her about myself, she talks about herself. Sometimes she says more than I expected. Sometimes more than I wanted to hear. But we are always there for each other. We are close – probably because we are both a bit lost in this house... I feel sorry for my mom. I see her back hunch when dad starts yelling at her over a little thing. How her face tightens when she dares to disagree. Sometimes she tells me she will divorce him. She always whispers it, as if he could hear it even then. And I scream inside: "Why haven't you done it yet?" (R12)

These dynamics create intense psychosocial pressure, often disrupting self-concept and fostering maladaptive coping strategies such as eating disorders, used to control or escape emotional pain.

## Parental Dominance and Its Influence on Performance Orientation and Daughter's Body Image

One respondent describes her mother as highly controlling and perfectionistic, combining care with intense demands. This parenting style emphasizes achievement, often making self-worth dependent on performance. Such pressure can create anxiety, low self-esteem, and limit identity development, sometimes leading to maladaptive coping strategies like controlling body and eating, common in eating disorders.

In our family, there was order. Rules. Performance. It wasn't bullying, it wasn't shouting. It was expectations. Quiet, consistent, and relentless. A schedule hung on the fridge – not only for school but also for home. It was known when to clean, when to study, when to exercise. Parents weren't mean. Just strict. And successful. They had it in them – that happiness is deserved only after performance. And they passed this on to me. (R5)

## Application of the Research

The research demonstrates that family relationships and parenting styles significantly influence the development of eating disorders, with practical implications for prevention, therapy, and education. For prevention and education, the findings can inform school programs promoting healthy eating habits, positive body image, and emotional resilience, as well as parent education programs that help caregivers recognize early warning signs and adopt supportive parenting strategies. In therapy, addressing family-related factors, strengthening self-esteem, processing traumatic experiences, and using family therapy to improve communication and emotional support are key. The results are also valuable for training professionals and raising public awareness, helping identify risk factors

and promote positive body perception. The study provides a foundation for further interventions and research targeting high-risk family patterns and fostering healthy relationships with food and body image. Overall, the research contributes to preventing eating disorders, improving therapeutic practices, and educating families and professionals.

## Conclusion

The aim of the research is to explore how family relationships and parenting styles influenced the development of eating disorders in individuals, and to identify specific family factors that may have contributed to the onset of these illnesses. The intention of the study was to understand the respondents, describe their subjective perspectives, and portray the phenomenon through the eyes of the individuals involved.

Conflicted or distant family relationships with low emotional support, rigid roles, and controlling or emotionally distant parents were common, disrupting psychological development and increasing the risk of eating disorders (RQ1). Authoritative, controlling, or neglectful parenting negatively affected body image and self-esteem, causing insecurity and low confidence, worsened by weight control efforts (RQ2). Discussions about food, weight, and appearance were often critical or sarcastic, with dieting seen as desirable, fostering restrictive and unhealthy eating patterns (RQ3). Parental responses to early signs of eating disorders often lacked empathy, showing indifference or control, which could worsen the illness (RQ4). Respondents experienced a lack of emotional support and safe space in the family, leading to loneliness, psychological strain, and maladaptive coping strategies like fasting or binge eating (RQ5). Some families showed intergenerational patterns of eating disorders or related difficulties, often including a culture of dieting and weight control transmitted to children (RQ6). Families emphasized performance, perfectionism, body control, and appearance, pressuring respondents to “succeed” in controlling their bodies, often through weight loss (RQ7).

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