

# At-risk Adolescents in the Czech Republic

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**BACKGROUND:** Youth drop-in centres (YDICs) represent the only social service for adolescents. The employees of these centres focus on the personal development of their clients so as to help them succeed and pass safely from childhood into adulthood. They provide them with support and help them with difficult life situations. In order for YDICs to achieve their goals, the employees have to know the people they work with in depth. The basic question of our research was therefore: “What risk activities do they indulge in?” **AIMS:** The aim of this work is to provide information about the results of nationwide research focused on the prevalence of risk behaviour among clients of YDICs and a comparison with the data obtained in the context of research on risk behaviour amongst adolescents carried out in the Czech Republic and Slovakia. **METHODS:** We used the Prevalence of Risk Behaviour among

Adolescents method (VRCHA) to screen out risk behaviour. **PARTICIPANTS:** The testing was carried out on a representative sample of adolescents (499 respondents) aged 11–15 years who were using the services of YDICs. **RESULTS:** We examined the prevalence of risk behaviour within three factors – abuse, delinquency, and bullying (from the point of view of the victim). Using the VRCHA method, we analysed the prevalence values of specific risk activities. We compared the data from the respondents aged 11–15 with the population standards created by Dolejš et al. (2014) and with the results of a replication study (Dolejš, Zemanová, & Vavryšová, 2017) and data from a standardization study carried out in Slovakia (Čerešník & Gatíal, 2014). **CONCLUSION:** The results indicate that the clients of YDICs aged 11–15 years score higher than the current Czech and Slovak populations in 99% of the items that were monitored.

**Keywords** | Risk behaviour – Adolescence – Youth Drop-In centers – VRCHA

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## ● 1 INTRODUCTION

Adolescence is a period in human life which represents an enormous emotional as well as intellectual growth that can only be compared with the period from birth to the age of two (Stephenson, 2012). In the course of adolescence, a complex physical, moral, and mental transformation occurs (Dolejš et al., 2014a). What changes is the quality as well as the efficiency of intellectual activity, approaches, self-formation, interests, aspirations, and values (Čačka, 2000). Adolescence is, among others, also characterized by the fact that various risk behaviours may turn up for the first time or develop slowly. In comparison to adults, adolescents display risk behaviour much more often (Steinberg, 2008). Adolescence is thus a phase of life which is accompanied by various risk factors that may lead to a partial (but sometimes fatal) distortion of the individual's development. That is why it is no wonder that the prevention of risk behaviour is one of the priorities, for example, within the context of public health policy and the school system. Society therefore tries, with manifold activities and interventions, to provide support and protection against various risk factors to adolescents. One of the tools for protecting and developing an individual is youth drop-in centres (YDICs), which, together with field programmes or, for example, contact centres, count among the group of social prevention services. These services strive to prevent social exclusion and the creation and spread of undesirable social phenomena (Bednář, 2009). In particular, YDICs provide professional support and help to non-organized and socially endangered children and young people whose life is marked by a number of difficult events (such as family disintegration), conflicting social situations (e.g. delinquent behaviour), and negative experiences (e.g. neglect, parents' addictions). In order to enhance the quality and increase the professionalism (as well as effectiveness) of drop-in services, we believe it is essential to know those who we focus our services on. It is necessary to continually ask questions and conduct research. Research is, above all, the one tool that can effectively interconnect real-life practice with theory and can contribute to spreading clear ideas about the work of the employees of YDICs (Baláž, 2011). This is the only way to make professional decisions about adequate and appropriate methods, forms of intervention, and other means of preventive work. This is also the only way to escape from the usual point of view that a YDIC is a place where the employees merely "play table football" with the adolescents and to strengthen the position of YDICs as a professional social service in Czech society.

David Oldfield (1996), the head of the Center for Creative Imagination under the Foundation for Contemporary Mental Health in Washington D. C. (*The Midway Center for Creative Imagination*) and the creator of the programme called *The Journey*, which is designed for adolescents from various environments and backgrounds, including adolescents from institutional facilities, perceives adolescence as a "necessary crisis" which needs to be overcome. In Chinese a crisis is expressed by means of the sign wēijī, or rather two signs, of which one expresses danger and the other good opportunities (Špatenková, 2009). In order for the above-stated

"necessary crisis" to be a contribution for adolescents, we believe that it is necessary to work with adolescents in a targeted way by means of preventive activities, whether at the level of primary, secondary, or tertiary prevention. The period of adolescence may thus represent, in our view, an opportunity to learn a number of important life lessons.

## ● 2 THEORETICAL BASIS

### 2.1 Risk behaviour

Risk behaviour is perceived by the majority of the population as inappropriate and dangerous both for the person indulging in such behaviour and for their surroundings (Dolejš, 2010). Adolescents may, as a result of certain risk forms of behaviour, even jeopardize their own future (Wolff & Crockett, 2011) and, on top of that, affect their way to responsibility (Zimmerman, 2010), which represents one of the signs of a successfully completed journey from adolescence to adulthood. In the professional literature, many definitions of risk behaviour may be found. Dolejš (2010, 9), who has been pursuing this phenomenon for a long time, defines it as "*behaviour on the part of an individual or a group that causes a demonstrable increase in social, psychological, health, developmental, physiological, and other risks for an individual, their surroundings, and/or society*". Macek (2003) considers risk behaviour to be demeanour that is a direct or indirect cause of an impairment of the health of an individual, other people, or the environment. Sobotková (2014, 40) perceives "*risk behaviour as an umbrella concept for the following descriptions – problematic, asocial, delinquent, anti-social, and dissocial behaviour*". Risk-type behaviour in adolescents often stems from the current problems of the individual. By taking addictive substances or indulging in aggressive behaviour or other forms of risk behaviour, adolescents frequently try (unknowingly) to solve their acute problems, which may be insufficient self-confidence, failure at school, etc. (Machová & Kubátová, 2009). Various manifestations of risk behaviour may thus disguise socialization deficits and social handicaps, or rather obstacles and worries which count among the everyday parts of an adolescent's life, whereas society may interpret them as ignoring and violating social standards (Klíma, 2004). Understanding risk factors and processes is very important from the point of view of the identification of those "at-risk young people" who most often require a timely intervention. We must not, however, forget about the meaning of the protective factors and processes in resilience, which may provide suitable intervention tools for those who have the greatest need (Machová & Kubátová, 2009). In order to be able to prevent the consequences of risk behaviour effectively or, at least, to lessen them, it is essential to understand the psychological mechanisms that form the basis of the relationship between the personality and the risk behaviour (Maslowsky et al., 2011). Risk behaviour might be classified into various forms or activities. The list of these is, however, not agreed on by all authors. For example, Kann et al. (2014, 1) and YRBSS (The Youth Risk Behaviour Surveillance System) perceive the following six categories as being the main forms of risk behaviour:

1) behaviour contributing to unintentional injuries and violence; 2) the use of tobacco products; 3) the use of alcohol and other addictive substances; 4) sexual behaviour leading to unintended pregnancy and sexually transmitted diseases (including HIV); 5) unhealthy dietary behaviour; 6) lack of physical activity. Dolejš (2010) divides this phenomenon of risk behaviour into the following groups – abuse and/or taking legal and illegal substances; criminality; bullying, hostility and aggressive behaviour; risky sexual behaviour; problems at school and wrong-doing; extremist, hazardous, and sectarian activities; other forms of risk behaviour. This latter concept is the one that we followed in our research.

Over the last five years (2014–2018), risk behaviour has become the leading theme of tens of thousands of varied studies. This statement can be documented by e.g. the search results within the EBSCO database of electronic journals, where 75,228 results come up for the key expression “risk behaviour”. Later in this paper, we will mention the results of several studies which have a partial interconnection with Czech adolescents. At the same time, however, these studies have an international overlap because adolescents from the Czech Republic are compared with their counterparts in other countries within the context of the prevalence of selected types of risk activities.

In 2014, an international cross-sectional study, “Health Behaviour in School-Aged Children” (further only as HBSC), was conducted in 44 countries, with the results for the Czech Republic being compared with those from Slovakia, Hungary, Poland, and Ukraine in a specialized bulletin (Madarasová Gecková, Dankulincová, Sigmundová, & Kalman, 2016). It was discovered that Czech adolescents have more frequent experience with tobacco as well as marijuana when compared with the study average. The Czech students who were surveyed also disclosed that they had repeated experience with getting drunk. From the point of view of bullying and aggressive behaviour, it was detected that over the last year 23% of the 13-year-old boys and 6% of the 13-year-old girls had been involved in fights. Experience with sexual intercourse was reported by 23% of the 15-year-old boys and 24% of the 15-year-old girls. Altogether 5055 Czech adolescents aged 11–15 years were tested within the framework of the HBSC study.

As a rule, the Czech Republic takes part in the European School Survey Project on Alcohol and Other Drugs (ESPAD). The last data collection within the ESPAD validation study was conducted in 2016, and, among other things, confirmed a decreasing tendency in the field of the use of addictive drugs. The same conclusion was reached by Martin Dolejš and his colleagues within their research projects (2014, 2107) focusing on the prevalence of risk behaviour. The authors found out that the first contacts and experiments with addictive drugs are postponed to a higher age. At the same time, however, aggressive and hostile behaviour within the adolescent population is on the increase, as are various forms of theft (Dolejš et al., 2017). From the point of view of the prevalence of risk behaviour in 16-year-old adolescents, it was ascertained from the above-mentioned ESPAD

validation study that 27.4% of the students had smoked in the previous 30 days; 13.3% smoked daily, 4.5% smoked 11 cigarettes a day or more; 40.6% drank five or more glasses of alcohol on each occasion on which they drank in the previous 30 days, and drinking excessive doses at least once a week was admitted by 12.5% of the students; 32.0% of the students had tried hemp products; 24.4% had used hemp products in the last 12 months (Mravčík, 2017).

In adolescence, the brain becomes more and more sensitive to social and emotional rewards. In this period, however, the neural development which helps to balance the ability to control impulsive behaviour is not yet completed. This development is completed only in the last years of adolescence, or even later. This fact can be compared with a certain “abyss of maturing” which leads to an increase in the susceptibility of adolescents to impulsive risk behaviour, which is confirmed by another international research study conducted by Dolejš and Čerešník (2015), which showed that impulsivity as a personality trait has a close relationship to all forms of risk behaviour (delinquency, the use of alcohol and non-alcoholic drugs, bullying, and others). Impulsive individuals find it difficult to think about the consequences of their risk behaviour. According to Zimmerman (2010), the decisive aspect in this context is whether the adolescent perceives the risks (as well as benefits) – if the benefits prevail then it is highly probable that the adolescent might turn to risk behaviour.

Adolescents suffer from built-in risks in many areas of their lives. What can be perceived as unacceptable behaviour may mean a way in which adolescents cope with the challenges and developmental tasks of this period of their lives. It is therefore important to be receptive to the potential problems faced by adolescents and provide them with solutions without condemnation and reproach. As stated by Bret Stephenson (2012, 41), “*with some encouragement and leadership, young people can utilize the opportunity that is offered to the maximum*”.

## 2.2 Drop-in facilities for children and young people

Drop-in facilities for children and young people – often called drop-in clubs – represent a relatively new social service whose roots date back to the '90s of the 20<sup>th</sup> century (Čechlovský, 2005). From the point of view of legislation, this service was only anchored in 2006 by Act No. 108/2006 Coll., on social services as a service falling into the category of social prevention services provided only in an outpatient form or in a combination of outpatient and streetwork forms. This is the only type of social service designed directly for adolescents. More accurately, YDICs are designed for children and young people aged 6-26 years who are endangered by an unfavourable social situation or by the consequences of their own behaviour. These consequences may jeopardize not only themselves but also their environment. In real-life practice, drop-in centres are visited by social groups and individuals who show episodic occurrence

of socially deviant behaviour (e.g. the young unemployed, truants, etc.), as well as adolescents who frequently use alcohol or experiment with addictive substances (tobacco, marijuana) or are already addicted to them (Klíma, 2004). The general objective of this type of service is to improve the quality of life of children and young people by preventing or reducing the social and health risks that relate to their way of life. YDIC workers strive to create conditions that would allow their unfavourable social situation to be resolved and help them to orientate themselves better in their social environment. This service may be provided anonymously. The YDIC mission is to accompany children and young people through the period of maturing, provide them with information, and offer professional support and help in difficult life situations and thus prevent their possible failure and social exclusion. YDICs strive to make a positive change in their lifestyle and create the conditions for their integration into society (Pojmoslovi YDIC, 2008).

Until 2010, there was no such thing in the Czech Republic as a single comprehensive monitoring research project that could provide collective data on YDICs or on their clients. A change was only brought about by the establishment of co-operation between the professional association of experts and providers of drop-in services the Czech Streetwork Association and the research agency Millward Brown, which, in that year, launched a five-year research study with the aim of mapping the way services were provided by means of YDICs and detecting the effective factors in granting the successful provision of services to clients and the operation of the clubs (Dohányosová & Krajhanzl, 2011). So far, only the results of the first four years of the research are available. They show that the most frequent client of a YDIC is a boy at the age of 15 (girls make up 40% of the clients, on average) who attends a middle school and prefers to spend his free time talking to friends (from school). The most frequent forms of risk behaviour among adolescents visiting YDICs include the use of addictive substances (e.g. cigarettes daily – 49%, marijuana 1–3 times a week – 9%) and aggressive and risky sexual behaviour. More than a quarter of YDIC clients have experience with a probation officer for young people, failure at school, and repeating a class and bullying outside the club. Approximately 10% of the adolescents from YDICs had experienced staying in a refuge, sexual abuse, and child abuse, while less than 30% struggle with conflicts with parents and teachers (Millward Brown ČR, 2014).

The initial design of YDICs in the Czech Republic was influenced by the German experience (Čechlovský, 2005). The developmental tendency in both countries seems to be going in a similar direction even today – gradually, the professionalism of the services provided is increasing. At the same time it holds true that YDICs represent a place where clients are given the opportunity to take over responsibility for themselves as well as others in a safe environment. Here, children and young people have a chance to deal with the consequences of their conduct (Rauschenbach et al., 2010) and develop their personal and key social skills, such as independence, initiative, and the ability to facilitate their own self-education and cooperation with others, as well

as communication skills (Jugendministerkonferenz: Weimar, 2001). YDIC centres do not have a precise equivalent in other countries, and yet we might often find centres for the prevention of aggressiveness and youth drop-in centres for children without a home or what are known as “children of the street”, which operate on analogous working principles to our YDICs. It results from the research that these centres advocate reducing the occurrence of preliminarily terminated school attendance among adolescents, inter-generational and inter-ethnic conflicts, and the use of addictive substances and mitigation of the spread of sexually transmitted diseases. Young people may master skills that will help them solve their problems effectively and independently (Morrel-Samuels et al., 2013).

## ● 3 METHODOLOGY

### 3.1 Research questions

We set two basic research questions as part of our research study. How do the prevalent values of selected forms of risk activities differ in clients of drop-in centres for children and young people from adolescents attending middle schools and grammar schools (with six- or eight-year academic programmes)? How do the results of YDIC clients within the scope of delinquency, bullying, and abuse perceived with the VRCHA method differ from those of adolescents attending middle schools and (six- or eight-year) grammar schools?

### 3.2 Research group

At the point in time when the data collection was conducted in the Czech Republic, there were 239 drop-in centres for children and young people registered at the Ministry of Labour and Social Affairs of the Czech Republic. They were regularly visited by 34,405 clients, out of whom 33,066 were children and young people up to the age of 18.

When compiling the selective set of YDICs, we first set the fundamental selection criterion – membership of the Czech Streetwork Association (CAOW) as a guarantee of the prime quality of the services provided. Consequently, we set the target of including YDICs from all regions of the Czech Republic into the research. That is why, in the following step, we expressed the percentage division of all registered YDICs in individual regions. On the basis of the individual proportions, we calculated the necessary number of YDICs for every region and as a result and with respect to the above-stated requirement, we addressed other facilities which were not members of CAOW. On the grounds of data acquired from the Register of Social Services, we compiled a comprehensive list of YDICs, which we divided into groups on the basis of their region of operation. We then randomly selected three facilities from each missing region and addressed them. We required each facility to get 15 clients to fill in a set of tests. However, in the end and after mutual agreement, we sent smaller numbers of questionnaires to

certain facilities because of their lower visit rate in the period in question. The total number of questionnaires was 570, and the return rate was 88% (i.e. 499 questionnaires). Altogether, we addressed 103 facilities, 41 of which decided to cooperate, i.e. 17% of the basic group.

The research group consisted of 499 YDIC clients, which corresponds, according to our calculations, to 1.5% of the total population of adolescents taking advantage of YDIC services. Altogether, 257 boys (52%) and 213 girls (43%) aged 8–25 years and attending these facilities were tested (29 respondents (6%) did not indicate their sex), while the average age of the YDIC clients was 14.8 years ( $SD \pm 2.63$ ).

It is quite common not to be able to obtain all the required data for a certain facility (Hendl, 2006) and that is why we had to cut 15 adolescents (3%) out of the total number of YDIC respondents because it was not possible to evaluate their sets of tests.

The resulting data was compared with the Czech standards created by Dolejš et al. (2014), which originated on the basis of data acquired from a comprehensive national study which examined 4198 students aged 11–15 attending selected types of schools in the Czech Republic, of whom 1964 were boys and 2170 girls (for the purposes of this article, we refer to this study as the standard study). Further on, we compared the results with data acquired within a project realized in the 2016/2017 academic year in which 2437 adolescents from middle schools and (six- and eight-year) grammar schools participated (this study is referred to as the replication study) (Dolejš, Zemanová, & Vavryšová, 2017). We also compared the results with the outcomes of an international research study conducted by Čerešník and Dolejš (2015) which involved 1704 Slovak adolescents (837 boys and 867 girls).

### 3.3 Methods

We assume, on the basis of our previous professional experience, that it is often difficult for YDIC clients to keep their attention focused for a long time. That is the reason why, in the course of compiling the set of tests, we targeted diagnostic tools which are, with regard to their content, as concise and understandable as possible. In other words, we selected tools for which we assumed that adolescents would be able to fill in the questionnaire within a short span of time. Another significant factor in the selection was, however, the quality of the methods applied (i.e. their reliability, the internal consistency of individual items, their suitability for use for the given target group, etc.). On the introductory page of the set of tests, we asked the respondents to fill in basic data, such as their age, month and year of birth, sex, and school year. The instructions for administration were also given at the beginning of every questionnaire. The psycho-diagnostic methods that were applied included the following – Satisfaction With Life Scale-Child – SWLS-C (Gadermann et al., 2010; Zemanová & Dolejš, 2013), Occurrence of Risk Behaviour in Adolescents – VRCHA (Dolejš & Skopal, 2013), and

the Rosenberg Self-esteem Scale – RŠS (Rosenberg, 1965; Blatný & Osecká, 1994).

In the next section, we will only describe in more detail the VRCHA method, which played a fundamental role for the data used in this article.

#### 3.3.1 Occurrence of Risk Behaviour in Adolescents (VRCHA)

The Occurrence of Risk Behaviour in Adolescents (VRCHA) was created by Dolejš and Skopal in 2013 when they were searching for interconnections between risk behaviour (the use of marijuana, thefts, and bullying) and certain personality traits in adolescents (self-esteem, impulsivity, or extraversion). The primary experimental version provided information on the prevalence of various forms of risks, which enabled the authors to carry out subsequent mathematical statistical analyses. The springboard for the origin of an independent VRCHA method was 40 items, while the consequent correlation and factor analyses narrowed their number to 18 final items. At the same time, Dolejš and Skopal also identified within this set of items three fundamental factors, which they called abuse, delinquency, and bullying (Dolejš et al., 2014a).

The “ABUSE” scale comprises seven items which focus on the (ab)use of addictive substances (alcohol, cigarettes, and marijuana). The factor is supplemented with a question regarding sexual intercourse, where factor analysis showed significant interconnections between individual items (Dolejš et al., 2014a). The factor load of individual items ranges within the region of 0.34 up to 0.73. The correlation of items towards the total factor score is within the region of  $r = 0.33$  up to 0.84 (Dolejš & Orel, 2017). Another factor is “DELINQUENCY”, which also consists of seven items. Here, the respondents are questioned about the issue of stealing money or things, damage to other people’s property, and falsification of their parents’ signatures (Dolejš et al., 2014a). The last factor that is identified is “BULLYING”, which comprises four items. They focus on physical and verbal maltreatment and cyber-bullying. If an adolescent answers these questions positively, he or she is obviously a victim of maltreatment by his/her schoolmates (Dolejš et al., 2014a).

The administration of this instrument takes up approximately 10 minutes. This is what is called a “pencil-and-paper” method. The answers to the individual items are selected by the respondents from yes/no options. Each positive answer counts for one point, whereas there are no points for a negative answer. The overall score may then range between 0 and 18 points. This is then a sum of the positive answers to all the items in the questionnaire. The abuse scale comes between 0 and 7 points, just like the delinquency scale. In the bullying section, respondents may gain from 0 up to 4 points. Again, this is a sum of the points for each positive answer to questions relating to the given factor. The reliability of such a method is, according to the Cronbach’s alpha, between 73 and 84 (Dolejš & Orel, 2017). As already stated above, population standards for adolescents aged

RESEARCH PROJECT	Abuse	Delinquency	Bullying	Overall score
Dolejš, Skopal, Suchá et al. (2014) – normative study N = 4183; Age = 12.99 years (SD+/-1.24)	.75	.67	.53	.81
Dolejš, Zemanová, and Vavryšová (2017) – replication study N = 2745; Age = 13.41 years (SD ± 1.31)	.80	.73	.55	.84
Čerešník and Gatál (2014) – population of Slovak adolescents N = 1706; Age = 12.45 years (SD+/-1.49)	.76	.73	.55	.83
Zemanová and Dolejš (2015) – population of YDIC clients N = 499; Age 14.8 years (SD ± 2.63)	.88	.88	.48	.81

**Table 1 |** Internal consistency of VRCHA questions (Cronbach's alpha)

11–15 years living in the Czech Republic were obtained with this method in 2014 by Dolejš et al. A review of the internal consistency of the method applied in the selected research studies is shown in *Table 1*.

### 3.3.2 Technical and aesthetic aspects of administration

The data collection in the individual YDICs was ensured by local employees who were instructed in advance how to administer the questionnaires by means of an email/phone call and an accompanying letter. The accompanying letter, including the details of a contact person, was always enclosed in the envelope with the printed-out questionnaires. Data collection from respondents from the general population was conducted by visiting schools. We sent, in advance, printed-out forms to all the participating schools, together with the informed consent of the legal representatives of individual students, a description of the set of tests, and information on the purpose of the research. All the filled-in questionnaires from YDIC clients, as well as from students, were marked with a code to facilitate their better checking.

Within the process of cleaning the data, we discarded those questionnaires that could not, for various reasons, be included in the evaluation (e.g. a significant part of the questionnaire was missing, obviously falsely answered questions or, in general, questionnaires that were filled in with a great degree of negligence, etc.). We approached the cleaning and checking process rather strictly in order to achieve a validity of the research that was as high as possible, even if we risked a reduced number of respondents in the group that was monitored. That is, we share the same opinion as Hendl (2006, 78), who states that “*the results of a statistical analysis are as good as the input data*”.

Participation in the research project was 100% voluntary; each respondent had the right to terminate or interrupt their cooperation at any time. Nobody was forced to take part in the project. In the case of middle school students below 15 years of age, we requested their legal representatives to sign an informed consent to the child's participation in the research. Further, we paid attention to the privacy and personal data protection of individual research participants, i.e. participation in the research was strictly anonymous, and we did not ask the respondents for any information that might lead to their identification. All the respondents

were, at the same time, informed about the purpose of the research and who would have access to the data provided.

Throughout the course of the entire survey, the research team was especially particular about the fact that the data that was acquired was not accessible to any unauthorized people and was only used for the original purposes it was provided for.

### 3.4 Methods of data processing and analyses

Prior to conducting statistical analyses, we first digitalized all the data that had been acquired by creating a data sheet in the Excel 2013 program in Microsoft Office 2013. We compiled the data matrix according to Hendl (2006), so that there was a description of a single object on each line of the table and data for one variable in each column. Subsequently, we cleared and checked the electronic data and transferred it into the STATISTICA 12 statistical program, which was used for the final analyses. At first, we detected the distribution of rough scoring in the given variables. The rate of reliability of the individual methods, as well as the factors themselves, was detected by means of the Cronbach's alpha coefficient.

## ● 4 RESULTS

The prevalence of risk behaviour was examined within three factors – abuse, delinquency, and bullying (from the point of view of the victim). From the mutual relations between the overall score marked as “overall score” and the three monitored variables it follows unambiguously that both the delinquency and abuse factors have the closest relation to the overall score. The factor of bullying has a less close relation to the two other factors (see *Table 1*).

By means of the Occurrence of Risk Behaviour method (VRCHA), we analysed the prevalent values of the specified risk activities in the sample who were examined, focusing on adolescents aged 11–15 who visit YDICs.

The data obtained from the respondents was compared with the population standards created by Dolejš et al. (2014) for students in the same age cohort in secondary education,

Items of the VRCHA method	Population	Population	Population	YDIC
	11–15 years CR	11–15 years CR	10–15 years SR	11–15 years
	(2014)	(2017)	(2014)	(2015)
	N = 4198	N = 2437	N = 1706	N = 278
	Yes	Yes	Yes	Yes
Factor ABUSE				
Drinking alcohol (last 30 days)	31.19%	31.19%	21.04%	44.60%
Smoking, use of marijuana or hashish (lifetime)	10.86%	8.51%	9.00%	38.49%
Smoking cigarettes (last 30 days)	10.88%	8.35%	12.20%	47.48%
Sexual intercourse (lifetime)	5.55%	5.15%	6.10%	27.34%
Smoking more than five cigarettes (per day)	3.04%	2.53%	3.60%	37.77%
Drunkenness connected with problems with walking and talking, vomiting, and amnesia (last 30 days)	3.93%	3.07%	4.90%	16.18%
Abuse of medicine (lifetime)	8.95%	7.35%	8.60%	16.19%
Factor DELINQUENCY				
Have you ever forged your parents' signatures? (lifetime)	29.87%	33.72%	24.70%	48.56%
Theft of money from parents/other people	11.89%	13.12%	17.00%	26.62%
Truancy (lifetime)	8.30%	8.68%	12.00%	26.98%
Theft of a certain thing (lifetime)	23.31%	27.53%	25.40%	34.89%
Damage to other people's property for fun (lifetime)	14.96%	15.07%	16.30%	30.94%
Theft as a result of certain activities (lifetime)	7.36%	8.27%	6.60%	34.53%
Shoplifting (lifetime)	10.71%	11.59%	10.80%	33.45%
Factor BULLYING				
Intentional physical maltreatment (lifetime)	25.16%	20.39%	20.80%	38.49%
Victim of rude and vulgar insults from schoolmates (last 30 days)	17.61%	18.73%	35.80%	32.01%
Maltreatment or ridiculing on the Internet (last 30 days)	7.12%	6.31%	8.40%	15.83%
Maltreatment by schoolmates (last 30 days)	11.68%	12.00%	13.80%	16.90%

**Table 2** | The prevalence of risk activities in a representative sample of Czech and Slovak students (Skopal et al., 2014; Čerešník & Gatíal, 2014; Dolejš, Zemanová, & Vavrysová, 2017, Zemanová & Dolejš, 2015), and YDIC clients

**Note:** Population aged 11–15 in the Czech Republic (2014) – standard study by Dolejš et al. on the population of Czech adolescents aged 11–15 years; Population 11–15 years ČR (2017) – standard study by Dolejš, Zemanová, and Vavrysová on the population of Czech adolescents aged 11–19 years (selection of respondents: 11–15-year-olds from middle schools and grammar schools, not published); Population 10–15 years SR (2014) – standard study by Čerešník and Gatíal conducted in Slovakia; YDIC 11–15 years (2015) – standard study by Zemanová and Dolejš on the adolescent population, or rather YDIC clients aged 11–15 years

with the data collected by Čerešník et al. (Dolejš & Čerešník, 2015), and also with the results of the research conducted by Dolejš, Zemanová, and Vavrysová in 2017 (Dolejš et al., 2017). The particular percentage distribution of individual risk activities can be found in *Table 2*.

It follows from the results that the YDIC clients aged 11–15 get higher scores than the general Czech population in 100% of all the risk activities that were monitored and the Slovak population in 94.4% of them, while the Slovak middle school students had more experience (by 3.79%) with verbal aggressiveness than the adolescents attending YDICs. This is a very interesting result as YDIC clients are regarded as an at-risk population. The respondents in Čerešník and Gatíal's study (2014) were selected from the general Slovak population of middle school and grammar school students.

Furthermore, we discovered that the YDIC clients smoke more than five cigarettes a day, i.e. 12 times more often

than the general population of Czech adolescents. Marijuana use also occurs more often among the YDIC clients – experimenting with this addictive substance was confirmed by 38.49%; in the population of Slovak students, 9.00% had had this experience, in the Czech population 10.88% in the normative study and 8.35% in the reciprocal study.

It is obvious, then, that a drop occurred between the normative and reciprocal studies, not only for this item but also for all the items focusing on the field of the use of addictive substances. On the other hand, the tendency in the items focusing on delinquency was the opposite. Verbal aggressiveness in the form of rude and vulgar insults within the last 30 days was confirmed by 17.61% of the respondents in the normative study and the results in the replication study show a level that is one per cent higher. Physical maltreatment was confirmed by 11.68% in the first study and 12.00% in the second study. However, we can probably see a decrease in the number of victims on social networks –

7.12% in 2014 and 6.31% in 2017. Although the prevalence of drunkenness in the last 30 days (including problems with walking and talking, vomiting, or memory lapses) dropped from 3.93% to 3.07% in the Czech adolescents, it is still an alarming fact because this affects, in per capita terms, more than 10 thousand adolescents from the entire population of students in the Czech Republic (Dolejš et al., 2014; Dolejš et al., 2017). In the YDIC clients, this monitored activity was four times more frequent and reached the level of 16.19%.

The most frequent experience confirmed by the YDIC clients in the age group that was monitored is in the area of falsification of their parents' signatures, equalling 48.56% of the total number. Immediately after this comes smoking cigarettes in the last 30 days, with a value of 47.48%. The imaginary third position is occupied by the prevalence of use of alcohol in the last 30 days, with a value of 44.60%. The level of 30% was exceeded in eight items, with the highest values being achieved in the items focusing on experience with marijuana and self-harming (both identically 38.49%). A total of 37.77% of the YDIC clients aged 11–15 smoked more than five cigarettes a day. The ascertained value is more than alarming, especially if we take into account that this is, according to some authors, a highly risky behaviour with regard to the possible problems or physical addiction (e.g. Dolejš, 2010). There even exists some evidence that *“smoking in adolescents in any form (cigarettes, hookahs), even if the duration of the exposure is relatively short, plays an important role in forming lung tumours in the young generation”* (Bajčiová et al., 2011, 283). Verbal aggressiveness in the last 30 days in the form of vulgar insults had been experienced by 32.01% of the clients, physical maltreatment by 16.90%. A third of the YDIC clients had had experience with various thefts, problems with the police, and damage to other people's property.

Other frequently occurring forms of risk behaviour among the YDIC clients were truancy (26.98%) and experience with sexual intercourse (27.34% of the respondents). On top of that, 50% of this number were respondents who had not even reached the age of consent, 15 years of age!

When comparing the YDIC clients with the values obtained from the normative, reciprocal, and Slovak studies, we

found out that the YDIC clients reach statistically significant values in all factors, as well as in the overall score for risk behaviour. The difference in the total risk rate is 2.99–3.29 points, in the abuse factor 1.43–1.64 points, in delinquency 1.19–1.22 points, and in bullying 0.25–0.46 points (for more details, *Table 3*). The YDIC clients aged 11–15 years behave in a much more risky way than their contemporaries from the general Czech and Slovak populations.

From our further findings it follows that 44% of the adolescents aged 11–15 who use YDIC services gain more points for the abuse factor than the average value plus one standard deviation in the general population of the same age group. When comparing other factors, we reached the values of 41% in delinquency and 28% in bullying. From the point of view of the overall score, this includes 47% of the adolescents from YDICs. It is thus obvious that the clients of drop-in centres for children and young people are highly at-risk individuals.

In *Table 4*, we present a comparison of girls and boys (YDIC clients aged 11–15 years) regarding the occurrence of individual risk forms of behaviour, together with data on the population standards. Boys reach higher values in all the factors that were monitored, as well as in the overall score (YDIC clients). We may also state that boys are more susceptible to thefts and aggressiveness, have problems with the police more often, and play truant more often. Compared with the standard from our results, no statistical significance was deduced regarding the item concerning the falsification of parents' signatures. In all the groups that were compared, girls use medicine without having a health reason to do so more often. In our research, it was not confirmed, compared with the standard, that girls would use more tobacco products or that they would reach higher values in the score for abuse. The YDIC clients reach values for the total risk rate in the VRCHA questionnaire that are twice as high. Slovak adolescents may serve as an example – 2.90, with Czech adolescents getting even slightly less – 2.56, and YDIC clients – 6.02 (Čerešník & Gatíal, 2014; Skopal, Dolejš, & Suchá, 2014).

Furthermore, we observed whether the occurrence of risk behaviour grows with age by means of the total risk result-

VRCHA method	Population 11–15 years CR (2014)	Population 11–15 years CR(2017)	Population 10–15 years SR (2014)	YDIC 11–15 years (2015)
	M	M	M	M
Abuse	0.85	0.64	0.66	2.28
Delinquency	1.14	1.17	1.12	2.36
Bullying	0.69	0.57	0.78	1.03
Overall VRCHA score	2.68	2.38	2.53	5.67

**Table 3 |** Mean values in the VRCHA questionnaire factors for YDIC clients, students according to the standard and replication studies, and Slovak standardization study with an age 11–15 arithmetic mean

**Note:** Population aged 11–15 in the Czech Republic (2014) – standard study by Dolejš et al. on the population of Czech adolescents aged 11–15 years; Population 11–15 years ČR (2017) – standard study by Dolejš, Zemanová, and Vavryšová on the population of Czech adolescents aged 11–19 years (selection of respondents: 11–15-year-olds from middle schools and grammar schools, not published); Population 10–15 years SR (2014) – standard study by Čerešník and Gatíal conducted in Slovakia; YDIC 11–15 years (2015) – standard study by Zemanová and Dolejš on the adolescent population, or rather YDIC clients aged 11–15 years



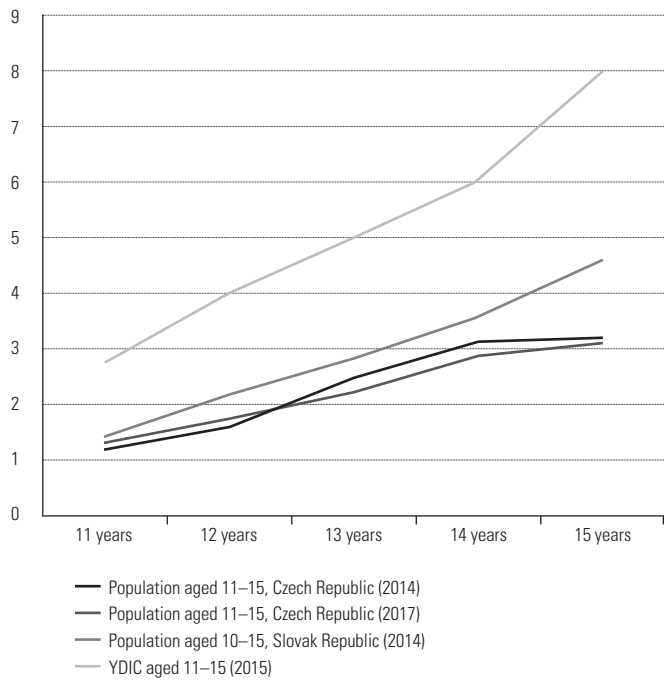
Items in the VRCHA method	Population 11–15 years CR (2014)			Population 11–15 years CR (2017)			Population 10–15 years SR (2014)			YDIC 11–15 years (2015)		
	CH	D	p	CH	D	p	CH	D	p	CH	D	p
Drinking alcohol (last 30 days)	0.32	0.31	0.539	0.34	0.29	0.007	0.24	0.19	0.011	0.45	0.44	0.932
Smoking, use of marijuana or hashish (lifetime)	0.11	0.11	0.220	0.07	0.06	0.70	0.11	0.07	0.006	0.41	0.30	0.442
Smoking cigarettes (last 30 days)	0.09	0.12	0.002	0.09	0.08	0.072	0.13	0.11	0.382	0.49	0.46	0.684
Sexual intercourse (lifetime)	0.07	0.05	0.008	0.06	0.04	0.01	0.08	0.04	0.001	0.40	0.17	0.001
Smoking more than five cigarettes (per day)	0.02	0.04	0.031	0.02	0.02	0.958	0.03	0.04	0.31	0.35	0.40	0.463
Drunkenness connected with problems with walking and talking, vomiting, and amnesia (last 30 days)	0.04	0.04	0.575	0.03	0.03	0.745	0.06	0.04	0.01	0.20	0.13	0.148
Abuse of medicine (lifetime)	0.07	0.11	0.001	0.06	0.09	0.005	0.09	0.08	0.393	0.10	0.21	0.013
Factor ABUSE	0.71	0.77	0.13	0.66	0.64	0.569	0.75	0.56	0.002	2.40	2.18	0.384
Have you ever forged your parents' signatures? (lifetime)	0.25	0.34	0.001	0.29	0.38	<0.001	0.22	0.27	0.02	0.46	0.50	0.521
Theft of money from parents/ other people	0.13	0.11	0.04	0.13	0.13	0.91	0.19	0.15	0.01	0.28	0.26	0.75
Truancy (lifetime)	0.09	0.08	0.288	0.09	0.08	0.30	0.15	0.09	<0.001	0.33	0.22	0.36
Theft of a certain thing (lifetime)	0.30	0.17	0.001	0.33	0.23	<0.001	0.33	0.19	<0.001	0.41	0.30	0.052
Damage to other people's property for fun (lifetime)	0.21	0.09	0.001	0.19	0.11	<0.001	0.22	0.10	<0.001	0.39	0.25	0.01
Theft as a result of certain activities (lifetime)	0.11	0.04	0.001	0.11	0.05	<0.001	0.09	0.04	<0.001	0.43	0.27	0.01
Shoplifting (lifetime)	0.13	0.08	0.001	0.13	0.10	0.09	0.14	0.08	0	0.38	0.30	0.16
Factor DELINQUENCY	1.23	0.92	0.001	1.26	1.09	0	0.24	0.18	<0.001	2.68	2.09	0.02
Intentional physical maltreatment (lifetime)	0.25	0.26	0.001	0.19	0.21	0.14	1.33	0.92	0	0.35	0.42	0.23
Victim of rude and vulgar insults from schoolmates (last 30 days)	0.19	0.16	0.003	0.21	0.17	0.01	0.39	0.33	0.01	0.31	0.33	0.67
Maltreatment or ridiculing on the Internet (last 30 days)	0.06	0.08	0.108	0.06	0.07	0.15	0.09	0.08	0.46	0.14	0.17	0.49
Maltreatment by schoolmates (last 30 days)	0.11	0.12	0.688	0.12	0.12	0.85	0.15	0.13	0.30	0.14	0.19	0.27
Factor BULLYING	0.62	0.61	0.828	0.58	0.57	0.87	0.86	0.71	0	0.94	1.11	0.18
OVERALL Risk Behaviour SCORE	2.56	2.30	0.002	2.50	2.29	0.05	2.90	2.17	<0.001	6.02	5.38	0.21

**Table 4** | Items in the VRCHA Questionnaire – Abuse, Delinquency, Bullying Factors, and Overall Score – indicating the occurrence of certain risk behaviours amongst girls and boys and the significance level

**Note:** Values highlighted in grey mark the detected statistical significance. “CH” = boys, “D” = girls, “p” = minimum level of statistical significance Population aged 11–15 in the Czech Republic (2014) – standard study by Dolejš et al. on the population of Czech adolescents aged 11–15 years; Population aged 11–15 years CR (2017) – standard study by Dolejš, Zemanová, and Vavryšová on the population of Czech adolescents aged 11–19 years (selection of respondents: 11–15-year-olds from middle schools and grammar schools, not published); Population 10–15 years SR (2014) – standard study by Čerešník and Gatial conducted in Slovakia; YDIC 11–15 years (2015) – standard study by Zemanová and Dolejš on the adolescent population, or rather YDIC clients aged 11–15 years

ing from the VRCHA method (Figure 1). We found out that in the general Czech and Slovak populations of adolescents aged 11–15 years, the occurrence of risk behaviour increases gradually with the age of the respondents, with the Slovak population seeming to be at greater risk. The tendency of the prevalence of risk behaviour to increase with age in adolescents visiting YDICs is virtually identical to that in the general Czech and Slovak populations, the “only” difference

being that the clients of the drop-in facilities behave in a much more risky way. It may therefore be summarized that the adolescents in all the groups that were surveyed gradually behave in an increasingly risky way from the age of 11 to 15 years.



**Figure 1 |** Development of overall risk in age cohorts according to the VRCHA questionnaire

**Note:** Population aged 11–15 in the Czech Republic (2014) – standard study by Dolejš et al. on the population of Czech adolescents aged 11–15 years; Population 11–15 years ČR (2017) – standard study by Dolejš, Zemanová, and Vavryšová on the population of Czech adolescents aged 11–19 years (selection of respondents: 11–15 year-olds from middle schools and grammar schools, not published); Population 10–15 years SR (2014) – standard study by Čerešník and Gatial conducted in Slovakia; YDIC 11–15 years (2015) – standard study by Zemanová and Dolejš on the adolescent population, or rather YDIC clients aged 11–15 years

## ● 5 DISCUSSION AND CONCLUSIONS

Drop-in facilities for children and young people represent a relatively young type of social service which is the only service, within the entire spectrum of social services provided in the Czech Republic, designed directly for adolescent individuals. YDICs might, in brief, be characterized by a metaphor as a “waiting room for adulthood”. The employees of these facilities guide adolescents through the period of maturing and provide them with support and assistance in difficult life situations. They strive to help the young people to go successfully through the labyrinth of adolescence leading to adulthood. In order for their activity to be effective, of prime quality, professional, and leading to the set goals, it is necessary to know the addressees of such services well and keep asking the question “Who is the typical YDIC client?”

The fundamental finding of our research conducted in clients of drop-in centres for children and young people all over the Czech Republic is that this social service is used by young people who are at high risk. A reliable indicator of this finding was, above all, the comparison of adolescent YDIC clients aged 11–15 with the population standards for young people in the same age cohort (according to Dolejš et al., 2014). In all the factors covered by the VR-

CHA tool (abuse, delinquency, and bullying from the point of view of the victim, as well as in the overall score), YDIC clients reach statistically significantly higher values than the general population of adolescents, i.e. their behaviour is much more risky. In particular, the YDIC adolescents outstrip the general adolescent population aged 11–15 in all the forms of risk behaviour that were monitored, often by even more than 30%. The most frequent forms of risk behaviour in this target group are falsification of parents’ signatures (48.56%), smoking cigarettes in the last 30 days (47.48%), and drinking alcoholic drinks in the last 30 days (44.60%). Another startling fact is the rate of experience with a non-legal addictive substance (marijuana) in this age cohort of clients (38.49%). This is especially true when we take into account the results of a 38-year-old study which proved that the participants in this longitudinal research who had already started using marijuana before their 18th birthday still showed reduced intelligence and ability to perceive and sustain attention even 20 years later (Meier et al., 2012). It was also proved that 27.34% of the YDIC clients have experience with sexual intercourse. That is why we may declare that more than a quarter of the YDIC clients are in danger of negative consequences for their further psychosexual development (Weiss, 1998). At the same time, it is necessary to highlight the fact that half of these “experienced” clients have not yet reached the age of consent to sexual intercourse, 15 years of age. YDIC adolescents are also very often regular smokers who smoke more than five cigarettes a day. Other items in the VRCHA method where the YDIC clients “beat the record” of 30% are activities relating to: various thefts, damage to other people’s property, problems with the police, self-harming, and vulgar and rude insults from schoolmates. From the perspective of gender differences within the group of adolescents that was examined, it was confirmed that boys are more susceptible to risk activities. This confirms the outcomes of various research studies (e.g. Dolejš et al., 2010, 2014a; Zimmermann, 2010) which state that boys are more predisposed to risk behaviour, especially in the field of factors contributing to delinquency. These findings are only valid, however, for younger adolescents. It seems that the differences between girls and boys are wiped out in the later stages of adolescence.

The results obtained within our research provided us with a response to the question of what the most frequent risk activities indulged in by the addressees of social services provided in drop-in centres for children and young people are. All the above-stated findings are perceived as beneficial to developing social work with young people within YDICs. Working extensively with their clients, the employees of these facilities have relatively precise information about the areas in which a given individual shows the highest tendency to take risks. That is why they can focus their preventive operations on this target group. The data acquired from our research can also provide a substantial basis for the conception and realization of “evidence-based” preventive programmes which are based on scientific evidence (whether in the context of primary, secondary, or, in some cases, even tertiary prevention).

In respect to the truly high (even alarming) occurrence of risk behaviour in this target group, we believe that we clearly managed to justify the provision of drop-in services for children and young people. Risk behaviour may disturb the individual's way to responsibility and adulthood. YDIC employees thus strive to minimize these risks and other social deficits and social handicaps of their clients. They make an effort to ensure the development of their personality in the right direction and attempt to lead them successfully on their "heroic path" from childhood to adulthood. We assume, however, that it is important at present to develop methods applied when working with clients and to enhance the professionalism of employees so that the set aims can be achieved. On the grounds of the experience with the tools applied in our research, we believe that we managed to compile an efficient set of screening tools that might be utilized in the everyday operation of YDICs. They might represent a suitable starting point for compiling targeted preventive programmes within the given facility (so that they are "tailor-made"). We are, however, aware of the fact that it is essential to elaborate thoroughly on the possible methodology of such a method for working with clients. As stated by Dolejš (2010, 14): "The evaluation of an adolescent on the basis of deviations from certain 'population averages' might be misleading and highly risky with respect to possible harm done to him/her. Inaccurate, false, and low-quality diagnostics may lead to inadequate steps." When dealing with young people who are at high risk, it is essential to assume an attitude that is free of confrontation or condemnation because such an approach is especially promising for streetwork with young people (Baer & Peterson, 2002 in Zimmerman, 2010). We would like to compile a set of methodological guidelines for social workers concerned about how to apply these methods in real-life practice in YDICs. Another source of inspiration for preventive work with YDIC adolescents may be the starting points of the Unplugged programme, which is based on the principle of the comprehensive impact of the social environment, interactivity, and the incorporation of themes of personal skills and normative convictions. The programme is designed especially for children aged 12–14 years (more details about the Unplugged programme can be found, e.g., at [www.adiktologie.cz](http://www.adiktologie.cz)). Other suitable approaches for comprehensive work with adolescents are, in our opinion, the Path of a Hero concept developed by the American psychologist and psychotherapist Bret Stephenson, who worked for over 20 years with at-risk young people in the USA (more can be found at [www.adolescentmind.com](http://www.adolescentmind.com)) or The Journey by David Oldfield, which has already been mentioned. Both concepts work with inner transformational rituals (from childhood to

adulthood) which lead the inner imagination of adolescents through five phases of a heroic journey and provide them with a full experience of initiation. Both programmes have been used successfully with adolescents from various environments, including adolescents from youth educational centres and psychiatric institutions. They highlight that the structure of transformational rituals corresponds not only with the structure of mythological stories but also with the developmental issues that are faced by all adolescents.

In order for the response to the question "Who are the typical YDIC clients?" to be complete we recommend undertaking research in future that would focus on specifying other psychological variables, especially impulsivity in adolescents, which has been proved to have a close relation with the occurrence of risk behaviour. This relation has been detected throughout various studies (Dolejš et al., 2014; Skopal et al., 2014; Dolejš & Orel, 2017).

It follows from the results of our research that drop-in facilities for children and young people succeed in capturing individuals at high risk and working on their personal development in order for them to pass safely from childhood to adulthood. Our research fulfilled our aim and, on the basis of the results, we are able to define the target group of YDIC clients more precisely. We have thus found the answer to the question of who the typical user of the YDIC services is from the point of view of risk activities.

**Authors' contributions:** Vanda Zemanová and Martin Dolejš jointly proposed the form of the study and its design. Vanda Zemanová conducted the background literature search and conducted the preparation of the data collection, as well as the data collection itself. Furthermore, she drafted the initial version of the manuscript. Martin Dolejš worked on the data assembly and cleaning, conducted the statistical analyses, and assisted in the data interpretation and preparation of the manuscript. Both authors contributed to the article and approved the final form of the manuscript.

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