“A Child with a Child from an Orphanage” – Stigmatisation and Self-stigmatisation vs. Life Opportunities of Minor Mothers, Former Wards of Childcare Facilities


The article is a theoretical and empirical study; it presents fragments of an individual qualitative study of the issue of teenage motherhood among the wards of childcare facilities. The range of the discussed issues includes the stigmatisation and self-stigmatisation of the girls who had babies while they were still under-eighteen and then stayed with their babies at the childcare facility. Stigmatisation practices are presented in the context of the opportunities and the actual life of the former wards of childcare facilities who became mothers while they were still teenagers.

KEY WORDS: minor mother, childcare facility; stigmatisation; self-stigmatisation; exclusion; marginalization

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1 This is the phrase used by one of the women, a former ward of a childcare facility and a participant of my research, when she referred to having a baby before coming of age and her stay at the childcare facility together with the baby.
(Self)stigmatisation – a self-fulfilling prophecy – introduction of the subject matter

In every society, as Iwona Przybył observes, there is an axiological and normative system which should be followed by its members. “It is the society that defines the categories and sets of features perceived as normal and natural”\(^2\). As she continues to point out, it is the society that decides who will become a degenerate\(^3\).

Although the Polish society respects the values related to motherhood, the value of teenage motherhood is not recognised and as such, it is quite differently labelled. Underage mothers, wards of childcare facilities, can be classified as a group of stigmatised individuals, i.e. those that possess a profoundly discrediting social attribute and for this reason are perceived as inferior\(^4\). What is important in the case of the described group, such an attribute may be both being placed in a childcare facility and having a baby early in life as well as coming from a dysfunctional family. Social stigmatisation is a “process or experience, where multiple forms of social behaviour or attributes are perceived subjectively as social disapproval and thus become discrediting in other people’s perspective, which in turn enables the exclusion from proper relationships and leads to identity dysfunction”\(^5\). As E. Olszewska indicated, quoting E. Goffman, society does not believe that a person affected with a stigma, or ostracised in any other way, is a complete human being.

\(^{2}\) I. Przybył, Naznaczanie społeczne i samonaznaczanie osób niepłodnych, „Roczniki Socjologii Rodziny XV”, Poznań 2003, p. 44.

\(^{3}\) I. Przybył, Naznaczanie społeczne i samonaznaczanie osób niepłodnych, „Roczniki Socjologii Rodziny XV”, Poznań 2003, p. 44.


Believing in the righteousness of its own (pre)assumptions, society applies various forms of discrimination against an individual, thus effectively reducing his/her life opportunities. As a result of this process, ostracised and stigmatised individuals and groups have a negative perception of themselves, which might affect their future decisions and actions. As E. Czykwin points out, “(...) a stigma becomes a foundation of one’s own self-perception. This means that it becomes a source of depression, dissatisfaction, dejection and the feeling of pointlessness of one’s own life, anger, discouragement and other adverse sensations that additionally tend to be extrapolated onto all other actions and thoughts. Furthermore, a stigma may be related to a series of thoughts, attitudes and expectation of oneself, which means that the afflicted person starts to perceive himself/herself as (...) an injured or negative personality. If various aspects of self-image are dominated by the stigma, a perception scheme is created which narrows down the individual’s self-perception with the dominant category of stigmatisations. This is how the blinding function of the stigma becomes so important that the person may fail to notice his/her other attributes. The blinding function of the stigma means you perceive yourself in this light and thus the stigma is internalised”. Pushing an individual into a defined role, imposed by the society, is also possible due to the mechanism of a self-fulfilling prophecy. A person starts to believe in an initially (often) false diagnosis and acts according to it. A person – in this case an underage mother, a ward of a childcare facility – is given a label (first labelled as a child from a dysfunctional family, then an underage mother, a ward of a social rehabilitation facility) and then starts to be isolated and separated from participating in conformist groups – in this case, groups of peers without children –

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as a result of social ostracism. “This is how the social audience informs an individual of his/her non-conformist behaviour, thus reinforcing the deviation and expecting further behaviour of this kind”.

Apart from changes in the perception of the stigmatised person, the changes in self-perception are also vital, occurring as a result of social evaluation. Experiencing stigma, as Elżbieta Czykwin points out, reduces the feeling of control and empowerment, which also affects the relationships between the individual and others. “Supremacy of the stigma, (...) may result in self-isolating decisions of the stigmatised person, which is how their previous interactions become more superficial, weaker or non-existent altogether. A hypertrophy of a negative label may have serious consequences, as it becomes a permanent element of self-image, this being included in the new identity”. Self-stigmatisation may lead to reduced self-esteem and as such it may be a crucial obstacle to assuming social roles and functions at work and in personal life. Self-stigmatisation removes any hope, positive self-esteem and morale, and it reduced the quality of life. What is significant, having a feature that is not tolerated by the society may lead to a systematic change in self-

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image – this is how a new identity is formed, focused on the deviation: in this case, it will be the early pregnancy and the stay at childcare facility, and it happens regardless of the stigmatisation as performed directly by the society\textsuperscript{14}.

As Iwona Przybył points out, quoting E. Pfuhl, in order for self-stigmatisation – the so called symbolic stigmatisation – to occur, three conditions should be fulfilled: the awareness of the rules, the awareness of acting in a way that is not approved, and the awareness that “such” people are evaluated very poorly. The results of my research – although the stigmatisation issue was not the focus at that time – show that all the three conditions are fulfilled in the case of the studied group. This should be a source of concern, because it could mean that “an individual who violates a norm may start labelling herself in accordance with the negative significance attached to a particular behaviour”\textsuperscript{15}.

**Research methodology\textsuperscript{16}**

The subject matter of the research whose fragments are presented in this paper, conducted in 2013–2014, is the experience of early motherhood, which is the permanent element of biographies of young girls growing up in childcare facilities. As I was in direct contact with girls who experienced early motherhood, and also because of the specific nature of the subject matter of this research and the discussed research issues related to “difficult motherhood” experienced in an institutional setting, and also for methodological and humanistic reasons, in this research, I have chosen the qualitative method for empirical verifications. Biographical method made

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it possible for me to learn about the specific trajectory of life of these girls, whose common experience was early motherhood. The technique I used during the empirical verifications was in-depth interview.

In my research, I focused on the following objectives:

1. Describing the problems and experiences related to critical life events, such as being placed at a childcare facility as a child (which entails the limitation or withdrawal of parental responsibility), early pregnancy, and in turn, early motherhood.

2. Disclosing a subjective manner of perceiving and interpreting one’s own crisis situation by underage mothers. Understanding the meanings and significance attributed to early motherhood by underage mothers. Understanding how motherhood rendered meaning to their lives.

3. Showing the emotions that accompany the event, as well as sensations, demonstrated types of behaviour and reactions displayed by underage mothers.

4. Determining the needs of underage mothers as regards social support (informal and institutionalised).

5. Obtaining information about the effectiveness of the prevention and support system addressed to underage mothers.

6. Defining main directions for creating a support system for underage mothers and their children (considering their specific life circumstances).

I have made a purposeful selection of the research sample. My research included women who fulfilled the following conditions:

– became pregnant or had a baby when they were no more than eighteen; additionally, they were placed in a childcare institution while, or before, they were pregnant, as a result of their own parents’ or guardians’ parental responsibility being limited or withdrawn;

– provided a written consent to the research and agreed that the information provided by them would be used for academic purposes;
– stayed at a childcare facility (or other institutions) with their children for more than two years, as a result of their own parents’ or guardians’ parental responsibility being limited or withdrawn;
– at the time of the research at least two years had passed since they left the institution;
– the contact between the researcher and the researched individual was deep enough for both parties to develop mutual trust, so as to make it possible to obtain honest, reliable information.

The location of the research was the natural environment of the mothers – as indicated by them. It was usually the place where the narrators’ parents were living, their own flats or the institution that supported them. This is how the researched women could feel safe and comfortable, and the researcher had the opportunity to obtain empirical data through observation at the same time.

“A child with a child from an orphanage” – multiple labels – as perceived by the audience and the actor

21st century is the time of growing social acceptance of the model, where you first gain increasing education, diverse professional qualifications, financial independence and a place to live, which means the decision to start a family is postponed. At the same time, though, we are facing an increasingly popular and visible reduction of the age of sexual initiation, and consequently, early – or even premature, as specialists in this area emphasise – pregnancy among very young, girls – teenagers, Although the Polish society respects

17 In order to obtain the perspective of the audience, I refer to fragments of statements taken from Internet forums, where underage mothers look for help and support. Only mothers who fulfilled the abovementioned conditions participated in my research.

18 See also: P. Bunio-Mroczek, Wczesne rodzicielstwo jako zagrożenie biedą i wykluczeniem społecznym (PDF) 2010, K. Wąż, Społeczno-kulturowy kontekst zjawiska (przeds)wczes-
motherhood, in the case of teenagers motherhood loses its absolute value. The problems of this group seem to be unnoticed or “they function in the social consciousness as an image composed of sensational, outrageous facts highlighted by the media, as a result of promiscuous, unlimited sexual activity undertaken by teenagers, often under the influence of alcohol and drugs”\textsuperscript{19}, which contributes to and reinforces the stereotypical perception of this group and may lead to social isolation, thus determining their future life.

When a teenager gets pregnant and the young girl (not prepared for the role of a mother as yet) may not rely on the support of her family, which, as a result of adverse, often sudden transformations, cannot fulfil its basic functions, the control and consequently intervention of public support system becomes necessary. The ultimate form of supporting a family and an underage pregnant girl or an underage mother is placing them in foster care. It is worth noting that it is an immensely difficult situation for a young girl, who experiences strong emotions related to her own adolescence and an often unplanned pregnancy, being placed in a childcare institution, separated from her own family and the need to adapt to new conditions in the institution (where the situation is dramatically different from the circumstances at the family home), as well as starting education at a new school, in the role of a child with a child from an orphanage.

\textbf{[Iga]} I went to the institution straight from the hospital, with the baby. I was afraid of everything. It was difficult. Very difficult. Everything


was new… strange to me… Plus the hormones. A new institution, a small baby, and friends. And a new school on top of all this…

[Angelika] (…) The worst thing was I went to a new school and I was pregnant – It felt so strange. I enter the school and I feel bad… I feel everybody’s looking at me, thinking God knows what. It wasn’t pleasant. No, no, no. I remember I entered a classroom and the teacher introduced me to the class: that I am their new pupil… Fortunately, she didn’t say I was from an institution or something, because that would have been it… I would have died right there. It was only after a while that the class learnt I was from an institution, but when they saw a young pregnant girl, they must have known I have come to the (name of the institution). I remember a few people came up to me and said hello, but I still felt strange… I felt they were thinking something else than they said…

Angelika’s narration confirms that “the stay at the childcare institution stigmatises the child, who feels she is perceived by teachers and peers as someone different that children from normal families” 20.

The group of underage mothers, as the specialist researchers indicate, is a diverse one. It includes individuals with different social origin, social and economic position and resulting financial situation, relational situation in the family home, living conditions etc. Yet it seems that the characteristic feature they have in common are labels they receive on the account of their early pregnancy and the resulting early motherhood.

One of the strongest sources of such labels and the most painful consequence of the early motherhood, apart from the teenager’s own fears and concerns, is the constant pressure experienced from the society. Young girls face the “unfavourable attitude of the social

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opinion, because of their failure to conform to social and religious norms, which assume that only a woman of age can have a baby, and only once she is in a formal relationship with her partner”\textsuperscript{21}. The study conducted by Paulina Bunio-Mroczek shows that the girls in question have no widespread network of social relations\textsuperscript{22}. This contributes to the occurrence and enforcement of the stigmatization process of this group.

Teenage mothers are often attacked on internet forums, where they look for support and warm words. Below you will find an example of a comment that illustrates this phenomenon\textsuperscript{23}:

why did you go bonking – so young and without protection. do you know how such girls are called. such pathology is the most amusing – when you can go and screw around, but when it comes to taking care of the child, you have your grandmas, grandpas and so on. you could f*** around? now take care of it yourself. where did you take it from that you can scr*w around without actually thinking at what age and with whom etc. have you ever seen a girl die at this age for lack of sex others can take care of themselves, and you, sluts, can’t\textsuperscript{24}.

The scale of the phenomenon in cyberspace is enormous. Judgments offered on internet forums may be rather cruel.

Are we negating these teenage wh****res?? Let me reply... so that they don’t think they will get away with it, so that the rest of the society can see that you shouldn’t do it.... I doubt whether every teenager who accidentally gets pregnant really wishes for a baby. Quite the contrary, but sometimes you just have to face the facts. (…) I don’t like (…) teen-

\textsuperscript{21} M. Bidzan, Nastoletnie matki. Psychiczne aspekty ciąży, porodu i połogu, Oficyna Wydawnicza Impuls, Cracow 2007, p. 66.
\textsuperscript{23} In each of the quoted fragments from internet forums, original spelling was retained.
age snorts and I actually feel sorry for you YOU HAVE LOST YOUR LIVES and I won’t take your word for it that it’s great to have a brat when you’re 16–18 (...)\textsuperscript{25}.

Hostile, unfriendly attitudes may largely enhance and increase a young mother’s feeling of estrangement and consequently, loneliness. The issue of social stigmatisation and rejection as experienced by these young girls is a threat for their and their children’s further growth and functioning. Małgorzata Karwowska points out that “lonely mothers, without any support from their child’s father or other family members, isolated in their own local environment and devoid of any social relations to this environment usually fail at motherhood (...). They become incompetent mothers, retarded as regards social expectations for the mother’s role. Consequently, the children under their care also develop at a slower pace. They don’t have sufficient stimuli to boost their development, they are exposed to the discomfort of unwholesome motherhood and weakened bonds and disorders within the family generate disorders in the children’s health, mental and motor development”\textsuperscript{26}.

It is worth emphasising that both in literature and in reality, one can hardly see the appreciation of the difficult decision young mothers made to give birth to and bring up the child. Alicja Skowrońska-Zbierzchowska and Mariola Bidzan point out that they are ridiculed and ostracised also at school\textsuperscript{27}, sometimes even by teach-
ers and educators. M. Bidzan writes: “although times (and regulations) have changed and a pregnant girl is no longer expelled from school ‘to avoid demoralisation’, it is often the case that the environment makes it clear how improper her conduct is”\textsuperscript{28}. This is also corroborated by the results of other research\textsuperscript{29}. When analysing the results of the verification of the abovementioned authors, we get to know the stories of young girls, rejected by their teachers and friends, encouraged to drop out of school or at least change the school, which was justified with their adverse or demoralising influence on other pupils. Young mothers or teenagers expecting a baby are faced with intolerance not only of their teachers, school principals or educators, but also of other pupils and their parents. The pressure of the parents of other pupils (often) leads to the teenage mothers dropping out\textsuperscript{30}.

(...I have such a case – my friend is pregnant. We are now about to finish second grade. She decided she would have the baby and come back to school, to pass her final exam. (...) And this is where the school builds obstacles – in particular the head teacher and her teacher. They tell her she wouldn’t make it. The head teacher conceded and agreed to grant her one-year leave or extramural learning mode – she claims it’s good for the baby, but in fact they want to get rid of the problem. (...) the head teacher has set other teachers, the school advisor, nurse and the girl’s teacher against her, (...). No help or support whatsoever. The girl is only stressed because of this and can’t spend her time learning while she still can\textsuperscript{31}.


\textsuperscript{30} It should be remembered that it is often the case that such girls are underachieving at school even before they get pregnant (which is characteristic of this category of youth), lack of motivation to learn, social and economic origin – which also has its impact and often leads to the decision to drop out.

One of the girls who participated in my research emphasised the negative behaviour of the peer group:

[Daria] (...) in my class only some girls went about the school and insulted me – they said I have nothing better to do but produce children.

[Julia] I was always in the shadow, on the side. I knew what they (schoolfriends) all think of me and it wasn’t nice…

Another girl noted a teacher’s unprofessional behaviour:

[Mirka] Generally it was OK, but the school advisor made a silly comment about my pregnancy – she said I follow in my sister’s footsteps or something …

[Asia] I only remember that the priest once made a comment after religious education, that I’m so young and with a child, that it’s shameful and something…

No support in the school environment is a source of concern, because – as presented in the empirical verifications – it is the class teacher along with other teachers that can reduce the feeling of isolation, rejection and loneliness, experienced so strongly by pregnant teenagers and young mothers, by creating a friendly, warm atmosphere of acceptance and understanding. This is also indirectly how the impact of the stigma and the label may be reduced, which in turn may prolong the period of education and this is crucial for the girls’ future lives32.

Another issue highlighted by young mothers is the painful experience of social isolation after being rejected by those closest to them. Apart from the conclusions from the related research on the subject, an example of this phenomenon is the post of an underage mother on an internet forum.

I only had one friend who stuck with me, supported me and offered good advice – she didn’t leave me and didn’t turn her back on me.

Isolation happens already during pregnancy. It may be due to the fact that the young girl voluntarily withdraws from social interaction, because she feels her pregnancy is not accepted, she is ashamed or fears the reactions of others. It may also be due to the prospective mother’s health issues during the pregnancy, for which a young organism is not always ready. They often also experience rejection by their partners (the children’s fathers).

[Angelika] *When I didn’t know I was pregnant yet – it must have been the first or the beginning of the second month – we split up and after a while I discovered I was pregnant. And it was already after I was placed at the emergency care unit.*

[Monika] *I was alone back when I was pregnant. He found a new girlfriend really quickly and I didn’t want to ask for anything…*

After the baby is born, the isolation grows. New tasks and duties faced by the girls force them to make decisions and divide their time between what is typical of this stage – friendships, peer group, social life – and the absorbing job of a young mother, only just learning to function in her new role. Low self-esteem of underage mothers, as well as poor interpersonal skills make it difficult for them to make new friends to replace those lost ones, and the research in this respect shows that, paradoxically, they need friendship a lot. Furthermore, a series of new duties related to childcare, while continuing school education and the related tasks, means the old relationships gradually disappear. Losing contact with peers

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and the very fact of being placed in a socialisation institution enhances the isolation. This, in turn, facilitates the process of social stigmatisation, which enhances the existing emotional problems, often experienced by this category of youth. Isolation may occur already when the girl is pregnant and then it exacerbates soon after childbirth. This is a very difficult time for young mothers. Apart from medical complications resulting from their young age, they also experience a psychological conflict related to a change in their hierarchy of values, lack of social maturity and not being ready for the role of a mother\textsuperscript{36}. This difficult psychological and developmental situation of underage mothers is corroborated by the studies of Tomasz Kucharski and Magdalena Palkij\textsuperscript{37}. The results obtained by young mothers corroborate the consequences they experience as a result of pregnancy and the operating stereotypes. The researchers have indicated that there is the characteristic feeling of social estrangement – withdrawal, difficulties in starting and maintaining satisfactory interpersonal relationships. They noted that underage mothers feel nobody understands them. They are lonely and often feel that others are tormenting them. Furthermore, the researchers pointed to emotional estrangement – feeling miserable, apathetic and experiencing condemnation, which is rather common in this group. As compared to their childless peers, these girls have lower self-esteem. Underage mothers, as follows from the studies, are convinced that life is hard on them and nobody understands them. They can’t believe they may be liked by others and achieve something together. They have problems opening up, they are hardly active when in a group, as they are afraid of failure and ridicule\textsuperscript{38}.

\textsuperscript{36} See also: M. Bidzan, \textit{Nastoletnie matki. Psychiczne aspekty ciąży, porodu i połogu}, Oficyna Wydawnicza Impuls, Cracow 2007, p. 68.


\textsuperscript{38} See also: T. Kucharski, M. Palkij, \textit{Charakterystyka porównawcza wybranych cech osobowości młodocianych matek i uczennic liceum ogólnokształcącego}, [in:] Środowisko –
The results of the research by Tadeusz Rymiarz provide equally interesting information about the emotional situation of underage mothers. The results let us conclude that underage unmarried mothers tend to be suspicious and distrustful of others, they often display envy, stubbornness and negativism, which is often the cause of misunderstandings and conflicts in interpersonal relationships. The researcher noted that what is characteristic is that underage mothers tend to blame themselves, experience loneliness and fail to believe in their own ability to cope with life tasks in an effective manner. Teenage mothers relatively often experience discouragement and sadness as well as self-aggression. They have rather low stress resistance, which is a source of negative emotional states – exhaustion, anxiety, fear, concern, lack of trust in oneself. Increased tension doubtless makes it difficult for them to adapt to social norms and requirements. The difficult emotional situation is also corroborated by other empirical verifications, which indicate that the group of underage mothers is “characterised by high anxiety level, feeling of dejection, helplessness, lack of faith in the effectiveness of one’s own actions and effective fulfilment of childcare and upbringing tasks – all of these form a significant obstacle to overcoming a crisis situation and striving for success in life”.

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Stigmatisation and self-stigmatisation of underage mothers, wards of childcare facilities, and their life circumstances – the actor’s perspective

Stigmatisation and self-stigmatisation are examples of multifaceted processes, which may lead underage mothers to rejection, discrimination and being excluded from functioning in various fields of social life, thus determining their future life. Experts in this subject matter have identified a series of social factors which may affect the stereotypical perception and the shape of their current life circumstances – in this case, it refers to former wards of childcare facilities who became teenage mothers. The abovementioned factors include i.a.: social reception, which is still mostly negative in the case of teenage mothers, although considerable progress has been made in this respect; the media coverage of early motherhood, which unfortunately focuses on highlighting dysfunctions and bad practice in this respect; poor social network of a teenage mother, as shown by empirical verifications; the attitude and functioning of the family and friends, which additionally reinforces the poor starting position of the wards of childcare facilities; (and finally) the underage mother herself, who is in this case not only stigmatised with socialisation activities of her family and the institution, which affect her attitudes, behaviour, decision and low level of activity in life.

The phenomenon of stigmatisation and self-stigmatisation gains special meaning in the context of the process leading to underage mothers gaining independence and, what it most important, its effects. Underage mothers, convinced of their own low value, negatively evaluated by the society, and clinging to stereotypes, leave the institutions and proceed to experience serious adaptation problems, as proved by empirical verifications, and are threatened by social exclusion and marginalisation, which may be the result of the abovementioned phenomena.

The analysis of the narration indicates that some of the young mothers decided not to continue education as a result of convictions delimiting their horizons.

[Julia] I would like to go back to school, but I can’t – as long as they (the children) are young. I want to, but the worst thing is, I can’t do it. I would have to commute to the city (…) I would have to go there every day and this would not be economical, because in winter it’s hard to travel every day with them…

The analysis of the narration shows that the girls have also ceased to look for a job, which made them financially dependent on their partners or supporting institutions.

[Pola](…) I prepare those CVs and so on and she (her mother) tells me: Yeah, right, and you think you will find a job! Instead of supporting me, she makes me more and more negative about the whole situation

[Kasia] Let’s be honest about it, shall we? Who will hire me? Who? Knowing I have a young child… and will this be worth the while anyway?

We can clearly see the pessimism regarding personal life, which is manifested in the fact that the girls don’t believe they are capable of starting and maintaining a close and satisfying relationship.

[Pola] Well, it was hard for me. I thought I would always be alone now, because who would like a girl with a child and from cari mari (that’s how Pola describes the institution at which she stayed). Oh, I missed having someone, the significant other…

Delimiting convictions often led them to remain in an unsatisfactory relationship.

[Daria] (…) If I had somewhere to go, I would. But what can I do? (…) so I’m stuck with him, his brothers and his mommy.
Stigmatisation and self-stigmatisation are an example of self-accelerating processes which lead to adverse defence mechanisms. The narrations show that underage mothers who internalise the stigma tend to accept discriminating social attitudes, which further reduced their self-esteem and makes them avoid any social challenge whatsoever.

### Conclusion

The girls’ lives may be seen as a result of inadequate preparation for independence at the facility, lack of cooperation among supporting institutions, although of course we also have to emphasise the passive attitude of the wards’ families and the girls themselves as well as the impact of stigmatisation. Even in the “environment of practitioners” – among social workers and the employees of other supporting institutions – there is the conviction that being placed in an institution most often ends in a failure – there is the assumption that people brought up in institutional conditions usually fail to get on in life and cannot cope: they have low positions in the social structure and the children of the former wards often follow in their parents’ footsteps”\(^{41}\). The picture of life of the former wards of childcare institutions who became mothers before they turned of age, although presented only in fragments in this paper, partly corroborates this thesis.

On the basis of the analysis of various dimensions of the current life circumstances of the girls\(^ {42} \), it was determined that the group includes also “marginalised” cases, because of the continuation of the trajectory of the experience of the previous generations. The life


of some of them may be characterised by a metaphor of a “rocking boat” – although the girls manage to achieve some relative stability in certain areas of life, this stability is still at risk because of the factors that may push them onto a different trajectory. Other cases include “the typical representatives of the working poor, who managed to have some organised personal life. Despite numerous difficulties and problems, mainly financial, they manage to “make ends meet”, which is why their situation is rather stable”43. All of them have a low social and economic position. In no case can we observe a relative biographical success. A question emerges: to what extent did the abovementioned phenomena contribute to the current situation?

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A Child with a Child from an Orphanage


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