WHEN SCARS (!) BECOME ART

RESEARCH REPORT ON THE EFFECTS OF DISCRIMINATION ON THE WELLBEING OF MARGINALIZED YOUNG PEOPLE

INTERNATIONAL

WEST UNIVERSITY OF TIMISOARA

2025

Social inclusion and mental health.

Research report on the effects of discrimination on the wellbeing of marginalized young people in Germany, Greece, North Macedonia, Romania, Serbia and Turkey[1]

December, 2025

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[1] Suggested citation: Baciu, E.L., Okros, N.I. (2025). *Social inclusion and mental health. Research report on the effects of discrimination on the wellbeing of marginalized young people in Germany, Greece, North Macedonia, Romania, Serbia and Turkey. Research report*

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0. Executive Summary

This study *„Social inclusion and mental health. The effects of discrimination on the wellbeing of marginalized young people in Germany, Greece, North Macedonia, Romania, Serbia and Turkey"* explored the link between social inclusion and wellbeing among disadvantaged youth (specifically Roma, migrant, and refugee/asylum-seeking young people aged 18–35) in six countries: Germany, Greece, North Macedonia, Romania, Serbia, and Turkey. The primary focus was to understand if and how experiences of discrimination affect mental health, in order to identify strategies for mitigating the negative effects and protecting the wellbeing of these vulnerable groups.

The study was conducted within the project *„**When Scars (!) Become Art"***, supported by the Erasmus+ programme of the European Union, with the project number 2023-1-DE04-KA220-YOU-000166967. The project was implemented by Amaro Foro e.V. (Germany), West University of Timisoara (Romania), Kargenc Cevre Spor Kulubu (Turkey), Asociatia Nevo Parudimos (Romania), United Societies of Balkans (Greece), Regional Roma Educational Youth Association (North Macedonia), and EDIT Centar (Serbia).

A mixed-methods approach was used in the study. The quantitative component consisted of a cross-sectional survey administered to 700 young people across the target groups, investigating their experiences of discrimination and the relationship between those experiences and various indicators of wellbeing. The qualitative component involved in-depth interviews with both youth and youth workers, aiming to uncover the types of support services that are most needed and how these services can be improved in both quality and accessibility.

Key findings revealed that discrimination is a common and significant experience for participants across all countries, with measurable negative impacts on their wellbeing. Roma youth reported particularly high levels of exclusion and marginalization. The study also found substantial variation in educational attainment and employment status across groups and countries, often shaped more by local structural conditions than by individual characteristics.

A particularly important finding was that discrimination affects wellbeing, generating anxiety, depression and trauma, and decreasing life satisfaction. Another important finding was that discrimination does not necessarily directly cause mental health problems, but rather exerts its influence through a series of mediating processes. In this case, we found out that the individual's perception of their *place in the world* (conceptualized as comprising social connectedness, self-controllability and internalized stigma) acts as a mediating factor between discrimination and wellbeing. Thus, the results of the current analysis show that when young people face discrimination, they tend to feel less connected to others, feel they have less control over their lives, and struggle with internalized discrimination (believing that negative treatment is deserved). This affected image of their own place in the world further generated lower life satisfaction and higher levels of anxiety, depression, and trauma symptoms. This finding suggests that young people who maintain a positive or empowered sense of their role and potential within society are better able to buffer the psychological harm caused by discriminatory experiences.

Conversely, those who internalize exclusion or adopt disempowered narratives about their place in society report significantly lower levels of wellbeing. This insight highlights the need for psychosocial interventions and youth development strategies that go beyond addressing external barriers, and instead help build resilience, agency, and self-worth as protective factors.

From the qualitative insights, both young people and youth workers emphasized the need for support services that are culturally sensitive, accessible, and tailored to the complex realities of marginalized youth. Trust-building, flexible service design, and opportunities for peer support emerged as critical components.

Implications for Stakeholders and Policymakers

The findings underscore the urgent need for policies that address not only the direct effects of discrimination but also its structural roots—such as unequal access to education, employment, housing, and legal protections. Disadvantaged youth, particularly from Roma, migrant, and refugee backgrounds, face intersecting barriers that are both systemic and deeply personal. Effective responses must therefore operate at multiple levels—legal, institutional, and psychosocial.

The research findings on the effects of discrimination on vulnerable youngsters' wellbeing and mental health highlight the importance of policies and programs that not only dismantle discrimination but also actively promote positive identity formation, personal empowerment, and social inclusion. Interventions that help disadvantaged youth see themselves as valued contributors to their societies - through mentorship, leadership opportunities, youth activism, and cultural recognition - can play a protective role against the harmful effects of exclusion and stigma.

Policymakers should therefore prioritize:

- Targeted anti-discrimination and inclusion policies, particularly in education, employment, and civic life.
- Culturally responsive and youth-centered services, developed in partnership with the communities they serve.
- Capacity-building for youth workers, including training on how to support identity development, empowerment, and trauma-informed practice.
- Investments in peer support structures and safe spaces, where youth can build a positive sense of self and community.
- Cross-sector collaboration to address the intersecting challenges of legal status, ethnicity, and socio-economic exclusion that disproportionately affect marginalized youth.

By acknowledging both the external conditions and internal experiences of discrimination, stakeholders can design more holistic and effective responses, ones that not only reduce harm but foster long-term wellbeing, inclusion, and resilience.

1. Introduction

1.1. Background and context

The project *„When Scars (!) Become Art"* aims to analyze the relationship between social inclusion and mental wellbeing in young Roma, migrants and refugees in 6 European countries: Germany, Greece, The Republic of North Macedonia, Turkey, Serbia and Romania.

Our motivation with this project is to improve the knowledge on the effects of discrimination and exclusion on the mental health of youth with disadvantaged backgrounds: Roma, migrants and refugees.

The first step in our research endeavor consisted in a document analysis of the policies and legislation addressed to the social inclusion and mental health protection of these target groups, at EU level. The objective of the document analysis phase was to assess the current state of knowledge, interest and preoccupation of the European Union authorities with the above topic and to identify the gaps between the policy ambitions and their performance in answering the needs of young Roma, refugees and migrants. The documents included in the analysis focused on the social inclusion of young Roma, migrants and refugees, and the mental health of the youngsters in these groups. The main types of documents used as source data in the analysis were: EU policies, EU legislation, EU-level statistics and statistical report, studies and academic publications referring to the situations of the target groups in the European Union.

In this phase, the conceptualization of the two main targeted topics was as follows:

- Social inclusion/ Social exclusion/ Discrimination = Inclusion in/ exclusion from/ discrimination related to Education, Labour market, Housing, Participation in decision making and community life

- Mental Health = Quality of life; Happiness; Satisfaction with life

The conclusions and discussions section of the report lists the various difficulties faced by young Roma and young migrants and refugees related to their social inclusion and mental health, as a result of institutional failures in ensuring the protection of their rights:

- Predominantly young population, exposed to the risk of age-based discrimination (both groups)

- High levels of poverty (both groups)

- Low access to education, coupled with high levels of early school leaving and NEET (both groups)

- Discrimination in all areas of life (in society, in accessing housing, education, employment, and healthcare) (both groups)

- Housing disadvantage (both groups)

- Low levels of employment (both groups)

- Low access to healthcare (both groups)

- Harassment (both groups)

- Low level of trust in authorities (both groups)

- Low level of language competences (both groups)

- High risk of victimization, also when in contact with the authorities (both groups)

- Problems with identity papers (both groups)

- Lower life expectancy (Roma)

- Exposure to high risk factors for trauma and other mental health related problems (migrants and refugees).

1.2. Implications of the results of the first research phase on the second one

The findings of the first research phase had some specific conceptual implications on the second phase. Namely, they created a clearer framework for the second phase of the study, in which we could distinguish between the nuances of the concepts we operated with:

- First, they allowed us to distinguish between the current and future „state of affairs" in relationship with the project target groups, with the notable distinction that, while *social inclusion* is a desiderate, the current state is rather characterized by *social exclusion*;

- Second, they pinpointed *discrimination* as the key mechanism through which social exclusion is enacted in all areas of life;

- Third, they allowed us to go one step further in re-constructing the link between social inclusion/exclusion and mental health/wellbeing, by placing the lens on discrimination. In this framework, reduced wellbeing among the target groups may be understood as an outcome of the processes of *social exclusion*, enacted *via the mechanisms of discrimination*.

1.3. Implications of the logic of the project on the second research phase

During the second phase of the research, we moved closer to the specific objectives of the Work Package to which the research activity pertained to (WP2). The main objectives of WP2, relevant for this phase of the research, were:

- To search the interrelation and impact of inclusion and mental wellbeing on young people coming from marginalized groups
- To increase youth workers' competencies in articulating the needs of the target group, in terms of mental wellbeing and implementing short term interventions addressed to those needs

Moreover, according to the project framework, the results of the second phase of the research need to support the development of two innovative intervention tools. The two tools (an App dedicated to the youngsters and a toolkit dedicated to the youth workers) aim at promoting wellbeing and mental health among young Roma and refugees/migrants.

Therefore, the logic of the project dictated that the second phase of the research should:

1. Provide evidence on how social inclusion/exclusion affects the wellbeing of youngsters in vulnerable groups;

2. Be focused specifically on increasing wellbeing among the target groups;

3. Use a clinical approach, meant to support individual short-term interventions to aimed at the previously identified aim.

Based on the arguments above, we conducted a literature review on the main topic and further defined the research design.

2. Literature review

2.1. Social inclusion and social exclusion

Social inclusion is defined by the World Bank (n.d.) as *„the process of improving the terms on which individuals and groups take part in society—improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity."*

The same source points out that, in every country, certain groups encounter obstacles that hinder their complete participation in political, economic, and social spheres. These groups may be marginalized not only through legal frameworks, property ownership, and labor markets, but also through discriminatory or stigmatizing attitudes, beliefs, or perceptions. Disadvantage frequently arises from factors such as gender, age, location, occupation, race, ethnicity, religion, citizenship status, disability, and sexual orientation and gender identity, among others. This form of social exclusion deprives individuals of dignity, security, and the chance to improve their lives. Racism and discrimination incur both physical and emotional health expenses. The sense of exclusion may lead specific groups to withdraw from markets, services, and locations, resulting in costs for both individuals and the economy. Prolonged exclusion may exacerbate social tensions and heighten the potential for violence and conflict, resulting in considerable long-term social and economic repercussions. Without addressing the fundamental causes of structural exclusion and discrimination, facilitating sustainable inclusive growth and poverty alleviation will be difficult (The World Bank, n.d.).

The process of social inclusion aims to ensure equitable access to opportunities and resources for all individuals, irrespective of their background, identity, or circumstances (Tanrkul, 2023). Social inclusion not only involves tackling exclusion, but it also requires proactive efforts to create environments where everyone feels valued and respected (Khalil et al., 2021). It involves promoting equal opportunities, fostering social connections, and challenging discriminatory attitudes and behaviors (Saran et al., 2023).

Social inclusion is a multifaceted concept that extends beyond mere physical presence or superficial interaction. It fundamentally involves integrating marginalized groups into the mainstream of society, ensuring they are active participants rather than passive observers (MacLachlan et al., 2015). This integration requires dismantling systemic barriers and challenging discriminatory attitudes that prevent vulnerable individuals from accessing the same opportunities and resources as their non-vulnerable counterparts.

Vulnerable groups encompass a wide spectrum of individuals and communities who face significant barriers to social inclusion due to a variety of factors. These factors can include age, disability, socioeconomic status, ethnicity, migration status, health conditions, and experiences of crisis or marginalization. Vulnerable populations encompass ethnic minorities, who may face discrimination, prejudice, and cultural barriers, as well as migrants and refugees, who may experience language barriers, legal challenges, and social isolation (Hees et al., 2019).

Social exclusion is a multifaceted process where individuals or groups are wholly or partially prevented from participating in the society in which they live. This exclusion can manifest in various forms, including economic hardship, social isolation, and denial of opportunities (Brondolo, Blair & Kaur, 2018). Marginalized groups, such as ethnic minorities, migrants, people with disabilities, or people with socio-economic disadvantages, often face significant barriers to social inclusion. These barriers can limit their representation in decision-making processes and affect their overall well-being (Burchanuddin & Sore, 2024). Social exclusion has profound and far-reaching consequences for individuals, communities, and the overall well-being of society. For individuals, social exclusion leads to lower well-being and poorer health outcomes, increasing the risk of mental health problems, chronic diseases, and premature mortality (Dahlberg et al., 2020). Socially excluded individuals often experience feelings of isolation, loneliness, and hopelessness, which can undermine their self-esteem, resilience, and ability to cope with life's challenges.

2.2. Social exclusion and discrimination

Social and cultural barriers can significantly impede social inclusion, creating obstacles to participation and perpetuating discrimination and stigma. Discrimination and stigma hinder the social inclusion of vulnerable groups, creating barriers to education, employment, healthcare, and other essential services (Amalia, Setiawan, & Rahayu, 2024). Institutional barriers, embedded within policies, practices, and organizational structures, can also significantly impede social inclusion, perpetuating inequalities and limiting opportunities for vulnerable groups. Inadequate policies and institutional practices can perpetuate social exclusion, creating barriers to access for vulnerable individuals and communities (MacLachlan et al., 2015). This can include discriminatory laws, policies, and practices that limit access to education, employment, healthcare, and other essential services.

Discrimination acts as a significant impediment to social inclusion, creating barriers that prevent marginalized groups from fully participating in society (Saran et al., 2023). These barriers can lead to a range of negative outcomes, including reduced access to education, employment, healthcare, and other essential services (Lawrence, 2021). Discrimination can also lead to social isolation, psychological distress, and a diminished sense of self-worth (Herz & Johansson, 2012).

Discrimination involves the unjust or prejudicial treatment of individuals or groups based on their identity or ascribed characteristics. This treatment can manifest in various forms, including denial of opportunities, unequal access to resources, and prejudiced attitudes. It is a pervasive driver of exclusion, constraining people's ability to participate meaningfully in society. Discrimination stands as a critical focal point in social inclusion research because it illuminates aspects as the barriers preventing certain individuals or groups from fully participating in society, as well as the effects of these barriers on people's lives.

Discrimination operates on multiple levels, including cultural, institutional, and interpersonal (Brondolo, Blair & Kaur, 2018), creating a complex web of barriers that reinforce social exclusion.

Economic inequality significantly limits access to employment and income, thereby hindering social inclusion for marginalized groups (Zulkarnain, Ulinnuha & Abdullah, 2024). Discrimination in hiring practices, wage disparities, and limited access to capital and resources perpetuate economic disadvantage, making it difficult for individuals to improve their socio-economic status. Discrimination in housing and employment creates social disadvantage (Brondolo, Blair & Kaur, 2018), restricting access to quality education, safe living environments, and opportunities for upward mobility.

Educational segregation is an outcome of institutional discrimination, where discriminatory policies and practices lead to unequal educational opportunities based on race, ethnicity, and socio-economic status (Brondolo, Blair & Kaur, 2018). These educational disparities have long-term consequences, limiting access to higher education and skilled employment, and perpetuating social exclusion.

Limited access to education significantly reduces opportunities for viable employment and upward mobility for marginalized groups (Zulkarnain, Ulinnuha & Abdullah, 2024). Discrimination in school admissions, unequal access to resources, and biased curricula limit educational attainment, perpetuating cycles of disadvantage. School-based discrimination was found to negatively affect social-emotional learning of youth, undermining their academic performance, self-esteem, and social development (Carranza, Boat & Hsieh, 2023).

Social stigma and discrimination significantly affect well-being and social inclusion, creating barriers to participation and perpetuating cycles of disadvantage (Betts, 2020). Stigma can lead to loss of opportunities and segregation, undermining individuals' sense of belonging and self-worth (Corrigan, Larson, & Rüsch, 2009).

Discrimination is often rooted in social categorization and "us vs. them" dynamics (Sheehan & Anderson, 2015). Individuals tend to identify with certain social groups and perceive those outside their group as different or threatening, leading to prejudice and discrimination. Corrigan, Larson, & Rüsch (2009) explain that social identity affects how individuals perceive and react to discrimination, influencing their self-esteem and sense of belonging. Discrimination reduces feelings of trust and belonging among immigrants and other marginalized groups, undermining their sense of connection to the broader community (Tyrberg, 2023).

Several institutions and scholars promote the use of the concept of *antigypsyism* to highlight the specific, historically rooted, structural nature of anti-Roma racism, arguing that "discrimination" sounds too narrow and individualized. The Alliance against Antigypsyism (2016), for example, explicitly frames antigypsyism as a complex of historical and institutional racism that goes beyond individual discriminatory acts.

The European Commission against Racism and Intolerance (ECRI, 2011) defines antigypsyism as *„a specific form of racism, an ideology founded on racial superiority, a form of dehumanisation and institutional racism nurtured by historical discrimination, which is expressed, among others, by violence, hate speech, exploitation, stigmatisation and the most blatant kind of discrimination"*.

However, in the context of the current study, we have opted for the use of the concept of *discrimination* for three main reasons:

- Choosing a concept that could encapsulate similar situations experienced by all three marginalized groups focused by the project (Roma, migrants and refugee);

- Connecting the topic of the current research with mainstream discrimination scholarship, instead of siloing the debate to particular types;

- Preventing unintended negative consequences related to reinforcing Romani marginalisation and entrenching racism in political and academic discourse, through the use of a concept that is still debated by the scholars (Oprea & Matache, 2019; D'Agostino, 2025; Holler, 2015).

2.3. The effects of discrimination on the mental health of young people in vulnerable groups

Discrimination is a pervasive societal problem that disproportionately affects the mental health of young people belonging to vulnerable categories. These categories can include, but are not limited to, racial and ethnic minorities, individuals identifying as LGBTQ+, those with disabilities, and refugees/asylum seekers.

Peroni and Timmer (2013) discuss the concept of vulnerable groups in the case law of the European Court of Human Rights. The Court has used this concept in cases concerning Roma, people with mental disabilities, people living with HIV, and asylum seekers. The authors argue that reasoning in terms of vulnerability opens opportunities to move closer to a more robust idea of equality (Peroni & Timmer, 2013).

The experience of discrimination, whether it be interpersonal, institutional, or cultural, can lead to a range of adverse mental health outcomes, including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation. Understanding the specific ways in which discrimination impacts these vulnerable populations is crucial for developing effective interventions and policies to promote mental well-being.

Experiences of discrimination can negatively impact self-esteem and overall well-being (Metzner et al., 2022). When young people are constantly confronted with prejudice and bias, it can erode their sense of self-worth and belonging (Ziersch, Due, & Walsh, 2020). This can lead to feelings of hopelessness and despair, further contributing to mental health problems.

The effects of discrimination on health can be understood through a biopsychosocial framework, emphasizing the role of social cognition (Brondolo, Blair, & Kaur, 2018): *discrimination can alter schemas and appraisal processes, leading to an increased perception of threat and distress*; this persistent threat exposure can impair cognitive control processes necessary for modulating stress responses, ultimately impacting health behaviors and physiological regulation. Thus, discrimination operates on multiple levels, including cultural, institutional, and interpersonal, creating environments that limit opportunities and increase exposure to harm (Brondolo, Blair, & Kaur, 2018).

Discrimination is harmful to mental health, leading to increased anxiety, depression, and psychological distress (Draghicescu, Stancescu, & Suduc, 2020; Ziersch, Due, & Walsh, 2020). Constant exposure to discriminatory treatment creates chronic stress, which can undermine mental well-being and increase vulnerability to mental health disorders. Brandt et al. (2022) note that social isolation and discrimination are associated with poor mental health outcomes, exacerbating feelings of loneliness, alienation, and hopelessness. Donizzetti & Lagac (2022) found that perceived age discrimination negatively affects mental health and highlight the detrimental impact of discriminatory attitudes and policies on mental well-being. Addressing the mental health consequences of discrimination requires providing access to mental health services, promoting resilience, and challenging discriminatory practices.

The social determinants of health, such as discrimination, can significantly impact mental health and overall well-being. Researchers argue that these determinants are underpinned by an unequal and unjust distribution of opportunity, driven by public policies and social norms. Healthcare professionals have an important role to play in screening for and addressing social risks at the clinical level, as well as advocating for policy changes and challenging discriminatory social norms (Shim & Compton, 2020).

Researchers increasingly note that social isolation and discrimination are growing public health concerns associated with poor physical and mental health. They emphasize the need for new inclusion outreach, including gender, culture, and socially sensitive telemedicine and digital interventions (Brandt et al., 2022).

Racial and ethnic minority youth often face discrimination in various forms. These experiences can significantly impact their mental health and overall psychological adjustment. Racial and ethnic discrimination is associated with increased rates of depression, anxiety, and psychological distress among minority groups (Molina & James, 2016). This form of discrimination involves treating individuals unfairly based on their race or ethnicity, which can manifest in various ways, including microaggressions, systemic biases, and overt acts of prejudice. The constant exposure to racial and ethnic discrimination can create a chronic state of stress, leading to negative mental health outcomes. Studies have shown that individuals who experience racial and ethnic discrimination are more likely to report symptoms of depression, anxiety, and other psychological disorders.

Berchet, Bijlholt, and Ando (2023) discuss socio-economic and ethnic health inequalities in COVID-19 outcomes across OECD countries and notice that the COVID-19 pandemic has disproportionately affected some vulnerable population groups, including those living in deprived areas, migrant populations, and ethnic minorities. These groups were at higher risk of catching and dying from the virus and also face significant indirect health impacts, including mental health disruption and disruption of routine care (Berchet, Bijlholt, & Ando, 2023).

Holmes et al (2021) bring the concept of *deservingness* to bear on clinical cases of transnational migrant patients. Assumptions about deservingness can have significant implications for morbidity and mortality. Many migrants with ambiguous status who rely on public healthcare experience exclusion from care or poor treatment based on notions of *deservingness* held by clinic staff, clinicians, and system planners (Holmes et al., 2021).

A study using data from the National Survey of Children's Health found that racial discrimination was significantly associated with diagnoses of depression and anxiety in Black children, even after controlling for other adverse childhood experiences (ACEs) (Bernard, Smith, & Lanier, 2021). This highlights the unique and detrimental impact of racial discrimination on mental health, comparably to other forms of childhood trauma.

2.3.1. The effects of discrimination on the mental health of young Roma

The Roma population, one of the largest minority groups in Europe, faces significant discrimination and stigma due to their marginalized social position (Lee et al., 2014).

A systematic review on Gypsy, Roma, and Traveller's access to and engagement with health services (McFadden et al., 2017) highlighted that these populations experience the poorest health outcomes in Europe. The review identified numerous barriers to healthcare access, including: organizational systems, discrimination, culture, language, literacy, service-user attributes, and economic barriers.

One qualitative study in Bulgaria on Roma children's access to healthcare (Rechel et al., 2009) revealed a range of barriers, including poverty, administrative and geographical obstacles, low levels of parental education, and a lack of ways to accommodate cultural, linguistic, and religious specifics. The study illustrated the complexity of the problems faced, emphasizing that access to care cannot be discussed in isolation from other group experiences, such as restricted social inclusion.

Research from Lee et al. (2014) indicates that Roma children experience a higher burden of mental health disorders compared to their non-Roma counterparts. Internalizing disorders (such as phobias, separation anxiety, generalized anxiety, and major depressive disorder), as well as externalizing disorders (including oppositional defiant disorder, ADHD, and conduct disorder), are significantly more prevalent among Roma children (Lee et al., 2014). According to the same study, teacher reports further corroborate these findings, indicating that Roma children experience more emotional problems and peer-relational difficulties and they exhibit less prosocial behavior

compared to non-Roma children (Lee et al., 2014). These emotional and social challenges contribute to a diminished overall well-being and can hinder their development and integration into society.

Kertesi and Kezdi (2015) assessed the gap in test scores between Roma and non-Roma students in Hungary. The study revealed substantial differences, with Roma students scoring significantly lower in reading and mathematics. The authors consider that these disparities are largely explained by socioeconomic differences, including income, wealth, and parental education and identified two major mediating mechanisms: unfavorable home environments for cognitive development and differences in educational environments. Also, the unequal distribution of students across schools and classes contributes to the disparity, indicating the effect of segregation (Kertesi & Kezdi, 2015).

Plevitz (2006) raises concerns about the disproportionate placement of Roma children in special education programs. This practice may be a form of systemic racism, as cultural differences are often misinterpreted as intellectual disabilities or behavior disorders (Plevitz, 2006). Such segregation can lead to feelings of stigmatization and reduced self-esteem, further impacting their mental health. The author argues that educational policies should be carefully examined to ensure they do not perpetuate indirect racial discrimination against Roma students (Plevitz, 2006).

Socioeconomic factors also contribute to the mental health challenges faced by young Roma. Poverty, lack of access to quality education, and limited employment opportunities create a cycle of disadvantage that can negatively impact mental well-being. Roma communities often experience high rates of unemployment and live in deprived neighborhoods with inadequate housing and limited access to healthcare (Janevi et al., 2016; Hermansen, 2021). These conditions can lead to increased stress, anxiety, and hopelessness, all of which contribute to poor mental health outcomes.

Poverty can exacerbate the effects of discrimination on mental health. Roma children living in poverty may experience food insecurity, inadequate healthcare, and exposure to violence, all of which can increase their risk of developing mental health disorders (Rechel et al., 2009). The stress associated with poverty can also negatively impact parenting practices, leading to inconsistent discipline and a lack of emotional support, which can further harm children's mental health.

Studies reveal disparities in mental health outcomes between Roma and non-Roma children, highlighting the urgent need for attention and intervention (Lee et al., 2014; McFadden et al., 2017; Rechel et al., 2009).

Discrimination plays a significant role in the mental health disparities observed among young Roma in Europe and can have profound effects on the mental health of young Roma individuals. Experiencing racial discrimination can lead to increased stress, anxiety, and depression, all of which negatively impact mental health. The Roma population often faces systemic discrimination in various aspects of life, including education, healthcare, and employment (Plevitz, 2006; Rechel et al., 2009, McFadden et al., 2017). This pervasive

discrimination contributes to feelings of marginalization. Moreover, the combination of poverty and discrimination exacerbates these mental health issues, creating a complex web of adversity for Roma children (Lee et al., 2014).

Janevi et al. (2016) highlight the negative impact of both institutional and interpersonal forms of racial discrimination on the lives of Roma: institutional discrimination, such as neighborhood segregation and legal status issues, can create barriers to accessing resources and opportunities, while interpersonal discrimination, including experiences of prejudice and bias, can lead to psychological distress and mental health problems. Vesterberg (2015) highlights the paradoxical relationship between inclusive ambitions and ethnicized "othering" in labor-market integration projects targeting unemployed migrants in Sweden and notices. He observes that the Roma beneficiaries of these projects are particularly constructed through ethnicity and perceived as especially problematic.

Thus, research demonstrates that young Roma in Europe face significant mental health challenges, largely driven by discrimination and socioeconomic disadvantage. Addressing these disparities requires a comprehensive approach that tackles systemic discrimination, promotes social inclusion, and provides culturally sensitive mental health services. By prioritizing the well-being of Roma children and families, societies can create a more equitable and just future for all.

2.3.2. The effects of discrimination on the mental health of young migrants, refugees, and asylum seekers

Young migrants, refugees and asylum-seekers are a particularly vulnerable population, often experiencing trauma, displacement, and discrimination. These experiences can have profound effects on their mental health and well-being.

The global refugee crisis, spurred by conflict, persecution, and human rights violations, has brought increased attention to the mental health needs of refugees, who often confront pre-migration trauma, post-migration stressors, and the pervasive experience of discrimination in their new host countries (Grasser, 2022; Beiser and Hou, 2016). Experiences of trauma, both pre- and post-migration, can increase the risk of PTSD among refugee youth (Beiser & Hou, 2016; Ellis et al., 2008). Discrimination acts as an additional stressor that exacerbates these symptoms (Ellis et al., 2008). Beiser and Hou (2016) point out that post migration perception of discrimination predicts both emotional problems and aggressive behaviour.

Metzner et al. (2022) show that discrimination, including everyday racism, can have profound negative effects on the mental and physical health of young migrants and refugees, hindering their integration into new societies. These experiences are often part of the daily lives of youngsters affected by processed of "othering" as is the case of those with an immigrant background (Metzner et al., 2022).

Toselli et al. (2014) examined psychosocial health among immigrants in central and southern Europe and showed how migration exposes people to a number of risks that threaten their health, including those related to psychosocial well-being. Immigrants from various ethnic groups

show similar risks of disorders but generally present higher risks than the local population. Factors contributing to these risks include gender, poor socio-economic status, acculturation, discrimination, time elapsed since migration, and age at arrival in the new country (Toselli et al., 2014).

Studies (Jannesari et al., 2020; Viazminsky et al., 2022) show that discrimination is a major post-migration stressor that significantly impacts the mental health of young migrants and refugees. It can manifest in various forms, including:

- Perceived discrimination: The subjective experience of being treated unfairly due to one's race, ethnicity, religion, or other identity characteristics (Metzner et al., 2022; Szaflarski and Bauldry, 2019).
- Everyday racism: Subtle and pervasive forms of discrimination that occur in daily interactions, such as micro aggressions and biased treatment (Metzner et al., 2022).
- Structural discrimination: Systemic barriers and inequalities that limit opportunities and access to resources for migrants and refugees (Chiumento et al, 2020).

These experiences of discrimination can lead to a range of mental health problems, including:

- Negative mental health outcomes: increased depression, anxiety, and post-traumatic stress disorder (PTSD) (Ellis et al., 2010; Ellis et al., 2008; Alemi & Stempel, 2018; Viazminsky et al., 2022).
- Internalizing problems: emotional difficulties such as low self-esteem, feelings of worthlessness, and social isolation (Montgomery & Foldspang, 2007).
- Externalizing problems: behavioral difficulties such as aggression, delinquency, and substance abuse (Montgomery & Foldspang, 2007).

Viazminsky et al. (2022) have shown that even low frequencies of perceived discrimination can be linked to negative mental health outcomes.

Research has shown that several factors can influence the impact of discrimination on the mental health of young migrants and refugees, including:

- Acculturation: The process of adapting to a new culture can be a source of stress, particularly when individuals experience discrimination (Choy et al., 2020; Ellis et al., 2010). Different acculturation strategies, such as integration, assimilation, separation, and marginalization, can have varying effects on mental health (Choy et al., 2020).
- Social support: Strong social networks and supportive relationships can buffer the negative effects of discrimination (Lecerof et al., 2015). Social support groups, in particular, can provide a safe space for young migrants and refugees to share their experiences and build resilience (Logie et al., 2016).
- Gender: Gender can play a moderating role in the association between discrimination and mental health (Ellis et al., 2010). For example, a study of Somali adolescent refugees found

that greater Somali acculturation was associated with better mental health for girls, while greater American acculturation was associated with better mental health for boys (Ellis et al., 2010).

- Age: Younger migrants and refugees may be particularly vulnerable to the effects of discrimination, as they are still developing their sense of identity and self-worth (Kira et al., 2014).
- Trauma history: Previous experiences of trauma can increase vulnerability to the negative effects of discrimination (Ellis et al., 2008).
- Language proficiency: Language barriers can exacerbate the experience of discrimination, making it difficult for young migrants and refugees to navigate their new environment and access support services (Mangrio & Forss, 2017).
- Socioeconomic status: Poverty and economic hardship can compound the effects of discrimination, creating additional stress and limiting access to resources (Taylor & Ruiz, 2017).

2.4. Protective factors against the negative effects of discrimination on the mental health of young people in vulnerable groups

Responses to discrimination include affective, cognitive, and behavioral dimensions, reflecting the complex ways in which individuals cope with discriminatory experiences (Ziersch, Due, & Walsh, 2020). Protective factors and reflections can mitigate negative impacts, helping individuals maintain their self-esteem, sense of belonging, and hope for the future (Ziersch, Due, & Walsh, 2020).

Brondolo, Blair & Kaur (2018) note that some individuals can develop resilience and empowerment in response to discrimination, using their experiences to advocate for social change and promote equality. Coping mechanisms can include seeking social support, engaging in activism, and developing a strong sense of cultural identity. Understanding these responses and coping mechanisms is essential for developing effective interventions to support individuals facing discrimination.

Ethnic identification can serve as a protective factor against the negative mental health effects of discrimination (Milburn et al., 2010). A study on homeless minority youth found that a greater sense of ethnic identification was associated with less emotional distress (Milburn et al., 2010). This suggests that interventions aimed at enhancing ethnic pride and cultural connectedness may be beneficial in promoting mental well-being among minority youth. Parental support plays a crucial role in buffering the negative effects of racial discrimination on mental health outcomes for minority youth (Zapolski et al., 2016).

3. Methodology of the study

3.1. Significance of the study

This study holds significant value in several respects, both in terms of its empirical contributions and its practical implications for youth support services and policy development.

First, the study engages directly with disadvantaged populations in multiple countries, thus offering insights that are context-sensitive yet broadly relevant across Europe. By including voices from groups that are often marginalized in research and policy (particularly Roma and refugee youth), the project helps bridge knowledge gaps and foreground the lived realities of those most affected by structural and interpersonal discrimination.

Second, the study's pragmatic orientation—not only identifying the impact of discrimination but also seeking ways to mitigate it—ensures its relevance for stakeholders seeking to enhance the design and delivery of youth services. The focus on identifying effective support mechanisms contributes to the development of targeted, culturally sensitive, and youth-informed interventions.

Third, by adopting a mixed-methods design, the study offers a comprehensive and nuanced understanding of how social exclusion and discrimination affect the wellbeing of disadvantaged youth. The quantitative component enables the identification of broad patterns and correlations across a diverse, cross-national sample of Roma, migrant, and refugee/asylum-seeking youth, offering valuable comparative insights into how discrimination impacts wellbeing. At the same time, the qualitative component adds depth by exploring the subjective experiences and expressed needs of both disadvantaged youth and the professionals who work with them. This dual perspective—from both service users and providers—strengthens the study's capacity to inform actionable recommendations.

Finally, by involving local organizations in the data collection process, the study reinforces the importance of community-based research practices, which can enhance trust, improve data quality, and promote the translation of findings into locally grounded practices and policies.

3.2. Research strategy

3.2.1. Explanatory frameworks

Minority stress theory (Brooks, 1981; Meyer, 2003) was initially developed for sexual minority groups, but has also been applied to other minority populations. Minority stress theory posits that individuals from marginalized groups experience chronic stress due to societal stigma, prejudice, and discrimination (Lei et al., 2022). This theory provides a comprehensive framework for understanding the unique stressors faced by minority groups and their impact on mental health. It suggests that these stressors are not random events but rather systemic and pervasive experiences

that stem from the social environment. Minority stress theory highlights that the chronic nature of these stressors can lead to cumulative negative effects on psychological and physical well-being.

The theory emphasizes the role of both distal (external) and proximal (internal) stressors in shaping mental health (Ünsal, Demetrovics, & Reinhardt, 2025). Distal stressors are external events and conditions, such as discriminatory acts, microaggressions, and institutional biases. Proximal stressors are internal psychological processes, such as internalized stigma, negative expectations, and concealment of one's identity. Minority stress theory suggests that both types of stressors contribute to the overall stress burden experienced by marginalized individuals. Understanding the interplay between distal and proximal stressors is crucial for developing effective interventions that address both the external and internal sources of stress.

Discrimination and trauma. In discussions of race and ethnicity as sources of psychological trauma (Carter, 2007; Ford, 2008), scholars have emphasized the need to understand that trauma associated with racial and/or ethnic discrimination can be viewed as cumulative in nature. Racial and/or ethnic discrimination was found as a significant and positive predictor of trauma-related symptoms for students in some minority groups (Pieterse et al., 2010).

Continual exposure to overt or even subtle racial discrimination has been proven to exert a cumulative impact, potentially leading to trauma symptoms (Bryant-Davis & Ocampo, 2006; Butts, 2002; Williams et al., 2014; Nadal et al., 2014; Williams, Kanter, & Ching, 2017).

A study conducted by Williams, Printz, & DeLapp (2018) indicated that all forms of discrimination contribute to traumatization and that both regularly occurring everyday discrimination and major discrimination over one's lifetime were significant predictors of trauma symptoms.

Discrimination stands as a pervasive and deeply entrenched societal ill, exerting a profound influence on the health and well-being of ethnic minorities, refugees, and migrants. It acts as a significant stressor, undermining both physical and mental health, and creating formidable barriers to integration and equitable access to resources (Craig et al., 2020, Szaflarski & Bauldry, 2019; Kwate et al., 2003). The detrimental effects of discrimination extend beyond immediate experiences, often leading to long-term psychological trauma and hindering the overall quality of life for those targeted.

Discrimination is associated with higher levels of psychological distress, including symptoms of anxiety, depression, and PTSD (Borho et al., 2020). The constant experience of being treated unfairly or being subjected to prejudice can create a chronic state of stress that undermines mental and physical health.

Perceived discrimination is linked to psychiatric disturbances, depression, and stress, highlighting the profound impact of discrimination on mental well-being (de Freitas et al., 2018). The perception of being discriminated against can be just as damaging as actual experiences of discrimination, as it can lead to feelings of vulnerability, fear, and distrust.

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Trauma experienced both in home countries and post-migration can significantly affect mental health (Grasser, 2022). The combination of pre-migration trauma, such as exposure to violence and persecution, and post-migration stressors, such as discrimination and acculturation difficulties, can lead to a range of mental health disorders, including PTSD, depression, and anxiety.

Discrimination can lead to the re-emergence of past traumas, particularly among vulnerable populations such as refugees (Sung, 2014). Experiences of discrimination can trigger memories and emotions associated with past traumatic events, leading to a resurgence of symptoms and psychological distress.

Discrimination can independently predict anxiety, depression, and PTSD symptoms, demonstrating its direct impact on mental health outcomes (Thela et al., 2017). Even after controlling for other factors, such as pre-migration trauma and socioeconomic status, discrimination remains a significant predictor of mental health problems among refugee populations.

The psychological mediation framework highlights the processes through which discrimination affects mental health, including internalization and coping mechanisms (Schauman et al., 2019). This framework emphasizes the importance of understanding the psychological pathways that link experiences of discrimination to mental health outcomes. It suggests that discrimination does not directly cause mental health problems but rather exerts its influence through a series of mediating processes. These processes include the internalization of negative stereotypes, self-devaluation, and the adoption of maladaptive coping strategies.

Internalized stigma acts as a mediator between experiences of discrimination and mental health outcomes, exacerbating psychological distress (Li et al., 2020). Internalized stigma refers to the acceptance of negative beliefs and attitudes about one's own group, leading to feelings of shame, guilt, and worthlessness. When individuals internalize stigma, they are more likely to experience psychological distress, such as depression, anxiety, and low self-esteem. This internalized negativity can also affect interpersonal relationships, leading to social isolation and a diminished sense of belonging.

Internalized discrimination mediates the relationship between discrimination and mental health problems, such as depression and anxiety (Lei et al., 2022). Internalization acts as a crucial link between external experiences of discrimination and internal psychological distress. When individuals internalize negative stereotypes, they are more likely to experience symptoms of depression, anxiety, and other mental health problems. This internalized negativity can create a vicious cycle of oppression and psychological distress, making it harder to cope with daily stressors and challenges.

Social Connectedness and its relationships with Social Inclusion and Mental Health

Social inclusion is a multifaceted concept, that encompasses both social participation and social connectedness (Cocquyt et al., 2017). Social connectedness is frequently used interchangeably with other concepts such as social cohesion, social capital, and social inclusion (Sones et al., 2022). This lack of clear differentiation can lead to confusion in research and policy, as each concept has distinct nuances and implications.

Social connectedness is fundamentally a sense of belonging and connection to other people or a community, serving as a crucial factor in reducing social isolation (Plesko et al., 2021). This sense of belonging encompasses feelings of acceptance, support, and mutual understanding, which are essential for psychological and emotional well-being. When individuals feel connected to others, they are more likely to experience positive emotions, engage in healthy behaviors, and contribute to their communities. Conversely, a lack of social connectedness can lead to feelings of loneliness, alienation, and marginalization, which can have detrimental effects on both individual and societal health. Weak social connectedness represents a serious risk factor for chronic diseases, including depression and cardiovascular disease and diabetes, underscoring the importance of social relationships for overall physical health (Plesko et al., 2021; Larrabee Sonderlund, Thilsing, & Sondergaard, 2019).

Conversely, high levels of social connectedness proved to be a protective factor against various mental health disorders (Luo et al., 2023). When individuals feel connected to others, they are less likely to experience feelings of isolation, loneliness, and alienation, which are significant risk factors for depression, anxiety, and other mental health conditions. Social connections provide a buffer against stress, offering emotional support and a sense of community that can help individuals cope with challenging life events. Social connectedness also facilitates access to resources and opportunities, such as information, advice, and practical assistance, which can further enhance mental well-being.

Higher levels of social connectedness are associated with reduced risks of depression and anxiety (Weziak-Bialowolska et al., 2022). Social connections provide a buffer against stress, offering emotional support and a sense of community that can help individuals cope with challenging life events. Social support networks can also promote positive coping strategies, such as problem-solving and seeking help, which can further reduce the risk of depression and anxiety. Furthermore, social connectedness can enhance self-esteem and self-efficacy, which are important protective factors against mental health disorders. Thus, social connectedness is a powerful tool for preventing and managing depression and anxiety.

Social connectedness is associated with subjective well-being and course satisfaction in adult learners, highlighting the importance of social interactions in educational settings (Diep et al., 2019). Adult learners who feel connected to their peers and instructors are more likely to be engaged in their learning and to experience positive emotions.

Social connectedness is linked to inspiration, goal-pursuit, self-continuity, and well-being, suggesting that feeling connected to others enhances various aspects of psychological functioning (Sedikides & Wildschut, 2019). Social connectedness can provide a sense of purpose and meaning in life, which can be a powerful motivator for pursuing goals. It can also help individuals to maintain a sense of self-continuity, which is the feeling that one's past, present, and future are connected. This sense of self-continuity is important for maintaining a stable identity and for coping with life transitions.

Internalized discrimination and its relationships with Social Inclusion and Mental Health

Internalized discrimination is a complex psychological process where individuals accept negative stereotypes and biases held by the dominant society against their own group (Schauman et al., 2019). This process involves more than just being aware of societal prejudices; it entails the adoption of these negative views as one's own, leading to a diminished sense of self-worth and a negative perception of one's capabilities and potential. Internalization of negative stereotypes leads to self-devaluation and a negative self-concept (Schauman et al., 2019).

This acceptance leads to a devaluation of oneself and one's group identity, creating significant psychological distress. It involves more than just being aware of societal prejudices; it entails the adoption of these negative views as one's own, leading to self-loathing, shame, and a diminished sense of self-worth. This insidious form of oppression can deeply impact an individual's mental health, affecting their self-esteem, sense of belonging, and overall psychological well-being. The internalization process can be particularly damaging because it involves an internal struggle against one's own identity, making it difficult to foster self-acceptance and resilience. When individuals internalize negative stereotypes, they begin to believe that these stereotypes are true, leading to feelings of inadequacy and worthlessness. This self-devaluation can manifest in various ways, such as a lack of confidence, feelings of shame and guilt, and a diminished sense of personal agency.

This process results in individuals devaluing themselves and their group identity, which consequently leads to psychological distress (Hwang, 2021). When individuals internalize negative stereotypes, they begin to believe these stereotypes are true, leading to feelings of inadequacy and worthlessness. This self-devaluation can manifest in various ways, such as a lack of confidence, feelings of shame and guilt, and a diminished sense of personal agency. The constant exposure to and acceptance of negative societal messages can erode an individual's self-esteem, making it harder to cope with daily stressors and challenges. Moreover, this internalized negativity can affect interpersonal relationships, leading to social withdrawal and isolation, which further exacerbates psychological distress.

Self-devaluation, resulting from internalized discrimination, is associated with lower well-being and increased psychological distress (Ghanean, Nojomi, & Jacobsson, 2011). This involves a diminished sense of self-worth and a negative perception of one's capabilities and potential.

When individuals internalize negative stereotypes, they begin to believe that these stereotypes are true, leading to feelings of inadequacy and worthlessness. This self-devaluation can manifest in various ways, such as a lack of confidence, feelings of shame and guilt, and a diminished sense of personal agency.

Internalization can manifest differently across various stigmatized groups, including those facing racial, ethnic, sexual, and gender discrimination (Latner et al., 2013). For example, in the context of racial discrimination, individuals may internalize stereotypes about their intelligence or work ethic. In the context of gender discrimination, women may internalize beliefs about their (in)capabilities in leadership roles. Similarly, LGBTQ+ individuals may internalize negative attitudes about their sexual orientation or gender identity. These varied manifestations highlight the pervasive nature of internalized discrimination and its ability to affect individuals across diverse social identities.

Internalized racism, the acceptance of negative stereotypes about one's own race, was found to mediate the relationship between discrimination and mental health (Sosoo, Bernard, & Neblett 2020). Internalized racism involves the acceptance of negative beliefs and attitudes about one's own racial group, leading to feelings of self-devaluation and worthlessness. This internalized negativity can exacerbate the negative effects of discrimination on mental health, creating a vicious cycle of oppression and psychological distress.

World Assumptions framework and its relationships with Mental Health

Ronnie Janoff-Bulman's World Assumptions theory posits that individuals hold fundamental beliefs and assumptions about the world, which significantly influence their perceptions, emotional well-being, and coping mechanisms (Zeligman et al., 2017). These assumptions serve as a cognitive framework through which people interpret their experiences and predict future events and can be broadly categorized into three main areas: the benevolence of the world, the meaningfulness of the world, and self-worth (Zeligman et al., 2017). The assumption of benevolence reflects the extent to which individuals believe the world is a safe, kind, and supportive place. People who strongly believe in the benevolence of the world tend to perceive others as trustworthy and view the future with optimism. The assumption of meaningfulness involves the belief that the world is orderly, predictable, and just, where actions have consequences and life has a purpose. This belief provides individuals with a sense of control and predictability in their lives. Finally, self-worth encompasses the belief that one is a good, valuable, and deserving person. This assumption is critical for maintaining self-esteem and a positive self-image.

Traumatic events can shatter these core beliefs, leading to psychological distress and a sense of disorientation (Zeligman et al., 2017). When individuals experience trauma, their pre-existing assumptions about the world are challenged, and they may struggle to reconcile their experiences with their beliefs. This shattering of core beliefs can result in feelings of anxiety, depression, and a loss of meaning and purpose. The impact of trauma on these assumptions is a

central focus of Janoff-Bulman's theory, highlighting the importance of understanding and addressing these cognitive disruptions in the aftermath of adverse experiences.

Self-controllability, as a component of basic assumptions, significantly influences how individuals perceive and cope with various life events, shaping their emotional responses and behavioral strategies (Rodina, 2021; Kuznietsov & Diab, 2020). The extent to which individuals believe they can control their own actions, thoughts, and outcomes plays a critical role in their overall sense of well-being and resilience. This belief in self-controllability affects how they interpret challenges, manage stress, and make decisions.

Beliefs about control and justice have a direct impact on feelings of safety and the selection of coping strategies, determining how individuals respond to stressful situations and navigate their environment (Rodina, 2021). When individuals believe they have control over their lives and that the world is a just place, they are more likely to feel safe and secure. This sense of safety enables them to approach challenges with confidence and optimism, employing active coping strategies such as problem-solving and seeking social support. Conversely, those who perceive a lack of control and believe the world is unjust may experience heightened anxiety and resort to maladaptive coping mechanisms. Beliefs about justice and self-control also significantly enhance the importance of freedom, responsibility, control, health, and support for an individual's overall sense of safety, contributing to a more secure and stable psychological state (Rodina, 2021). When individuals believe the world is just and that they have control over their lives, they are more likely to value and prioritize these factors, which in turn, reinforces their sense of safety and well-being. This interplay between beliefs and values is crucial for maintaining a positive psychological state. These beliefs contribute to an individual's overall perception of psychological safety, shaping their sense of security, predictability, and ability to navigate their environment with confidence (Rodina, 2021). Psychological safety is the feeling of being protected from harm, both physical and emotional, and having the resources and support necessary to cope with challenges. This sense of safety enables individuals to take risks, pursue their goals, and engage in meaningful relationships.

Higher self-control is associated with a greater sense of personal safety and security, as individuals feel more equipped to manage potential threats and navigate challenging situations effectively, thereby reducing anxiety and promoting a sense of well-being (Rodina, 2021). Self-control involves the ability to regulate one's thoughts, emotions, and behaviors, enabling individuals to make choices that are aligned with their goals and values. This capacity for self-regulation is essential for maintaining a sense of safety and security, as it allows individuals to respond effectively to potential threats and manage stressful situations. Believing one can influence outcomes reduces fear and promotes proactive coping, as individuals are more likely to take action to address potential threats and improve their circumstances, rather than feeling helpless and overwhelmed (Rodina, 2021). This proactive approach to coping is essential for maintaining psychological well-being, as it enables individuals to exert influence over their environment and reduce their vulnerability to negative experiences. By taking action, individuals can regain a sense of control and reduce their fear and anxiety.

Control beliefs are crucial for maintaining psychological well-being in stressful situations, as they provide individuals with a sense of agency and the confidence to navigate challenges effectively, thereby reducing the negative impact of stress on their mental health (Merkuryev, 2023). During stressful times, individuals with strong control beliefs are better able to manage their emotions, make rational decisions, and take effective action. This sense of agency is essential for maintaining a positive outlook and preventing the development of anxiety or depression.

Individuals with a stronger sense of self-control may exhibit greater resilience in the face of trauma, demonstrating an enhanced capacity to manage their emotions, adapt to changing circumstances, and recover from adversity (Zeligman et al., 2017). This resilience stems from their belief in their ability to influence their outcomes and navigate challenging situations. They are more likely to engage in proactive coping strategies, seek support from others, and maintain a positive outlook, all of which contribute to their ability to bounce back from traumatic experiences. The role of self-control in promoting resilience underscores its importance as a protective factor in the face of adversity.

Positive self-perception and trust in the world contribute significantly to higher well-being in adolescents, fostering resilience, optimism, and a sense of connectedness that supports healthy development and overall life satisfaction (Merkuryev, 2023). Adolescents who hold positive views of themselves and believe the world is a fair and supportive place are better equipped to manage stress, build strong relationships, and pursue their goals with confidence. These factors contribute to their overall well-being and their ability to navigate the challenges of adolescence successfully.

Differences emerge in beliefs about the benevolence of the world and self-control, highlighting the influence of cultural norms and values on individual perceptions and coping strategies, necessitating culturally sensitive approaches in interventions and communications (Telepova & Telepov, 2019). These differences may reflect variations in religious teachings, social structures, or historical experiences. Understanding these cultural variations is essential for avoiding misunderstandings and promoting effective communication and collaboration. Cultural values, such as individualism and collectivism, exert a significant influence on basic beliefs, shaping perceptions of the world, self, and others and impacting coping mechanisms and overall well-being (Telepova & Telepov, 2019). These values guide individuals' behavior, shape their expectations, and influence their emotional responses to various life events.

3.2.2. Purpose and design

The purpose of the study was to explore the link between social inclusion and wellbeing among young people from disadvantaged groups (specifically Roma, immigrants and refugee/asylum seekers) in six countries in Europe: Germany, Greece, North Macedonia, Romania, Serbia and Turkey.

We paied a special attention to the impact of discrimination on the wellbeing of disadvantaged youth, in order to identify the means through which the negative effects can be mitigated, in order to preserve and enchance the wellbeing of the target group.

We used a mix-methods design, involving:

- A quantitative cross-sectional study of the effects of discrimination on the wellbeing of youngsters. This component involved the application of a questionnaire on a sample of youngsters from disadvantaged groups (Roma, migrants, and refugees/asylum seekers) in six countries (Greece, Germany, North Macedonia, Romania, Turkey and Serbia);

- A qualitative investigation regarding the type of support needed by the youngsters from disadvantaged groups and the youth workers to improve the quality and efficacy of the support services. This component involved conducting a series of in-depth interviews with youth workers and youngsters from disadvantaged groups.

The data collection process was conducted by the six partner organizations involved in the project, who applied the instruments used in the study (one questionnaire and two interview guides) on convenience samples from each country, recruited directly by their teams, or with the collaboration of local partner organizations.

The content of the instruments was the same in all six countries and was generated initially in English. Each partner organization translated the instruments in their national language and applied them as such. However, in some cases, due to issues related to the language competence level of some participants at the study, some of the questionnaires were applied in English.

After the data collection process was concluded in all six countries, a joint database structure was generated by the West University of Timișoara and populated with the quantitative data collected by each partner.

Each partner conducted the quantitative analysis for their own sample, in order to explore the relationship between social inclusion/ exclusion/ discrimination and the wellbeing of the youngsters in disadvantaged groups. Moreover, each partner conducted the qualitative analysis of their own qualitative data, in order to explore the subjective experiences of the target groups, in order to enhance the understanding of the way these processes function at individual level. Based on these two analyses, each partner elaborated a research report presenting the situation for their sample.

Further on, the West University of Timișoara conducted the quantitative analysis of data for the entire sample, in order to assess the relationships between the main variables and propose strategies to mitigate the negative effects of discrimination on the mental health of youngsters in vulnerable social groups.

3.2.3. Ethical considerations

The West University of Timișoara was the partner in charge with the coordination of the study. The study methodology and instruments were approved by the Scientific Research Council of the Western University of Timisoara (number of approval 83171//04.11.2024).

All participants at the study expressed their informed consent before participating in the study.

The participation was completely voluntary. Participants were free to stop or withdraw at any point without any consequences

The responses were anonymous, and the information provided was kept confidential. The information collected or shared could not lead to the personal identification of the participants.

3.3. Tools and measures

The questionnaire comprised 139 items, as follows:

- 11 items were dedicated to the assessment of the *Social and demographic profile of the participants* and referred to aspects such as: sex, age, educational attainment, employment status, citizenship status, belonging to one of the target groups of the study, subjective assessment of satisfaction of various needs (food and water, heated shelter, financial security, knowledge and education, culture and religion, feeling part of the society etc.) and subjective assessment of income level, skin tone and visual appearance compared to the general population;

- 6 items were dedicated to assessing the *Forms of discrimination encountered* during their lifetime (based on race/ethnicity, gender, sexual orientation, religion, age, and other);

- 1 item referred to the participants' *Self-reported ethnicity*;

- 17 items corresponded to the *Perceived Ethnic Discrimination subscale*, which was extracted from the *Ethnicity-related stress scale (ERS)* (Contrada et al., 2001);

- 32 items corresponded to 6 subscales extracted from the *Structure of the World Assumption Scale (WAS)* (Bulman, 1989): (1) Benevolence of the world, (2) Benevolence of people, (3) Justice, (4) Controllability, (5) Self-worth, and (6) Self-controllability;

- 20 items corresponded to the *Social Connectedness Scale-Revised (SCS-R)* (Lee, Draper & Lee, 2001);

- 7 items corresponded to the *Internalization of Discrimination Scale* (Rodriguez, Flores, & Scholaske 2024), adapted for the current study;

- 5 items corresponded to *The Satisfaction With Life Scale (SWLS-5)* (Diener et al., 1985);

- 5 items corresponded to *The Mental Health Inventory (MHI-5)* (Ware & Sherbourne, 1992 apud. Ten Have et al, 2024);

- 14 items corresponded to the subscales of *(1) Depression* and *(2) Anxiety*, extracted from the *Depression Anxiety Stress Scale-21 (DASS21)* (Antony et al., 1998);

- 21 items corresponded to the *Trauma Symptoms of Discrimination Scale (TSDS)* (Williams, Printz & DeLapp, 2018).

The main measurments included in the questionnaire, as well as the sources from which they were extracted:

Main variable	Measurments	Source
Discrimination	Forms of discrimination encountered	Generated by the authors
	Self-reported ethnicity	Generated by the authors
	Perceived Ethnic Discrimination	Subscale extracted from Ethnicity-related stress scale (ERS) (Contrada et al., 2001)
Image of the World	Benevolence of the world	Subscales extracted from Structure of the World Assumption Scale (WAS) (Bulman, 1989)
	Benevolence of people	
	Justice	
	Controllability	
Place in the world	Social connectedness	Social Connectedness Scale-Revised (SCS-R) (Lee, Draper & Lee, 2001)
	Internalization of Discrimination	Internalization of Discrimination Scale (Rodriguez, Flores, & Scholaske 2024)
	Self-worth	Subscales extracted from Structure of the World Assumption Scale (WAS) (Bulman, 1989)
	Self-controllability	
Wellbeing	General - Satisfaction with life	The Satisfaction With Life Scale (SWLS-5) (Diener et al., 1985)
	General - Mental health	The Mental Health Inventory (MHI-5) (Ware & Sherbourne, 1992 apud. Ten Have et al, 2024)
	Specific - Depression, Anxiety	Subscales extracted from Depression Anxiety Stress Scale-21 (DASS21) (Antony et al., 1998)
	Specific - Trauma Symptoms of Discrimination	Trauma Symptoms of Discrimination Scale (TSDS) (Williams, Printz, & DeLapp, 2018)

The main themes of the interviews were:

1. Impact of discrimination on youngsters' wellbeing
2. Barriers in disadvantaged youngsters' access to adequate support

3. Support measures needed by youngsters to overcome the negative effects of discrimination
4. Support measures needed by youth workers to provide adequate services to disadvantaged youngsters

The participants at the interview consisted in (1) disadvantaged youngsters and (2) youth workers.

The basic design of the interview with the disadvantaged youngsters comprised 7 close-ended questions (regarding their social and demographic profile) and 11 open-ended questions about their experiences with discrimination, the effects felt and the support they accessed or needed to overcome the situation.

The basic design of the interview with the youth workers comprised 9 close-ended questions (regarding their social and demographic profile) and 11 open-ended questions about their clients experiences with discrimination, the effects felt and the support they accessed or needed to overcome the situation, as well as the resources needed by the youth workers themselves to provide adequate support to their clients.

However, each research team had the flexibility to adapt their interview guides to the specific characteristics of the participants.

3.4. Participants at the survey

The study population consisted in individuals who were between 18 and 35 years of age, identified themselves as belonging to one of the three categories (Roma, migrants, refugees/ asylum seekers), and, at the time of the study, resided in one of the six countries participating at the study (Germany, Greece, North Macedonia, Romania, Turkey, or Serbia).

The questionnaire was applied on a total of 720 persons in the six countries involved in the study. After eliminating the answers of the subjects that did not fit the selection criteria, a total of 700 questionnaires were kept in the joint database.

Table 1 presents the distribution of the research participants by country, based on where the survey was conducted. The sample consists of 700 respondents, with representation fairly evenly distributed among six countries. Turkey has the highest number of participants (125), making up 18% of the sample, followed closely by North Macedonia and Greece, each contributing 17.5%. Serbia and Germany also have comparable shares at 17%, while Romania has the smallest representation with 94 participants (13%).

Table no. 1. Distribution of research participants by country in which the survey was applied

Country	Number of Participants	Percentage in total sample
Serbia	119	17%
Turkey	125	18%
North Macedonia	122	17.5%
Greece	122	17.5%
Germany	118	17%
Romania	94	13%
Total	**700**	**100%**

Table no. 2 presents the general distribution of participants according to their belonging to one of the categories included in the study (Roma, Immigrant, Refugee/Asylum seeker), followed by the distribution by country (Table no. 3).

Table no. 2. Belonging to one of the target groups

Study category	N	Percentage
Roma	293	42%
Immigrant	218	31%
Refugee / Asylum seeker	189	27%

The largest subgroup consists of individuals identifying as Roma (42%), followed by immigrants (31%), and refugees or asylum seekers (27%).

Table no. 3 illustrates the distribution of study participants across the Roma, Immigrant, and Refugee/Asylum Seeker groups in the six countries. The data reveal notable differences in the composition of target groups across these national contexts.

Table no. 3. Distribution of participants at the study by target group and by country

Target group	Germany	Greece	North Macedonia	Romania	Serbia	Turkey	Total
Roma	19.49%	32.23%	57.38%	67.02%	57.98%	23.02%	**41.86%**
Immigrant	32.20%	36.36%	42.62%	15.96%	29.41%	26.98%	**31.14%**
Refugee/ Asylum seeker	48.31%	31.40%	0.00%	17.02%	12.61%	50.00%	**27.00%**
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

In Romania and North Macedonia, Roma participants constitute a substantial majority, representing 67.02% and 57.38% of the study samples in these countries, respectively. Similarly, over half of the participants in Serbia are Roma (57.98%). By contrast, the proportion of Roma participants is lower in Germany (19.49%) and Turkey (23.02%).

The Immigrant group shows a different distribution pattern, with the highest proportions recorded in the samples from Greece (36.36%) and Germany (32.20%). The proportion of Immigrants is considerably lower in the Romanian sample (15.96%). In North Macedonia, they represent 42.62% of the total country sample and in Serbia 29.41%.

The Refugee/Asylum Seeker group is most prominently represented in Turkish sample (50.00%) and in the German one (48.31%). Greece also shows a significant proportion of Refugee/Asylum Seekers (31.40%). In contrast, North Macedonia records no participants in the Refugee/Asylum Seeker category, while the Romania sample includes 17.02% persons in this category, while the Serbian sample this groups represents 12.61%.

It is important to exercise caution in interpreting the findings of this study due to the unequal distribution of target groups across countries, as highlighted in Table 8. The overrepresentation of certain groups within specific national contexts (e.g., Roma in Romania, North Macedonia, and Serbia; Refugees/Asylum Seekers in Germany and Turkey) may influence the aggregate patterns observed in employment, education, and other outcome indicators. These distributions influence the findings by partially capturing country-specific structural factors (such as local labour markets, legal frameworks, and social policies) rather than group-specific characteristics alone.

The mean age of participants was 24.77 years (SD = 5.08), with ages ranging from 18 to 35 years. The detailed distribution by country is presented in Table no. 4.

Table no. 4. Age of participants

Country	N	Minimum Age	Maximum Age	Mean Age	SD
Germany	118	18	35	23.86	5.25
Greece	122	18	34	25.5	4.53
North Macedonia	122	18	35	23.97	3.82
Romania	94	18	35	25.60	5.21
Serbia	119	18	35	27.97	5.24
Turkey	125	18	35	23.34	4.04

All countries share the same minimum age of 18, while the maximum age varies, ranging from 34 (Greece) to 35 (Romania). The highest mean age is observed in Serbia (M = 27.97, SD = 5.24), indicating a slightly older participant group compared to other countries. Conversely, Turkey has the youngest average age (M = 23.34), with the narrowest age spread (SD = 4.04). Most other countries cluster around a mean age of 24–25.

Table 5 breaks down the distribution of participants at the study by target groups, across three age categories (18–24, 25–30, and 31–35).

Table no. 5. Distribution of participants at the study by target group and age group

Target group	Age group				Total
	18-24	25-30	31-35	NR	
Roma	43.69%	39.25%	15.36%	1.71%	100.00%
Immigrant	52.75%	34.86%	11.93%	0.46%	100.00%
Refugee/ Asylum seeker	56.08%	31.22%	12.70%	0.00%	100.00%

Among Roma, the majority—43.69%—fall within the youngest age group (18–24). Another significant portion, 39.25%, belongs to the 25–30 range, suggesting that over 80% of Roma individuals represented here are under 30. The remaining 15.36% are aged 31–35, which is the highest proportion in this age group compared to the other two categories.

Among Immigrants, there is an even stronger skew toward youth. A clear majority—52.75%—are aged 18–24, and an additional 34.86% fall into the 25–30 group. Only 11.93% are aged 31–35, which is notably lower than the Roma share in this older age bracket.

The Refugee/Asylum seeker group is the youngest of the three. A striking 56.08% are in the 18–24 age group, making this the most youth-dominated category. Another 31.22% are aged 25–30, and only 12.70% are in the 31–35 group. This internal distribution emphasizes that the vast majority—well over 85%—are under 30, with the 18–24 group forming the absolute majority.

Table no. 6 presents the distribution of participants by sex.

Table no. 6. Sex of participants

Sex	N	Percentage
Male	356	50.09%
Female	344	49.11%

The sample is almost evenly split between males and females, with 356 male participants (50.09%) and 344 female participants (49.11%). This balanced gender representation enhances the generalizability of the study findings across sexes and reduces potential gender-based sampling bias.

Table 7 presents the sex distribution across Roma, Immigrant, and Refugee/Asylum Seeker groups.

Table no. 7. Distribution of study participants by sex and target group

Sex	Roma	Immigrant	Refugee/ Asylum seeker
Female	52.2%	49%	43.9%
Male	47.8%	49.6%	54%

Other	0.00%	0.00%	2.1%
NR	0.00%	1.4%	0.00%
Total	**100.00%**	**100.00%**	**100.00%**

The data shows that the Roma and Immigrant groups have a nearly balanced gender distribution, with the Roma group displaying a slight female majority at 52.2% and the Immigrant group showing almost equal proportions of females (49%) and males (49.6%). In contrast, the Refugee/Asylum Seeker group shows a notable male majority, with 54% identifying as male and 43.9% as female, indicating a different gender pattern within this group compared to the others.

An interesting observation in the table is the presence of the 'Other' gender category, which is reported only within the Refugee/Asylum Seeker group at 2.1%, while it is absent in the Roma and Immigrant groups. This may suggest differences in gender identity reporting, cultural factors influencing disclosure, or the demographic composition of these populations. Additionally, the non-response (NR) category appears only in the Immigrant group, accounting for 1.4%, which could reflect varying comfort levels in reporting gender identity or minor differences in data collection processes across the groups.

The higher proportion of males within the Refugee/Asylum Seeker group may reflect migration and displacement patterns, where men are often the first to migrate due to economic pressures or conflict-related displacement before family reunification occurs. The presence of respondents identifying as 'Other' within the Refugee/Asylum Seeker group may also highlight the gender diversity within displaced populations, a point that may warrant further qualitative exploration regarding the lived experiences of these individuals within host societies.

Table no 8 presents the educational attainment of the participants, including the percentage distribution across different levels of education.

Table no. 8. Educational attainment of participants

Education Level	N	Percentage
No school	73	10.40%
Primary school (grades 1-4)	74	10.60%
Secondary school (grades 5-8)	131	18.70%
High school (grades 8-12)	172	24.60%
University degree	186	26.60%
Master degree	56	8.00%
PhD degree	8	1.10%

The majority of respondents have completed at least a high school education, with 26.6% holding a university degree and 24.6% having finished high school. A smaller yet notable portion (18.7%) completed secondary school (grades 5–8). A minority of participants possess postgraduate qualifications: 8% have a master's degree, and just 1.1% hold a PhD. On the lower end of the

spectrum, 10.4% of participants report no formal education, and 10.6% completed only primary school.

Table 9 presents the distribution of participants by educational attainment across three age groups: 18–24, 25–30, and 31–35. The data illustrates clear trends of increasing educational achievement with age, as well as generational shifts in access to and completion of higher levels of education.

Table no 9. Distribution of participants at the study by educational attainment and age group

Educational attainment	Age group		
	18-24	25-30	31-35
No school	7.71%	12.40%	14.74%
Primary school (grades 1-4)	12.00%	10.40%	6.32%
Secondary school (grades 5-8)	23.71%	15.20%	10.53%
High school (grades 8-12)	28.29%	20.80%	20.00%
University degree	25.71%	26.40%	31.58%
Master degree	2.57%	13.20%	13.68%
PhD degree	0.00%	1.60%	3.16%
Total	**100.00%**	**100.00%**	**100.00%**

For the 18–24 age group, educational attainment is concentrated in the middle levels. High school completion is the most common level (28.29%), followed closely by university degrees (25.71%) and secondary school education (23.71%). A notable proportion—12%—only reached primary school, and 7.71% reported no formal schooling. Master's and PhD degrees are rare in this group (2.57% and 0%, respectively), which is expected given the younger age and likely ongoing education for many individuals.

In the 25–30 group, there is a shift upward in educational levels. University degree holders slightly increase to 26.40%, and those with master's degrees rise significantly to 13.20%, indicating further educational progression as participants age. The share of high school graduates decreases modestly to 20.80%, while those with only secondary or primary education also decline compared to the younger group. The percentage of participants with no schooling rises to 12.40%, which may reflect either historical barriers to early education or sampling variations.

Among the 31–35 age group, the pattern of higher educational attainment continues. University degrees now account for 31.58% of the group, the highest across all age ranges, and master's degrees are similarly elevated at 13.68%. PhD degrees appear only in this group (3.16%), highlighting the time required to achieve such qualifications. At the same time, those with no schooling remain a concern at 14.74%, the highest in any age group, and may point to generational or structural educational inequalities in earlier decades. Lower levels of education (primary, secondary, high school) all decline steadily with age.

The results show that, as age increases, there is a clear progression toward higher educational attainment, especially at the university, master's, and PhD levels. Simultaneously, the persistence of individuals with no schooling—especially in the oldest age group—underscores enduring disparities in access to education that may have affected certain subpopulations disproportionately.

Table no. 10 presents the distribution of participants according to their employment status at the time they attended the survey. The largest group consists of individuals who are unemployed but actively seeking work (40.01%), closely followed by those who are currently employed (39%). A smaller portion, 18%, are unemployed and not seeking employment, while only 2.9% fall under the "Other" category. The near parity between employed and job-seeking participants highlights a workforce in flux, potentially reflecting economic challenges or transitional phases in the lives of the respondents.

Table no. 10. Current employment status

Employment Status	N	Percentage
Employed	273	39.00%
Unemployed, but in search of employment	281	40.01%
Unemployed	126	18.00%
Other	20	2.9%

Table 11 illustrates the distribution of participants by educational attainment across four employment categories: Employed, Unemployed but actively seeking work, Unemployed (not seeking), and Other. The data reveals a clear association between higher education levels and employment, while also highlighting the vulnerability of individuals with lower education to unemployment or marginal employment status.

Among the Employed category, the largest shares are those with high school education (29.30%) and university degrees (29.67%), indicating that secondary and tertiary education are closely tied to labor market inclusion. A meaningful proportion also holds master's degrees (12.82%), and a small percentage (2.20%) have PhDs. Very few employed individuals lack formal education (4.76%) or have only primary education (6.23%), underlining how minimal educational attainment limits employment opportunities.

The Unemployed, but in search of employment category presents a more mixed educational profile. Although individuals with secondary school education (grades 5–8) make up the largest single group at 21%, there is also a notable presence of those with no schooling (18.15%) and only primary education (16.73%). High school and university graduates are still represented (19.22% and 18.15% respectively), suggesting that even those with moderate to higher education can face barriers to employment. However, the presence of master's and PhD holders is minimal, pointing to a protective effect of advanced degrees.

Among the Unemployed, the highest proportions are again those with university degrees (32.28%) and high school education (25.20%), followed closely by individuals with secondary

education (24.41%). Notably, 7.09% of this group has no schooling, and 7.87% only primary education, reinforcing the marginalization of lower-educated individuals.

The Other category is dominated by university degree holders (70%), a striking concentration that may include young graduates pursuing further education or professionals engaged in unpaid activities. High school graduates form 30% of this group, while no other education level is represented, reinforcing the idea that this category is composed of individuals with relatively strong educational backgrounds.

Table no 11. Distribution of participants at the study by educational attainment and employment status

Educational attainment	Employed	Unemployed, but in search of employment	Unemployed	Other
No school	4.76%	18.15%	7.09%	0.00%
Primary school (grades 1-4)	6.23%	16.73%	7.87%	0.00%
Secondary school (grades 5-8)	15.02%	21.00%	24.41%	0.00%
High school (grades 8-12)	29.30%	19.22%	25.20%	30.00%
University degree	29.67%	18.15%	32.28%	70.00%
Master degree	12.82%	6.41%	2.36%	0.00%
PhD degree	2.20%	0.36%	0.79%	0.00%
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**

The results highlight a clear stratification: higher educational attainment corresponds with higher rates of employment, while lower levels of education are linked to unemployment or job-seeking status. At the same time, some educated individuals, particularly with university degrees, are present across all employment categories, pointing to complexities in the labor market beyond education alone.

Table no. 12 presents the general distribution of participants according to their citizenship status in the country they are currently residing in.

Table no. 12. Citizenship status

Are you a citizen of the country you are currently residing in?	N	Percentage
No	362	51.71%
Yes	333	47.57%
Other situations	5	0.72%

A slight majority (51.71%) report not being citizens of the country in which they currently reside, while 47.57% are citizens.

Table 13 shows the distribution of study participants according by target group and citizenship status in relation to the country in which they currently reside.

Table 13. Distribution of study participants by target group and citizenship status in relationship with the country they reside in

Target group	Are you officially a citizen of the country you currently reside in?				
	Yes	No	Other situation	NR	Total
Roma	93.86%	5.80%	0.00%	0.34%	100.00%
Immigrant	14.68%	84.40%	0.92%	0.00%	100.00%
Refugee/ Asylum seeker	13.76%	84.66%	1.59%	0.00%	100.00%

The Roma group stands out with an overwhelming majority—93.86%—reporting official citizenship in the country of residence. Only 5.80% stated they were not citizens. This suggests that the Roma participants are largely integrated in terms of legal status, even if their social or economic integration may still present challenges. Their almost universal citizenship may also reflect longstanding presence in the country.

By contrast, the Immigrant group shows a starkly different pattern: only 14.68% report citizenship, while 84.40% indicate they are not citizens of the country they reside in. An additional 0.92% are in some "Other situation" regarding citizenship, possibly including temporary or undocumented status.

Similarly, Refugees/Asylum seekers show nearly identical results to immigrants: just 13.76% have citizenship, while 84.66% do not, and 1.59% fall into the "Other situation" category. This aligns with expectations, as refugees and asylum seekers are typically in the early or uncertain stages of their legal settlement process and may face long delays or obstacles before achieving citizenship.

3.5. Participants at the interviews

The participants at the interviews were selected from two categories: (1) youngsters from disadvantaged groups and (2) youth workers.

Tables 14 and 15 present the main characteristics of the interviewees.

The first sample consisted of young individuals from disadvantaged backgrounds across six countries: Germany, Greece, North Macedonia, Romania, Serbia, and Turkey. Participants were selected to represent a mix of the following target groups: Roma youth, immigrants, and refugee/asylum seekers, ensuring a diverse range of experiences with social disadvantage, marginalization, and integration challenges in each national context.

Table no. 14. Characteristics of the youngsters from disadvantaged groups who participated at the interviews

Contry	Distribution by sex		Distribution by target groups			Age range	Total
	Males	**Females**	**Roma**	**Immigrants**	**Refugees/ Asylum seekers**		
Germany	5	6	5	3	3	18-26	11
Greece	4	6	5	3	2	18-34	10
North Macedonia	5	5	10	/	/	20-37	10
Romania	5	5	10	3	1	18-34	10
Serbia	10	5	5	4	6	20-34* one asylum seeker is 39	15
Turkey	6	4	4	3	3	18-30	10

A total of 66 such participants took part in the study. The gender distribution is relatively balanced, with both 35 males and 31 females attending the interviews. The ages vary between 18 and 37. Of the total 66 interviewees, 39 were Roma, 16 were immigrants and 15 were refugees/asylum seekers.

Sample breakdown by country:

Germany**:** 11 participants (5 males, 6 females), aged 18–26. Among them, 5 identified as Roma, 3 as immigrants, and 3 as refugees/asylum seekers.

Greece: 10 participants (4 males, 6 females), aged 18–34. This group included 5 Roma, 3 immigrants, and 2 refugees/asylum seekers.

North Macedonia: 10 participants (5 males, 5 females), aged 20–37. All participants identified as Roma; there were no immigrants or refugees/asylum seekers in this group.

Romania: 10 participants (5 males, 5 females), aged 18–34. All 10 were Roma, with 3 also identified as immigrants and 1 as a refugee/asylum seeker.

Serbia: 15 participants (10 males, 5 females), aged 20–34 (with one refugee aged 39). This group included 5 Roma, 4 immigrants, and 6 refugees/asylum seekers.

Turkey: 10 participants (6 males, 4 females), aged 18–30. Participants included 4 Roma, 3 immigrants, and 3 refugees/asylum seekers.

Table no. 15. Characteristics of the youth workers who participated at the interviews

Country	Distribution by sex		Age range	Work experience (years)	Type of services provided	Type of beneficiaries	Total
	Males	Females					
Germany	3	7	23-36	2-14	Safe and inclusive spaces, NFE and recreational activities, emotional support and counseling, intercultural dialogue, educational and career guidance, community outreach and advocacy, organisational support	Roma, Refugees/asylum seekers, Immigrants	10
Greece	2	8	24-35	2-13	Psychosocial, non formal education	Roma, Refugees/asylum seekers, Immigrants	10
North Macedonia	3	8	19-52	1-18	Educațional, personal development, advisory, human rights, non formal, aid, outreach, non formal education	Roma, Immigrants, Marginalized youth, students with social risks, students with disabilities	11
Romania	3	7	25-50	10-20	education, counselling, human rights	Young Roma, international volunteers, youth	10
Serbia	0	9	27-48	2-20	Humanitarian aid, outreach work, training, education, social services	Refugees, immigrants, people on move, Roma, Inclusion	9
Turkey	4	6	29-45	3-15	Research, teaching, and expert analysis on migration, human rights, and social inclusion. Non-formal education, campaigns, and safe spaces to promote human rights and youth empowerment. Legal aid, integration support, and advocacy for the rights of migrants and refugees. Empowering Roma youth through education, advocacy, and anti-discrimination programs in local communities.	Roma, Refugees/asylum seekers, Immigrants	10

The second sample included youth workers and professionals engaged in providing services to marginalized and disadvantaged youth. These participants come from the same six countries as the young participants. A total of 60 youth workers participated in the interviews, with a majority (45 persons) being female.

These professionals represent a broad spectrum of services including:

- Non-formal education

- Psychosocial and emotional support

- Educational and career guidance

- Community outreach, advocacy, and integration support

- Human rights and legal aid

- Safe and inclusive space facilitation

They serve various target groups such as Roma youth, immigrants, refugees/asylum seekers, students with disabilities, and marginalized youth.

Their ages vary between 19–52 years old and the work experience varies between 1–20 years of work in the youth and social sectors.

Each country's professionals reflected their local service priorities and institutional roles, contributing deep insights into both the challenges and strategies for youth inclusion and empowerment in their respective contexts.

4. Results

4.1. Quantitative component

4.1.1. Aspects regarding the social inclusion of the participants at the study

Table 16 presents the distribution of educational attainment across Roma, Immigrant, and Refugee/Asylum Seeker groups, illustrating clear differences in educational profiles among these populations.

Table no. 16. Distribution of study participants by educational attainment and target group

Educational attainment	Roma	Immigrant	Refugee/ Asylum seeker
No school	16.72%	5.50%	6.35%
Primary school (grades 1-4)	12.97%	3.21%	14.81%
Secondary school (grades 5-8)	22.53%	19.27%	12.17%
High school (grades 8-12)	20.48%	22.48%	33.33%
University degree	19.45%	33.94%	29.63%
Master degree	7.17%	12.84%	3.70%
PhD degree	0.68%	2.75%	0.00%
Total	**100.00%**	**100.00%**	**100.00%**

The Roma group shows the highest proportion of individuals with no schooling at 16.72%, a figure notably higher than that of the Immigrant (5.50%) and Refugee/Asylum Seeker (6.35%) groups. Similarly, 12.97% of Roma have completed only primary school (grades 1–4), which is higher than the Immigrant group (3.21%) but comparable to the Refugee/Asylum Seeker group (14.81%).

In terms of secondary school completion (grades 5–8), the Roma group again shows a higher percentage (22.53%) compared to Refugee/Asylum Seekers (12.17%) but is close to the Immigrant group (19.27%). However, the proportion of individuals with a high school education (grades 8–12) is highest among Refugee/Asylum Seekers at 33.33%, followed by the Immigrant group at 22.48%, and the Roma group at 20.48%. Regarding higher education, 19.45% of the Roma group hold a university degree, which is lower than both the Immigrant (33.94%) and Refugee/Asylum Seeker (29.63%) groups. A similar pattern is seen with master's degrees, where 7.17% of Roma hold this qualification compared to 12.84% of Immigrants and 3.70% of Refugee/Asylum Seekers. PhD attainment is lowest across all groups but is most present in the Immigrant group (2.75%), while the Roma group has 0.68% and the Refugee/Asylum Seeker group reports none.

These results indicate that the Roma group faces significant educational disadvantages, with higher rates of no formal education and lower university and postgraduate attainment compared to the other groups. In contrast, the Immigrant group shows the highest levels of higher education, particularly at the university and master's levels, suggesting a relatively stronger educational profile among this population. The Refugee/Asylum Seeker group, while displaying a

higher proportion of individuals with high school and university education compared to the Roma group, also shows lower representation in postgraduate attainment. These differences in educational attainment have important implications for labour market integration, access to social resources, and the design of targeted educational and vocational programs for these groups.

Table 17 presents the employment status of Roma, Immigrant, and Refugee/Asylum Seeker groups at the time of the study, highlighting distinct patterns across these populations.

Table no. 17. Distribution of study participants by current labor market status and target group

Employment status at the time of the study	Roma	Immigrant	Refugee/ Asylum seeker
Employed	39.25%	32.57%	46.03%
Unemployed, but in search of employment	45.39%	34.40%	38.10%
Unemployed	9.56%	33.03%	14.29%
Other	5.80%	0.00%	1.59%
Total	**100.00%**	**100.00%**	**100.00%**

The Refugee/Asylum Seeker group shows the highest employment rate among the three groups, with 46.03% reported as employed, followed by the Roma group at 39.25% and the Immigrant group at 32.57%.

In terms of active job search, the Roma group has the highest percentage of individuals unemployed but actively seeking employment, at 45.39%, followed by Refugees/Asylum Seekers at 38.10% and the Immigrant group at 34.40%. This may indicate a strong willingness to engage in the labour market among the Roma group despite structural employment barriers. Conversely, the Immigrant group has the highest proportion of individuals categorised as unemployed and not seeking employment (33.03%), a figure notably higher than that of the Roma group (9.56%) and Refugee/Asylum Seekers (14.29%).

The 'Other' category, capturing non-standard situations such as informal work or caregiving roles, is reported by 5.80% of the Roma group and 1.59% of Refugees/Asylum Seekers, while it is absent in the Immigrant group. This presence within the Roma group may suggest informal economic activity or alternative income-generating strategies often used to navigate economic exclusion.

Overall, these results indicate that while the Refugee/Asylum Seeker group demonstrates a relatively higher employment rate, the Roma group shows a high level of labour market aspiration reflected in the active job search rate, despite facing higher informal employment or non-standard situations. In contrast, the higher proportion of non-active unemployed individuals within the Immigrant group may warrant further exploration to understand the situation.

The finding is unusual and may be explained by several factors:

- Country of residence: the most significant explanation lies in the geographic distribution of the refugee group. As Table 3 shows, the majority of Refugees/Asylum Seekers in the sample are located in Germany (48.31%) and Turkey (50.00%), two countries that: (1) have relatively strong or large-scale integration frameworks for refugees, particularly Germany through its work integration programs; (2) in Turkey's case, many refugees—especially Syrians—are involved in the informal economy, which may inflate their "employment" status in surveys, even if the work is precarious or undocumented. In contrast, Immigrants are more dispersed, with high representation in Greece (36.36%) and Germany (32.20%)—countries where structural unemployment, legal uncertainty, or stricter job market entry barriers may be impacting immigrants more significantly.

- Legal status and motivation: though both Immigrants and Refugees largely lack citizenship (only approx. 14% of each group hold it), refugee may be under greater pressure to find work quickly—either to meet legal requirements for asylum, support themselves without family structures, or because they lack other means of livelihood. Immigrants, especially if they are waiting for legal recognition, family reunification, or permanent residence, might be more hesitant or legally constrained in accessing employment, depending on the host country's policies. This can lead to a higher share reporting as unemployed and not seeking work (33.03% for immigrants, vs. 14.29% for refugees), which depresses their overall employment rate.

- Different phases of migration: Immigrants may include a mix of long-term residents, students, and family migrants, not all of whom are immediately oriented toward employment. Refugees, on the other hand, often arrive with a more urgent survival-driven labor orientation, especially if they lack access to other welfare or support systems.

- Age profile: more than half (52.75%) of the immigrant group is aged 18–24, which is typically the age range when many individuals are pursuing secondary or higher education. This aligns with the possibility that a significant portion of immigrants are still enrolled in school or university, and are therefore not yet active in the labor market. The employment data might not fully capture their "potential" employability because they are currently students.

- Educational profile: the immigrant group shows the highest rate of university (33.94%) and master's (12.84%) degree attainment among the three target groups, suggesting that they are more likely to be either already engaged in postsecondary education, or prioritizing education over immediate labor market entry.

- Second-generation immigrant dynamics: it may be possible that the sample includes second-generation immigrants, particularly in countries like Germany or Greece where immigrant communities are more established, and, thus, many participants may be born or raised locally, attending mainstream education; still dependent on family or state support, and less pressured to join the labor force immediately, especially if cultural or legal norms encourage full-time study until degree completion. This would contrast with refugees, who

may have fewer education opportunities, face more economic urgency, and thus enter work earlier—even if informally or in low-skilled jobs.

- Employment status categories may not capture students properly: it may be that those who were still in education were not clearly instructed to report their enrollment status properly, at option 3 ("other" category), leading to underreporting of educational involvement as a reason for non-employment.

Table no. 18 presents the subjective assessment of participants regarding the satisfaction of their needs across various domains. The results indicate that the majority of participants perceive their basic needs to be largely satisfied, with 75.6% reporting sufficient access to food and water and 77.1% indicating that they have heated shelter. These findings suggest that despite potential vulnerabilities, most participants have access to essential living conditions within their current contexts.

Table no. 18. Subjective assessment regarding the satisfaction of needs

Item no.	Which of the needs below are currently satisfied for you?	Yes	No	NR	Total
1	Food and water	75.6%	24.1%	0.3%	100%
2	Heated shelter	77.1%	18.3%	4.6%	100%
3	Financial security	63.4%	35.9%	0.7%	100%
4	Feeling part of a social group	66.9%	33.0%	0.1%	100%
5	Feeling part of the society	65.1%	34.6%	0.3%	100%
6	Knowledge and education	68.3%	31.4%	0.3%	100%
7	Culture and religion	67.4%	32.1%	0.4%	100%
8	Feeling respected in society	62.7%	37.1%	0.1%	100%
9	Feeling useful in society	66.0%	34.0%	0.0%	100%

However, the satisfaction of needs related to financial security is lower, with 63.4% indicating this need is satisfied while 35.9% report it as unmet. This reflects the financial precarity experienced by many individuals within the studied groups, aligning with previous findings on employment instability and low-income levels among Roma, Immigrant, and Refugee/Asylum Seeker populations. Similarly, needs related to social integration and belonging reveal mixed satisfaction levels. While 66.9% feel part of a social group and 65.1% feel part of society, a

substantial minority (approximately one-third) report these needs as unsatisfied, indicating ongoing challenges in achieving social inclusion within the communities they reside in.

Regarding knowledge and education, 68.3% of participants report this need as satisfied, a figure that suggests moderate access to educational opportunities or information resources, yet leaves a notable proportion (31.4%) who still feel this need is unmet. Satisfaction with needs related to culture and religion is similar, with 67.4% feeling these needs are met, reflecting relative access to spaces for cultural and religious expression.

Interestingly, the lowest satisfaction rates are reported in relation to feeling respected in society (62.7%) and financial security (63.4%), highlighting the persistent challenges participants face in achieving societal recognition and stability. This aligns with broader findings regarding discrimination, marginalisation, and systemic barriers experienced by Roma and displaced populations, indicating that while material needs may be relatively well met, needs related to dignity, respect, and socio-economic stability remain less consistently fulfilled.

Overall, the data in Table 18 underscore that while the basic physiological and safety needs of participants are largely satisfied, psychosocial needs and financial security remain significant areas of unmet need.

Table 19 presents the distribution of reported satisfaction of basic needs—food and water, heated shelter, and financial security—across Roma, Immigrant, and Refugee/Asylum Seeker groups. The data reveal clear disparities in the fulfilment of these fundamental needs across the groups, reflecting both structural inequalities and the differing contexts in which these populations live.

Table 19. Distribution of reported satisfaction of needs by target group – Basic needs

Target Group	Food and water		Heated shelter		Financial security	
	% Satisfied (Yes)	% Not Satisfied (No)	% Satisfied (Yes)	% Not Satisfied (No)	% Satisfied (Yes)	% Not Satisfied (No)
Roma	68.04	31.96	78.28	21.72	56.36	43.64
Immigrant	82.95	17.05	83.74	16.26	72.81	27.19
Refugee/Asylum seeker	79.37	20.63	82.18	17.82	65.05	34.95

Regarding food and water, Immigrants report the highest level of satisfaction (82.95%), followed by Refugees/Asylum Seekers (79.37%) and Roma (68.04%). The comparatively lower satisfaction rate among Roma participants, where nearly one-third (31.96%) report insufficient access to food and water, highlights a persistent vulnerability within this group, aligning with

broader evidence of poverty and marginalisation experienced by Roma communities in many European contexts.

Similar patterns are observed in the category of heated shelter, where Immigrants again report the highest satisfaction rate (83.74%), followed closely by Refugees/Asylum Seekers (82.18%), while Roma report a lower satisfaction rate (78.28%) and the highest level of dissatisfaction (21.72%) among the groups. Although the differences are less pronounced than for food and water, the data still indicate that Roma communities face greater challenges in securing stable, adequate housing compared to the other groups.

The largest disparities across groups are observed in the financial security category. Here, satisfaction rates are notably lower across all groups, indicating widespread financial precarity. However, the Roma group reports the lowest satisfaction (56.36%) and the highest dissatisfaction (43.64%), while Immigrants report the highest satisfaction (72.81%), and Refugees/Asylum Seekers fall in between (65.05% satisfied, 34.95% dissatisfied). These findings highlight that while many individuals across these groups face financial insecurity, Roma participants experience disproportionately higher financial vulnerability, which may intersect with limited employment opportunities, lower educational attainment, and systemic discrimination.

Overall, these results indicate that while basic material needs such as food, water, and shelter are largely met for most participants, financial security emerges as a critical area of unmet need, particularly for Roma communities.

The higher satisfaction rates reported by Immigrants, especially regarding food, water, and shelter, suggest that despite potential legal or integration challenges, this group may have relatively better access to basic needs. In contrast, the persistent vulnerabilities among Roma and, to a lesser extent, Refugees/Asylum Seekers highlight the need for targeted interventions addressing economic exclusion, housing stability, and equitable access to resources to reduce disparities in the fulfilment of basic needs across these populations.

Table 20 presents the distribution of reported satisfaction regarding superior needs, specifically knowledge and education, and culture and religion, across Roma, Immigrant, and Refugee/Asylum Seeker groups. The results reveal notable disparities in the fulfilment of these higher-order needs, which are crucial for long-term integration, identity, and social inclusion.

Regarding knowledge and education, Immigrants report the highest satisfaction rate, with 78.8% indicating that this need is currently satisfied and only 21.2% reporting it as unmet. This suggests that Immigrant groups may have relatively better access to educational opportunities or feel able to continue their learning processes within host contexts. Roma participants report a lower satisfaction rate (64.95%) and a higher dissatisfaction rate (35.05%), reflecting persistent barriers to accessing quality education within Roma communities, including structural discrimination, poverty, and limited educational attainment pathways. Refugees/Asylum Seekers report the lowest satisfaction in this category (61.9%) with 38.1% indicating dissatisfaction, pointing to challenges

such as language barriers, interrupted educational pathways due to displacement, and difficulties in accessing formal education systems in host countries.

Table no. 20. Distribution of reported satisfaction of needs by target group – superior needs

Target group	Knowledge and education satisfaction		Culture and religion satisfaction	
	% Satisfied (Yes)	% Not Satisfied (No)	% Satisfied (Yes)	% Not Satisfied (No)
Roma	64.95	35.05	68.94	31.06
Immigrant	78.8	21.2	77.78	22.22
Refugee/Asylum seeker	61.9	38.1	54.01	45.99

In the domain of culture and religion, Immigrants again report the highest satisfaction (77.78%) and the lowest dissatisfaction (22.22%), indicating that this group feels relatively able to maintain cultural and religious practices within their host environments. Roma participants also report a relatively high satisfaction rate (68.94%), suggesting a degree of continuity in cultural and religious expression within their communities, although nearly one-third (31.06%) still report dissatisfaction in this domain. Refugees/Asylum Seekers report the lowest satisfaction rate for culture and religion needs (54.01%) and the highest dissatisfaction rate (45.99%) among the groups, underscoring the challenges this group faces in maintaining cultural and religious practices during displacement and resettlement, including potential restrictions in host countries, lack of community networks, and limited access to places of worship or cultural activities.

Overall, the results highlight that while Immigrants generally report the highest satisfaction levels in fulfilling superior needs, both Roma and Refugees/Asylum Seekers face significant challenges in accessing and maintaining education, knowledge acquisition, and cultural and religious practices.

The particularly high dissatisfaction rates among Refugees/Asylum Seekers in the culture and religion domain and their low satisfaction in education point to the importance of targeted interventions to support this group's integration while respecting cultural and religious identity. For Roma communities, the continued barriers in education require policy attention to dismantle systemic discrimination and increase inclusive educational opportunities. Addressing these disparities in superior needs is essential not only for the social inclusion of these groups but also for fostering their long-term participation and well-being.

Table 21 presents the distribution of reported satisfaction regarding belonging needs, specifically the feeling of being part of a social group and the feeling of being part of society, across Roma, Immigrant, and Refugee/Asylum Seeker groups. These indicators are critical for understanding the degree of social inclusion of these groups.

Table no. 21. Distribution of reported satisfaction of needs by target group – Belonging needs

Target group	Feeling part of social group satisfaction		Feeling part of society satisfaction	
	% Satisfied (Yes)	% Not Satisfied (No)	% Satisfied (Yes)	% Not Satisfied (No)
Roma	65.87	34.13	65.75	34.25
Immigrant	73.85	26.15	70.97	29.03
Refugee/Asylum seeker	60.43	39.57	57.98	42.02

For feeling part of a social group, Immigrants report the highest satisfaction rate (73.85%), indicating a relatively stronger sense of social connectedness within their communities in host countries. Roma participants report a moderate satisfaction level (65.87%), with over one-third (34.13%) expressing dissatisfaction, reflecting the challenges Roma individuals face in achieving social integration, which may stem from persistent discrimination and segregation. Refugees/Asylum Seekers report the lowest satisfaction (60.43%) and the highest dissatisfaction rate (39.57%) in this category, highlighting the difficulties faced in building social networks after displacement and during resettlement, where isolation and the absence of established community structures are common.

Regarding the feeling of being part of society, the pattern remains consistent, with Immigrants again reporting the highest satisfaction (70.97%) and the lowest dissatisfaction (29.03%). Roma participants report similar satisfaction (65.75%) and dissatisfaction rates (34.25%) to their reported feelings about belonging to a social group, suggesting a moderate but fragile sense of societal inclusion that may be affected by socio-economic marginalisation and systemic exclusion. Refugees/Asylum Seekers report the lowest satisfaction in this category (57.98%) and the highest dissatisfaction (42.02%), indicating that while some integration is occurring, a significant proportion still feel excluded from broader societal participation.

Overall, these results highlight significant disparities in the satisfaction of belonging needs among the three groups. Immigrants appear to have a relatively stronger sense of social and societal belonging within their host countries, which may reflect the existence of established community networks, family reunification, or longer durations of stay facilitating integration. Roma individuals experience moderate satisfaction but still face substantial barriers to achieving full social inclusion due to entrenched discrimination and socio-economic exclusion. Refugees/Asylum Seekers consistently report the lowest satisfaction levels in belonging needs, reflecting the deep challenges they face in rebuilding social ties and integrating into society following displacement.

Addressing these disparities requires policies and community-based interventions that foster opportunities for participation, create safe spaces for community building, and actively

combat discrimination to support the social inclusion of Roma and Refugee/Asylum Seeker populations. Promoting meaningful participation in community and societal life is essential for improving the well-being and integration outcomes of these groups.

Table 22 presents the distribution of reported satisfaction regarding esteem and self-actualization needs, specifically the feeling of being respected in society and the feeling of being useful in society, across Roma, Immigrant, and Refugee/Asylum Seeker groups. These dimensions are essential for understanding participants' perceived value, dignity, and social recognition within their communities.

Table no. 22. Distribution of reported satisfaction of needs by target group – Esteem and self-actualization needs

Target group	Feeling respected in society satisfaction		Feeling useful in society satisfaction	
	% Satisfied (Yes)	% Not Satisfied (No)	% Satisfied (Yes)	% Not Satisfied (No)
Roma	60.62	39.38	64.73	35.27
Immigrant	70.97	29.03	72.94	27.06
Refugee/Asylum seeker	56.61	43.39	59.79	40.21

For feeling respected in society, Immigrants report the highest satisfaction rate (70.97%) with the lowest dissatisfaction (29.03%) among the groups, suggesting that this group experiences relatively greater societal acceptance and opportunities to feel valued within host contexts. Roma participants report a lower satisfaction rate (60.62%) and a higher dissatisfaction rate (39.38%), reflecting the persistent challenges they face in achieving social recognition and combating stigma and discrimination within many European societies. Refugees/Asylum Seekers report the lowest satisfaction (56.61%) and the highest dissatisfaction (43.39%) in this category, underscoring the barriers this group faces in being perceived and perceiving themselves as respected members of society, often exacerbated by negative public narratives, legal uncertainties, and social exclusion.

A similar pattern is evident for feeling useful in society, where Immigrants again report the highest satisfaction (72.94%) and lowest dissatisfaction (27.06%), indicating opportunities for active participation and contribution within their host environments. Roma participants report a moderate satisfaction rate (64.73%) and a notable dissatisfaction rate (35.27%), highlighting the struggles Roma individuals face in accessing employment or community engagement opportunities that foster a sense of societal usefulness. Refugees/Asylum Seekers report the lowest satisfaction (59.79%) and the highest dissatisfaction (40.21%) in this dimension, reflecting difficulties in accessing meaningful work and societal roles due to barriers such as language, legal status, and labour market restrictions.

Overall, the results indicate persistent inequalities in the satisfaction of esteem needs across target groups. Immigrants consistently report higher satisfaction levels, reflecting their relatively

better integration and opportunities to participate meaningfully in host societies. In contrast, Roma and Refugee/Asylum Seeker groups face significant challenges in achieving recognition and in feeling valued and useful within their communities, pointing to the intersecting impacts of discrimination, marginalisation, and limited opportunities for social and economic participation.

Addressing these gaps requires targeted interventions to promote equitable opportunities for participation in society and the labour market, anti-discrimination measures, and community initiatives that empower Roma and Refugee/Asylum Seeker populations to engage actively and feel valued within their communities. Fostering dignity and societal usefulness is crucial for enhancing these groups' self-esteem, well-being, and long-term social inclusion.

Table no. 23 presents the subjective assessment of participants' monthly income compared to the general population, based on their self-reported responses. A significant portion of respondents (34.3%) perceive their income as much lower, while an additional 23.3% rate it as somewhat lower, totaling over half (57.6%) who feel economically disadvantaged. Only a small minority believe their income is somewhat higher (9.9%) or much higher (4%) than the general population.

This skew toward perceived income disadvantage suggests widespread economic insecurity among the sample, which aligns with earlier findings related to unmet financial needs (Table 18) and high unemployment levels (Table 17).

Table no. 23. Subjective assessment of monthly income compared to the general population

Income Assessment	N	Percentage
Much lower	240	34.30%
About the same	168	24.00%
Somewhat lower	163	23.30%
Somewhat higher	69	9.90%
Much higher	28	4.00%

Table 24 presents the distribution by target group of the participants' subjective perceptions of their monthly income compared to the general population in their current country of residence. The findings indicate significant disparities in how different groups perceive their financial status, reflecting the intersection of objective economic conditions with subjective experiences of financial well-being.

Among Roma participants, a substantial 43.94% perceive their income as "much lower" than that of the general population, with an additional 26.30% considering it "somewhat lower." Only 22.15% feel their income is "about the same," and a small proportion (6.92%) perceive it as "somewhat higher," while almost none (0.69%) report it as "much higher." This distribution highlights the widespread perception of financial disadvantage within Roma communities, aligning with documented socio-economic marginalisation and structural barriers to stable, well-paid employment.

Table no. 24. Thinking of your monthly income, how would you rate it compared to the general population of the country you currently reside in?

Target group	Much lower	Somewhat lower	About the same	Somewhat higher	Much higher	Total
Roma	43.94%	26.30%	22.15%	6.92%	0.69%	100.00%
Immigrant	18.56%	22.68%	25.26%	20.62%	12.89%	100.00%
Refugee/Asylum Seeker	41.08%	23.24%	29.73%	5.41%	0.54%	100.00%

In the case of Refugees/Asylum Seekers, perceptions are similarly characterised by financial precarity, with 41.08% rating their income as "much lower" and 23.24% as "somewhat lower" than the general population. However, a slightly higher proportion (29.73%) consider their income to be "about the same," while very few perceive their income as "somewhat higher" (5.41%) or "much higher" (0.54%). These perceptions reflect the financial challenges that Refugees/Asylum Seekers face during the integration process, including difficulties in accessing stable employment and earning incomes comparable to host communities.

In contrast, Immigrants report a more positive perception of their income status, with only 18.56% rating their income as "much lower" and 22.68% as "somewhat lower." A quarter (25.26%) perceive their income as "about the same," while a notable proportion report higher incomes compared to the general population: 20.62% indicate their income is "somewhat higher," and 12.89% "much higher." These findings suggest that Immigrants are relatively better integrated into labour markets, benefiting from opportunities that allow a significant proportion to perceive themselves as financially secure or even advantaged within their host societies.

Overall, the results demonstrate clear differences in the perception of financial well-being among the groups studied. Roma and Refugee/Asylum Seeker participants predominantly perceive themselves as earning less than the general population, reflecting ongoing economic vulnerabilities and barriers to upward mobility. In contrast, the more balanced and optimistic perceptions among Immigrants suggest greater diversity in financial outcomes within this group and relatively better integration into the countries' economies.

These findings highlight the need for targeted interventions addressing economic disparities and labour market barriers for Roma and Refugee/Asylum Seeker groups to improve their financial security and overall integration within society. Addressing these disparities is essential for promoting equitable socio-economic participation and for reducing the subjective and objective financial insecurities faced by these populations.

Table no. 25 presents the subjective assessment of participants' skin tone compared to the general population. The largest proportion (42.9%) consider their skin tone to be about the same, while a notable share perceive themselves as somewhat darker (27.9%) or much darker (19.9%). Only a small minority view themselves as somewhat lighter (8.6%) or much lighter (0.09%). The high percentage of participants identifying as darker than the general population could suggest

experiences of racialization, particularly among Roma, immigrant, and refugee groups. This variable serves as a proxy for understanding how visible difference intersects with social treatment and access to opportunities.

Table no. 25. Subjective assessment of skin tone compared to the general population

Skin Tone Assessment	N	Percentage
About the same	300	42.90%
Somewhat darker	195	27.9-%
Much darker	139	19.90%
Somewhat lighter	60	8.60%
Much lighter	6	0.09%

Table 26 presents the distribution by target group of the participants' subjective perception of their skin tone compared to the general population of the countries in which they reside, offering insights into perceived phenotypical differences that may influence experiences of discrimination, identity, and social integration.

Table no. 26. Thinking of your skin tone, how would you rate it compared to the general population of the country you currently reside in?

Target group	Much darker	Somewhat darker	About the same	Much lighter	Somewhat lighter	Total
Roma	25.26%	31.06%	35.15%	0.68%	7.85%	100.00%
Immigrant	13.30%	27.06%	43.12%	1.83%	14.68%	100.00%
Refugee/Asylum Seeker	18.52%	24.34%	54.50%	0.00%	2.65%	100.00%

Among Roma participants, a substantial proportion perceive themselves as having a darker skin tone relative to the general population, with 25.26% reporting "much darker" and 31.06% "somewhat darker," totalling over half (56.32%) perceiving themselves as darker-skinned. Around one-third (35.15%) perceive their skin tone as "about the same," while smaller proportions report "somewhat lighter" (7.85%) and "much lighter" (0.68%). This perception aligns with the often phenotypical differentiation of Roma communities within European contexts, which may intersect with experiences of discrimination and social exclusion linked to visible minority status.

Immigrant participants report a more varied perception, with 13.30% indicating "much darker" and 27.06% "somewhat darker," totalling 40.36% perceiving themselves as darker than the general population. Notably, the highest proportion (43.12%) perceives their skin tone as "about the same," while a combined 16.51% perceive themselves as lighter-skinned (14.68% "somewhat lighter" and 1.83% "much lighter"). This distribution reflects the diversity within immigrant populations, who may come from a range of regions and backgrounds, leading to heterogeneous perceptions of skin tone in relation to the majority population in host countries.

For Refugees/Asylum Seekers, over half (54.50%) perceive their skin tone as "about the same," with 18.52% indicating "much darker" and 24.34% "somewhat darker," totalling 42.86% perceiving themselves as darker-skinned. Only a small proportion (2.65%) perceive themselves as "somewhat lighter," and none report "much lighter." This suggests that while many Refugees/Asylum Seekers may phenotypically resemble the host population, a significant proportion still perceive themselves as visibly different, which may impact their experiences of integration and exposure to discrimination.

Overall, the results highlight significant perceived differences in skin tone across groups, with Roma participants most likely to perceive themselves as darker-skinned relative to the general population, followed by Refugees/Asylum Seekers, while Immigrants display the most diverse perceptions, including the highest proportion perceiving their skin tone as "about the same." These perceptions are important, as skin tone can intersect with experiences of racialisation and discrimination within society, influencing individuals' sense of belonging, social inclusion, and exposure to prejudice.

Understanding these perceptions can inform anti-discrimination policies and social integration initiatives, recognising the role of visible minority status in shaping the lived experiences of Roma, Immigrant, and Refugee/Asylum Seeker populations. Addressing these dynamics is crucial in promoting equity, inclusion, and combating the compounded marginalisation that may arise from phenotypical differences within European and broader country contexts.

Table no. 27 presents the subjective assessment of participants' similarity in appearance and style (e.q. clothing style, haircut, jewelry, hair ornaments etc.) compared to the general population. The responses are relatively evenly distributed: 36.1% consider themselves somewhat different, 35.7% feel about the same, and 27.3% report feeling much more different.

Table no. 27. Subjective assessment of similarity in appearance and style compared to the general population

Appearance Assessment	N	Percentage
Somewhat different	253	36.10%
About the same	250	35.70%
Much more different	191	27.30%

This data reveals a noticeable sense of visual or stylistic distinction among a majority of respondents, with over 63% perceiving themselves as at least somewhat different. These perceptions may relate to cultural, ethnic, or socio-economic differences and could play a significant role in feelings of social inclusion or exclusion. Coupled with previous findings on skin tone (Table 25) and group identity (Table 21), these results suggest that physical appearance and cultural expression may be salient factors in shaping participants' experiences of belonging and social recognition.

Table 28 presents the distribution by target group of the participants' subjective perceptions of their appearance, style, and general look (including clothing, hairstyle, jewelry, and ornaments) in comparison to the general population of the countries they reside in. This dimension is relevant for understanding how visible cultural markers may influence integration, perceived difference, and potential exposure to discrimination.

Table no 28. Thinking of your usual look, appearance and style (e.q. clothing style, haircut, jewelry, hair ornaments etc.), how similar would you rate it compared to the general population of the country you currently reside in?

Target group	About the same (there are no differences)	Much more different (the differences are easily observable)	Somewhat different (there are differences, but they are not easily observable)	NR	Total
Roma	31.74%	31.74%	36.52%	0.00%	100.00%
Immigrant	37.61%	23.85%	36.24%	2.29%	100.00%
Refugee/Asylum Seeker	40.21%	23.81%	35.45%	0.53%	100.00%

Among Roma participants, perceptions are relatively evenly distributed, with 31.74% indicating that their appearance is "about the same" as the general population, 31.74% perceiving themselves as "much more different," and 36.52% reporting "somewhat different." This suggests that while some Roma individuals feel integrated in terms of appearance, a significant proportion perceive visible differences, which may reflect the maintenance of cultural markers (e.g., traditional clothing or hairstyles) or the perception of difference due to societal attitudes towards Roma appearance, regardless of actual style conformity.

For Immigrants, 37.61% perceive their appearance as "about the same," while 36.24% report "somewhat different" and a lower proportion (23.85%) feel "much more different." A small proportion (2.29%) did not respond. This distribution indicates that many immigrants feel their appearance is similar to that of the general population, suggesting a degree of adaptation or blending in, while still maintaining some cultural markers that may differentiate them, though often not in highly noticeable ways.

Among Refugees/Asylum Seekers, the highest proportion (40.21%) perceive their appearance as "about the same," while 35.45% report "somewhat different," and 23.81% indicate "much more different." These findings are similar to those of Immigrants, suggesting that many Refugees/Asylum Seekers may adopt appearance norms similar to the host society, possibly as a strategy for social integration or to avoid drawing attention, while still retaining some elements of cultural identity.

Overall, this shows that across all groups, the majority perceive their appearance as either similar or only somewhat different from the general population, with only around a quarter to a

third perceiving themselves as "much more different." However, Roma participants are the group most likely to perceive their appearance as highly different (31.74%), which may intersect with experiences of visibility and discrimination. Immigrants and Refugees/Asylum Seekers, while maintaining some cultural distinctiveness, more frequently perceive themselves as visually blending into host communities.

These perceptions of appearance and style are relevant as they can influence experiences of social inclusion or exclusion, with visible markers of difference potentially increasing vulnerability to discrimination or social distancing. At the same time, the presence of perceived similarities can facilitate a sense of belonging, while maintaining certain cultural elements can support identity preservation within the integration process.

These findings can inform culturally sensitive integration strategies, encouraging societies to value cultural diversity while addressing discrimination based on appearance and supporting individuals' freedom to express cultural identity without fear of marginalisation.

Table no. 29 presents the participants' experiences with different forms of discrimination during their lifetime.

Table no. 29. Reported forms of discrimination felt during their lifetime

Form of Discrimination	Rarely or not at all (%)	Moderately (sometimes) (%)	Very often (%)
Racial or ethnic	28.10%	43.31%	27.72%
Gender	61.42%	28.41%	10.03%
Sexual orientation	74.65%	18.52%	6.69%
Religion	61.42%	26.18%	12.26%
Age	68.94%	21.87%	9.05%
Other	19.22%	19.22%	8.22%

Racial or ethnic discrimination emerges as the most commonly experienced, with over 71% reporting it at least moderately (43.31% sometimes; 27.72% very often). This aligns with earlier findings on perceived difference in skin tone and appearance (Tables 11 and 12), and suggests that racialized identities are a significant axis of social exclusion in this sample.

Gender, religion, and age show lower levels of frequent discrimination, though they still affect a meaningful subset of participants. For example, 12.26% report religious discrimination very often, and 10.03% report frequent gender-based discrimination. In contrast, discrimination based on sexual orientation is the least reported, with nearly 75% experiencing it rarely or not at all.

Interestingly, the "Other" category shows a relatively high degree of ambiguity, with only a small portion (8.22%) reporting frequent discrimination but nearly 39% experiencing it at least occasionally. This may point to intersectional or context-specific forms of bias not captured by the standard categories, such as socioeconomic status or disability.

These data reinforce the broader picture of the sample as socially marginalized, with race/ethnicity standing out as the most salient and persistent source of discrimination.

Table 30 presents the distribution by target group of the participants' self-reported experience with racial and ethnic discrimination during their life-time.

Table 30. Please rate the extent to which you have been confronted with racial and ethnic discrimination during your lifetime

Target group	Rarely or not at all	Moderately	Very often	NR	Total
Roma	17.75%	46.76%	34.47%	1.02%	100.00%
Immigrants	49.08%	37.61%	13.30%	0.00%	100.00%
Refugees/Asylum seekers	20.11%	43.92%	35.45%	0.53%	100.00%

The findings reveal notable differences in the perceived frequency of racial and ethnic discrimination across the three target groups.

Among Roma respondents, a substantial proportion, 34.47%, report experiencing discrimination very often, with an additional 46.76% indicating that they encounter discrimination moderately. Only a small fraction of Roma, 17.75%, report rarely or not at all experiencing discrimination during their lifetime. This pattern highlights that for Roma individuals, discrimination is a pervasive and frequent aspect of daily life, suggesting entrenched societal and structural barriers that continue to impact this group disproportionately.

Similarly, refugees and asylum seekers report high frequencies of discrimination, with 35.45% indicating that they experience discrimination very often and 43.92% stating they face it moderately. Like the Roma, only around one-fifth of refugees and asylum seekers, specifically 20.11%, report rarely or never experiencing discrimination. These findings illustrate that refugees and asylum seekers, much like the Roma, are highly exposed to discrimination, indicating a shared vulnerability to exclusion and bias that may affect their integration and well-being.

In contrast, the experiences of immigrants show a different pattern. Nearly half of the immigrant respondents, 49.08%, report that they have rarely or not at all experienced discrimination during their lifetime, which is considerably higher than the corresponding figures for Roma and refugees/asylum seekers. Moreover, only 13.30% of immigrants report experiencing discrimination very often, while 37.61% indicate a moderate level of discrimination. This suggests that while discrimination is still present in the lives of immigrants, it is perceived as less frequent and pervasive compared to the experiences of Roma and refugees/asylum seekers.

Overall, the data indicates that both Roma and refugees/asylum seekers encounter racial and ethnic discrimination at significantly higher frequencies than immigrants, with around one-third of each group reporting that discrimination is a frequent reality in their lives. This stands in stark contrast to immigrants, for whom discrimination, while still a relevant issue, appears less frequently and is more often reported as a rare or moderate experience. These findings underline

the differentiated nature of discrimination within society, pointing to the particularly high vulnerability of Roma and refugees/asylum seekers to frequent discriminatory encounters, which can have substantial implications for their social participation, health outcomes, and integration trajectories within the broader community.

The data presented in Table 31 highlights the perceived frequency of gender discrimination among Roma, immigrants, and refugees/asylum seekers, revealing notable similarities and subtle differences across these groups.

Table 31. Please rate the extent to which you have been confronted with gender discrimination during your lifetime

Target Group	Rarely or not at all	Moderately	Very often	NR	Total
Roma	57.68%	30.38%	11.60%	0.34%	100.00%
Immigrants	64.22%	26.15%	9.63%	0.00%	100.00%
Refugees/Asylum seekers	62.43%	28.04%	8.99%	0.53%	100.00%

Among Roma respondents, 57.68% report that they have rarely or not at all experienced gender discrimination during their lifetime, while 30.38% indicate encountering it moderately, and 11.60% report experiencing it very often. Although a majority of Roma perceive gender discrimination as a rare occurrence, the proportion reporting frequent discrimination remains notable, indicating that gender-based inequalities persist within this group, albeit at a lower intensity compared to the previously discussed experiences of racial and ethnic discrimination.

For immigrants, the data shows a slightly higher perception of safety from gender discrimination, with 64.22% stating they have rarely or not at all experienced such discrimination, the highest proportion among the three groups. Meanwhile, 26.15% report experiencing gender discrimination moderately, and only 9.63% state that they face it very often. This suggests that immigrants perceive gender discrimination as less prevalent in their lives compared to Roma, with fewer reporting frequent discriminatory experiences based on gender.

Refugees and asylum seekers reflect a pattern similar to immigrants, with 62.43% reporting that they rarely or not at all experience gender discrimination and 28.04% indicating moderate experiences of discrimination. The proportion reporting very frequent gender discrimination is the lowest among the three groups, standing at 8.99%. This indicates that while gender discrimination is not entirely absent, it is perceived as relatively limited among refugees and asylum seekers, particularly in comparison to the high levels of racial and ethnic discrimination they report.

Overall, the data reveals that gender discrimination, while present, is perceived as less frequent across all three groups when compared to racial and ethnic discrimination. The majority in each group reports rarely or not at all experiencing gender discrimination, with Roma showing a slightly higher proportion reporting frequent experiences than immigrants and refugees/asylum seekers. These findings suggest that while gender discrimination continues to be a relevant issue, it may not constitute as pervasive a barrier in the daily lives of these groups as racial and ethnic

discrimination does, potentially reflecting the intersection of gender with other vulnerabilities, as well as the societal context in which these individuals live.

Table 32 explores the perceived frequency of gender discrimination during the lifetime of respondents, disaggregated by sex (female, male, other). The findings reveal a clear gendered pattern in the experience of discrimination, indicating that gender remains a significant axis of inequality within the sample.

Table 32. Please rate the extent to which you have been confronted with gender discrimination during your lifetime

Sex	Rarely or not at all	Moderately	Very often	NR	Total
Female	52.33%	33.43%	13.95%	0.29%	100.00%
Male	68.86%	24.00%	6.86%	0.29%	100.00%
Other	75.00%	25.00%	0.00%	0.00%	100.00%
NR	100.00%	0.00%	0.00%	0.00%	100.00%

Among female respondents, just over half (52.33%) report that they have rarely or not at all experienced gender discrimination, while 33.43% indicate experiencing it moderately, and 13.95% report experiencing it very often. These figures highlight that nearly half of the female respondents have experienced gender discrimination to some degree, with a notable proportion, nearly 14%, indicating frequent encounters. This demonstrates that gender discrimination is a significant reality for many women, reflecting persistent gender-based inequalities and barriers within their social environments.

In contrast, male respondents report substantially lower levels of perceived gender discrimination. A large majority, 68.86%, state that they rarely or not at all experience gender discrimination, while 24.00% report moderate experiences, and only 6.86% report experiencing it very often. This indicates that while some men do encounter gender discrimination, it is significantly less prevalent and less frequently experienced among men compared to women within the sample.

Respondents identifying as "other" regarding their sex report the highest level of rarely or not at all experiencing gender discrimination (75.00%), while 25.00% report moderate experiences and none report experiencing it very often. Although the absence of reported frequent discrimination among this group might initially suggest lower exposure, it may also reflect the small sample size typically associated with this category in surveys or underreporting due to the invisibility of non-binary and gender-diverse experiences in some contexts. Nonetheless, the presence of moderate experiences indicates that gender discrimination is not absent for individuals in this group.

Overall, the data clearly show that gender discrimination is experienced differently depending on respondents' sex, with women reporting higher levels of frequent and moderate gender discrimination compared to men, and those identifying as "other" reporting lower but still notable moderate experiences. These findings highlight the gendered nature of discrimination,

where women are disproportionately affected, aligning with broader evidence of gender inequalities that persist across different contexts. Additionally, the data call for nuanced attention to the experiences of those identifying outside the binary, acknowledging that while they may not always report frequent discrimination, their experiences of moderate discrimination should not be overlooked in discussions on gender equality.

The results from Table 33 illustrate the perceived frequency of discrimination based on sexual orientation among Roma, immigrants, and refugees/asylum seekers, showing that such discrimination is reported considerably less frequently than racial, ethnic, or even gender discrimination across these groups.

Table 33. Please rate the extent to which you have been confronted with sexual orientation discrimination during your lifetime

Target group	Rarely or not at all	Moderately	Very often	NR	Total
Roma	70.99%	21.50%	7.17%	0.34%	100.00%
Immigrants	72.48%	17.89%	9.63%	0.00%	100.00%
Refugees/Asylum seekers	80.95%	15.34%	3.17%	0.53%	100.00%

Among Roma respondents, 70.99% report that they have rarely or not at all experienced discrimination based on sexual orientation, while 21.50% indicate that they have experienced it moderately, and only 7.17% report experiencing it very often. This pattern suggests that for the majority of Roma, discrimination based on sexual orientation does not constitute a frequent challenge in their lives, though a notable minority still report moderate experiences of such discrimination.

For immigrants, the findings are similar, with 72.48% reporting rarely or not at all experiencing discrimination related to sexual orientation, 17.89% indicating moderate experiences, and 9.63% stating that they experience it very often. Interestingly, while the proportion of immigrants reporting very frequent discrimination is slightly higher than among the Roma, the majority still perceive this form of discrimination as largely absent or infrequent in their lives.

Refugees and asylum seekers report the highest proportion of respondents indicating that they rarely or not at all experience discrimination based on sexual orientation, at 80.95%. Meanwhile, 15.34% report experiencing it moderately, and only 3.17% state that they experience it very often, the lowest among the three groups. This suggests that refugees and asylum seekers perceive sexual orientation discrimination as largely absent from their daily experiences, or it may reflect underreporting linked to fear, cultural contexts, or invisibility of sexual orientation within this group.

Overall, the findings across all three groups indicate that discrimination based on sexual orientation is perceived as considerably less frequent than racial, ethnic, or gender discrimination, with the majority in each group reporting that they rarely or not at all face such discrimination.

Refugees and asylum seekers report the lowest levels of frequent experiences with this type of discrimination, while Roma and immigrants report slightly higher but still relatively low levels. These findings may point to the different visibility and disclosure patterns of sexual orientation within these groups or the lower salience of sexual orientation as a source of discrimination compared to other identities in their daily lives. This could also reflect the intersectional invisibility of sexual orientation within migrant and minority contexts, which may warrant further qualitative exploration to understand the nuanced realities behind these quantitative patterns.

Table 34 presents the perceived frequency of religious discrimination among Roma, immigrants, and refugees/asylum seekers, showing a pattern that situates this form of discrimination as more prevalent than sexual orientation discrimination while generally less frequent than racial and ethnic discrimination in the lives of these groups.

Table 34. Please rate the extent to which you have been confronted with religious discrimination during your lifetime

Target Group	Rarely or not at all	Moderately	Very often	NR	Total
Roma	63.14%	26.96%	9.56%	0.34%	100.00%
Immigrants	58.72%	28.44%	12.84%	0.00%	100.00%
Refugees/Asylum seekers	60.85%	23.28%	15.87%	0.00%	100.00%

Among Roma respondents, 63.14% report that they have rarely or not at all experienced discrimination based on religion during their lifetime, while 26.96% indicate experiencing it moderately, and 9.56% report experiencing it very often. This suggests that while the majority of Roma perceive religious discrimination as largely absent in their lives, nearly one in ten report frequent exposure to such discrimination, pointing to its continued relevance as a barrier for a segment of this group.

Immigrants, in comparison, report slightly lower rates of rarely or not at all experiencing religious discrimination, with 58.72% indicating this response, while 28.44% state that they have experienced it moderately, and 12.84% report experiencing it very often. The proportion of immigrants reporting frequent religious discrimination is higher than that reported by Roma, suggesting that religious identity may constitute a more visible or contested aspect of immigrants' identities, potentially influencing their integration experiences within the society.

Among refugees and asylum seekers, 60.85% report rarely or not at all experiencing religious discrimination, which is comparable to the Roma and immigrant groups, while 23.28% report moderate experiences, and 15.87% report experiencing religious discrimination very often. This represents the highest proportion reporting frequent religious discrimination among the three groups, indicating that religion may be a particularly salient marker of difference and exclusion for refugees and asylum seekers within the context of resettlement and integration processes.

Taken together, these findings show that while the majority of respondents across all three groups do not perceive religious discrimination as a frequent occurrence in their lives, a

considerable minority, particularly among immigrants and refugees/asylum seekers, do report experiencing it moderately to very often. Refugees and asylum seekers appear to face religious discrimination most frequently, followed by immigrants and then Roma. This pattern may reflect the intersections of religious identity with migrant status and visibility of religious practices, making religion a potential axis of discrimination for those perceived as religiously "other" within the host society. These findings point to the need for further exploration of how religious identity interacts with other social identities to shape the discrimination experiences of these groups, informing targeted anti-discrimination measures within integration policies and community support initiatives.

Table 35 examines the perceived frequency of age discrimination among Roma, immigrants, and refugees/asylum seekers, revealing that while age discrimination is present across these groups, it is generally perceived as infrequent by the majority of respondents.

Table no. 35. Please rate the extent to which you have been confronted with age discrimination during your lifetime

Target group	Rarely or not at all	Moderately	Very often	NR	Total
Roma	67.58%	22.87%	9.22%	0.34%	100.00%
Immigrants	67.89%	22.02%	10.09%	0.00%	100.00%
Refugees/Asylum seekers	69.84%	22.22%	7.41%	0.53%	100.00%

Among Roma participants, 67.58% report that they have rarely or not at all experienced discrimination based on age during their lifetime, while 22.87% indicate experiencing it moderately, and 9.22% report experiencing it very often. This suggests that although a notable minority of Roma experience age discrimination, for most, it does not constitute a frequent barrier in their daily lives.

Immigrants report a very similar pattern, with 67.89% indicating that they rarely or not at all experience age discrimination, 22.02% reporting moderate experiences, and 10.09% stating that they face it very often. The proportion reporting frequent age discrimination among immigrants is slightly higher than that among Roma, indicating that age may be a visible source of discrimination for a small but relevant segment within the immigrant population.

Refugees and asylum seekers report the highest percentage of rarely or not at all experiencing age discrimination, with 69.84% indicating this, while 22.22% report experiencing it moderately, and 7.41% state that they experience it very often, the lowest proportion among the three groups for frequent experiences of age discrimination. This suggests that while age discrimination does affect some refugees and asylum seekers, it is perceived as the least frequent discrimination type within this group compared to other forms previously discussed.

Overall, the findings across these groups indicate that age discrimination is generally less frequently reported than racial and ethnic discrimination but is slightly more frequently reported than discrimination based on sexual orientation. The majority of respondents across Roma,

immigrant, and refugee/asylum seeker groups report that they rarely or not at all experience age discrimination, with moderate experiences being noted by approximately one-fifth of each group, and around 7–10% reporting frequent encounters with such discrimination. These results suggest that while age can intersect with other vulnerabilities to shape discrimination experiences, it may not be the most salient axis of exclusion for these populations, although it remains an area of concern for a minority who experience it persistently.

4.1.2. Aspects regarding the impact of discrimination on the wellbeing of participants at the study

Based on the theoretical frameworks presented in section 3.1, we formulated the main hypothesis that drove the analysis of the relationship between the main variables of the study:

Discrimination affects well-being by negatively impacting individuals' image of the world and their place in the world.

The first step, prior to conducting the actual statistical analyses, involved preparing the database. This process included defining and coding the variables (e.g., transforming words into numerical values such as *male = 2* and *female = 1*, and selecting the appropriate scale type— ordinal, nominal, scale, etc.). Subsequently, item recoding and reverse scoring were performed where necessary. Finally, composite scores for the subscales and overall scales were calculated.

A second preliminary step involved calculating Cronbach's alpha to assess the internal consistency of each subscale/scale. The coefficients for these scales are presented in Appendix 1. For a scale to be considered reliable and suitable for further analysis, the Cronbach's alpha coefficient needed to be at least .70.

Consequently, all subscales/scales that did not meet this criterion were excluded from the statistical analyses.

Table 36 lists all the (sub)scales included in the questionnaire and the final decision regarding their inclusion in/ exclusion from the statistical analysis.

Table no. 36. Measurements used and final decision regarding their regarding their inclusion in/ exclusion from the statistical analysis Cronbach's alpha values

Measurments	Subscales (if the case)	Cronbach's alpha coefficient	Decision on inclusion in / exclusion from statistical analysis
Perceived Ethnic Discrimination Questionnaire	Disvaluing action	$\alpha = .92$	Included
	Threat	$\alpha = .89$	Included
	Aggression	$\alpha = .91$	Included
	Verbal rejection	$\alpha = .91$	Included
	Avoidance	$\alpha = .92$	Included

Benevolence of the world		α = .80	Included
Benevolence of people		α = .23	Excluded
Justice		α = .65	Excluded
Controllability		α = .81	Included
Social connectedness		α = .88	Included
Internalization of Discrimination		α = .94	Included
Self-worth		α = .63	Excluded
Self-controllability		α = .79	Included
Satisfaction with life		α = .91	Included
Mental health Inventory		α = .66	Excluded
Depression		α = .89	Included
Anxiety		α = .88	Included
Trauma Symptoms of Discrimination Scale	Uncontrollable distress and hyperarousal	α = .92	Included
	Alienation from others	α = .90	Included
	Worry about safety and the future	α = .85	Included
	Being keyed up and on guard	α = .70	Included

Table no. 37. Descriptive statistics for the psychological variables included in the study

Variable	Mean	Std. Deviation
Disvaluing action	2.27	1.34
Threat	1.98	1.41
Aggression	2.06	1.42
Verbal rejection	2.57	1.63
Avoidance	2.30	1.50
PEDQ_total	2.24	1.30
Benevolence of the world	2.91	1.09
Controllability	2.79	1.05
Social connectedness	3.81	.80
Internalization of Discrimination	3.50	1.72
Self-controllability	2.57	1.00
The Satisfaction With Life	3.44	1.59
Depression	2.01	0.74
Anxiety	1.91	0.73
Uncontrollable distress and hyperarousal	2.16	0.80

Alienation from others	2.30	0.84
Worry about safety and the future	2.37	0.81
Being keyed up and on guard	2.34	0.87

Considering all these aspects, we proceeded to test the hypothesis. The data were analyzed using structural equation modeling (SEM) with the lavaan package (Rosseel, 2012) in RStudio (2019). All variables exhibited normal distributions based on the criteria outlined by Kim (2013). Therefore, structural models were tested.

To evaluate model fit, we computed three absolute fit indices: the chi-square statistic, root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR). Additionally, two relative fit indices were calculated: the Tucker-Lewis Index (TLI) and the comparative fit index (CFI). The threshold values indicating good model fit were as follows: RMSEA < 0.06, CFI and TLI > 0.95, and SRMR < 0.08 (Hu & Bentler, 1999).

Tabel no. 38. Matrix of Pearson Correlations Among Study Variables (N = 700)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Disvaluing action	—	.77**	.77**	.69**	.75**	.09*	.09*	-.26**	.17**	.37**	-.20**	.47**	.45**	.43**	.38**	.36**	.34**
2. Threat		—	.86**	.65**	.70**	.02	.03	-.22**	.10*	.25**	-.12**	.38**	.35**	.37**	.27**	.30**	.28**
3. Aggression			—	.72**	.75**	.05	.07	-.22**	.15**	.26**	-.14**	.39**	.39**	.38**	.27**	.29**	.28**
4. Verbal rejection				—	.78**	.14**	.15**	-.18**	.17**	.39**	-.10**	.42**	.40**	.36**	.32**	.35**	.29**
5. Avoidance					—	.05	.07	-.24**	.14**	.39**	-.21**	.46**	.42**	.45**	.37**	.38**	.33**
6. Benevolence of the world						—	.65**	.03	.59**	.24**	.05	.12**	.05	.05	.12**	.17**	.07
7. Controllability							—	.07	.66**	.16**	.09*	.11**	.08*	.10**	.13**	.19**	.07
8. Social connectedness								—	-.08*	-.14**	.32**	-.32**	-.28**	-.31**	-.33**	-.24**	-.22**
9. Self-controllability									—	.14**	.02	.21**	.15**	.09*	.13**	.15**	.06
10. Internalization of Discrimination										—	-.29**	.34**	.24**	.43**	.47**	.47**	.38**
11. Satisfaction With Life											—	-.28**	-.18**	-.26**	-.26**	-.24**	-.18**
12. Depression												—	.84**	.57**	.57**	.58**	.45**
13. Anxiety													—	.53**	.49**	.54**	.44**
14. Uncontrollable distress and hyperarousal														—	.86**	.81**	.77**
15. Alienation from others															—	.81**	.72**
16. Worry about safety and the future																—	.70**
17. Being keyed up and on guard																	—

Note. *p < .05; **p < .01

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Table no. 39. Intercorrelations Among Latent Variables

Latent Variables	1	2	3	4	5	6
1. PEDQ	—	.09*	.28**	-.17**	.48**	.41**
2. Image of the World		—	.52**	.07	.10**	.13**
3. Place in the World			—	-.10**	.21**	.33**
4. Satisfaction With Life				—	-.24**	-.25**
5. DASS					—	.59**
6. Trauma Symptoms of Discrimination						—

Results regarding the mediating role of Image of the World

The first model (see Figure 1) aimed to test the mediating role of Image of the World—a latent variable composed of the subscale scores of *Benevolence of the World* and *Controllability*—in the relationship between the Perceived Ethnic Discrimination Questionnaire (PEDQ) and well-being.

In this model, the independent variable PEDQ was operationalized as a latent variable comprising its five subscales: *Disvaluing Action*, *Threat*, *Aggression*, *Verbal Rejection*, and *Avoidance*. Meanwhile, well-being referred to three dependent variables:

- **Satisfaction with Life:** A latent variable formed from the five items of the Satisfaction with Life Scale (SWLS).

- **Depression Anxiety Scale:** A latent variable constructed from the scores of its two subscales, *Depression* and *Anxiety*.

- **Trauma Symptoms of Discrimination:** A latent variable composed of the scores from its four subscales.

In other words, in this model, we proposed that the experience of discrimination negatively impacts the youngsters' wellbeing, in the following ways:

- Decreases their level of satisfaction with life;

- Increases their levels of depression and anxiety;

- Produces trauma-like symptoms, resulted from direct exposure to discrimination.

However, the proposed mediating role of the Image of the World in this process stipulates that discrimination impacts well-being, but not necessarily directly. Instead, the effect occurs *through* a change in how individuals perceive the world—specifically, their belief that the world is benevolent and controllable. Therefore, in this model, we propose that discrimination undermines people's sense that the world is fair, safe, and predictable. In turn, this diminished worldview leads to lower well-being.

Therefore, we propose that experiences of discrimination may erode beliefs that the world is a fair and manageable place, which in turn diminishes psychological well-being in terms of reduced satisfaction with life and increased anxiety, depression and discrimination-related trauma. In this model, the individual's worldview serves as the mechanism through which discrimination impacts well-being.

Table no. 40. Standardized Factor Loadings and Standard Errors for the Measurement Model of "The Mediating Role of Image of the World"

Latent Factor	Indicator	Std. Loading (Std.all)	SE
Perceived Ethnic Discrimination Questionnaire (PEDQ)	Disvaluing	.86	—
	Threat	.88	.03
	Aggression	.91	.03
	Verbal rejection	.80	.04
	Avoidance	.84	.03
Image of the World (IMG_WORLD)	Benevolence of the world	.70	—
	Controllability	.92	.24
Satisfaction With Life Scale (SWLS)	Q1.1	.79	—
	Q1.2	.88	.04
	Q1.3	.89	.04
	Q1.4	.82	.04
	Q1.5	.76	.04
Depression and Anxiety Scale (DASS)	Depression	.96	—
	Anxiety	.87	.03
Trauma Symptoms of Discrimination Scale (TSDS)	Uncontrollable distress and hyperarousal	.94	—
	Alienation	.91	.02
	Worry about the future	.87	.02
	Being keyed up/on guard	.80	.03

Note. All factor loadings were significant at p < .001.

Table no. 41. Direct and indirect effects of perceived ethnic discrimination on Satisfaction with life, Depression/Anxiety, and Trauma symptoms of discrimination through the mediating effect of Image of the World

Outcome	Effect Type	Estimate	SE	95% CI	Interpretation
SWLS	Direct	–.24	.04	[–.33, –.14]	Significant negative effect
	Indirect (total)	.01	.007	[–.002, +.02]	Non-significant
	Total	–.22	.04	[–.32, –.13]	Significant overall effect
DASS	Direct	.30	.02	[+.26, +.35]	Significant positive effect
	Indirect (total)	.005	.003	[–.001, +.01]	Non-significant
	Total	.31	.02	[+.26, 0.35]	Significant overall effect
TSDS	Direct	.28	.02	[+.23, +.32]	Significant positive effect
	Indirect (total)	.00	.004	[–.001, +.01]	Non-significant
	Total	.28	.02	[+.23, +.33]	Significant overall effect

The statistical analyses (see Figure 2 and Tables 40 and 41) revealed that, indeed, PEDQ was negatively associated with Satisfaction with Life ($\beta = -.20$, $p < .001$) and positively associated with the Depression Anxiety Scale ($\beta = .49$, $p < .001$), Trauma Symptoms of Discrimination ($\beta = .43$, $p < .001$), and Image of the World ($\beta = .49$, $p < .05$).

Moreover, Image of the World was positively associated with Satisfaction with Life ($\beta = .11$, $p < .01$).

However, two other positive associations raised our concerns regarding the validity of the model: one with the Depression Anxiety Scale ($\beta = .08$, $p < .05$), and the other with Trauma Symptoms of Discrimination ($\beta = .10$, $p < .01$). Therefore, the relationships between these variables were not as presumed.

Moreover, the statistical analyses indicated that Image of the World did not mediate the relationship between:

- **PEDQ** and **Satisfaction with Life** (indirect effect = .01, p = .092, 95% CI [-.002, .02])

- **PEDQ** and the **Depression Anxiety Scale** (indirect effect = .008, p = .115, 95% CI [-.001, .11])

- **PEDQ** and **Trauma Symptoms of Discrimination** (indirect effect = .01, p = .085, 95% CI [-.001, .13])

Thus, regarding the first model, while the statistical analyses showed that the relationship between discrimination (PEDQ) and the other variables was as expected, namely there is a negative association with Satisfaction with Life and a positive one with the Depression Anxiety Scale, and

the Trauma Symptoms of Discrimination, the variable Image of the World did not work as expected, by mediating the relationship between them.

Results regarding the mediating role of Place in the World

Next, we tested the second model (see Figure 3), which aimed to examine whether Place in the World mediates the relationship between PEDQ and well-being. In this model, Place in the World was defined as a latent variable composed of the subscale scores of *Social Connectedness*, *Self-Controllability*, and *Internalization of Discrimination*. The independent variable, PEDQ, and the dependent variable, well-being, were constructed in the same way as in the first model, using their respective subscales.

It is important to note that the items of the Self-Controllability and Internalization of Discrimination scales were recoded to ensure that higher scores consistently indicated positive outcomes. Specifically, for Self-Controllability, higher scores reflected greater self-control, while for Internalization of Discrimination, higher scores indicated a lower degree of internalized discrimination. These recoding was necessary because Social Connectedness is a variable in which higher scores denote stronger social connectedness. Given that all three subscales loaded onto the same latent factor, it was essential that their scoring directions aligned to ensure conceptual coherence within the latent construct.

Thus, as in the previous model, in this model also, we proposed that the experience of discrimination negatively impacts the youngsters' wellbeing, in the following ways:

- Decreases their level of satisfaction with life;

- Increases their levels of depression and anxiety;

- Produces trauma-like symptoms, resulted from direct exposure to discrimination.

This model proposes that discrimination affects well-being, but this relationship is not entirely direct. Instead, it operates *through* individuals' perceived place in the world—a multidimensional construct that includes:

- Social connectedness (feeling included and supported by others)

- Self-controllability (belief in one's ability to influence life circumstances)

- Internalization of discrimination (the extent to which individuals absorb negative societal messages about their identity)

Thus, the model hypothesizes that the relationship between discrimination and well-being is mediated by individuals' perceived place in the world. Specifically, discriminatory experiences are expected to erode feelings of social connectedness, diminish one's sense of control over life circumstances, and increase the internalization of negative societal views. Together, these changes in perceived place in the world serve as the mechanism through which discrimination exerts its

negative impact on well-being. This mediation model allows for a deeper understanding of how external social exclusion translates into internal psychological harm.

In simple terms, this model looks at whether feeling disconnected and powerless because of discrimination is the real reason why people experience lower life satisfaction and higher anxiety, depression, and trauma symptoms.

Table no. 42. Standardized Factor Loadings and Standard Errors for the Measurement Model of "The Mediating Role of Place in the World"

Latent Factor	Indicator	Std. Loading (Std.all)	SE
Perceived Ethnic Discrimination Questionnaire (PEDQ)	Disvaluing	.86	—
	Threat	.88	.03
	Aggression	.91	.03
	Verbal rejection	.80	.04
	Avoidance	.85	.03
Place in the World (PLACE_WORLD)	Social Connectedness	.43	—
	Self-controllability	.18	.12
	ERSI Revised	.55	.29
Satisfaction With Life Scale (SWLS)	Q1.1	.79	—
	Q1.2	.88	.04
	Q1.3	.89	.04
	Q1.4	.82	.04
	Q1.5	.76	.04
Depression and Anxiety Scale (DASS)	Depression	.97	—
	Anxiety	.85	.03
Trauma Symptoms of Discrimination Scale (TSDS)	Uncontrollable distress and hyperarousal	.94	—
	Alienation	.92	.02
	Worry about the future	.87	.02
	Being keyed up/on guard	.80	.03

Note. All factor loadings were significant at $p < .001$.

Table no. 43. Indirect effects of perceived ethnic discrimination on Satisfaction with life, Depression/Anxiety, and Trauma symptoms of discrimination through the mediating effect of Image of the World

Outcome	Effect Type	Estimate	SE	95% CI	Interpretation
SWLS	Indirect (total)	–.33	.04	[–.41, –.25]	Significant negative mediation
DASS	Indirect (total)	.27	.02	[+.23, +.31]	Significant positive mediation
TSDS	Indirect (total)	.30	.02	[+.25, +.34]	Significant positive mediation

The results of the statistical analysis (see Figure 4 and Tables 42 and 43) indicated that the direct effects of PEDQ on Satisfaction with Life ($\beta = .97$, $p = .081$), the Depression Anxiety Scale ($\beta = -.38$, $p = .368$), and Trauma Symptoms of Discrimination ($\beta = -.90$, $p = .154$) were non-significant. Given these results, an alternative model was tested, excluding the direct effects, to determine whether Place in the World fully mediates the relationship between PEDQ and the three well-being variables.

The results showed that PEDQ was negatively associated with Place in the World ($\beta = -.57$, $p < .001$). In turn, Place in the World was positively associated with Satisfaction with Life ($\beta = .48$, $p < .001$) and negatively associated with both the Depression Anxiety Scale ($\beta = -.75$, $p < .001$) and Trauma Symptoms of Discrimination ($\beta = -.80$, $p < .001$).

Moreover, the results supported the hypothesis that Place in the World fully mediates the relationship between:

- PEDQ and Satisfaction with Life (indirect effect = -.28, 95% CI [-.41, -.25])

- PEDQ and the Depression Anxiety Scale (indirect effect = .43, 95% CI [.23, .31])

- PEDQ and Trauma Symptoms of Discrimination (indirect effect = .46, 95% CI [.25, .34])

Figure 1

The mediating role of Image of the World
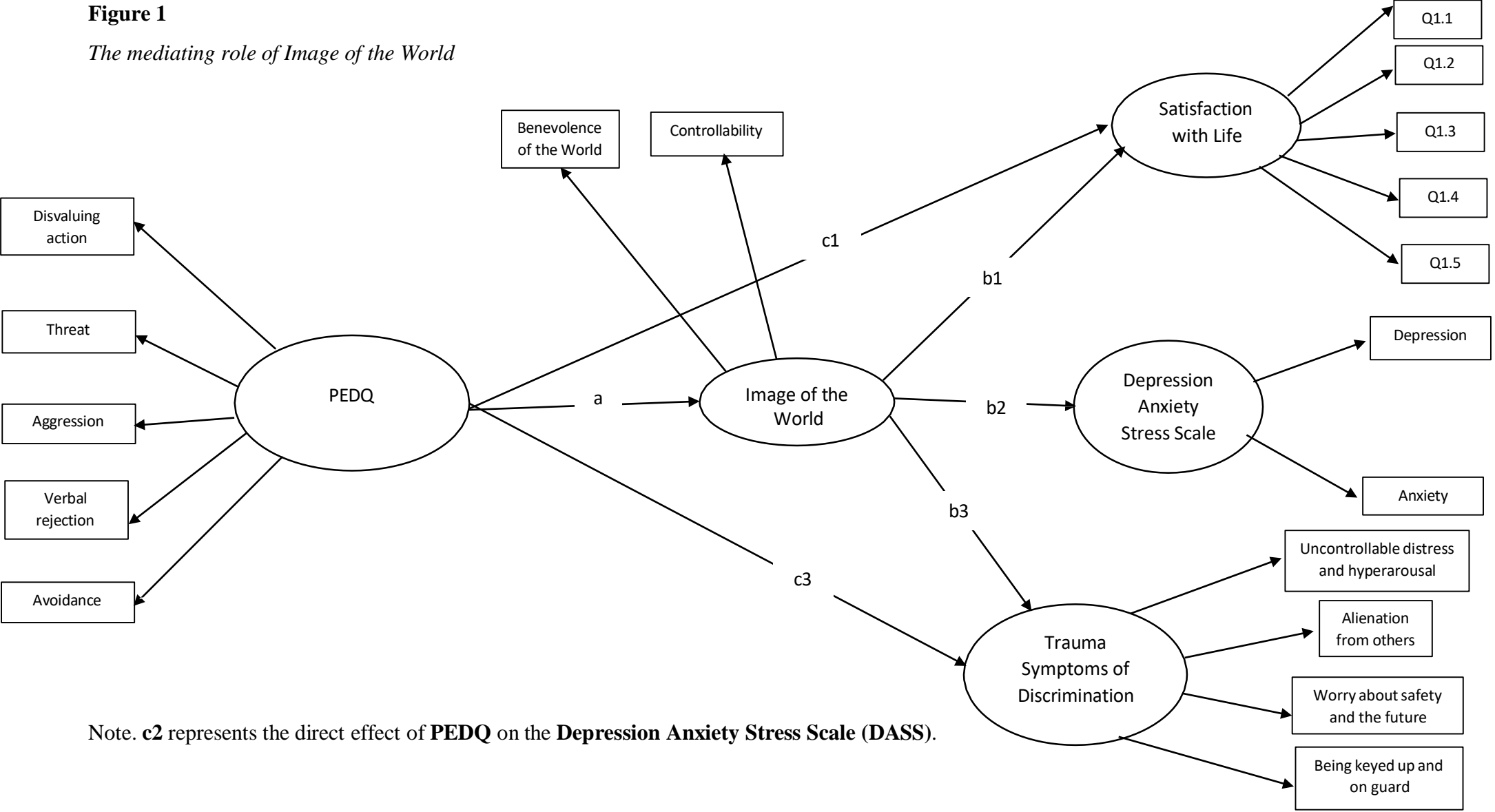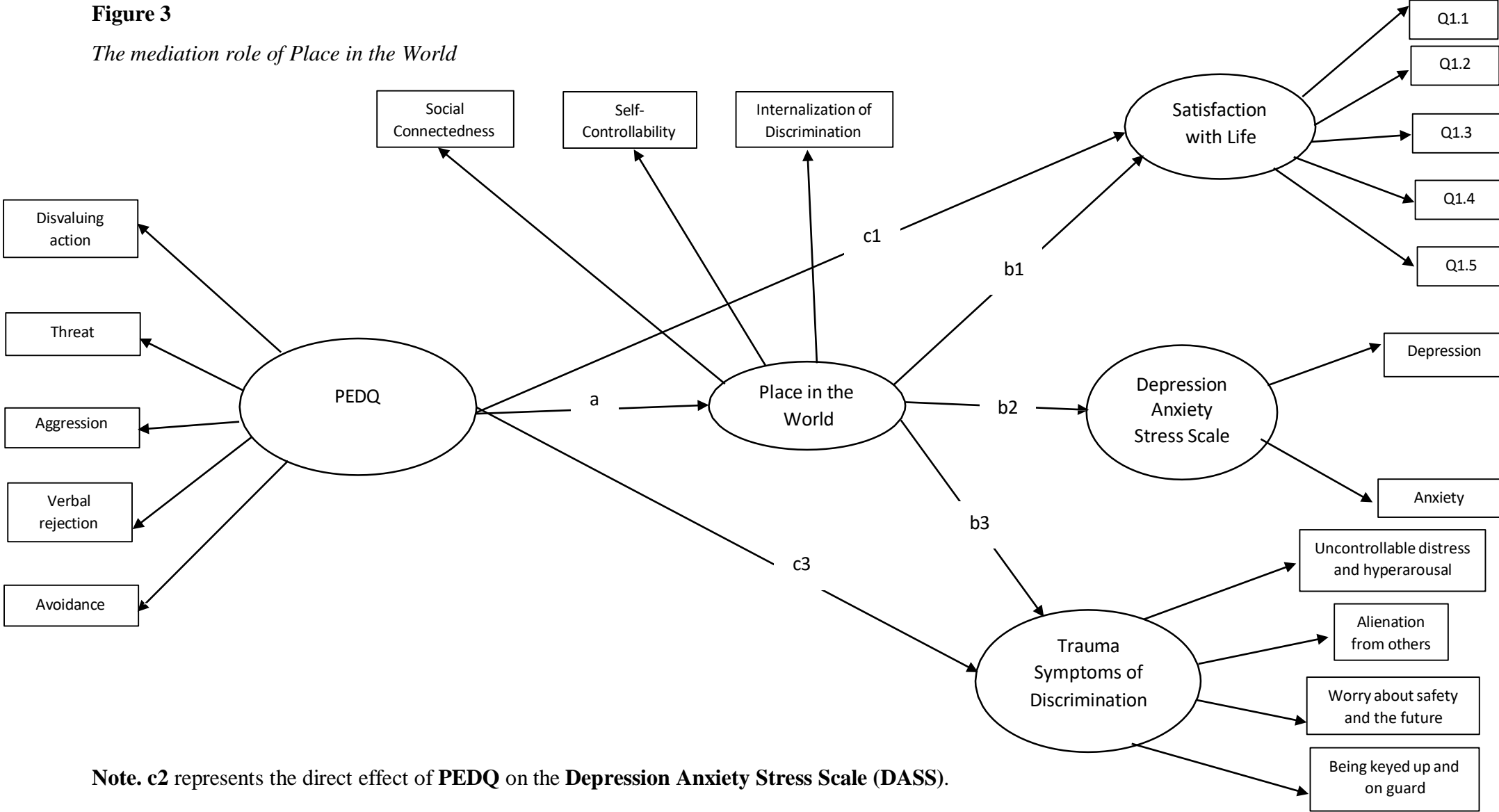

Note. **c2** represents the direct effect of **PEDQ** on the **Depression Anxiety Stress Scale (DASS)**.
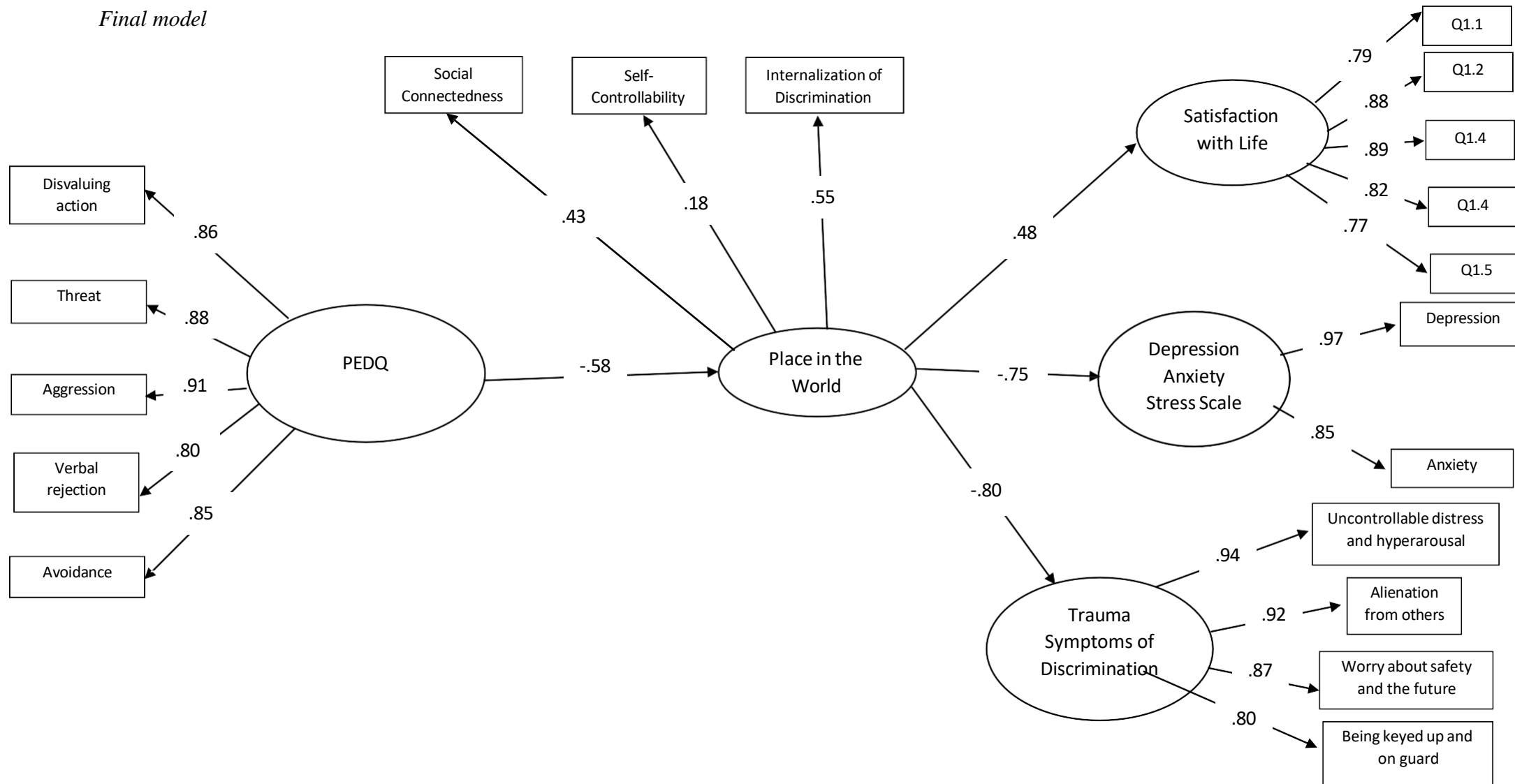
Figure 2
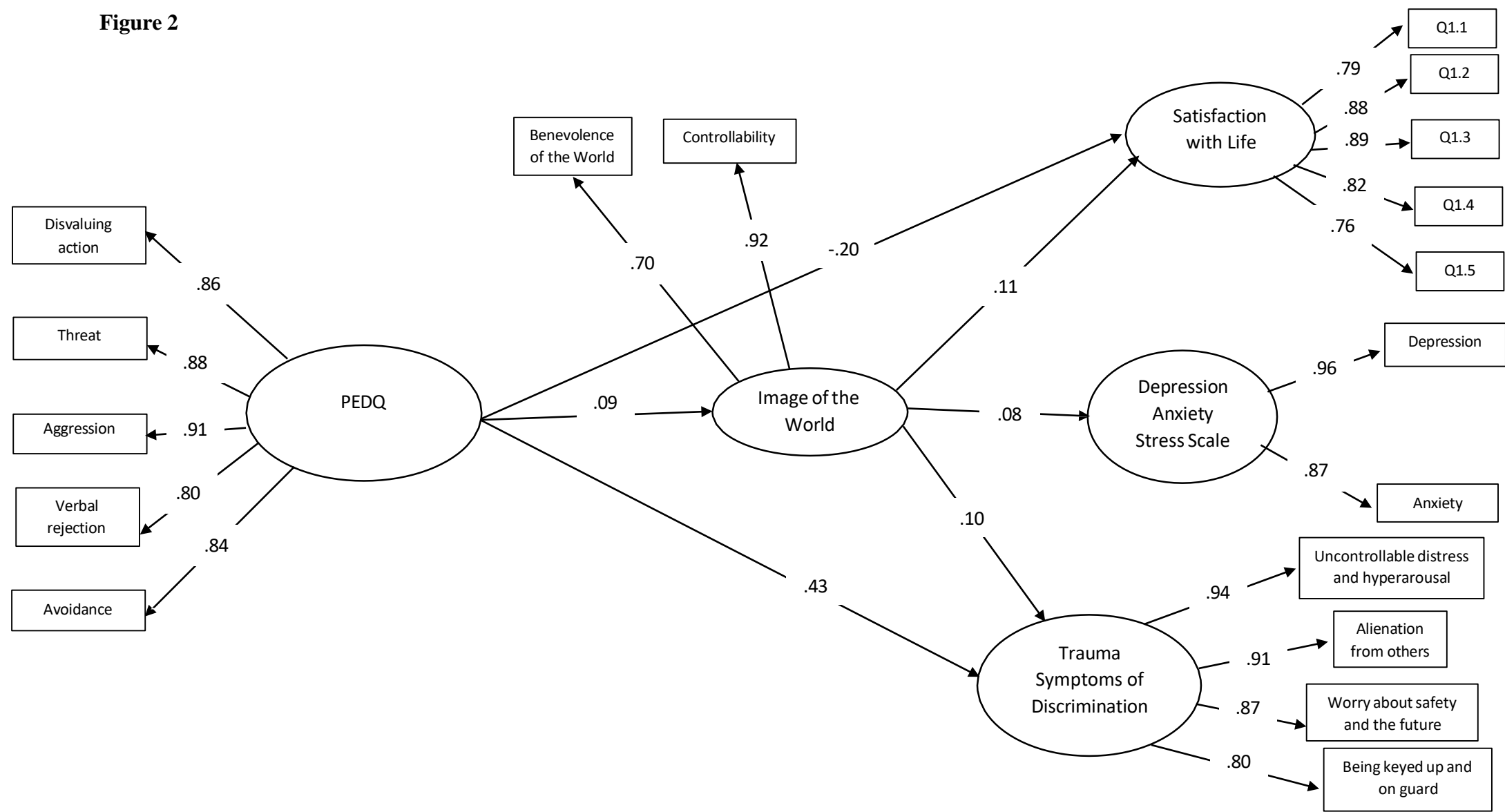
Figure 3

The mediation role of Place in the World

Note. c2 represents the direct effect of **PEDQ** on the **Depression Anxiety Stress Scale (DASS)**.

Figure 4

Final model

In simpler terms, the results of the SEM analysis show that:

Among the young people participating at the study, experiencing a higher level of discrimination (things like being treated as "less than", threatened, verbally rejected, avoided, or facing aggression) went hand in hand with lower levels of well-being (lower life satisfaction, more emotional distress, and more stress reactions that look like trauma resulted from discrimination).

We tested two explanations for why discrimination links to these outcomes:

1) The first of them proposed that discrimination changes how people see the world (Hypothesis „Discrimination affects well-being by negatively impacting individuals' image of the world").

The idea here was that discrimination might make people feel the world is less good, less fair, and less predictable and this perception of the world would then harm well-being. But this explanation did not hold up statistically. In other words, the data did not support the idea that discrimination harms well-being mainly by shifting people's beliefs that the world is benevolent/controllable. The model also produced some unexpected directions, which further suggested this was not the main mechanism in our sample.

2) The second one proposed that discrimination changes how people feel they fit in the world (Hypothesis „Discrimination affects well-being by negatively impacting individuals' place in the world").

This second pathway worked much better. In simple terms, the data suggest that discrimination hurts well-being mostly because it chips away at someone's sense of having a secure place in life. Thus, more discrimination translates into a weaker sense of place in the world (less connected, less agentic, more internal impact), and this weakened "place" strongly predicted lower life satisfaction and higher depression/anxiety and trauma symptoms.

So, the takeaway is that, in the current study, discrimination wasn't mainly harming well-being by changing people's big-picture beliefs about whether the world is good/manageable. It was mainly harming well-being by making people feel less socially rooted, less personally in control, and more personally affected by stigma and that shift in their "place in the world" is what showed up as lower life satisfaction and higher distress/trauma-type symptoms.

4.1.3. Limitations of the quantitative study

Our study combined knowledge of the associations of discrimination-related stress with wellbeing, within 3 theoretical frameworks that have strong support with vulnerable populations (Lei et al., 2022; Ünsal, Demetrovics, & Reinhardt, 2025; Williams, Printz, & DeLapp, 2018; Borho et al., 2020; Schauman et al., 2019). The present study contributes to the literature on vulnerable groups' experiences of discrimination and their associated psychological health by integrating distal and proximal discrimination-related stressors, with general psychological processes into one cohesive model. This mediation model allows for a deeper understanding of

how external social exclusion translates into internal psychological harm, by eroding feelings of social connectedness, diminishing one's sense of control over life circumstances, and increasing the internalization of negative societal views. A broad measure was used as an indicator of wellbeing, which includes both positive (satisfaction with life) and negative (depression, anxiety, trauma symptoms) outcomes. The arrangement of the variables in the model was based on influential theories on how discrimination and wellbeing may link together.

However, there are a few limitations of the study:

This study was cross-sectional, which means that any causal links presented in the models are purely theoretical (Schauman et al., 2019). Although the finding that the alteration of the person's schema about their place in the world mediates the discrimination–wellbeing link is consistent with the psychological mediation model, the cross-sectional nature of the data precludes us from drawing causal conclusions (Lei et al., 2022). Further longitudinal research is needed to validate the processes proposed in the model. The study, however, used validated instruments to measure the constructs of interest.

The convenience sampling method may restrict the representativeness of our samples. The findings of this study may not generally apply to other groups as the sample was non-randomly selected. Hence, further research would benefit of focusing on different groups subjected to discrimination (Li et al., 2020).

The uneven distribution of participant subgroups within the national samples. While the overall sample sizes were relatively similar across the six participating countries included in this research, the representation of the three target groups—young Roma, migrants, and refugees/asylum seekers—varied widely within each national sub-sample. This unequal representation limits the ability to directly compare the experiences and perspectives of each target group across countries and may affect the generalisability of findings regarding subgroup-specific trends. Consequently, some of the findings may reflect the specific composition of the national samples rather than systematic differences across the groups, and caution should be exercised when interpreting cross-national or cross-group comparisons within this study.

Another limitation relates to language variations in the administration of the instruments. Although the content of the instruments was consistent across the six countries and initially developed in English, the translation and administration varied depending on the local context and participants' language competencies. While each partner organisation translated the instruments into their national languages, in some cases, the questionnaires were administered in English or translated into Arabic to accommodate participants with limited proficiency in the national language. These variations in the language of administration may have influenced participants' understanding of certain items, potentially affecting the consistency and comparability of responses across participants and countries. Future studies could address this limitation by using back-translation procedures and piloting multilingual versions of the instruments to ensure conceptual and linguistic equivalence across all language groups.

Additionally, the educational background of the participants may have affected their capacity to fully understand the questionnaire items. Approximately one-third of the sample had completed only eight grades of education or less, while the questionnaire included psychometric instruments with specific and complex item formulations. This may have limited some participants' ability to comprehend certain items fully, potentially affecting the accuracy and reliability of their responses. It is possible that misunderstandings or varying interpretations influenced how participants engaged with the instruments, which should be considered when interpreting the findings. Future research could address this limitation by employing cognitive interviewing or simplified, culturally adapted instruments to ensure clarity and comprehension among participants with lower levels of formal education.

The use of psychometric instruments provided a structured, systematic, and comparable way to measure the highly personal and emotionally charged experiences of discrimination across diverse participants and settings. This approach allows for quantifiable data collection, enabling analysis of trends and patterns that may not emerge clearly through unstructured methods, while also facilitating cross-national and subgroup comparisons within the study. However, the use of psychometric instruments to capture experiences of discrimination—a topic that is highly personal and emotionally complex—may limit the depth and nuance of participants' lived experiences. Standardised items may not fully capture the contextual subtleties, emotional weight, or culturally specific dimensions of discrimination as perceived by participants. Additionally, the fixed-response format may restrict participants' ability to express their experiences fully, leading to potential underreporting or oversimplification of their realities.

Another limitation concerns the emotional impact of certain questionnaire items on participants. During the administration of the instruments, some persons involved in data collection reported that specific items elicited emotional responses, including sadness and crying, among some participants. Given the sensitive nature of the topics explored, including discrimination and personal challenges, such emotional reactions may have influenced participants' willingness or ability to continue responding or to respond openly and accurately. This may have affected data quality, potentially leading to incomplete responses or response biases due to discomfort or emotional distress during the assessment. Some of the organizations involved in the data collection, incorporated procedures for emotional support during data collection on sensitive topics, as well as debriefing protocols to ensure participants' wellbeing.

4.2. Results of the qualitative component

Given the limitations listed above (and especially those in relationship with the use of psychometric instruments to capture complex emotional and contextual dimensions of discrimination experiences among young Roma, migrants, and refugees) we combed the quantitative methodology with a qualitative component.

Thus, each partner country conducted a qualitative investigation regarding the type of support needed by the youngsters from disadvantaged groups and the youth workers to improve the quality and efficacy of the support services. This phase involved conducting a series of in-depth interviews with youth workers and youngsters from disadvantaged groups.

Each partner conducted the qualitative analysis of their own qualitative data, in order to explore the subjective experiences of the target groups, in order to enhance the understanding of the way these processes function at individual level.

4.2.1. Main findings of the qualitative component

In Germany, the study vividly reveals how discrimination profoundly shapes the well-being of young people from marginalized backgrounds, manifesting across everyday life, education, housing, and employment. Young participants describe a constant undercurrent of exclusion, often subtle yet persistent, rooted in appearance, language, and origin. This discrimination, whether through overt insults or systemic barriers, erodes self-esteem, instilling self-doubt and chronic stress that frequently develop into depression, emotional withdrawal, and a lasting sense of being an outsider. Roma youth, in particular, articulate experiences of exclusion beginning in childhood, compounded by the weight of transgenerational trauma linked to antigypsyism, illustrating how discrimination is felt not only individually but collectively within their communities.

This persistent exclusion extends beyond personal identity, deeply affecting social relationships. Many young people feel compelled to adjust their behavior, conceal aspects of their identity, or remain vigilant to avoid rejection. While some find partial relief in close friendships or within the home, the emotional toll remains, with young people often describing a continuous balancing act between protecting themselves and seeking acceptance.

Youth workers reinforce these accounts, noting how discrimination and precarious living conditions, such as uncertain residence status and inadequate housing, contribute to psychological distress, isolation, and identity conflicts. They highlight how institutional and structural discrimination—visible in education systems that undervalue migrant and Roma youth, and in workplaces where ethnic background becomes a barrier—limits opportunities and fosters mistrust in institutions meant to provide support.

Barriers to accessing adequate support emerge as a critical theme. Young people face bureaucratic complexities, language challenges, and a lack of culturally sensitive services, which

hinder their ability to seek help. For many Roma youth, antigypsyism within support structures further discourages engagement, while the societal normalization of discrimination leaves young people feeling that their experiences are invisible or minimized. Mental health stigma, coupled with fear of negative repercussions for reporting discrimination, compounds their reluctance to seek necessary assistance, leaving many isolated and uncertain about where to turn.

Despite these challenges, the study uncovers pathways for resilience and coping. Young people express a strong desire for empowerment programs that strengthen their confidence and self-awareness, helping them navigate discrimination while affirming their identities. The need for culturally grounded spaces for dialogue, peer support, and the presence of role models from their communities is emphasized as vital for healing and growth. Youth workers echo these needs, advocating for the creation of safe spaces, comprehensive psychosocial and legal counseling, and educational initiatives that address discrimination while fostering inclusion and intercultural understanding.

Crucially, the findings reveal that social inclusion—not merely the absence of discrimination—emerges as a powerful protective factor for mental health. Young people who experience belonging, connection, and participation report higher well-being and life satisfaction, suggesting that policy and practice should prioritize fostering environments where marginalized youth feel valued and supported. The resilience of these young people is evident in their reliance on faith, family, and community; however, the study underscores that systemic change is essential to reduce reliance on personal resilience alone.

In Greece, the qualitative study uncovers the layered and persistent impact of discrimination on the well-being and daily lives of young people from migrant, refugee, and Roma backgrounds. Discrimination emerges as a structural reality that infiltrates education, housing, healthcare, employment, and social relationships, deeply shaping their psychological state and sense of belonging.

Young people recount experiencing exclusion and racism within schools, where suspicion from teachers and rejection by peers undermine their confidence and willingness to attend, sometimes resulting in fear and withdrawal from education altogether. The pain of these experiences is compounded for Roma youth, who often face being labeled and isolated, and for children juggling survival with education, leading to exhaustion and early disengagement from school. Within this environment, discrimination leaves a profound emotional imprint, manifesting in sadness, anxiety, fear, and a pervasive sense of insecurity and worthlessness. Many youth navigate a landscape marked by uncertainty, post-traumatic stress, and social withdrawal, feeling constantly on guard and questioning their place in society.

The intersectionality of discrimination becomes evident, with Roma women and LGBTQ+ youth facing double marginalization both within their communities and in broader society. Experiences of domestic violence, gender-based oppression, and the constant demand to prove one's worth intensify the psychological burden on these young people, fostering internalized shame and a sense of diminished human value. Everyday experiences—strange looks on public

transport, rejections during housing searches once ethnicity is revealed, or landlords and employers retracting opportunities upon learning of their background—highlight how discrimination is a pervasive aspect of life for these youth.

Barriers to accessing adequate support further entrench these challenges. Education systems, despite being a critical pathway for social mobility, often perpetuate discrimination through implicit bias, exclusionary practices, and inadequate structures to support Roma and migrant youth. Health services, too, reflect systemic inequalities, with reports of dismissive treatment, lack of interpreters, and bureaucratic hurdles, often leaving those in need without critical care. Discrimination by police, aggressive scrutiny in public transport, and exploitative conditions in workplaces add layers of exclusion and fear to their daily existence.

Despite these structural challenges, the narratives also illuminate avenues of resilience and potential for change. Education is consistently highlighted as a powerful protective factor, with committed teachers and second-chance schooling enabling young people to pursue opportunities and envision a path out of marginalization. The importance of non-formal learning, community-based programs, and cultural heritage initiatives emerges as vital for fostering self-confidence, raising awareness about rights, and building bridges between marginalized youth and society.

Access to stable, legal, and dignified employment is seen as critical not only for economic survival but also for psychological well-being and social integration. However, young people and professionals emphasize the need for targeted support, vocational guidance, and childcare provision to facilitate women's participation in the workforce. Legislative changes, while necessary, are often hindered by poor implementation, with many calling for streamlined asylum procedures, effective legal frameworks, and consistent delivery of basic services to improve the daily lives of refugees and Roma communities.

Community associations and youth collectives provide crucial spaces for connection, empowerment, and advocacy, illustrating how young people actively seek to shape their environments despite systemic barriers. Professionals working with these communities recognize the need for structured support, including supervision, training, and improved working conditions, to effectively respond to the complex needs of marginalized youth and prevent burnout among those providing support.

In North Macedonia, the study brings to light the profound psychological and social toll that discrimination exacts on young people, particularly those from Roma backgrounds. Across the interviews, participants describe how experiences of discrimination are deeply intertwined with their mental well-being, leading to persistent anxiety, depression, and a diminished sense of self-worth. These encounters, often repeated and systemic, leave young people feeling isolated and undervalued, fostering a lingering emotional distress that extends beyond the immediate moment and impacts their daily functioning and future aspirations.

The emotional impact is palpable, with many participants expressing feelings of fear, insecurity, and a pervasive sense of exclusion in social settings, which disrupt their sense of

belonging and safety. The chronic stress resulting from repeated prejudice often manifests in symptoms akin to post-traumatic stress, with sleep disturbances and persistent worry becoming part of their lived reality. For Roma youth in particular, the discrimination tied to visible differences such as skin color and community identity compounds their marginalization, reinforcing feelings of inferiority and frustration.

While family, friends, NGOs, and youth workers often provide crucial emotional support, many participants highlight the insufficiency of formal state structures in addressing discrimination effectively. A gap persists in public education about the forms of discrimination, legal recourse, and the institutions tasked with protection, leaving many young people uncertain about where to turn for help. There is a strong call among the youth for more structured support that includes the development of self-confidence, stress management, and communication skills to navigate discriminatory environments, alongside education on legal rights and pathways to assert them.

Youth workers in North Macedonia emphasize the potential of non-formal education, including programs like Erasmus+ exchanges, as transformative experiences for young people facing discrimination. They advocate for the institutionalization and expansion of such initiatives, recognizing their role in building resilience, practical skills, and intercultural understanding. The importance of mentorship programs, mental health services tailored to marginalized youth, and awareness campaigns to challenge societal prejudices is consistently highlighted. Youth workers also call for greater collaboration across institutions to ensure holistic support for young people, recognizing that mental health, education, and legal empowerment are deeply interconnected in combating discrimination.

Moreover, the study identifies the critical need for systemic and legislative measures to address discrimination meaningfully. Recommendations include the enforcement of anti-discrimination laws, inclusive curricula that reflect cultural diversity, and policies that ensure equitable access to healthcare, education, and employment. Youth workers underline that promoting Roma representation in decision-making spaces and supporting public campaigns to challenge stereotypes are vital steps toward building an inclusive society.

The findings reflect a complex interplay between discrimination, social exclusion, and mental health challenges. Roma youth report higher levels of anxiety and depression compared to their immigrant peers, reflecting the persistent structural barriers and social marginalization they face. This disparity underscores the urgent need for targeted policies that reduce discrimination while fostering social inclusion and improving mental health outcomes for Roma youth in North Macedonia.

Despite these challenges, the study also reveals a resilient spirit among young people, who express a desire to transform their circumstances and contribute to a more just society. Their experiences point to the necessity of supportive environments—both institutional and community-based—that acknowledge the psychological burden of discrimination while actively working to dismantle its systemic roots.

In Romania, the qualitative study reveals the profound and multifaceted impact of discrimination on the well-being and everyday realities of disadvantaged youth, particularly Roma. Both experts and youth describe how discrimination infiltrates all areas of life, shaping mental health, social participation, and perceptions of the world.

Discrimination significantly affects mental and emotional health, with young people reporting experiences of anxiety, depression, and feelings of isolation. The recurring rejection and negative societal messages contribute to low self-esteem and internalized perceptions of inferiority, leaving many with a sense of hopelessness about their place in the world. Some young people share that discrimination has led to severe emotional consequences, including suicidal thoughts, social withdrawal, and persistent feelings of exclusion. These experiences foster a perception of the world as indifferent, unfair, and hostile, where discrimination is normalized, and bystanders often remain passive.

The quality of life for these young people is deeply impacted by the psychological toll of discrimination, which influences their daily activities, motivation, and aspirations for the future. Discrimination in school environments often leads to feelings of being different and unwelcome, sometimes resulting in disengagement from education and social isolation. Experts echo these concerns, noting that the trauma of discrimination amplifies the difficulties faced by youth who have already experienced displacement or hardship, deepening their sense of exclusion.

Accessing support remains a critical challenge. Many young people describe a lack of intervention by adults, with teachers sometimes acting as perpetrators of discrimination or failing to address bullying and exclusion within schools. This absence of supportive figures leaves young people reluctant to seek help, with many expressing fear of speaking to parents or adults, compounded by a sense that others would not understand or would judge them. This gap in support structures contributes to a cycle of silence, where discrimination remains unchallenged, and its psychological effects deepen.

Despite these barriers, young people emphasize the transformative impact of emotional support, acceptance, and belonging. support from peers, youth workers, and organizations has been described as crucial, providing safe spaces where young people feel seen, valued, and understood. The sense of community offered by Roma associations and youth collectives helps young people navigate the emotional challenges of discrimination, fostering resilience and the ability to learn from shared experiences.

Experts and youth alike advocate for education as a key strategy in combating discrimination. They stress the need for anti-discrimination education and the promotion of inclusive practices within schools to challenge stereotypes and create environments that foster acceptance and respect. Educational interventions, alongside mentoring and personal development workshops, are seen as essential tools for building young people's confidence and providing them with strategies to cope with and challenge discrimination.

At the societal level, experts call for systemic interventions, including clearer policies on school desegregation, consistent enforcement of anti-discrimination legislation, and coherent social policies that promote inclusion. They emphasize that sustainable change requires collaboration between NGOs, institutions, and communities to dismantle discriminatory attitudes and practices while providing young people with access to resources, opportunities, and psychological support.

The study also underscores the importance of shifting societal attitudes, with young people expressing a desire for a world where love and acceptance replace judgment and prejudice. They call for kindness, understanding, and collective responsibility in building a society where young people from all backgrounds can feel safe, included, and able to thrive.

In Serbia, the qualitative study reveals how discrimination deeply affects the mental health, daily experiences, and future opportunities of young people from marginalized backgrounds, particularly Roma, migrants, and refugees. Young people recount feeling invisible, judged, and unwanted, often describing the emotional pain of discrimination with words like "hurtful" and "bad," underscoring its erosion of self-esteem and confidence. These experiences lead to chronic stress, anxiety, depression, and intense loneliness, with many youth internalizing negative beliefs about themselves and their worth. This emotional vulnerability exposes them to further risks of neglect and marginalization, complicating integration and social acceptance, particularly for those carrying additional trauma from displacement or migration journeys.

Accessing support remains fraught with barriers. Many young people lack clear, accessible information about where to seek help, while language challenges, cultural differences, and past negative encounters with institutions like schools or healthcare services foster fear and distrust. Even when support structures are available, young people often face additional discrimination while seeking help, with poverty and unstable housing adding further layers of exclusion. Roma youth, in particular, are described as "less visible to the system," limiting their opportunities for meaningful support and social inclusion.

To overcome the negative effects of discrimination, young people in Serbia express a need for safe spaces where they can share experiences openly and without stigma, alongside consistent psychological counseling and mentorship programs that affirm their strengths and build resilience. They emphasize the importance of being active participants in shaping the support they receive, not merely passive recipients, fostering a sense of agency and dignity. Educational initiatives focused on human rights, anti-discrimination awareness, self-esteem, and stress management are highlighted as essential, alongside stronger pathways to education and employment for Roma and migrant youth to enable genuine integration into society.

Youth workers in Serbia highlight the emotional demands of supporting marginalized youth, often dedicating personal time and energy amid a lack of institutional and financial support, leaving them at high risk of burnout. They stress the urgent need for systemic recognition of youth work through stable local policies, budget lines, and community-level investment in youth workers. Ongoing training in trauma-informed care, psychological supervision, and burnout

prevention are seen as critical to sustain the quality of their support. Youth workers also emphasize the need for practical tools and environments that encourage peer learning and mutual support, enabling them to maintain their commitment to working with vulnerable young people while preserving their own well-being.

Overall, the findings from Serbia illustrate how discrimination is not only a source of daily exclusion for marginalized youth but also a persistent threat to their mental health and future opportunities. Addressing these challenges requires culturally sensitive, structured, and well-funded interventions that foster belonging, empower young people, and support those who work alongside them to create spaces of inclusion and dignity.

In Turkey, the study reveals how discrimination deeply shapes the lives of marginalized youth, particularly Roma and refugee (especially Syrian) communities, cutting across education, employment, housing, and public life. Discrimination is experienced not only through daily interpersonal interactions but is embedded within systemic structures, often amplified by legal and financial barriers, reinforcing cycles of exclusion.

Schools, which should function as protective spaces, frequently emerge as sites of trauma and exclusion for these young people. Language-based bullying is pervasive among refugee youth, while Roma students face exclusionary practices and derogatory treatment from peers and teachers alike. These educational barriers not only undermine academic performance but also impact young people's confidence and future prospects.

The psychological toll of discrimination is profound. Participants describe experiences of anxiety, depression, social withdrawal, and in severe cases, suicidal ideation. A persistent sense of alienation and loss of trust in others and in societal structures deepens their sense of hopelessness, with many reporting that they avoid public spaces out of fear of humiliation or violence. Roma and refugee youth alike report how repeated discrimination erodes their self-worth, creating barriers to social participation and reinforcing feelings of being unwelcome within society.

To cope with these challenges, young people often rely on personal resilience, family networks, and religious practices, particularly among refugee youth, who find comfort in prayer and faith. Roma youth emphasize the strength they draw from family and community solidarity. However, this reliance on personal coping strategies underscores a glaring absence of systemic support, leaving young people to navigate the heavy psychological burden of discrimination largely on their own.

The lack of appropriate, culturally and linguistically accessible support structures remains a significant gap. The absence of Arabic-speaking mental health professionals, coupled with financial barriers to higher education (such as high tuition fees and lack of scholarships for foreigners), restricts refugee youth's opportunities for healing and advancement. Roma youth similarly face economic obstacles and limited institutional pathways to address discrimination and its consequences.

The interviews reveal complex dynamics around identity and belonging. Refugee youth, in particular, express feelings of being caught "in-between"—neither fully part of Turkish society nor fully connected to their home culture. Many suppress their language and cultural markers to avoid discrimination, reflecting internalized stigma and a loss of cultural continuity, while experiencing ongoing confusion about their identity and place in society.

Youth workers echo and deepen these insights, describing discrimination as systemic and intersectional, shaped by ethnicity, religion, gender, and socio-legal status. Roma and refugee youth face layered barriers, including ethnic profiling, housing segregation, exploitative informal labor conditions, and exclusion from meaningful participation in society. Gender-based discrimination emerges as a prominent concern, particularly affecting young women in these communities, who face compounded vulnerabilities in public spaces, education, and employment.

The psychological consequences, including depression, trauma, and anxiety, are exacerbated by a chronic lack of culturally and linguistically appropriate psychosocial support, contributing to social withdrawal and diminishing aspirations among youth. This cycle of marginalization erodes trust in society and institutions, fostering fatalism and a diminished belief in equal opportunities.

Youth workers themselves face significant challenges, including underfunding, emotional exhaustion, and the absence of supportive policy frameworks to guide sustainable interventions. While they recognize the potential of education, advocacy, and positive media representation to challenge stereotypes and foster inclusion, these strategies remain underutilized within current systems.

5. Discussions and conclusion

In the current study, we sought to improve the knowledge on the effects of discrimination and exclusion on the mental health of youth with disadvantaged backgrounds: Roma, migrants and refugees.

The purpose of the study was to explore the impact of discrimination on the wellbeing of disadvantaged youth, in order to identify the means through which the negative effects can be mitigated, in order to preserve and enchance the wellbeing of the target group.

In the following sub-sections, we will higlight the main findings of the study and discuss their significance.

5.1. The social inclusion of youngsters in vulnerable groups (Roma, Migrants and Refugees/ Asylum seekers)

Social inclusion is defined as the process of improving the terms for individuals and groups to take part in society (Huxley, 2015). This definition emphasizes the active role of society in creating opportunities and removing barriers that prevent full participation. Social inclusion is not simply about integrating individuals into existing social structures but also about transforming those structures to be more equitable and responsive to the needs of all members. This requires addressing systemic inequalities, promoting diversity and inclusion, and ensuring that everyone has access to the resources and opportunities they need to thrive.

Social inclusion encompasses the ability to build capacity in individuals and groups to develop connectedness and engage in decision-making processes (Lloyd, Lipu & Anne Kennan, 2016). This perspective highlights the empowering aspect of social inclusion, emphasizing the importance of providing individuals with the skills, knowledge, and resources they need to participate fully in society. By fostering connectedness and promoting engagement in decision-making, social inclusion initiatives can help to create more resilient and equitable communities where everyone has a voice and a stake in the future.

The results of the quantitative study indicate partial but fragile social inclusion among Roma, Immigrant, and Refugee/Asylum Seeker participants:

- Basic material needs (food, shelter) are largely met for most, suggesting a baseline level of safety and stability. However, financial insecurity remains pervasive, particularly for Roma and Refugees, undermining full participation and social mobility.
- Education and knowledge needs are met to a moderate degree, but disparities persist, reflecting structural barriers and prior educational interruptions, especially among Roma and Refugees. Cultural and religious needs are relatively well met for most, yet Refugees report the lowest satisfaction, highlighting difficulties maintaining cultural identity post-displacement.

- Belonging and esteem needs—feeling part of society, respected, and useful—show mixed satisfaction, with Immigrants reporting higher perceived inclusion while Roma and Refugees exhibit persistent feelings of exclusion and undervaluation. Discrimination, particularly racial and ethnic, remains a significant barrier to social inclusion, shaping daily experiences and limiting equitable participation across domains.
- Specifically regarding the situation of the Roma participants at the study, the quantitative analysis shows that, while the majority of participants are surviving in their societies, full social inclusion remains limited due to intersecting vulnerabilities in education, employment, perceived financial status, discrimination, and psychosocial well-being. Overall, the results indicate that the Roma participants at the study are partially included materially but remain marginalised socially, with discrimination, poverty, and low education compounding exclusion.

In terms of education, the Roma persons in the sample exhibit the lowest educational attainment, with high rates of no formal education and lower university/postgraduate completion, constraining labour market opportunities and integration.

In terms of employment, the analysis shows that moderate employment rates are coupled with a high active job search rate, indicating high willingness to work despite structural barriers and informal employment reliance.

In terms of needs satisfaction, the Roma persons in the sample report the lowest satisfaction in financial security and lower satisfaction with basic needs (food, water, shelter) compared to others, reflecting ongoing economic precarity.

In terms of feeling of belonging and esteem, the respondents in the Roma target group feel moderately part of society but continue to face barriers to respect and societal usefulness, linked to entrenched discrimination.

In terms of discrimination, the Roma sub-group in the sample reports very high levels of racial and ethnic discrimination, making it a daily reality that hinders social inclusion, with moderate levels of gender, age, and religious discrimination also present.

- Specifically regarding the situation of the young immigrants who participated at the study, the quantitative analysis shows that, overall, they are the most integrated group in terms of perceived inclusion and objective indicators, though legal barriers and discrimination continue to affect segments of this group.

In terms of education, the immigrants in the sample display the highest educational attainment, with strong university and postgraduate representation, positioning them well for labour market participation.

In terms of employment, they have lower employment rates and higher inactivity, potentially linked to legal or systemic barriers despite strong educational profiles.

In terms of needs satisfaction, immigrants in the sample report the highest satisfaction across basic and superior needs, including food, shelter, education, and cultural expression, reflecting greater integration capacity.

In terms of belonging and esteem, this sub-group reports the highest sense of belonging and feeling respected/useful within society, indicating stronger perceived social inclusion.

In terms of discrimination, while the results show that racial and ethnic discrimination is present, it is reported less frequently and intensely compared to Roma and refugees, suggesting fewer barriers to integration, though not an absence of challenges.

- Regarding the situation of the young refugees/ asylum seekers who participated at the study, the quantitative analysis shows that, overall, youngsters in this target group experience partial economic participation but deep social marginalisation, with discrimination, precarious living, and limited belonging constraining full integration.

In terms of education, this group shows moderate educational attainment with a high proportion having completed high school but lower postgraduate education, reflecting disrupted education pathways.

In terms of employment, they report the highest employment rates, indicating labour market participation, but this is often coupled with financial insecurity, suggesting precarious or low-paid work.

In terms of needs satisfaction, the results show that, among this sub-group of the sample, satisfaction with basic needs is higher than Roma but lower than Immigrants, with financial insecurity remaining significant.

In terms of belonging and esteem, refugees and asylum seekers report the lowest sense of belonging, respect, and societal usefulness, underscoring challenges in integration and social acceptance post-displacement.

In terms of discrimination, high levels of racial, ethnic, and religious discrimination are reported by this group, mirroring Roma experiences and pointing to discrimination as a structural barrier to inclusion.

- Therefore, we observe that, across all groups, social inclusion is uneven and conditional. While the basic needs are mostly met, enabling physical survival, the economic security, education, and dignified participation remain limited for Roma and Refugees. Immigrants generally experience greater integration but still face barriers. Discrimination, especially racial and ethnic, is a persistent cross-cutting barrier undermining social inclusion. Belonging and respect are not fully realised, indicating symbolic exclusion despite partial material inclusion.

The results of the qualitative study show that:

- In terms of impact of discrimination on youngsters' wellbeing, the qualitative results across Germany, Greece, North Macedonia, Romania, Turkey, and Serbia**,** show that discrimination emerges as a persistent, cross-cutting force undermining young people's mental health and well-being**.** Young people from Roma, refugee and migrant backgrounds report discrimination in schools, workplaces, public spaces, and institutional settings, with experiences ranging from daily microaggressions to systemic exclusion.

In Germany**,** the young people point out how discrimination leads to chronic stress and feelings of exclusion, while Roma youth additionally carry transgenerational trauma. In Greece**,** the qualitative analysis shows how discrimination generates fear, sadness, and insecurity, deepened by intersecting gender and identity-based discrimination. In North Macedonia**,** the participants at the interview stress the ways in which discrimination fosters anxiety, depression, and post-traumatic symptoms, particularly among Roma youth. Romanian youth describe internalized inferiority, hopelessness, and social withdrawal, viewing the world as hostile and indifferent. The results in Turkey show how discrimination results in alienation, low self-worth, and trauma, with refugee and Roma youth experiencing persistent fear and social withdrawal. In Serbia, young people describe feeling invisible and unwanted, with discrimination leading to chronic anxiety, depression, loneliness, and the internalization of negative beliefs about their worth, compounded for those with prior trauma from displacement.

- In terms of barriers in disadvantaged youngsters' access to adequate support, the analysis across contexts reveal that systemic barriers, institutional mistrust, and inadequate infrastructure hinder access to meaningful support for marginalized youth.

In Germany and Greece**,** language challenges, bureaucratic hurdles, and fear of reporting discrimination inhibit help-seeking. In North Macedonia, insufficient public education on rights and unclear information about available services leave many unaware of how to access support. Romanian interviewees describe a lack of adult intervention in schools, while in Turkey, linguistic inaccessibility, financial barriers, and residency issues block refugee youth from essential services. In Serbia, young people face unclear, inaccessible information, compounded by language and cultural barriers and prior negative institutional experiences, leading to fear and reluctance to seek help. Roma youth in Serbia are described as invisible to systems meant to support them, and migrants report additional discrimination when accessing healthcare and employment.

- In terms of support measures needed by youngsters to overcome the negative effects of discrimination, young people participating at the study consistently emphasize the need for safe spaces, psychosocial support, empowerment programs, and educational opportunities to counteract discrimination's effects.

In Germany, culturally grounded dialogue spaces and empowerment initiatives are requested to strengthen identity and resilience. In Greece and North Macedonia, education about rights, communication, and stress management is seen as vital. In Romania, the interviewees highlight emotional support, peer connections, and education about discrimination from an early age. In Turkey, youth rely on personal resilience, religion, and family but emphasize the need for systemic, accessible support structures. In Serbia, interviewees call for culturally sensitive psychological counseling, structured mentorship, and inclusive educational activities to build self-esteem and stress coping skills, emphasizing their role as active participants in shaping supportive environments.

- In terms of support measures needed by youth workers to provide adequate services to disadvantaged youngsters, youth workers across countries identify emotional exhaustion, lack of institutional support, and underfunding as major barriers to effective service provision for marginalized youth.

In Germany and Greece, youth workers stress the need for culturally sensitive legal and psychosocial services and structured support spaces. In North Macedonia, non-formal education, mentorship, and inter-institutional cooperation are highlighted as essential. In Romania, youth workers call for anti-discrimination training, mentoring, and systemic support for education and employment inclusion. In Turkey, workers highlight chronic underfunding, policy gaps, and the need for culturally and linguistically appropriate services. In Serbia, youth workers describe the emotional toll of their work, calling for stable funding, local policy support, recognition of their role, and regular psychological supervision to prevent burnout. They emphasize the need for training in trauma-informed care, practical tools, and environments that encourage peer learning and well-being within the profession.

Across all six countries, poverty, unstable housing, and cultural barriers intensify exclusion, revealing systemic failures in addressing the needs of marginalized youth.

Collectively, the qualitative findings underscore that discrimination is not merely an external barrier but a deeply internalized, psychological burden that damages young people's confidence, erodes their sense of safety, and limits their aspirations across all six countries.

Young disadvantaged youth participating at the interviews advocate for long-term, inclusive interventions that affirm their value, empower their participation, and foster belonging in society.

In all six countries, there is a clear call for systemic recognition of youth work, sustainable funding, and structured support systems to enable youth workers to effectively address discrimination while safeguarding their own mental health.

5.2. The impact of discrimination on the wellbeing of youngsters in vulnerable groups (Roma, Migrants and Refugees/ Asylum seekers)

This results of the study show that discrimination is a pervasive and multifaceted challenge widespread and, at the same time, almost invisible through its iniquitousness. People in vulnerable groups who are subjected to discrimination oftentimes get so used to it that it becomes part of their everyday life, an inescapable reality.

Quotes from the interviews that support the finding that discrimination is widespread among persons in vulnerable groups

- *"For many, discrimination is simply an everyday experience that they have always had, a kind of normality."* (Youth worker, Germany)
- *"When I was looking for a job, as soon as they heard my surname or understood that I was Roma, suddenly there was no place"*. (Young person in a vulnerable group, Greece)
- *"Even in primary school as a Romani, I was either not invited to birthdays at all or occasionally invited out of pity. Then I often sat in the corner on my own, the others played with each other but not with me."* (Young person in a vulnerable group, Greece)
- *"Every morning when I wake up to go to work and take the bus and metro... I see... non-Roma, looking me up and down strangely... I realize right away that maybe they are responsible because I am Roma.*" (Young person in a vulnerable group, Greece)
- *"Overall, most of the organizations working with migrants and refugees deal with structural racism in Germany. So based on the kind of their names or based on their looks, they're discriminated against."* (Youth worker, Germany)
- *"[refugees] get discriminated against because of their appearance, because they have a darker skin color."* (Youth worker, Germany)
- *"Every political system has used the Roma community… and we face discrimination in everyday life. Young Roma are simply less visible to the system and the opportunities they could have."* (Youth worker, Serbia)

The statistical analysis showed that youngsters who experienced more discrimination were less satisfied with their lives and had higher levels of anxiety, depression, and trauma symptoms.

These results are in line with the *Minority stress theory,* which posits that individuals from marginalized groups experience chronic stress due societal stigma, prejudice, and discrimination (Lei et al., 2022). These stressors lead, in time, to negative effects on psychological wellbeing. The theory also proposes that both external and internal stressors affect individuals' mental health (Ünsal, Demetrovics, & Reinhardt, 2025).

In this study, the external (distal) stressors taken into consideration are the discriminatory attitudes and actions the participants were subjected to, measured with the *Perceived Ethnic*

Discrimination subscale, which was extracted from the *Ethnicity-related stress scale (ERS)* (Contrada et al., 2001). The internal (proximal) stressors taken into consideration referred to the level of internalized discrimination reported by the youngsters in the study. As proposed by the Minority stress theory, the analysis of the results showed that both types of stressors contribute to the negative impact experienced by the youngsters on their psychological wellbeing.

Quotes from the interviews that support the finding that discrimination generates negative effects on psychological wellbeing

- *"When you experience discrimination every day, you start questioning yourself—Am I good enough?"* (Young person in a vulnerable group, *Germany*)
- *"Over time, I have experienced strong states of anxiety, depression, suicidal thoughts, and hatred towards myself because I could not adapt/be accepted as I am by others."* (Young person in a vulnerable group, Romania)
- *"Yes, it [discrimination] has affected depression, also anxiety. A lot of times mental stress. And I felt lonely among so many people because of the discrimination. I also felt unsafe at times."* (Young person in a vulnerable group, Serbia)

- *"Initially, they affected me emotionally because they gave me the impression of inferiority compared to others."* (Young person in a vulnerable group, Romania)

- *"These are actually young people with a lot of energy and zest for life, but then they slowly withdraw, they can't use their energy, some become depressed, they isolate themselves or even hurt themselves or show similar auto-aggressive behaviour."* (Youth worker, Germany)
- *"[Discrimination generates] low self-esteem, determined by the negative messages constantly received about their social status."* (Youth worker, Romania)

Moreover, the results of the current study confirm the association between discrimination and trauma, proven by various researches time and again (Bryant-Davis & Ocampo, 2006; Butts, 2002; Williams et al., 2014; Nadal et al., 2014; Williams, Kanter, & Ching, 2017; Pieterse et al., 2010). Past research has shown that discrimination is associated with higher levels of psychological distress and negative mental health outcomes, including symptoms of anxiety, depression, and PTSD (Borho et al., 2020; Thela et al., 2017).

In the current study, we measured anxiety and depression with the *Depression Anxiety Stress Scale-21 (DASS21)* (Antony et al., 1998) and the traumatic symptoms with the *Trauma Symptoms of Discrimination Scale (TSDS)* (Williams, 2018). The analysis of the data has re-confirmed the association between discrimination and depression, anxiety and trauma symptoms.

Quotes from the interviews that support the finding that discrimination generates traumatic responses

- *"At first, when I was shocked, I thought to myself, ok, you must never say that again [that she is a Romni] and you have to keep it a secret somehow or maybe not tell everyone, just the people you trust."* (Young person in a vulnerable group, Germany)
- *"You always have to guard up, and you have to be more... you must know it more, do it more, everything."* (Young person in a vulnerable group, Germany)
- *"I always feel like I was nobody and nothing, and that I wasn't worth anyone's attention, and I was very concerned about what other people thought."* (Young person in a vulnerable group, Serbia)
- *"The saddest thing is that many people of a certain ethnicity or religion who come to the territory of a country traumatized by an armed conflict already have their trauma amplified by the behavior of society towards them."* (Youth worker, Romania)
- *"(...). It particularly affects people who have fled from war zones and have experienced many traumas. They have come to Germany to find protection and a better life, but here they also experience discrimination."* (Youth worker, Germany)
- *"Being in the difficulty of progressing, discriminated students feel left out, excluded, ignored. This fact leads, over time, to social isolation, to the rooting of frustrations."* (Youth worker, Romania)
- *"I believe that there is a phenomenon of discrimination, if I can call it that, bilateral. I believe that because of the discrimination they face, many Roma people in turn create a set of discriminatory attitudes towards the community - they come to feel that only their "bubble" offers them security and to perceive interaction with others as a danger."* (Youth worker, Romania)

The results of the study are also in line with *the psychological mediation framework,* which highlights the fact that discrimination affects mental health through various psychological pathways (Schauman et al., 2019). According to this framework, discrimination does not necessarily directly cause mental health problems, but rather exerts its influence through a series of mediating processes. One such process is internalization of stigma (Li et al., 2020), which has been shown to act as a crucial link between external experiences of discrimination and internal psychological distress. When individuals internalize negative stereotypes, they are more likely to experience symptoms of depression, anxiety, and other mental health problems.

In this study, one of the components included in the multi-dimensional construct of Place in the World was *Internalization of discrimination,* measured with *Internalization of Discrimination Scale* (Rodriguez, 2024). The results of the analysis, which, indeed, validated the Place in the World as a mediator, confirm that internalized discrimination is part of the process

that links discrimination to negative mental health outcomes. When individuals internalize negative preconceptions, they come to accept these stereotypes as truth, resulting in feelings of inadequacy and worthlessness. This self-devaluation may appear in diminished confidence, feelings of shame and guilt, and a reduced sense of personal agency. Continuous exposure to and acceptance of detrimental cultural messages can undermine an individual's self-esteem, affecting the management of daily stressors and obstacles. Previous research has shown that internalized discrimination produces self-devaluation, which is associated with lower well-being and increased psychological distress (Ghanean, Nojomi, & Jacobsson, 2011). Internalized racism was previously found to mediate the relationship between discrimination and mental health (Sosoo, Bernard, & Neblett 2020).

What makes this model important is that when Place in the World was included in the analysis, the direct impact of discrimination on well-being disappeared. This means that discrimination does not directly cause poor well-being, but rather, it damages a person's sense of belonging and control, which then leads to lower well-being.

Thus, the results of the current analysis show that when people face discrimination, they tend to feel less connected to others, feel they have less control over their lives, and struggle with internalized discrimination (believing that negative treatment is deserved). This weaker sense of belonging and control was then linked to lower life satisfaction and higher levels of anxiety, depression, and trauma symptoms.

These results are in line with previous research which has shown that social connectedness significantly contributes to an individual's overall well-being (Soares Goedert, & Vargas, 2022; Plesko et al., 2021).

In the current study, another one of the components included in the multi-dimensional construct of Place in the World was *Social connectedness,* measured with the *Social Connectedness Scale-Revised (SCS-R)* (Lee, 2001). The results of the analysis confirm that social connectedness is also a part of the process that links discrimination to negative mental health outcomes. Social connectedness involves the feeling of being connected to others and a sense of belonging, which entails feeling understood, valued, and supported by those around you. This, in turn, fosters a sense of security and enhances mental and emotional health. When individuals feel connected, they are more likely to engage in positive social interactions, seek help when needed, and experience greater resilience in the face of stress and adversity. In contrast, a lack of social connectedness can cause feelings of loneliness, alienation, and marginalization, all of which can be harmful to both individual and society health. Social isolation has been linked to numerous health risks, including depression, highlighting the critical role of social connections in maintaining mental well-being (Plesko et al., 2021). The absence of meaningful social relationships can lead to feelings of loneliness, hopelessness, and worthlessness, which are all risk factors for depression. Previous studies have shown the role of social connectedness as a protective factors against negative health outcomes (Luo et al., 2023; Schwartz & Litwin, 2019), with higher

levels of social connectedness being associated with reduced risks of depression and anxiety (Weziak-Bialowolska et al., 2022).

Finally, the results are also in line with the *World Assumptions framework* (Janoff-Bulman, 1989), which posits that traumatic events (such as long-term exposure to discrimination) can shatter people's core beliefs about themselves and the world, leading to feelings of anxiety, depression, and a loss of meaning and purpose (Zeligman et al., 2017).

In this study, the third component included in the multi-dimensional construct of Place in the World was *Self-controllability,* measured with the *Structure of the World Assumption Scale (WAS)* (Bulman, 1989). The results of the analysis confirm that self-controllability is also part of the process that links discrimination to negative mental health outcomes. The extent to which individuals believe they can control their own actions, thoughts, and outcomes plays a critical role in their overall sense of well-being and resilience. When individuals believe they have control over their lives and that the world is a just place, they are more likely to feel safe and secure. Higher self-control is associated with a greater sense of personal safety and security, as individuals feel more equipped to manage potential threats and navigate challenging situations effectively, thereby reducing anxiety and promoting a sense of well-being (Rodina, 2021). Individuals with a stronger sense of self-control may exhibit greater resilience in the face of trauma, demonstrating an enhanced capacity to manage their emotions, adapt to changing circumstances, and recover from adversity (Zeligman et al., 2017).

Quotes from the interviews that support the finding that the impact of discrimination on wellbeing is mediated by the individuals' perception of their place in the world (conceptualized in the study as social connectedness, internalized discrimination and self-controllability)

- "*In some situations, I felt humiliated and even depressed. Some of these experiences made me doubt myself, feel unfulfilled and unworthy. There were times when I didn't want to face the world because I felt like I didn't belong.*" (Young person in a vulnerable group, North Macedonia)

- "*I think to myself, am I so different from you, am I so 'disgusting'?*" (Young person in a vulnerable group, Germany)

- "*When you have grown up on the margins of society and have not gotten much from your home, how can you believe in yourself? And I'm not just saying that about me. It applies to all Roma and especially to women, who are considered inferior by the Roma themselves.*" (Young person in a vulnerable group, Greece)

- "*When we are always reminded about our differences, this will appear more in our identity. We will be more aware of this difference in our identity, right, in our perception of our identity. So maybe this will make them feel, identify more with their difference than with the community that they are part of on a daily life, on a daily basis.*" (Youth worker, Germany)

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6. Implications of research results for policy and practice

6.1. General recommendations

Addressing the root causes

Creating a more equitable and inclusive society requires addressing structural inequalities such as economic inequality and investing in programs that support youth development. This may involve providing access to quality education, creating job training opportunities, and promoting youth leadership and civic engagement (Issahaku & Adam, 2022).

Social inclusion is crucial for promoting the mental health and well-being of young Roma. Creating opportunities for Roma children to participate fully in society can help reduce feelings of marginalization and promote a sense of belonging. This includes ensuring access to quality education, healthcare, and employment, as well as promoting positive intergroup relations and combating discrimination (Kamberi, Martinovi, & Verkuyten, 2017; Robo, 2014):

- Intergroup contact can help reduce prejudice and promote understanding, which is essential for creating a more inclusive society (Kamberi, Martinovi, & Verkuyten 2017).
- Social inclusion is considered a priority by governments, with poverty reduction as its main focus. Education, particularly vocational education, is seen as a very important and useful tool for ensuring social inclusion and promoting a sustainable society (Robo, 2014). Inclusive education aims to provide all students, including Roma children, with the opportunity to learn and develop to their full potential in mainstream settings (Robo, 2014).
- Advocacy for social justice is essential for addressing the root causes of mental health disparities among young Roma. This includes challenging discriminatory policies and practices, promoting equal access to resources and opportunities, and raising awareness of the unique challenges faced by Roma communities. Human rights organizations, community groups, and policymakers all have a role to play in advocating for the rights and well-being of Roma people.
- Addressing the mental health needs of young Roma requires a multi-faceted approach that includes early intervention, culturally sensitive services, and advocacy for social justice. Schools, healthcare providers, and community organizations all have a role to play in providing support and promoting well-being. Interventions should be tailored to the specific needs of Roma children and families, taking into account their cultural background and experiences of discrimination.
- Mental health services should be culturally sensitive and accessible to Roma communities. This includes providing services in their language, employing Roma healthcare providers, and incorporating traditional healing practices into treatment plans. Building trust between healthcare providers and Roma families is essential for ensuring that they feel comfortable seeking help when they need it. Community-based programs can also play a vital role in providing support and education to Roma families.

Addressing the social and mental health needs of young migrants and refugees requires a multi-faceted approach that includes measured addressing systemic issues that contribute to discrimination and inequality (Chiumento et al., 2020):

- Advocating for policies that promote the rights and well-being of migrants and refugees (Grasser, 2022).
- Challenging xenophobia and racism in all its forms, and implementing programs and policies that aim to reduce discrimination and promote positive cross-cultural interactions (Kelaher et al., 2012).
- Creating opportunities for migrants and refugees to participate fully in society (Goodkind et al., 2013).
- Addressing economic inequality and ensuring that migrants and refugees have access to education, employment, and other opportunities (Taylor & Ruiz, 2017).
- Providing culturally sensitive and accessible mental health services to young migrants and refugees. This includes offering services in their native language and ensuring that providers are trained to understand the unique challenges faced by this population (Burnett, 2001). Authors consider that mental health interventions for young refugees should consider both past trauma and present vulnerabilities, including discrimination. Culturally sensitive approaches that incorporate religiousness and social support may be particularly effective in promoting mental well-being (Molsa et al., 2017).
- Creating opportunities for young migrants and refugees to connect with peers and build supportive relationships (Logie et al., 2016). This can include social support groups, mentoring programs, and community-based activities (Goodkind et al., 2013). Research has shown that social support has direct effects on depression and indirect effects by increasing culture competence, which may aid young refugees in dealing with discrimination (Oppedal & Idsoe, 2015).
- Empowering young migrants and refugees to advocate for their rights and challenge discrimination. This can include providing them with the skills and resources they need to navigate the legal system and speak out against injustice (Quinn, 2013).
- Implementing programs in schools to promote healthy development and address the specific needs of newly arrived immigrant and refugee adolescents. These programs can include language support, cultural orientation, and mental health services (McNeely et al., 2017).

Enhancing the role of schools

It is important to create inclusive school environments where all young people feel valued, respected, and supported (Renner et al., 2023). Youngsters who feel connected to their school and

their peers are more likely to be engaged in their learning and to achieve academic success. Social inclusion can help prevent bullying, violence, and other negative behaviors.

Additionally, schools play a crucial role in promoting the mental health and well-being of youngsters in vulnerable groups (Bennouna et al., 2019; McNeely et al., 2017), because they provide the context of early detection and intervention. Early intervention is crucial for preventing mental health problems from developing or worsening. Schools can play a key role in identifying children who are at risk and providing them with access to counseling and support services.

Teacher training programs should include education on cultural sensitivity and awareness of the unique challenges faced by students in vulnerable groups. Early childhood programs can also help promote social and emotional development, providing vulnerable children with a strong foundation for future mental health and well-being.

Schools can:

- provide a safe and supportive environment where newly arrived students overcome language barriers and catch up academically (McNeely et al., 2017).
- facilitate positive cross-cultural interactions and help students form friendships with peers from diverse backgrounds (Kelaher et al., 2012)
- provide access to mental health professionals and support services (McNeely et al., 2017).
- create a welcoming and inclusive environment where all students feel valued and respected (Kelaher et al., 2012).
- effectively support young people in vulnerable groups, by actively addressing stigma and discrimination (Bhugra et al., 2011), through: implementing programs that specifically address bias-based bullying and harassment (Kelaher et al., 2012); providing training for teachers and staff on cultural awareness and how to create an inclusive classroom environment (Bhugra et al., 2011); celebrating diversity and promoting understanding of different cultures and perspectives (Kelaher et al., 2012); providing safe spaces for students to discuss their experiences of discrimination and receive support (Logie et al., 2016).

Anti-discrimination policies and awareness-raising strategies

Anti-discrimination policies are essential for promoting social justice and equality (Syafril, 2021), providing legal protections and remedies for individuals facing discriminatory treatment. Positive discrimination policies can foster social inclusion and development of marginalized communities (Singh, 2025), addressing historical disadvantages and promoting equitable access to opportunities. However, changes in legislation and social policy may not fully protect against social stigma and bias (Betts, 2020), underscoring the need for comprehensive strategies that address both legal and social dimensions of discrimination. Effective anti-discrimination policies should be enforced, regularly evaluated, and updated to address emerging forms of discrimination.

Awareness-raising strategies are needed to counteract exclusionary narratives and promote social inclusion (Vallellano, Mora-Quiñones, & Fajardo-Fernández, 2025). Campaigns should promote empathy towards marginalized groups, highlighting their contributions to society and challenging negative stereotypes. Public discourse should be non-discriminating and favor inclusion, creating a more welcoming and equitable society for all (Donizzetti & Lagacé, 2022).

Social work anti-discrimination approaches are important for disseminating social inclusion and multiculturalism, promoting equitable access to resources and opportunities. Social workers need to promote a critical awareness of intersections between legislation, social policy, and stigma (Betts, 2020), advocating for policies and practices that promote social justice. Social workers play a vital role in advocating for marginalized communities, providing direct services, and promoting systemic change.

Youth development programs

Youth development programs can produce significant benefits for participants in terms of belonging, inclusion, and participation, fostering a sense of community and promoting positive social outcomes (Thomas & Griffin, 2023). These programs can provide young people with opportunities to develop skills, build relationships, and engage in meaningful activities. Effective youth development programs are based on positive youth development principles, which emphasize the importance of creating supportive environments, promoting youth leadership, and fostering a sense of belonging. These programs can also address the root causes of social exclusion and marginalization, such as poverty, discrimination, and lack of access to education and employment opportunities.

Encouraging participation in the communities and in the decision-making processes

Inclusive practices should validate diversity and promote participation in democratic decision-making (Wong & Turner, 2014), empowering individuals to influence decisions that affect their lives. Community participation and engagement in community-based occupations can promote social inclusion (Fieldhouse, 2012), fostering a sense of belonging and connection to the broader community. Inclusive practices and programs should be culturally responsive, evidence-based, and designed to meet the specific needs of marginalized groups.

Community participation and empowerment are essential for promoting social inclusion and creating a more just and equitable society. Community participation helps reconnect individuals with cherished roles and achieve feelings of self-efficacy, fostering a sense of belonging and connection to the broader community (Fieldhouse, 2012). Empowerment involves activism, righteous anger against discrimination, and optimism, providing individuals with the motivation and skills to challenge discriminatory practices (Corrigan, Larson, & Rüsch, 2009).

Community engagement and connectedness were identified as potential mitigating factors also for persons at risk of engaging in antisocial activities, highlighting the role of social bonds in promoting social stability and preventing social deviance (Mazerolle et al., 2020). Community-based programs that foster social inclusion and connectedness can help to build trust, promote understanding, and provide opportunities for positive social interaction. These programs can also provide support and resources for individuals who are at risk of being drawn into antisocial activities. Effective community engagement requires building relationships with diverse community members and addressing the root causes of social exclusion and marginalization.

Measures addressed to enhancing social connectedness

Social connectedness is an important clinical tool for reducing anxiety and stress (Soares, Goedert, & Vargas, 2022). Interventions aimed at enhancing social connectedness can significantly improve mental health, especially during vulnerable periods such as adolescence (Çiçek & Yıldırım, 2025).

The relationship between social connectedness and mental health is dynamic and reciprocal. This dynamic interplay means that interventions aimed at improving mental health should consider both enhancing social networks and addressing underlying mental health issues (Schwartz & Litwin, 2019).

Social connections have a protective effect, buffering individuals against stress, promoting positive coping strategies, and enhancing overall well-being. Social support networks can act as a social cure for psychological ill-health (Saeri et al., 2018).

In turn, better mental health can lead to richer and more fulfilling social networks, as individuals who are mentally healthy are more likely to engage in positive social interactions, form meaningful relationships, and actively participate in their communities (Schwartz & Litwin, 2019). Mental health also enhances communication skills, empathy, and the ability to resolve conflicts, which are all essential for maintaining healthy relationships.

Social connectedness can also provide a source of support and motivation, helping adult learners to overcome challenges and achieve their educational goals. Interventions that foster social connections in educational settings, such as group projects, online forums, and social events, can help to improve student well-being and academic outcomes (Diep et al., 2019).

Interventions that promote social connectedness and support can include group therapy, peer support groups, and community-based programs that provide opportunities for individuals to connect with others who share similar experiences (Scandurra et al., 2020).

Community involvement provides a sense of shared identity and collective empowerment, reducing feelings of isolation and self-devaluation (Dev et al., 2023). When individuals are involved in their community, they are more likely to feel a sense of belonging and shared identity with others. This can reduce feelings of isolation and self-devaluation, which are common

consequences of internalized discrimination. Community involvement can also provide opportunities for individuals to develop leadership skills, advocate for social justice, and make a positive contribution to the world.

Social connectedness in the form of social support and social networks is beneficial for well-being and life satisfaction during resettlement of immigrants and refugees, underscoring the importance of social relationships in navigating new and challenging environments (Song, Corcoran & Zahnow, 2024). (Im)migrants and refugees require social connectedness for well-being and life satisfaction during resettlement, emphasizing the role of social support in navigating new and challenging environments (Song, Corcoran & Zahnow, 2024). (Im)migrants and refugees often face significant challenges during resettlement, including language barriers, cultural differences, and discrimination. Social support can provide a buffer against these challenges, helping (im)migrants and refugees to adjust to their new lives and to build a sense of belonging. Social networks can also provide access to resources and opportunities, such as employment, housing, and education.

Activities that encourage community engagement and the celebration of cultural identity can include: cultural events and festivals, promoting cultural education and awareness, interventions that focus on promoting cultural pride and self-esteem, events that create opportunities for individuals to connect with others who share their cultural heritage. (Montagno & Garrett-Walker, 2022).

Measures addressed to enhancing resilience and social support

Resilience and social support can buffer the negative effects of internalized stigma on mental well-being (Pullmer et al., 2021; Scandurra et al., 2020; Montagno & Garrett-Walker, 2022) and help individuals cope with the challenges associated with discrimination and internalized stigma.

Resilience refers to the ability to bounce back from adversity. Resilience is not simply the absence of mental health problems but rather the ability to adapt and thrive in the face of challenges. It involves a combination of personal strengths, coping skills, and supportive relationships that enable individuals to overcome adversity and maintain their well-being.

Resilience can empower individuals to challenge negative beliefs and develop positive coping strategies, while social support can provide a sense of belonging and validation. Interventions aimed at enhancing resilience and social support can improve mental health outcomes for marginalized individuals.

Developing resilience involves cultivating positive coping strategies, self-compassion, and a sense of purpose (Pullmer et al., 2021). Positive coping strategies can include: seeking social support, engaging in problem-solving, and practicing self-care. Self-compassion involves treating oneself with kindness and understanding, rather than self-criticism and judgment. A sense of

purpose involves having a clear understanding of one's values and goals, and a commitment to making a positive contribution to the world. By cultivating these qualities, individuals can enhance their resilience and improve their ability to cope with the challenges associated with internalized discrimination.

Interventions aimed at enhancing resilience can include therapeutic approaches, such as cognitive-behavioral therapy (CBT) and positive psychology interventions, which help individuals to identify and cultivate their strengths, develop positive coping strategies, and challenge negative thoughts and beliefs (Montagno & Garrett-Walker, 2022).

Social support refers to the availability of supportive relationships and resources that provide individuals with a sense of belonging, validation, and encouragement.

Research has shown that social support is associated with lower levels of depression, anxiety, and PTSD symptoms among vulnerable young people (Oppedal & Idsoe, 2015).

Supportive relationships with family, friends, and community members can mitigate the impact of internalized discrimination on mental health (Liu & Chong, 2024; Ju et al., 2022).

Interventions aimed at increasing social support can include: peer support groups, mentoring programs, and family therapy (Oppedal & Idsoe, 2015). Community-based interventions that promote social connectedness and support can provide a sense of belonging and validation, helping to counteract the negative effects of internalized stigma.

Measures addressed to reducing internalized stigma

Interventions targeting internalized stigma can improve mental health outcomes by promoting self-acceptance and positive self-regard (Garcia et al., 2025). By challenging and changing negative thoughts and beliefs associated with internalized stigma, individuals can develop a more positive self-concept and improve their overall mental health.

Therapeutic approaches, such as cognitive-behavioral therapy (CBT), interpersonal therapy (IPT) and mindfulness-based interventions, can help individuals to identify and modify cognitive distortions that contribute to self-devaluation and psychological distress. Promoting self-acceptance and positive self-regard and enhancing self-esteem can empower individuals to challenge systemic biases and create a more equitable society (Hack et al., 2020). Enhancing self-esteem can empower individuals to challenge systemic biases and create a more equitable society.

Enhancing mental health literacy

Mental health literacy, which refers to knowledge and understanding of mental health conditions and their treatments, is essential for promoting mental well-being and reducing stigma.

Improving mental health literacy can help reduce stigma and improve access to care. This can be achieved through public education campaigns, school-based programs, and training for

health professionals (Li, 2018). Anti-stigma campaigns should be targeted at specific groups, such as young people, to address their unique beliefs and attitudes (Li, 2018).

Enhancing cultural competence among (mental) health services staff

Cultural competence is essential in providing mental health services to young migrants and refugees. This involves (Bhugra et al., 2011):

- Understanding cultural differences: Being aware of cultural differences in how mental health problems are expressed and understood.
- Using culturally appropriate assessment tools: Utilizing assessment tools that have been validated for use with diverse populations.
- Providing culturally tailored interventions: Adapting interventions to meet the specific needs and cultural context of young migrants and refugees.
- Working with interpreters: Utilizing trained interpreters to ensure effective communication.
- Collaborating with community leaders: Working with community leaders and organizations to build trust and ensure that services are culturally appropriate.

The use of technology in fostering social inclusion and social connectedness

Digitalisation is believed to reduce social exclusion by providing access to information, services, and social networks that might otherwise be unavailable (Cocquyt et al., 2017). Online platforms can connect individuals to communities of interest, facilitate communication with friends and family, and provide access to educational and employment opportunities. Digital inclusion can also empower individuals to participate more fully in civic life, by providing access to government information and facilitating online activism. However, it is important to recognize that digital inclusion is not a panacea for social exclusion and that other factors, such as economic inequality and discrimination, also play a significant role.

Technology interventions can improve social connectedness, offering new avenues for social interaction and support (Balki, Hayes, & Holland 2022).

Some studies show that engagement on social networking sites social enhances connectedness and is associated with lower levels of social isolation, particularly during periods of social distancing and limited physical contact (Rochelle & Chan, 2024). However, other authors (Balki, Hayes, & Holland 2022) point out that the effectiveness of these platforms depends on various factors, such as user characteristics, platform design, and the nature of social interactions.

Diep et al (2019) underline that online interaction quality significantly contributes to some learners' perceptions of social connectedness, highlighting the importance of creating engaging and supportive online learning environments (Diep, 2019). Online interaction quality refers to the

extent to which online interactions are meaningful, relevant, and supportive. Factors that contribute to online interaction quality include: clear communication, active participation, and a sense of community. Interventions that promote online interaction quality are: discussion forums, group projects, and online mentoring programs.

6.2. Specific recommendations for the further implementation of the project, specifically WP3 – resource development

The third work package is directly related with the second objective and the main aim of the project. The aim of WP3 is to create two innovative tools to be used by the youth workers in their work and in their approach while working with young Roma and refugees.

The 2 innovative tools will be:

1- Toolkit which will be designed by the international team of experts and researchers based on the research results which will deeply identify the needs of NGO sector and youth workers additional to our previous needs analysis.

2- An online app for mental health support will be designed by the same team and the app will be sustainable and reachable by the target group and the youth workers as well even after the project.

Based on the findings of the current research, we have structured a set of recommendations regarding the potential structure and targeted outcomes for each of the two innovative tools.

6.2.1. Specific recommendations regarding the development of the Toolkit

The indicative structure of the toolkit and the targeted outcomes for each component:

Toolkit component		Targeted outcomes	Justification (linked to relevant literature)
Training modules	Understanding trauma and discrimination	Equip youth workers with knowledge on trauma and discrimination impacts	Garcia et al., 2025; Bhugra et al., 2011
	Building resilience and coping skills	Enable youth workers to teach coping and resilience skills	Pullmer et al., 2021; Montagno & Garrett-Walker, 2022
	Mental health literacy for youth	Improve youth mental health understanding and literacy	Li, 2018
	Supporting identity and self-esteem	Support youth in building identity and self-esteem	Hack et al., 2020
	Peer support Facilitation	Facilitate peer support and connection among youth	Logie et al., 2016; Oppedal & Idsoe, 2015

	Advocacy and rights awareness	Empower youth to advocate for their rights and address discrimination	Grasser, 2022; Quinn, 2013
Activity-based tools	Reflection journals	Support self-reflection, reducing stigma and promoting agency	Garcia et al., 2025; Hack et al., 2020
	Resilience-building exercises	Develop resilience, coping, and self-regulation skills in youth	Pullmer et al., 2021; Bhugra et al., 2011
	Psychoeducation infographics	Increase awareness on discrimination and mental health among youth	Li, 2018; Garcia et al., 2025
	Social connection activities	Enhance social connectedness and reduce isolation	Fieldhouse, 2012; Mazerolle et al., 2020
Community mapping and partnership guides		Facilitate collaboration with community services for youth support	Bhugra et al., 2011; Li, 2018
Partnership agreement templates		Formalize partnerships with local stakeholders	Grasser, 2022; Quinn, 2013
Collaboration with community leaders strategies		Engage community leaders to build trust and cultural competence	Bhugra et al., 2011
Awareness campaign templates		Promote anti-discrimination and inclusion in communities	Vallellano et al., 2025; Donizzetti & Lagacé, 2022
Community workshop plans		Educate communities on social inclusion and youth issues	Vallellano et al., 2025; Fieldhouse, 2012
Guidelines for cultural diversity events		Foster pride and cultural identity within communities	Montagno & Garrett-Walker, 2022; Fieldhouse, 2012
Designing supportive peer networks		Build structured peer support systems in communities	Logie et al., 2016; Goodkind et al., 2013
Facilitating social connectedness		Connect youth with community activities and support networks	Diep et al., 2019; Song, Corcoran & Zahnow, 2024
Leveraging technology for community involvement		Use digital tools to involve communities in youth support	Cocquyt et al., 2017; Balki, Hayes, & Holland, 2022

Toolkit design considerations

- Culturally adapted, using case studies relevant to Roma, migrants, and refugees.
- Simple language and visually engaging materials for practical use in workshops.
- Printable worksheets for resilience and self-reflection exercises.
- Ready-to-use PowerPoint templates for training community partners.
- Sections on self-care for youth workers to prevent burnout while supporting traumatized youth.

6.2.2. Specific recommendations regarding the development of the App

The indicative structure of the App and the targeted outcomes for each component:

App function	Targeted outcomes	Justification (linked to relevant literature)
Mood and mental health tracking	Improve well-being, reduce anxiety, depression, trauma, increase satisfaction with life	Early detection and intervention support (Bennouna et al., 2019; McNeely et al., 2017)
Guided self-help tools	Improve well-being, resilience, and coping strategies	CBT, mindfulness, positive coping (Montagno & Garrett-Walker, 2022; Pullmer et al., 2021)
Crisis and support access	Improve well-being, reduce anxiety, increase safety	Access to culturally sensitive, immediate support (Li, 2018; Bhugra et al., 2011)
Micro-learning modules	Increase coping skills, self-efficacy, reduce stress	Education on stress management (Pullmer et al., 2021; Li, 2018)
Psychoeducation modules	Confront discrimination, reduce internalized stigma, increase mental health literacy	Mental health literacy, anti-stigma education (Li, 2018; Garcia et al., 2025)
Empowerment stories	Confront discrimination, reduce stigma, foster empowerment	Peer stories foster empowerment, reduce stigma (Quinn, 2013; Hack et al., 2020)
Rights and advocacy section	Confront discrimination, increase self-efficacy and legal literacy	Legal literacy, self-advocacy (Grasser, 2022; Quinn, 2013)
Reflection journals	Reduce internalized stigma, increase self-esteem	Self-reflection reduces stigma (Garcia et al., 2025; Hack et al., 2020)
Safe peer community forums	Increase social connectedness, reduce isolation	Peer support builds connectedness (Logie et al., 2016; Goodkind et al., 2013)
Buddy system / Peer support matching	Increase social connectedness, peer support, reduce isolation	Social support reduces isolation (Logie et al., 2016; Oppedal & Idsoe, 2015)

Event and activity Hub	Increase social connectedness, belonging, identity affirmation	Participation increases belonging (Montagno & Garrett-Walker, 2022; Fieldhouse, 2012)
Group challenges	Increase social connectedness, participation, collective empowerment	Community participation fosters inclusion (Fieldhouse, 2012; Mazerolle et al., 2020)
Goal setting and tracking	Increase self-controllability, resilience, self-efficacy	Self-efficacy through goal setting (Pullmer et al., 2021; Dev et al., 2023)
Skill-building modules	Increase self-controllability, resilience, practical skills	Life skills build resilience (Pullmer et al., 2021; Bhugra et al., 2011)
Gamification elements	Increase self-controllability, motivation, sustained engagement	Gamification motivates participation (Balki, Hayes, & Holland, 2022)
Self-affirmation exercises	Reduce internalized stigma, increase self-esteem and agency	Self-affirmation promotes self-esteem (Hack et al., 2020; Garcia et al., 2025)

Design considerations for effectiveness of the App

- Culturally sensitive and multilingual interface (languages relevant to Roma, migrants, refugees).
- Low-data and offline functionality for accessibility among economically disadvantaged users.
- Privacy and anonymity to encourage use without fear of stigma.
- Accessible design (clear visuals, simple navigation) for low-literacy or younger users.
- Feedback loops with youth co-design involvement to adapt functions to real needs.

7. Acknowledgments section

Sections 4.2.1 and 5.1 referring to the synthesis of the qualitative analysis were formulated based on the analysis of the national reports issued by each partner country:

- Burger, R., e-Ahmad, M., Pamfil, B.A. (2025) *Wellbeing and discrimination of marginalized young people in Germany. Research report* (unpublished)
- Azopoulou, C. (2025) *Wellbeing and discrimination of marginalized young people in Greece. Research report* (unpublished)
- Ajvaz, M., Bajram, S. (2025) *Wellbeing and discrimination of marginalized young people in North Macedonia. Research report* (unpublished)
- Rotaru, I., Cădariu, I. (2025) *Wellbeing and discrimination of marginalized young people in Romania. Research report* (unpublished)
- Batić Očovaj, S., Milinković, M. (2025) *Wellbeing and discrimination of marginalized young people in Serbia. Research report* (unpublished)
- Kaytan, F. (2025) *Wellbeing and discrimination of marginalized young people in Turkey. Research report* (unpublished)

Quotes from section 5.2 were extracted directly from the national reports.

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