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WHEN SCARS (!) BECOME ART

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

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Wellbeing and discrimination of marginalized young people in Serbia.

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0. Executive Summary

This study set out to explore a critical and often overlooked question: how does social inclusion—or its absence—shape the mental wellbeing of marginalized youth in Serbia, specifically young people of Roma ethnicity and those with migrant or refugee backgrounds? While much has been said about discrimination and vulnerability, there is a need for better understand the deeper psychological effects of exclusion, and the protective power of inclusion.

To achieve this a mixed-methods research design was employed. The quantitative component included a survey of 129 young people between the ages of 15 and 35—Roma youth, migrants, refugees, and asylum seekers. Participants responded to psychological scales measuring social inclusion, connectedness, life satisfaction, depression, anxiety, and trauma-related symptoms. The qualitative component involved in-depth interviews with 15 young discriminated people and 9 youth workers, aiming to capture narratives and experiences that statistics alone cannot reveal.

Key Findings

- Social exclusion is widespread in the sample: 60% of migrant youth reported not feeling part of society, while more than half of Roma youth reported feeling disrespected and undervalued, which reflects the persistence of antigypsyism in Serbian society and institutions.”
- Mental health consequences are real and measurable: Those who felt excluded showed significantly higher levels of depression, anxiety, and trauma symptoms, and lower levels of life satisfaction and emotional connectedness.
- Inclusion matters—and protects: Youth who felt socially connected and valued demonstrated greater psychological resilience and better mental health overall. Even modest forms of participation (e.g. peer support groups, community events) were associated with stronger self-worth and a sense of belonging.
- Qualitative interviews confirmed a sense of “*not being seen*”: Participants described a lack of opportunities, invisibility in decision-making processes, and institutional neglect as key stressors undermining their wellbeing and identity.

Ethical Approach

Given the emotional sensitivity of the topic, the study incorporated ethical safeguards such as informed consent, multilingual accessibility, and the inclusion of contact information for psychological counseling services (via the Sazvežđe network). The research process was designed not just to extract data but to support participants’ wellbeing and dignity.

Conclusions and Implications

The research clearly shows that social inclusion is not a soft value—it is a public mental health priority. For young Roma and migrant and refugees populations, inclusive environments are both a right and a necessity. They foster resilience, reduce psychological harm, and create space for youth to develop their identities and skills.

For stakeholders and policymakers, the message is clear:

- Invest in inclusive education and teacher training;
- Build community spaces where marginalized youth feel welcome;
- Integrate mental health support into youth programs;
- Design policies with, not just for, Roma, migrant and refugees youth;
- Measure inclusion not only by access, but by agency, recognition, and participation.

1. Introduction

1.1. Background and context

In the research, we analyzed psychosocial functioning, more precisely mental health and social inclusion of young migrants and Roma. This study explores the effects of the traumatic experience caused by discrimination on the basic assumptions as well as their further effects on the mental health and social inclusion of young migrants and Roma people. Both researched groups belong to the broader category of disadvantaged youth and, due to various forms of discrimination, face many problems in general psychosocial functioning. Being a member of a marginalized group can be traumatic, especially to members of groups against whom society has strong prejudices, as is the case with these two groups in Serbia.

We expected that young Roma would report more chronic problems with psychosocial functioning since they are faced with antigypsyism and prejudices from birth, while the problems of migrants would be more acute since most of them faced the prejudices from the moment when they became migrants.

The criteria for the selection of literature about mental health and social inclusion of the researched groups presented in the introduction was that they are related to persons younger than 35 years. However, in the analysis, we separately analyzed (where the case) policies/ legislation/ services/ statistics addressed to minors (i.e., young persons under the age of 18), and those addressed to persons of age/ young adults (i.e., persons over the age of 18).

1.1.1. Psychosocial Characteristics of Young Roma in Serbia

Unofficial estimates show that around 600,000 Roma live in Serbia (European Commission, 2014, according to Simić & Vranješević, 2022). However, according to the results of the 2022 Census of Population, Households and Dwellings, 131,936 inhabitants declared themselves as members of the Roma population. This gap and lack of precise data about the sociodemographic characteristics of the Roma population are caused by the tendency of Roma to declare themselves as Serbs (Raduški, 2022). The Roma population is younger (Raduški, 2022) and their transition to adulthood is earlier than of the general population (Sedlecky & Rašević, 2015). The data repeatedly showed that members of the Roma people are the most discriminated ethnic group in Serbian society (CPE, 2022) which indicates that the longstanding antigypsyism restricted

their rights to equal education, dignified employment, basic services for generations, and. informal social contacts (Bašić, 2021).

The most important indicators of youth social inclusion are education and employment status because they contribute significantly to poverty. Substantial investments in the **social inclusion** of Roma people, especially regarding education, had only restricted positive effects. The school attendance of young Roma has slightly increased in the last 10 years, but the rate of dropouts is still very high, especially in secondary education. The rate of dropouts is 36% for elementary school and steeply increases to 72% for secondary school, while it is only about 5% in the general population (Statistical Office of the Republic of Serbia & UNICEF, 2014, 2020; National report on inclusive education 2019-2021). The next problem is lower-quality education in segregated environments or “special” schools (Statistical Office of the Republic of Serbia & UNICEF, 2014). About 30% of children in special schools are of Roma origin, while their representation in the general population is about 3-4% (ECRI, 2024). Lately, there has been an increase in their share in mainstream schools, but many of them attend school according to the individualized curriculum. Consequently, the rate of Roma students enrolled in HE institutions is very low (under 1%), especially compared to the rate in the general population (46%), even though it was increasing over the past years (Bojadijeva, 2015, according to Simić & Vranješević, 2022). Roma people are not positioned well in the Serbian labor market. Due to the high dropout rate and consequential low education, most of them are unqualified and thus limited to physical jobs. The National Employment Service (NES) reported in 2022 that 87% of registered unemployed Roma belong to the unskilled workers group (Stanković, 2022). Statistics on youth for the period 2011 – 2017 reveal that even 73% of young Roma (age 18–24) were not working nor involved in educational processes (Stanković, 2022). The rare studies in the field pointed out that lower education level and lack of willingness to be engaged during job-seeking process partly impeded their chance to get employed, but it is also partly the consequence of unfavorable conditions at labor market, i.e. grey market, the underdeveloped system of career guidance and counseling, high participation of Roma in the informal sector, and discrimination and prejudice in employing this ethnic group (Stanković, 2022).

The existing literature often deals with obstacles to the **social inclusion** of young Roma - prejudices, discrimination, and social distance (Baščarević, 2007; Ljujić et al., 2013; Mićević, 2005; Miladinović, 2008; Miladinović, 2014; Poucki & Bryan, 2017; Smuđa et al., 2019). Young Roma are faced with strong prejudices, high social distance, and low social status that have many negative repercussions on their psychosocial development, i.e., school dropout, manifestation of deviant behavior, and mental health problems (Raduški, 2003). Young Roma people face many obstacles during education in the social inclusion (Cerović et al., 2018; Cerović et al., 2023; Đorđević & Mašović, 1999; Mandić, 2012; Milanković et al.,

2015; Mišković & Ćurčić, 2016; Simić & Vranješević, 2022; Simić et al., 2019). The problems begin in elementary school since they often attend “special schools” instead of regular schools (Government of the Republic of Serbia, 2016, March 3), and it widens at higher education levels (Simić & Vranješević, 2022). The studies showed that younger Serbian citizens manifest more prejudices than older ones.

The research about the mental health of **young Roma** often relates it to their social inclusion. Generally empirical research showed that Roma were more frequently unhappy and unsatisfied with their life compared to non-Roma (Cvjetkovic et al., 2017; Lim et al., 2017). The norm that demands early marriage has many negative effects on the mental states of young Roma women in the form of obsessions, compulsion, depression, anxiety, hostility, phobic anxiety, and paranoid ideation (Inel Manev, 2024). The research showed that Roma college students had overcome socioeconomic challenges by relying on optimism, hope, and academic resilience (Simić et al., 2019). More positively socially adapted young Roma have better mental health and become more socially included in society (Dimitrova et al., 2016; Duval & Wolff, 2016; Mikić, 2019; Raduški, 2003).

1.1.2. Psychosocial characteristics of young migrants and refugees in Serbia

The number of migrants and refugees that are passing through or staying in Serbia has been steeply dropping since the beginning of the COVID-19 pandemic. The Serbian Commissariat for Refugees and Migration reported that there were a total of 124,127 recorded migrants in 2022, which decreased to 108,828 in 2023, and additionally decreased to 19,483 migrants that were registered at reception and asylum centers during 2024. Most of the migrants in Serbia are **refugees from the Middle East or North Africa (MENA)** who are planning to move to some EU country, and amongst them, some become **asylum seekers**. Another group of migrants are refugees from Croatia or Bosnia & Herzegovina and **internally displaced people** from Kosovo and Metohija who forcibly emigrated and have refugee status according to Serbian legislation. Besides them, there are also returnees, mostly Roma nationals with Serbian citizenship, who returned to Serbia through the admission process. The smallest category is **international students** who emigrated from Serbia and students who immigrated to Serbia. At the end of 2022, 2131 international students received a visa. Most of them were from Russia (20,9%), Libya (12,6%), Montenegro (4.4%), Iran (4.3%), and Syria (4.3%). Data available from the Serbian Commissariat for Refugees and Migration (SCRM) shows that there were 367 children in reception or asylum centers in Serbia in May of 2021. Most of the refugee and migrant children were enrolled in the education system (over 85%) and provided with necessary support (additional classes, nutrition, IT equipment, textbooks, etc.). Statistical analysis indicates an increase in the number of child victims of human trafficking. Under high risk are young girls and children traveling unaccompanied

intensive mixed migration flows, through the territory are especially vulnerable to human trafficking and exploitation and they should be recognized and protected.

This data is further confirmed by the report "The Situation of Vulnerable Refugee Groups at the Northern Border" published by Asylum Protection Center (APC, 2025), which offers recent field-based insight into the psychosocial condition of refugees. According to this report, women and children make up 32% of all refugees registered by APC field officers, while unaccompanied minors account for 6% of the total refugee population. The majority of these vulnerable individuals originate from Syria, Turkey, Afghanistan, and Egypt. Minors and families are often held in police stations under poor conditions after being illegally pushed back from Hungary into Serbia, outside of formal readmission agreements. A small number of unaccompanied minors are placed in state-run social protection institutions in Belgrade and Niš, while the rest reside either in the reception center in Bujanovac or in open locations, without access to protection or services.

Most of the refugees who resided in Serbia were considered psychologically vulnerable (Vukčević Marković et al., 2017; Vukčević Marković et al., 2018). A survey showed that 89% of the asylum seekers placed in reception or asylum centers reported mental health problems, and 67% of these displayed high psychological vulnerability (Vukčević Marković, 2017). Additionally, a survey showed that 96% of refugees experienced at least one trauma during their travel. Traumatic events in transit changed, but their overall rate stagnated over the last 5 years (Vukčević Marković, 2017). Psychological screening showed that 85% of refugees suffered due to problems with mental health and needed psychological assistance and support. In comparison to previous years, all indicators of mental health and resilience took on a negative turn – with more people experiencing symptoms of depression, anxiety, and trauma-related stress.

Psychosocial distress is particularly high among unaccompanied minors and single parents with children, who are exposed to multiple and prolonged traumatic experiences. These include constant exposure to violence (both physical and verbal), the uncertainty of their migration route, separation from family members, and complete dependency on smugglers. During psychological consultations, symptoms of trauma were commonly observed — such as insomnia, irritability, withdrawal, and emotional numbness. Migrant adolescents frequently reported fear of the future, describing how their well-being depends entirely on smugglers, which reinforces feelings of helplessness and passivity.

Generally, both academic research (Biro et al., 1995; Bjekić et al., 2020; Čavić, et al., 2008; Jankovic-Rankovic et al., 2020; Varvin et al., Vasić et al., 2021) and research done by NGOs confirmed the negative effects of forced migration on the social inclusion and mental health of young **refugees** (Vukčević,

et al., 2016; Vukčević Marković et al., 2017; Vukčević Marković et al., 2018; Vukčević Marković et al., 2021; Vukčević Marković et al., 2023). The research published in Serbian scientific periodical showed that young migrants were facing various psychosocial challenges and mental health (Bjekić et al., 2020; Bogetić & Jugović, 2019; Marjanović, 2023; Pejušković & Vukčević Marković, 2020; Urzúa et al., 2024), but the information regarding their social functioning are restricted on the way that the education system embraces migrants/refugees and its' potential improvement related to multiculturalism and diversity were done on teachers (Bogetić & Jugović, 2019; Cerović et al., 2018; Đorđević et al., 2018, Solarević & Pavlović, 2018; Starc, 2016). One article showed usefulness of supporting programs for young migrants in school settings developed by the relevant institutions for stress reduction (Vuković, 2021). The research on children and adolescents aged 11–18 years old residing at two refugee centers in the Republic of Serbia showed that more than 50% of them displayed significant symptoms of PTSD and used various psychoactive substances (Vasić et al., 2021). Various mental health problems that require immediate psychological support, especially among refugees with lower coping capacities, have been documented in 5 years during migration (Vukčević Marković & Bjekić, 2021).

1.2. Significance of the Study

The academic literature lacks explanatory research on the psychosocial functioning of young migrants and Roma in Serbia, but non-governmental organizations have gathered a huge corpora of descriptive information about these two groups. In the research, we explored complex relationships between psychosocial factors that determine the mental health of marginalized young migrants or Roma nationals. More precisely, we checked if the experience of discrimination affected the social cognitions about benevolence and sense of the meaning of disadvantaged youngsters, as well as self-acceptance and social connectedness that are prerequisites of mental health. The research surpasses the majority of the previous studies that had a more descriptive character because it explores complex interrelationships between various psychosocial predictors of mental health. An additional advantage was the possibility to compare both migrants and Roma.

In this context, **social inclusion** is not only a developmental principle, but a central psychological resource that fosters resilience, personal growth, and social participation among marginalized youth. It directly influences mental health by meeting the fundamental human need for belonging, validation, and connection. When young people—especially those from historically excluded groups such as Roma or forcibly displaced migrants—are denied opportunities for meaningful engagement in education, community life, decision-making, and peer interaction, the psychological cost is significant. Research consistently shows that

social exclusion activates brain regions associated with pain and distress, and chronic social rejection is linked to depression, self-harm, and reduced life satisfaction (Eisenberger & Lieberman, 2004).

For Roma youth in Serbia, generations of exclusion from quality education, employment, and housing systems have resulted in structural poverty, low social mobility, and internalized stigma. Despite national strategies for Roma inclusion, UNICEF reports “Child Poverty in Serbia 2015” showed that only 6% of children age 36-59 months from Roma settlements attended early childhood education. Only 63% of children from Roma settlements attended kindergarten, and 80% who attended first grade had attended kindergarten in the previous year. The lack of early social inclusion had negative effects on their self-esteem and self-efficacy, resulting in disconnection from broader society.

Similarly, young migrants and asylum seekers often experience “institutional invisibility” — limited access to schooling, absence of psychological support — further reinforcing a fragmented sense of self and world. Without inclusive policies that recognize their potential and provide long-term integration paths, their psychosocial development is halted. Youth who are included in schools, extracurricular activities, cultural exchanges, and peer networks show measurable improvement in emotional regulation, trust in others, and optimism about the future. Therefore, inclusion is not a luxury — it is a therapeutic condition and a foundation of well-being.

This study highlights that inclusive environments—schools that practice intercultural education, youth centers that support participation, and services that reflect the voices of young Roma and migrants—are essential in protecting against mental health deterioration. When exclusion is replaced by empowerment, marginalized youth can reconstruct damaged assumptions about the benevolence and justice of the world. In this way, social inclusion operates not only as a social goal, but as a mechanism for psychological healing and transformation.

Discrimination is negative behavior toward a group or its members based on the prejudices that are preconceived negative judgments of a group and its members (Meyer, 2009). Group membership may occur as the result of an ascribed identity related to their race/ethnicity, sex, or age, as well as of achieved identity, i.e., social class or education. **Discrimination** can be manifested through acts, practices, or policies that wrongfully impose a relative disadvantage or deprivation on persons based on their membership in a salient social group (Altman, 2020). As the research deals with migrants and Roma people, the main type of discrimination they face is ethnic discrimination. In this work, our focus is on **ethnic discrimination**, which is defined as unfair treatment received because of one’s ethnicity, where ethnicity refers to various groupings of individuals based on notions of race or culture of origin (Contrada et al., 2000, 2001). It can be

manifested as verbal rejection, avoidance, exclusion, social distancing, harassment, violence, threat of aggression, aggression, restrictions of legal rights, denial of equal treatment, undervaluing action, stigmatization, and other similar acts by various social actors i.e., individuals, institutions,...(Contrada et al., 2001). **Perceived ethnic-racial discrimination** incorporates individuals' subjective experiences related to both their ethnic and racial group identities and experiences (Schwartz et al., 2014; Umaña-Taylor et al., 2014).

According to the *Cultural Stress Theory*, the members of ethnic minority groups face a variety of stressors in their daily lives, including discrimination, negative context of reception, acculturation stress, and family-related and socioeconomic conflicts (Salas-Wright & Schwartz, 2019). Another important issue is the distinction between objective encounters with discrimination and perceived discrimination that is a subjective interpretation of discrimination because of their unique consequences for well-being (Paradies, 2006). **Experiencing discrimination** can be stressful or even traumatic, especially if it is frequent or pervasive. **Ethnicity-related stress** is the outcome of a person-situation interaction in which one perceives the features of the social environment as threats from the aspect of her/his ethnicity and anticipates harm or believes that damage has already occurred (Contrada et al., 2001). The newer definition of **ethnic-racial discrimination stress** is the stress resulting from being treated unjustly or unfairly because one belongs to a historically marginalized ethnic-racial group (American Psychological Association, 2021, 2022) is more adoptable for Roma people who suffered discrimination for a long period. As the research deals with migrants and Roma people, the main type of discrimination they face is based on their ethnicity. **Perceiving discrimination** pivots undermine psychological well-being by various means. It is based on the devaluation of the group identities (Tajfel & Turner, 1979), leads to the exclusion that frustrate the needs for inclusion and acceptance (Baumeister & Leary, 1995; Wirth & Williams, 2009), and result with the powerlessness of discriminated persons regarding important life outcomes (Verkuyten, 1998) as well as with exclusion from positions of power (Sidanius & Pratto, 1999).

Psychological trauma occurs when an event, series of events, or circumstances are experienced as physically or emotionally harmful or threatening, overwhelms a person's capacity to cope, and has lasting adverse effects on the person's functioning and well-being (SAMHSA, 2014). Reactions to the trauma are obvious in emotional, physical, cognitive, behavioral, social, and developmental domains. Prolonged exposure to the devaluation of an ethnic origin, native language, or culture, and personal experiences with ethnic prejudices, stereotypes, social behaviors, and discrimination often have as a consequence **internalization of discrimination** and acceptance of negative messages about one's abilities and worth (Jones, 2000). The people that internalize ethnic or racial prejudices become agents of their own and their

community's oppression characterized by self-hatred manifested itself in noncritical acceptance of dominant norms and denial of their membership in their racial group.

The study explores changes in the cognitive and social domains that in a way can be attributed to the exposure to the ethnicity-related stereotypes, prejudices, and discrimination. After the traumatic event, a person's task is to integrate shocking and contradictory experiences into their cognitive framework. Traumatic experiences challenge our *belief that our efforts and intentions can protect us from bad things. The theory of shattered assumptions* claims that traumatic life events change basic assumptions (Janoff-Bulman, 1989). **The basic assumptions** are a set of stable fundamental cognitions embedded in our cognitive framework that passed numerous reality tests about the world and are useful for predicting events, guiding perception, and decision-making in a complex and changeable environment (Janoff-Bulman, 1992). People develop a positive set of world assumptions due to the warmth and nurturing experience with their caregivers during childhood. These assumptions are additionally slowly and gradually shaped through solving many tasks and problems, but they are usually resistant to daily hassles and minor negative events (Janoff-Bulman, 1992). The primary categories of basic assumptions are Benevolence of the world, Meaningfulness of the world, and Worthiness of self. *Benevolence of the world* determines the extent to which people view the world positively based on their implicit base-rate notion of benevolence/malevolence. It is a two-dimensional concept consisting of the impersonal world's benevolence and people's benevolence. *Benevolence of the impersonal world* indicates the degree of belief that the world is a good place and that misfortune is relatively uncommon. *The benevolence of people* indicates the degree to which a person believes that people are good, kind, helpful, and caring. *Meaningfulness of the world* represents people's beliefs about the distribution of good versus bad outcomes. In Western culture, the most prominent distributional principles are justice, controllability of outcomes, and lack of randomness. *Justice* is the belief that people deserve to have specific moral characteristics and get what they deserve. It is strongly related to character with goodness and decency. *The controllability of outcomes* is the belief that people's behaviors determine what will happen to them i.e., if they behave providently, they will minimize their vulnerability. The superordinate concept of justice and controllability of outcomes is a "sense of meaning" (Frankl, 1963; Silver, Boon, & Stones, 1983), which denotes that social events are meaningful to the degree that is consistent with predictable social laws - justice and controllability. **The lack of randomness** is the belief that it is possible to understand why particular events happen to particular people. It is highly sustained by justice and controllability. **The worthiness of self** is a three-dimensional construct that contains self-worth, self-controllability, and a sense of being lucky. *Self-worth* is based on self-perception as good, moral, worthy, and decent (Janof-Bulman, 1989), and the belief that we deserve good outcomes helps us in facing the bedtimes since we have the mentioned characteristics. *Self-controllability* is the perception of one's

capacity to engage in appropriate or precautionary behaviors to control outcomes. *The sense of being lucky* is the self-perception of the self as being lucky, accompanied by the belief that they are protected from ill fortune. For example, the basic assumption regarding the *Benevolence of people* is questioned when one is personally confronted with aggressive acts by other people. The belief that the world is not safe and that people are dangerous can stop us from leaving the house in the morning. If the task of integrating this traumatic information into existing assumptions is not resolved, the tension between an individual's world assumptions and the newly acquired information about the traumatic events continues, which might also give rise to psychopathology.

In this study, basic assumptions related to Benevolence and Meaning of life estimate the *Image of the world* that unifies assumptions related to the world. The second construct, **Place in the world** integrates one of basic assumptions, *Worthiness of self* with *Connectedness* and *Internalization of discrimination*. *Connectedness* refers to the tendency to feel close to others even though they are different from oneself, to be ready to identify with them, to perceive them as friendly, and to participate in large social groups and activities (Kohut, 1984). It is the result of the most developed way to satisfy the need for belongingness that emerges during adolescence and extends throughout adult life. It requires a mature self with strong self-esteem that can successfully maintain companionship and affiliation with self-objects and feel comfortable and confident within a larger social context than family or friends. People with low connectedness often use inappropriate interpersonal behaviors e.g., avoidance. Consequences of low connectedness are loneliness, various negative emotions (jealousy, anger), distress, anxiety, depression, and low self-esteem (Baumeister & Leary, 1995). Ethnicity related trauma and stress can decrease connectedness or even to induce the regression to earlier forms of functioning or isolation in the social domain. It contributes to the increase of interpersonal distance, difficulties relating to the social world, and discomfort in social situations. Social exclusion, rejection and ostracism have broad negative effects on psychological functioning. The main effects are increased stress and anxiety (Williams, 2001), cognitive deconstruction (Twenge et al., 2003), aggression (Kirkpatrick, Waugh, Valencia, & Webster, 2002; Leary, Kowalski, Smith, & Phillips, 2003; Twenge, Baumeister, Tice, & Stucke, 2001), self-defeating behavior (Twenge, Catanese, & Baumeister, 2002), and declines in self-esteem (Leary, Tambor, Terdal, & Downs, 1995).

Well-being refers to an optimal state of being and health (World Health Organization, 2013). In our research focus is on the subjective well-being that is measured by self-reports on how well life is going. This measure is also used for the estimation of underlying positive and negative emotional states. It is dominantly seen as 'hedonic' in the sense of feeling well, but it also can be seen as 'eudaimonic', which denotes that a person functions well. *'Hedonic' well-being* encompasses cognitive aspects of life satisfaction and affects balance

(Diener, 2000). The degree of feeling well, having purpose, mastery, strong relationships and self-acceptance are used to estimate psychological or '*eudaimonic*' *well-being* (Ryff, 1989). The former operationalization of well-being was accepted in this study. Additionally, due to the relative independence between positive and negative aspects of well-being and their diverse relationships with other variables, these two dimensions were considered separately (Huppert & Whittington, 2003). Our operationalization of **Positive well-being** includes life satisfaction but does not affect balance, which is often used to measure positive mood and energy. In the research, it was estimated by satisfaction with life and mental health. *Life satisfaction* represents the cognitive component of subjective well-being or the experience commonly referred to as happiness (Diener, 1984, 2000; Diener et al., 1999). Additional concept that was included was *mental health* that is defined as a "state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community crucial element of health and well-being that supports both our individual and group capacity to decide, form connections, and influence the world we live in" (World Health Organization, 2022). *Negative well-being* was measured with depression and anxiety as representation of the negative mood, symptoms of distress and trauma caused by ethnicity related discrimination and hyperarousal.

Ethnicity-related interpersonal maltreatment can have various effects. Threats and harms based on one's ethnicity may evoke anger, fear, and vigilance while the exclusion may induce sadness, loss of self-esteem, and avoidance. In the research, we analyzed the effects of discrimination on anxiety, depression and trauma. **Depression** is characterized by the presence of negative emotional states such as dysphoria, hopelessness, feeling gloomy or blue, devaluation of life, evaluating life as meaningless or value, low self-esteem, pessimism about the future, low positive affect, and an inability to experience pleasure or satisfaction. Symptoms of **depression** include (ICD-10) prolonged feeling sadness or anxiousness, loss of interest in activities that used to be fun, irritability, low frustration tolerance, restlessness, sleeping problems, changes in appetite, experiencing various untreatable health issues, problems with cognitive functions (concentrating, remembering details), making decisions, thinking about suicide or hurting yourself, feeling tired, guilty, worthless or helpless. **Anxiety** is characterized by negative emotional states such as autonomic arousal, apprehension, physiological hyperarousal, and the subjective feeling of fear, sense of panic, situational anxiety, and the subjective experience of anxious affect. Depression, anxiety, and stress often occur together and with low self-esteem cause a problem in the psychological adjustment (Lee & Robbins, 1998). Depression and anxiety are manifested by characteristic intensive negative emotions and moods that last for a long time and interfere with everyday functioning. The depression and anxiety were operationalized on the base of their model as a tripartite structure (Clark & Watson, 1991) consisting of shared general distress or negative affect (shared by anxiety and depression), physiological hyperarousal (specific to anxiety), and an

absence of positive affect (specific to depression). Ethnic-racial discrimination experiences and the internalization of such experiences are conceptualized as stressors as they constitute a source of chronic, acute, and/or persistent psychological stress experiences in many individuals (American Psychological Association, 2020; Pascoe & Richman, 2009). Internalization of discrimination stress diminishes well-being as well as health (Rodriguez et al., 2024).

The present study allows us to investigate if the accumulation of prior traumatic events sensitized Roma respondents and heightened the link between stress-related symptoms and perceived discrimination compared to the young migrants (moderation model). We assumed that young Roma respondents experienced ethnic discrimination from their birth so it could have cumulative impact of race-based traumatic experiences at individual, institutional, and systemic levels, racial trauma has significant effects on mental and physical health as well as on social and economic aspects of victims' lives (Comas-Díaz, 2016; Helms et al., 2010). Given the history of Roma communities being over-researched without benefit, this study worked with (pro)-Roma organizations to ensure ethical participation, trust, and a focus on structural causes rather than cultural blame. Migrants from the moment of migration, asylum seekers could also be a minority in the country of origin so they could be closer to the Roma in this comparison.

2. Methodology

2.1. Purpose of the study and research design

The purpose of the study was to explore the impact of discrimination on the well-being of disadvantaged youth, more precisely of Roma ethnicity or migrant status. In order to obtain the purpose a mix-methods design was used involving a quantitative cross-sectional study and qualitative investigation.

A quantitative cross-sectional study analyzed the effects of discrimination on the well-being of disadvantaged youngsters including the checking of their relationships with basic assumptions separately for Roma and migrants. This component involved the application of a questionnaire on a sample of youngsters from disadvantaged groups (Roma, migrants, and refugees/asylum seekers). Included variables are presented on the Figure 1.

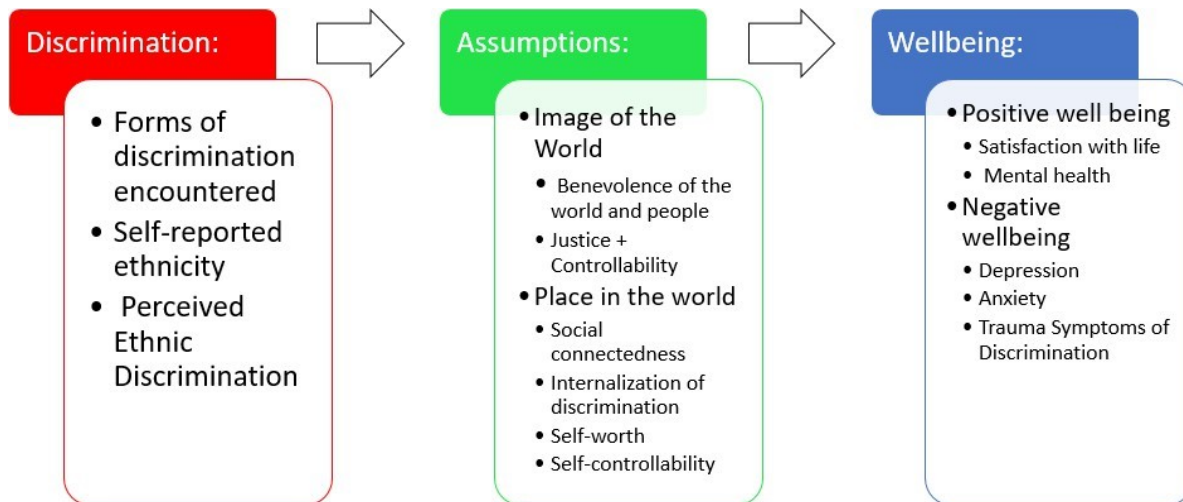


Figure 1

Diagram of researched variables

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 main themes of the interviews were next:

- Impact of discrimination on youngster’s wellbeing,
- Barriers in disadvantaged youngsters access to adequate support,
- Support measures needed by youngsters to overcome the negative effects of discrimination,
- Support measures needed by youth workers to provide adequate services to disadvantaged youngsters.

2.2. Participants

The recruitment of participants for both components of the study - quantitative and qualitative - was conducted through a combination of community-based outreach and collaboration with civil society organizations. The EDIT Center, in cooperation with the research team, first organized preparatory training for three volunteers who supported fieldwork in Roma communities. These volunteers were trained in communication and ethical engagement with disadvantaged youth and were equipped to assist participants in completing the questionnaire, which had been translated into Serbian to ensure accessibility. The questionnaires in English or their translation to the language that respondent understand were administered to migrants and refugees. The technique of responding was paper-and-pencil and online via Google forms application.

Preparatory activities also included establishing communication with local Roma community representatives in several settlements across both southern and northern Serbia. These areas included urban neighborhoods and rural environments where Roma populations are present. Roma activists, community leaders, and Roma

civil society organizations played a crucial role in connecting the research team with potential participants and in supporting trust-building processes. Snowball sampling was used to ensure a wider reach within these communities, resulting in a balanced sample in terms of gender, age, and education levels.

In the case of migrants, asylum seekers, and refugees, a different recruitment strategy was applied due to the mobile and often legally uncertain status of this population. The EDIT Center contacted several civil society organizations that provide direct services to people on the move in Serbia, including those operating within or near reception and asylum centers. These partner organizations helped identify individuals willing to participate and facilitated communication and translation when necessary. In addition, several respondents were reached through the EDIT Center's informal network of collaborators - professionals and volunteers - who work directly with displaced populations, including those temporarily residing in camps, informal settlements, or private accommodations.

For the qualitative component of the study, purposive sampling was used to recruit both youth workers and disadvantaged young people who had direct experience with discrimination and support systems. Youth workers were selected from among those actively engaged in working with Roma and/or migrant youth through NGOs, community centers, or public institutions. The interviews with young people were conducted in a safe and respectful manner, with attention to language preferences and cultural sensitivity. All participants were informed about the purpose of the study, assured of confidentiality and anonymity, and provided informed consent. Participation was entirely voluntary, and respondents were free to withdraw at any time without consequence. To ensure additional ethical responsibility and emotional safety of participants, contact information for psychological counseling services within the "Sazvežđe" network - organizations offering psychological and mental health support - was included at the end of the questionnaire. In addition, the personal contact of the lead researcher was also provided in case participants had further questions, needed clarification, or wished to share additional information.

The sample of young Roma, refugees and migrants used in *quantitative part of the research* consisted of 129 subjects in which 50% were males. Mean age of respondents was 27 years (SD = 6 years) and the range was from 15 to 35 years¹. The sample was divided into adolescents or minors (younger than 24 years) and the young adults (25 to 35 years). In the Roma group 52% of respondents were younger than 25, while in the migrant group there was only 23% of them (Figure 2).

¹ The United Nations defines 'youth' as persons aged between 15 and 24, but this range is determined in order to ensure the creation of the statistics for various countries. However, their recommendation is to adopt the range according to experience of being young in the specific country. Due to specific characteristics of the researched populations and our country where average age of leaving parental home is about 32, the criterion for the inclusion in the sample was that respondents are below 35 years as the upper age limit for young people to benefit from the support provided under these policies.

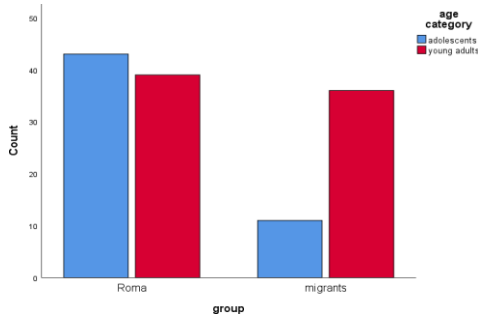


Figure 2

Bar chart of the age structure of Roma and migrant group

The groups were complexed regarding their migrant status (Table 1). In the sample of persons that declared themselves as Roma and Serbian citizens 20% were migrants - 4 of them claimed that they are migrants and 13 were refugee or asylum seekers. In the group of migrants, there were 32 immigrants (71%) and 13 refugees/asylum seekers (29%). They were mostly from MENA countries (32 respondents).

Table 1

Structure of the subsamples according to citizenship status and gender

		<u>Citizenship status</u>			<u>Total</u>	
		Serbian citizens	Immigrants	Refugee/ asylum seekers		
Group	Roma	Count	67	4	13	84
		% within group	79.8%	4.8%	15.5%	100.0%
	Migrants	Count	0	32	13	45
		% within group	0.0%	71.1%	28.9%	100.0%
Gender	Males	Count	34	18	12	64
		% within group	50.7%	50.0%	46.2%	49.6%
	Females	Count	33	18	14	65
		% within group	49.3%	50.0%	53.8%	50.4%
Total		Count	67	36	26	129
		% of Total	51.9%	27.9%	20.2%	100.0%

The sample and subsamples were gender balanced across Roma and migrants, as well as across the subgroups of migrants (Table 1, Figure 3). In the subgroup of 67 young Roma 50% were males, in the subgroup of 36 migrants 50% were males, and in the group of 26 refugee/asylum seekers 46% were males.

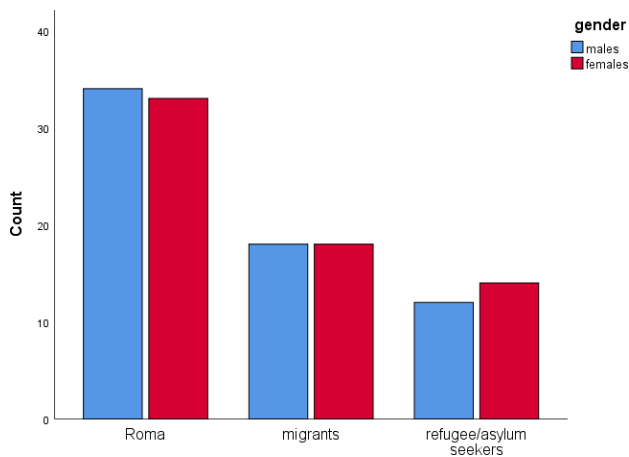


Figure 3

Gender distribution across subgroups

The average age of the Roma group was 24.51 years (SD = 5.76), average age of the migrants was 29.11 years (SD = 4.96), and average of asylum seekers was 30.58 years (SD = 5.18). One way ANOVA showed that there were significant differences in age between these three groups ($F(2, 126) = 15.38, p < .01$). Least significant difference post hoc tests showed that Roma group was younger from migrants and refugees/asylum seekers (Table 2).

Table 2

Results of the Least Significant Difference Post hoc tests

(I) group	(J) group	Mean Difference (I-J)	SE	Sig.
Roma	Migrants	-4.60*	1.12	.00
	Refugee/asylum seekers	-6.07*	1.26	.00
Migrants	Roma	4.60*	1.12	.00
	Refugee/asylum seekers	-1.47	1.40	.30
Refugee/asylum seekers	Roma	6.07*	1.26	.00
	Migrants	1.47	1.40	.30

*. The mean difference is significant at the 0.05 level.

The Roma subsample was less educated than the subsample of migrants (Table 3). In the Roma subsample, most of the respondents finished high school (32%) or secondary school (30%). In the migrant subsample, most of the respondents were highly educated (71%) or they just finished high school (22%). In both groups, more than 60% of respondents were unemployed. The percentage of unemployed was higher in Roma group (73%) than in the migrant group (58%).

Table 3
Educational and employment structure of the sample

		group			
		Roma		Migrants(+R/AS)	
		Count	Percent %	Count	Percent %
Gender	Males	42	50.0%	22	48.9%
	Females	42	50.0%	23	51.1%
Age category	Youth	43	51.2%	11	24.4%
	Young adults	41	48.8%	34	75.6%
Serbian Citizenship	Yes	84	100.0%	0	0.0%
	No	0	0.0%	45	100.0%
	Other situations	0	0.0%	0	0.0%
Educational attainment	No school	10	11.9%	0	0.0%
	Primary school (grades 1-4)	13	15.5%	0	0.0%
	Secondary school (grades 5-8)	25	29.8%	3	6.7%
	High school (grades 9-12)	27	32.1%	10	22.2%
	University degree	7	8.3%	23	51.1%
	Master degree	2	2.4%	5	11.1%
	PhD degree	0	0.0%	4	8.9%
Employment status	Employed	22	26.5%	19	42.2%
	Search employment	47	56.6%	13	28.9%
	Unemployed	14	16.9%	13	28.9%

Legend

R/AS = refugee or asylum seeker

The qualitative research sample comprised a total of 24 participants, including both youth workers and young people from the target groups—Roma communities and individuals with a migration or refugee background. Each of interviewees offered distinct insights into their experiences of discrimination, barriers to accessing support, and the support measures required for marginalized groups. Participants voluntarily took part in the research. They were selected based on their relevance to the research focus and their willingness to engage in semi-structured interviews guided by introductory questions.

The sample included:

- 5 youth workers working primarily with migrants and refugees;

- 4 youth workers working predominantly with Roma youth;
- 5 young people self-identifying as members of the Roma community;
- 10 young people with migration or refugee backgrounds.

Participants were recruited from both urban and rural areas of Serbia to ensure geographic diversity and contextual variability. Urban locations included Belgrade and the Novi Sad region, while rural and semi-urban contexts included Lebane and Bujanovac in southern Serbia, and Bačko Gradište (Municipality of Bečej) in Vojvodina.

The youth workers involved in the study are experienced professionals with extensive backgrounds in working with vulnerable youth populations. Their insights provided an informed perspective on the structural and psychosocial challenges faced by the target groups.

Migrant, Refugee, and Asylum-Seeking and Roma Youth

The sample included **15 young people from disadvantaged groups in Serbia**. It consisted of 5 Roma participants, 4 immigrants, and 6 refugees or asylum seekers. There were 10 males and 5 females participants. Interviewed persons were primarily young adults, with an age range between 20 and 34 years. There is one participant (asylum seeker) aged 39, who represents an exception from the typical age range of the sample.

Youth Workers (YW)

The research included **9 youth workers**, all of whom were female. Primarily adults aged between 27 and 48, with most in the 32–41 age range. Youth workers were further divided based on their primary target groups to youth workers primarily working with Roma youth and 5 youth workers primarily working with migrants, refugees, and asylum seekers.

2.3. Tools and measures

The questionnaire for the quantitative part of the research contained the questions related to sociodemographic characteristics of the participants and scales for the operationalization the researched constructs.

Perceived Ethnic Discrimination Questionnaire (PEDQ, Contrada et al., 2001) consists of 17 items distributed across four subscales. The subscales are **Disvaluing Action** (6 items; e.g., "Implied you must be dangerous."), **Threat** (2 items; e.g., "Threatened to hurt you"), **Aggression** (3 items "Someone damaged your property"), **Verbal rejection** (3 items; e.g., "Someone made offensive ethnic comments aimed at you"), and **Avoidance** (3 items; e.g., "Others avoided social contact with you"). Participants indicated how often

they had encountered each of these experiences in the past 3 months using a 7-point Likert scale ranging from 1 (never) to 7 (very often) to indicate how often over the past 3 months each form of discrimination had been directed at them. Cronbach's alpha values for the subscales ranged from .76 to .88 and .93 for the whole scale (see Table 2). In the further analysis were used both average scores for each subscale and the average score for the whole scale.

World Assumption Scale (WAS, Janoff-Bulman, 1989) is a self-report questionnaire consisting of 32 items regarding assumptions about the world. The original questionnaire contains eight subscales that consist of four items each, but in this research next six scales were used: **Benevolence of the world** (e.g. "*The world is a good place.*"), **Benevolence of people** (e.g. "*People are basically kind and helpful.*"), **Justice** (e.g. "*Generally, people deserve what they get in this world.*"), **Controllability** (e.g. "*People's misfortunes result from mistakes they have made.*"), **Self-worth** (e.g. "*I am very satisfied with the kind of person I am.*"), and **Self-controllability** (e.g. "*I usually behave in ways that are likely to maximize good results for me.*"). Answers are given on a 6-point scale ranging from 1 (strongly disagree) to 6 (strongly agree). According to the research protocol, for further analysis subscales Benevolence of the world, Benevolence of people, Justice, and Controllability are gathered in bigger scale **Image of the World** with Cronbach's alpha .70. Moreover, averages of items from subscales Self-worth and Self-controllability were merged in the scale **Worthiness of Self** with Cronbach alpha .80.

Social Connectedness Scale-Revised (SCS-R; Lee, Draper, & Lee, 2001) measures the degree to which young people experience of belonging to a social relationships or feel connected to others in their social environment (Lee & Robbins, 1995). This scale contains 20 items (e.g. "*I am able to connect with other people.*") accompanied with 6-point Likert scales ranging from 1 (strongly disagree) to 6 (strongly agree). This is measure emphasis is on the independent self in relation to others and attribute of the self that reflects cognitions of enduring interpersonal closeness with the social world generally. Cronbach's alpha values for the scale was .94.

Internalization of Discrimination Scale (Rodriguez, 2024) is scale consisted of seven items (e.g. "*Because of my ethnicity, I have been concerned with what others think about me.*") from the larger scale *Ethnic-Racial Discrimination Stress Inventory* (ERDSI, Rodriguez, 2024). ERDSI firstly prompts participants to indicate whether an event (i.e., a potential stressor) has occurred and then to appraise its stressfulness. Repeated exposure to indirect discrimination experiences and negative media representations of one's ethnic-racial group, individuals may begin to internalize some of these negative stereotypes, resulting in increased internalization of discrimination stress. For each item, we asked if participants just to appraise its stressfulness from 1 (not at all stressful) to 7 (extremely stressful). We did not asked them to

claim that they experienced it as it is proposed in the original scale plus we did not restrict the question on the past 12 months (yes/no). Higher scores represent a higher level of stress from the respective domain. Cronbach's alpha values for the scale was .88.

Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was used to assess life satisfaction. The responses to each of the five items (e.g., “*In most ways my life is close to my ideal*”) range from 1 (strongly disagree) to 7 (strongly agree). The SWLS showed favourable psychometric properties across various samples and cultures (e.g., Pavot & Diener, 2008). Cronbach's alpha for the scale was .93.

Mental Health Inventory (MHI-5; Ware & Sherbourne, 1992; Have et al, 2024) is a 5-item subscale that measures general mental health and belongs to the 36-item Short Form Health Survey (SF-36). It is very suitable to screen for mood disorders, but also can be used for anxiety disorders and depressive symptoms in the past month in the general adult population. The MHI-5 items (e.g. “*I worry too much about different things.*”) are accompanied with six-degree Likert scale. Cronbach's alpha for the scale was .81.

Depression Anxiety and Stress Scales (DASS-21; Lovibond & Lovibond, 1995, Antony et al., 1998) assesses negative emotional states in accordance with tripartite structure of anxiety and depression. The DASS-21 consists of three 7-item scales Depression, Anxiety, and Stress. In the research were used Depression and Anxiety scale. **The Depression scale** measures hopelessness, low self-esteem, and low positive affect (e.g., “*I felt down-hearted and blue*”). **The Anxiety scale** measures tension, negative emotional states such as autonomic arousal, apprehension, physiological hyperarousal, and the subjective feeling of fear, sense of panic, fearful states (e.g., “*I felt scared without any good reason*”). Respondents indicate the extent to which they agree with each statement on a 4-point scale Likert scale, from 1 (did not apply to me at all) to 4 (applied to me very much, or most of the time). The DASS-21 has been widely used and showed good psychometric properties in clinical (Page, Hooke, & Morrison, 2007) and non-clinical samples (Henry & Crawford, 2005; Jovanović, Gavrilov-Jerković, Žuljević, & Brdarić, 2014). In the present study, Cronbach's alphas for the Depression and Anxiety were .89 and .87, respectively.

Trauma Symptoms of Discrimination Scale (TSDS; Williams et al., 2018) is a 21-items self-report measure that measures presence of on anxiety-related trauma symptoms related to the experience of discrimination, including avoidance, negative cognitions, social fears, and worries about the future discrimination. Items represent some of common forms of symptoms observed in the discriminated groups and according to that are grouped into subscales **Uncontrollable distress and hyperarousal** (e.g. “*I feel so restless that it is hard to sit still.*”), **Alienation from others** (e.g. “*I feel isolated and set apart from others.*”) (3) **Worry about safety and the future, and being** (e.g. “*I feel afraid as if something awful might happen.*”), **Keyed up and**

on guard (e.g. “I feel constantly on guard, watchful, or easily startled, especially around certain people or places.”). In the preliminary research it has shown good reliability and convergent validity (Williams, Kanter, & Ching, 2017; Williams, Kanter, & Debreaux, 2017). Items are rated with 4-point scale Likert scale from 1 (never) to 4 (often). The measure is scored by summing all items. An additional item is a question that asked to select what form of discrimination they experienced, including racial/ethnic, gender, sexual orientation, religion, age, and/or other (write in), and were able to check multiple causes. Cronbach’s alpha values for the subscales ranged from .70 to .89 and .94 for the whole scale (see Table 2).

Table 4

Cronbach alphas for subscales

	Cronbach's Alpha	N of Items
Disvaluing action	.90	6
Threat	.81	2
Aggression	.72	3
Verbal rejection	.92	3
Avoidance	.89	3
Perceived Ethnic Discrimination	.94	17
Benevolence of the world	.72	4
Benevolence of people	.62	4
Benevolence (Bow+Bop)	.78	8
Justice	.57/.70	4/3
Controllability	.73	4
Image of the world	.77	16
Image of the world (without 9.1, 9.2)	.82	14
Self-worth	.83	4
Self-controllability	.74	4
Worthiness of Self	.80	8
Internalization of discrimination	.88	7
Social Connectedness	.94	20
Satisfaction with life	.93	5
Mental Health	.81	5
Depression	.89	7
Anxiety	.87	7
Uncontrollable distress and hyper arousal	.89	8
Alienation from others	.84	6
Worry about the safety and the future	.76	5
Being keyed up and on guard	.70	2
Trauma symptoms of discrimination	.94	21

The questionnaire for the qualitative part of the research contained the mix of close-ended and open-ended questions related to discrimination, its' effects and requested and needed support.

The interview with the disadvantaged youngsters comprised 7 close-ended questions (regarding their social and demographic profile - age, gender, education, citizenship) and 11 open-ended questions about their experiences with discrimination (i.e. *“What are your thoughts about discrimination? How do you conceptualize it? Have you confronted discrimination during your lifetime? If yes, how and in what circumstances?”*), the effects felt and the support they accessed or needed to overcome the situation (Appendix 2).

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 (*“Based on your experience, what can you tell me about the discrimination encountered by your target group? Search for details about: intensity - how strong, frequency - how often, specificity - some more than other (i.e. those with darker skin or women), domains (i.e. employment, housing, participation in social life etc.)”*), 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 (Appendix 2).

2.4. Data analysis

Descriptive statistics were used for the presentation of the sample. Chi square test and t test for independent samples were used for the comparison of groups. Spearman correlations were used for analyzing correlations between variables. In order to understand better structure of the research variables hierarchical cluster analysis using Complete linkage and Pearson correlations as a measure of similarity was conducted. Multivariate analysis of covariance (MANCOVA) was used for identifying predictors of well-being. Quantitative predictors were Discrimination, Image of the world, Place in the world represented by Worthiness, Social connectedness, Internalization, and Education level and qualitative predictor group. Criterion variables were dimensions of well-being - general well-being (average of satisfaction with life and mental health) and distress (average of depression, anxiety and traumatization). Partial η^2 are interpreted as effects i.e. the amount of variance explained in the outcome variance, and the cut scores are 0.01, 0.09, and 0.25 for small, medium, and large, respectively. The interviews were analyzed with content analysis.

3. Results

3.1. Quantitative analysis

3.1.1. Need satisfaction

Regarding the satisfaction of the basic needs, according to Pearson chi square ($\chi^2(1) = 4.40, p < .05$) young Roma have significantly more difficulties in securing in **obtaining food and water** and **financial security** (57%) than young migrants (38%). The responses on these two items were the same. Migrants (24%) are facing more problems in **ensuring heated shelter** ($\chi^2(1)=6.34, p<.05$) than Roma (8%). Another financial indicator – monthly income showed us that almost all migrants (97%) have much lower income compared to the general population in Serbia, while in the Roma subsample 72% have much lower **income** ($\chi^2(1)=10.07, p<.05$). Migrants reported significantly more problems with social exclusion, 36% of them do not feel useful in society and 60% do not feel part of society. In the domain of the social inclusion, Roma people have the highest problems with feeling respected in society (54%). About 30% of the Roma group reported problems in other social inclusion indicators (*Feeling useful in society, Feeling part of a social group, and Feeling part of the society*). Problems in **reaching knowledge and education** have both groups, but migrants (49%) reported insignificantly more such problems than Roma respondents (35%).

Table 5

Data about the satisfaction of basic needs

		Groups			
		Roma		Migrants	
		Count	Percentage %	Count	Percentage %
Food and water $\chi^2(1)=4.40, p<.05$	No	48	57.1%	17	37.8%
	Yes	36	42.9%	28	62.2%
Heated shelter $\chi^2(1)=6.34, p<.05$	No	7	8.3%	11	24.4%
	Yes	77	91.7%	34	75.6%
Financial security $\chi^2(1)=4.40, p<.05$	No	48	57.1%	17	37.8%
	Yes	36	42.9%	28	62.2%
Monthly income $(\chi^2(1)=10.07, p<.05)$	Much lower	48	71.6%	60	96.8%
	Somewhat lower	10	14.9%	2	3.2%
	About the same	9	13.4%	0	0.0%
Knowledge and education $\chi^2(1)=1.42, p>.05$	No	29	34.5%	22	48.9%
	Yes	55	65.5%	23	51.1%
Culture and religion $\chi^2(1)=0.93, p>.05$	No	28	33.7%	25	55.6%
	Yes	55	66.3%	20	44.4%
Feeling respected in society $\chi^2(1)=2.61, p>.05$	No	45	53.6%	29	64.4%
	Yes	39	46.4%	16	35.6%
Feeling useful in society $\chi^2(1)=5.67, p<.05$	No	23	27.4%	16	35.6%
	Yes	61	72.6%	29	64.4%
Feeling part of a social group $\chi^2(1)=2.53, p>.05$	No	36	42.9%	26	57.8%
	Yes	48	57.1%	19	42.2%
Feeling part of the society $\chi^2(1)=5.73, p<.05$	No	32	38.1%	27	60.0%
	Yes	52	61.9%	18	40.0%

Both groups tended to see themselves as somewhat visually different comparing to the general population in Serbia but there were no significant differences between them (Table 6).

Table 6

Distribution of the answers on items related to the comparison with Serbian general population

		Groups			
		Roma		Migrant	
		Count	Percentage	Count	Percentage
Skin tone ($\chi^2(1)=3.86, p>.05$)	Much darker	21	31.3%	18	29.0%
	Somewhat darker	24	35.8%	16	25.8%
	About the same	19	28.4%	18	29.0%
	Somewhat lighter	3	4.5%	10	16.1%
Look, appearance and style	Much more different	15	22.4%	19	30.6%
Skin tone ($\chi^2(1)=2.37, p>.05$)	Somewhat different	38	56.7%	24	38.7%
	About the same	14	20.9%	19	30.6%

3.1.2. Descriptive analysis of the researched variables

Descriptive statistics showed that variables that operationalize **discrimination** have the highest departure from normal distribution, more precisely extremely positively skewed distributions in the both groups (Table 7). This means that they reported that they do not so often face situations of the discrimination presented in the items.

Aggregated variable **Image of the world** had negatively skewed distribution of the scores, which means that respondents tend to have assumptions about the world in general which are more positive. Variables from the domain **Place in the world** were close to the shape of normal distribution and their average means were close to theoretical means in both groups.

Variables **Life Satisfaction** and **Anxiety** from the domain of **well-being** had positively skewed distributions of the scores on the in the Roma group. These aberrations indicate that **young Roma** have slightly more positive **Image of the world** and somewhat lower **Satisfaction with life** and **Anxiety**. Other variables from that domain were normally distributed.

Table 7

Descriptive statistics for the researched variables across the groups

		M	SD	Me	Q	Sk	z(sk)	K	z(K)	Min	Max
Discrimination	Roma	1.85	0.83	1.56	0.58	1.32	5.08	1.38	2.65	1	4.67
	Migrants	2.15	1.25	1.67	0.715	1.56	4.46	2.23	3.23	1	6.17
Disvaluing action	Roma	2.24	1.15	2.08	0.815	1.25	4.81	2.52	4.85	1	7
	Migrants	2.33	1.55	1.83	1.165	1.07	3.06	0.12	0.17	1	6.33
Threat	Roma	1.42	0.73	1	0.25	1.97	7.58	3.29	6.33	1	4
	Migrants	1.81	1.41	1	0.5	2.05	5.86	3.96	5.74	1	7
Aggression	Roma	1.54	0.87	1	0.46	1.77	6.81	2.54	4.88	1	4.33
	Migrants	1.91	1.25	1.33	0.835	1.36	3.89	0.87	1.26	1	5.67
Verbal rejection	Roma	2.37	1.29	2	0.835	0.98	3.77	0.08	0.15	1	5.67
	Migrants	2.63	1.97	2	1.165	1.17	3.34	0.23	0.33	1	7
Avoidance	Roma	2.09	1.49	1.67	0.665	1.83	7.04	3.11	5.98	1	7
	Migrants	2.41	1.38	2	1.085	0.75	2.14	-0.53	-0.77	1	5.67
Benevolence of the World	Roma	4.06	0.91	4.25	0.565	-0.5	-1.92	0.76	1.46	1.5	6
	Migrants	3.65	1.07	3.75	0.75	-0.45	-1.29	0.45	0.65	1	6
Benevolence of the people	Roma	3.83	0.82	4	0.375	-0.61	-2.35	1.06	2.04	1.25	5.5
	Migrants	3.54	0.87	3.5	0.5	0.69	1.97	0.71	1.03	2	6
Image of the world	Roma	4.01	0.58	4.07	0.395	-0.78	-3.00	1.67	3.21	2.14	5.57
	Migrants	3.66	0.83	3.71	0.61	-0.28	-0.80	-0.62	-0.90	1.93	4.93
Worthiness of Self	Roma	4.32	0.71	4.38	0.485	-0.55	-2.12	0.25	0.48	2.5	6
	Migrants	4.13	1.12	4	0.72	-0.55	-1.57	0.21	0.30	1.38	6
Social Connectedness	Roma	4.20	0.91	4.22	0.69	-0.36	-1.37	-0.56	-1.08	2.28	6.00
	Migrants	3.69	0.80	3.67	0.39	-0.01	-0.03	1.23	1.77	1.67	5.67
Internalization	Roma	3.89	1.62	3.64	1.16	0.27	1.02	-0.75	-1.44	1.00	7.00
	Migrants	3.70	1.38	4.00	1.04	0.19	0.54	-0.68	-0.99	1.29	6.57
Mental Health	Roma	3.90	0.95	4.00	0.78	-0.19	-0.71	-0.82	-1.58	1.80	6.00
	Migrants	3.60	0.96	3.40	0.75	0.63	1.80	-0.34	-0.49	2.00	5.80
Satisfaction with Life	Roma	2.77	1.64	2.10	1.38	0.74	2.80	-0.58	-1.11	1.00	6.80
	Migrants	3.67	1.34	3.60	0.90	0.00	0.00	-0.62	-0.90	1.20	6.20
Traumatization	Roma	2.45	0.65	2.50	0.41	-0.09	-0.34	-0.36	-0.69	1.09	3.86
	Migrants	2.35	0.65	2.31	0.55	0.17	0.49	-0.66	-0.96	1.13	3.81
Depression	Roma	2.03	0.68	2.00	0.50	0.32	1.21	-0.36	-0.69	1.00	3.86
	Migrants	2.14	0.73	2.14	0.47	0.67	1.91	0.52	0.75	1.00	4.00
Anxiety	Roma	1.88	0.68	1.86	0.55	0.66	2.52	0.01	0.02	1.00	3.86
	Migrants	2.06	0.72	2.00	0.50	0.52	1.49	0.18	0.26	1.00	4.00

3.1.3. Discrimination

The answers of both groups of respondents showed that the most frequent form of the discrimination they have had experienced was based on their race or ethnicity. Migrants were more exposed to the discrimination based on gender, sexual orientation, religion, and age. Roma were more exposed to the discrimination solely based on ethnicity. Only 23% of respondents with Roma background indicated that they rarely or never have had experienced racial or ethnic discrimination, while 40% of migrants claimed the same. However, the chi-square statistic showed that there are statistically significant differences between these groups in the frequency of experiencing all types of discrimination (Table 8).

Table 8

Frequency of exposure to specific types of discrimination

		Groups			
		<u>Roma</u>		<u>Migrants</u>	
		Count	Percentage	Count	Percentage
Racial or ethnic ($\chi^2(2)=7.92, p<.05$)	Rarely or not at all	19	22.6%	18	40.0%
	Sometimes	39	46.4%	22	48.9%
	Very often	26	31.0%	5	11.1%
Gender ($\chi^2(2)=9.70, p<.01$)	Rarely or not at all	66	78.6%	24	53.3%
	Moderately	15	17.9%	15	33.3%
	Very often	3	3.6%	6	13.3%
Sexual orientation ($\chi^2(2)=6.87, p<.05$)	Rarely or not at all	72	85.7%	33	73.3%
	Moderately	11	13.1%	7	15.6%
	Very often	1	1.2%	5	11.1%
Religion ($\chi^2(2)=14.70, p<.01$)	Rarely or not at all	67	79.8%	23	51.1%
	Moderately	15	17.9%	14	31.1%
	Very often	2	2.4%	8	17.8%
Age ($\chi^2(2)=11.76, p<.01$)	Rarely or not at all	77	91.7%	31	68.9%
	Moderately	5	6.0%	12	26.7%
	Very often	2	2.4%	2	4.4%

The results of the comparison of scores on the dimensions of discrimination showed that the distributions of the average scores on variable **Perceived ethnic discrimination** for both migrants and Roma are strongly positively asymmetric. These findings are in the contradiction with previous finding that members of both group reported that they face discrimination so we check correlations between discrimination scores and frequency of exposure to racial or ethnic discrimination. Spearman correlations (Table 9) between frequency of being exposure to the ethnic or racial discrimination and overall scores on the PEDS and scores on the subscales were only significant correlation in Roma group ($\rho_s=.53, p < .01$). This indicated that scores on the

PEDS were more adequate measures of discrimination for Roma group. In the table can be seen that rate of racial or ethnic migration was correlated with all dimensions of discrimination in Roma group, and only with Verbal rejection in the group of migrants.

Table 9

Correlations between scores on PEDS and frequency of exposure to racial or ethnic discrimination

	Discrimination	Disvaluing action	Threat	Aggression	Verbal rejection	Avoidance
Racial or ethnic migration	.53**	.50**	.22*	.22*	.41**	.55**
Roma	.25	.29*	.23	.23	.16	.09
Migrants						

After the comparison of their scores on the separate dimensions of discrimination, we found out that both groups reported that they more often face the **disvaluing**, **verbal rejection** and **avoidance**. Experiences of **threat** and **physical aggression** are rarely experienced, however as it can be seen in Figure there are many outliers indicating that there were respondents that experienced more discrimination than others did.

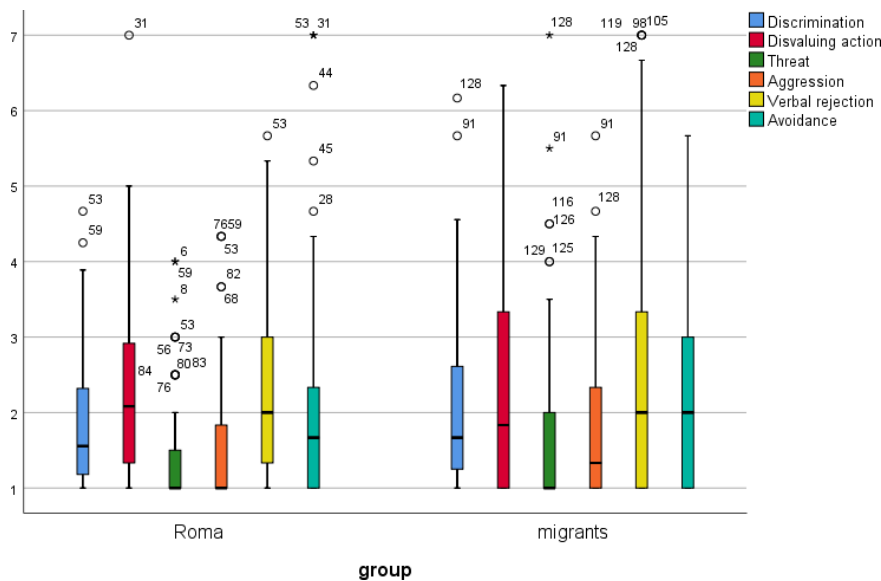


Figure 4

Box plots for the distributions of the Discrimination average scores

The skewed distributions and the presence of outliers restricted the statistical analyses on the non-parametric statistics. Both groups had the lowest average scores on the **Threat** and the highest on the **Verbal rejection**.

Spearman correlations between dimensions of ethnic discriminations were in the range from .29 to .63 in Roma group and in the range from .35 to .75 in the group of the migrants (Table 10). Structure of correlations indicate co-occurrence of various forms of discrimination. Discrimination in the form of Verbal rejection and Avoidance as well as Physical Aggression and Threat often occur together.

Table 10
Spearman correlations between dimensions of ethnic discriminations

	Disvaluing action	Threat	Aggression	Verbal rejection	Avoidance
Disvaluing action		.53**	.58**	.53**	.62**
Threat	.61**		.63**	.29**	.39**
Aggression	.53**	.65**	1	.47**	.46**
Verbal rejection	.58**	.46**	.60**	1	.74**
Avoidance	.53**	.49**	.49**	.74**	1

Note. Correlations determined for Roma are presented in the upper right corner and correlations for migrants are presented in lower left corner

Mann-Whitney test showed that there were no statistical differences between migrant and Roma youth groups overall score nor on the subscales (Table 11).

Table 11
Comparison of groups using Mann-Whitney statistics

	<i>U</i>	<i>z</i>	<i>p</i>
<i>Discrimination</i>	1721.50	-.83	.40
<i>Disvaluing action</i>	1776.00	-.57	.57
<i>Threat</i>	1741.00	-.86	.39
<i>Aggression</i>	1590.50	-1.62	.10
<i>Verbal rejection</i>	1842.50	-.24	.81
<i>Avoidance</i>	1564.00	-1.65	.10

Mann-Whitney tests (Table 12) showed that there were no statistical differences significant gender differences in Roma nor in migrant group.

Table 12
Results of Mann-Whitney tests

	Group					
	Roma			Migrants		
	MWU	Z	p	MWU	Z	p
Discrimination	781.00	-.90	.37	243.50	-.22	.83
Disvaluing action	826.50	-.50	.62	228.50	-.57	.57

Threat	727.50	-1.62	.11	245.50	-.20	.84
Aggression	881.00	-.01	.99	229.50	-.56	.57
Verbal rejection	812.00	-.63	.53	231.00	-.51	.61
Avoidance	833.50	-.45	.65	241.50	-.26	.79

Spearman correlations were used for the checking the correlations between the variables from the domain discrimination and variables age, education level and income. The results showed that discrimination is correlated with education and income in Roma group (Table 13). Young Roma with lower education level and income faced generally more discrimination and specifically more from disvaluing action, verbal rejection, and avoidance.

Table 13
Spearman correlations between discrimination domain and sociodemographic characteristics

	Roma			Migrants		
	Age	Education	Income	Age	Education	Income
Racial or ethnic discrimination	.17	-.45**	-.26*	.09	-.04	-.21
Discrimination	-.09	-.29**	-.33**	.12	-.03	-.03
Disvaluing action	-.10	-.31**	-.35**	.07	.07	.05
Threat	-.14	-.02	-.03	.21	-.08	-.09
Aggression	-.15	-.02	-.06	.20	-.04	-.06
Verbal rejection	-.05	-.34**	-.38**	.03	.04	.01
Avoidance	-.07	-.33**	-.36**	-.02	-.03	.13

The respondents reported that they generally experienced ethnic based discrimination but not very often. The respondent more frequently faced verbal aggression, disvaluing action, and avoidance than physical aggression or threats. Migrants reported that they faced more discrimination in the form of avoidance than Roma respondents did. Additional findings regarding sociodemographic characteristics is that Roma with lower education and income suffer more from verbal aggression, avoidance, and disvaluing action.

Higher overall score on discrimination or on the subscales were negatively correlated with the Image of the World, Worthiness of Self, Social Connectedness, and Internalization only in Roma group. In this group significant negative correlations were found between Benevolence of people, Worthiness of Self, Social Connectedness, and Internalization and Verbal rejection, Avoidance, and Disvaluing action. Additionally, Threat and Aggression were significantly negatively correlated with Worthiness of Self. Threat was significantly negatively correlated with Benevolence of the World and Social Connectedness in Roma group.

Correlations between researched variables that operationalized discrimination and variables from that operationalized well-being were significant and consistently higher in the Roma subsample.

In the migrant group scores on overall scales and subscales of discrimination were negatively correlated with life satisfaction. Overall score on discrimination and scores on Disvaluing action, Verbal rejection and Avoidance were positively correlated with Anxiety. Those who reported that faced more ethnic discrimination, especially in the form of avoidance, verbal rejection, and disvaluing action have more lower life satisfaction and mental health, and higher depression, anxiety, and traumatization.

Table 14

Correlations of researched variables with discrimination

	Discrimination		Disvaluing action		Threat		Aggression		Verbal rejection		Avoidance	
	R	M	R	M	R	M	R	M	R	M	R	M
Image of the world	-.28**	-.12	-.20 ^M	-.14	-.25*	-.22	-.24*	-.17	-.32**	-.01	-.22*	-.17
Benevolence of the World	-.17	-.19	-.16	-.11	-.23*	-.13	-.15	-.05	-.11	-.17	-.15	-.19
Benevolence of people	-.31**	.14	-.31**	.19	-.13	.22	-.05	.28	-.33**	-.03	-.35**	-.03
Worthiness of Self	-.62**	-.29	-.59**	-.27	-.54**	-.34*	-.40**	-.22	-.40**	-.07	-.54**	-.27
Social Connectedness	-.66**	.13	-.65**	.04	-.43**	.28	-.37**	.02	-.47**	.11	-.63**	.28
Internalization	.40**	-.06	.34**	-.01	.12	-.16	.06	-.05	.45**	.02	.43**	-.1
Satisfaction with life	-.20	-.36*	-.20 ^M	-.36*	.17	-.32*	.22*	-.26	-.34**	-.29	-.36**	-.14
Mental health	-.61**	-.04	-.59**	.07	-.43**	.04	-.37**	-.03	-.40**	-.07	-.51**	.05
Depression	.67**	.40**	.66**	.21	.35**	.1	.32**	.26	.56**	.43**	.63**	.23
Anxiety	.57**	.39**	.54**	.31*	.35**	.15	.31**	.22	.45**	.33*	.56**	.30*
Trauma	.47**	.19	.40**	.04	0.09	.05	.03	.26	.51**	.16	.57**	.09

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

3.1.4. Basic assumptions

The comparison of migrants and Roma people using t test for independent samples showed that Roma people have significantly higher scores on the *Benevolence of people* ($t(127) = 1.87, p < .05$), *Benevolence of the world* ($t(127) = 2.27, p = .06$), as well as on their average *Image of the world* ($t(127) = 2.55, p < .01$). Young Roma also had significantly higher scores on the *Social Connectedness* ($t(127) = 3.19, p < .01$). **Young Roma** have more positive image of the world than migrants. They are also more socially connected so they have better idea of their place in the world than migrants.

3.1.5. Wellbeing

The results also showed that Roma have significantly higher **Life Satisfaction** than young migrants ($t(127) = 3.9, p < .01$). Young migrants had higher scores on dimensions **Anxiety** and **Depression**, but young Roma had higher scores on **Traumatization**.

Table 15

Results of comparing groups on researched variables using t tests for the independent variables

	Levene's Test		t-test for Equality of Means				
	<i>F</i>	<i>p</i>	<i>t</i>	<i>Df</i>	<i>p</i>	<i>M_R</i>	<i>M_M</i>
Benevolence of the world	1.54	.22	2.27	127	.02	4.06	3.65
Benevolence of the people	.12	.73	1.87	127	.06	3.83	3.54
Image of the world	9.12	.00	2.55	67.97	.01	4.01	3.66
Worthiness of Self	9.71	.00	1.01	63.29	.31	4.32	4.13
Social Connectedness	3.44	0.07	3.19	127	<.001	4.2	3.69
Internalization	1.08	0.3	0.69	127	0.49	3.89	3.7
Satisfaction with Life	3.75	0.06	-3.15	127	<.001	3.9	3.6
Mental Health	0.2	0.66	1.64	127	0.10	2.77	3.67
Depression	0	0.95	-0.85	127	0.40	2.45	2.35
Anxiety	0.05	0.82	-1.46	127	0.15	2.03	2.14
Traumatization	0.32	0.57	0.82	127	0.42	1.88	2.06

3.1.6. Effects of sociodemographic variables across the groups

There was **no significant gender differences** in the groups in researched variables from the domains of Image and Place in the world nor in Well-being. Marginally significant differences were found for **Anxiety** in Roma group and **Internalization** in migrant group. On the both variables, females had a higher score.

Table 16

Gender differences in researched variables determined with t test for independent samples

	Roma			Migrants		
	t	df	p	t	df	P
Benevolence of the World	.75	82	.45	.07	43	.95
Benevolence of the people	.60	82	.55	-.28	43	.78
Image of the world	.96	82	.34	-.01	43	.99
Worthiness of Self	.25	82	.80	.18	43	.86
Social Connectedness	.68	82	.50	.31	43	.76
Internalization	1.22	82	.23	-1.77	43	.08
Satisfaction with Life	-.07	82	.95	.52	43	.61
Mental Health	.59	82	.56	.21	43	.83
Depression	.38	82	.71	-.46	43	.65
Anxiety	-1.74	82	.09	.01	43	.99

Traumatization	-0.21	0.82	0.83	-0.24	0.43	0.81
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Age is not correlated with any of research variables from domains image of the world and place in the world or well-being. **Education level** was weakly positively correlated with **Benevolence of People** and **Worthiness of Self**, moderately positively correlated with **Social Connectedness** and moderately negatively with **Internalization** in the group of **Roma**. In the group of **migrants**, **education level** was weakly positively correlated with **Benevolence of the people**. According to the findings that **education level** significantly moderately positively correlated with **Life Satisfaction** and **Mental Health**, and negatively with **Depression** and **Anxiety** we concluded that **young Roma with higher education have higher well-being**.

3.1.7. Correlations between variables that measure social inclusion

Image of the World, **Benevolence of the world**, and **Benevolence of the people** are positively correlated in both groups. This finding confirm the rationality of idea to aggregate these two variables. In the both groups, **Social Connectedness** was moderately negatively correlated with **Internalization**. This correlation is argument in favor of aggregating these two variables in the **Place in the worlds**. In the both groups, **Image of the World** was moderately positively correlated with **Worthiness of Self**. In the **Roma group**, **Image of the World**, **Benevolence of the World**, and **Benevolence of the People** are positively correlated with both **Worthiness of Self** and **Social Connectedness**. Additionally, in the Roma group, **Worthiness of Self** and **Social Connectedness** were positively correlated with each other and these two variables were both negatively correlated with **Internalization**. In the **migrant group**, **Image of the World**, **Benevolence of the World**, and **Benevolence of the People** are moderately negatively correlated with **Internalization**. The findings led us to the conclusion that relationship between **Image of the World** and **Place in the World** relies on **Worthiness of Self** in both groups. Additionally it relies more on Social Connection in Roma group and on internalization in migrant group.

Table 17

Spearman correlations between sociodemographic variables and domains image and place in the world for young Roma and migrants

	Age	Education	IOW	BOW	BOP	WOS	SC	Intern
Age		.12	-.08	-.03	-.09	.04	.14	.15
Education	.35*		-.01	-.07	.25*	.28**	.49**	-.40**
IOW	.00	.06		.82**	.62**	.47**	.25*	-.02

BOW	-.06	.07	.72**		.57**	.39**	.22*	0
BOP	-.02	-.06	.34*	.42**		.49**	.42**	-.16
WOS	-.07	.06	.36*	.28	-.07		.69**	-.28**
SC	.24	.08	.07	.01	-.06	.18		-.46**
Intern	-.01	.05	-.39**	-.32*	-.31*	.06	-.41**	

Legend

Correlations for Roma are presented in upper right corner and correlations for migrants are presented in lower left corner.

BOW = Benevolence of the World, BOP = Benevolence of the people, IOW = Image of the world, WOS = Worthiness of Self, SC = Social Connectedness, Intern = Internalization

Correlations between variables from well-being domain showed us that general well-being (mental health, life satisfaction) strongly negatively correlates with traumatization, depression and anxiety in both groups. Significant correlations between life satisfaction and mental health was found only in the migrant group.

Table 18

Spearman correlations between sociodemographic variables and domains of well-being

	Age	Education	Life Satisfaction	Mental Health	Depression	Anxiety	Traumatization
Age		.12	0	.06	0	-.06	-.01
Education	.35*		.47**	.31**	-.24*	-.30**	-.47**
Life Satisfaction	.04	.02		.20	-.49**	-.39**	-.63**
Mental Health	.23	.23	.35*		-.68**	-.69**	-.65**
Depression	-.12	-.16	-.64**	-.61**		.86**	.71**
Anxiety	-.24	-.15	-.46**	-.56**	.76**		.66**
Traumatization	-.13	-.27	-.38*	-.54**	.55**	.55**	

Legend

Correlations for Roma are presented in upper right corner and correlations for migrants are presented in lower left corner.

3.1.8. Relationship between dimension of social inclusion and mental health

Correlations between researched variables that operationalized image and place in the world and variables that operationalized well-being were higher in the Roma subsample. In the Roma group **Benevolence of the people** and **Social Connectedness** were positively correlated and **Internalization** negatively correlated with all variables from well-being domain. Worthiness of Self was positively correlated with Mental Health and negatively with Depression, Anxiety, and Traumatization.

Migrants with higher score on the **Benevolence of the world** had lower scores on **Depression** and **Anxiety**. Additionally, higher score on **Worthiness of Self** was followed with higher Life Satisfaction and lower Anxiety. Finally, higher scores on **Social Connectedness** was followed with higher scores on Life Satisfaction and lower on **Depression** or **Traumatization**.

Table 19
Spearman correlations of researched variables from domains image and place in the world and well-being

		Life Satisfaction	Mental Health	Depression	Anxiety	Traumatization
Benevolence of the World	R	-.02	.20	-.18	-.18	-.02
	M	.28	.20	-.43**	-.38**	-.23
Benevolence of the people	R	.32**	.29**	-.31**	-.35**	-.28**
	M	-.11	.19	-.12	-.15	-.16
Image of the world	R	-.03	.18	-.23*	-.23*	-.08
	M	.09	.02	-.16	-.20	-.21
Worthiness of Self	R	.11	.63**	-.54**	-.54**	-.43**
	M	.30*	.19	-.26	-.32*	-.14
Social Connectedness	R	.35**	.69**	-.65**	-.67**	-.64**
	M	.31*	.28	-.36*	-.23	-.51**
Internalization	R	-.52**	-.41**	.48**	.42**	.58**
	M	-.18	-.07	.26	.06	.47**

3.1.8.1. Hierarchical cluster analysis of researched variables

In order to understand better structure of the research variables hierarchical cluster analysis using Complete linkage and Pearson correlations as a measure of similarity was conducted. The analysis showed strong association between Depression, Anxiety, Discrimination and Internalization. Additionally, it showed that Social Connectedness is very close to Mental Health and Life Satisfaction, and they are close to Image of the world and worthiness of self.

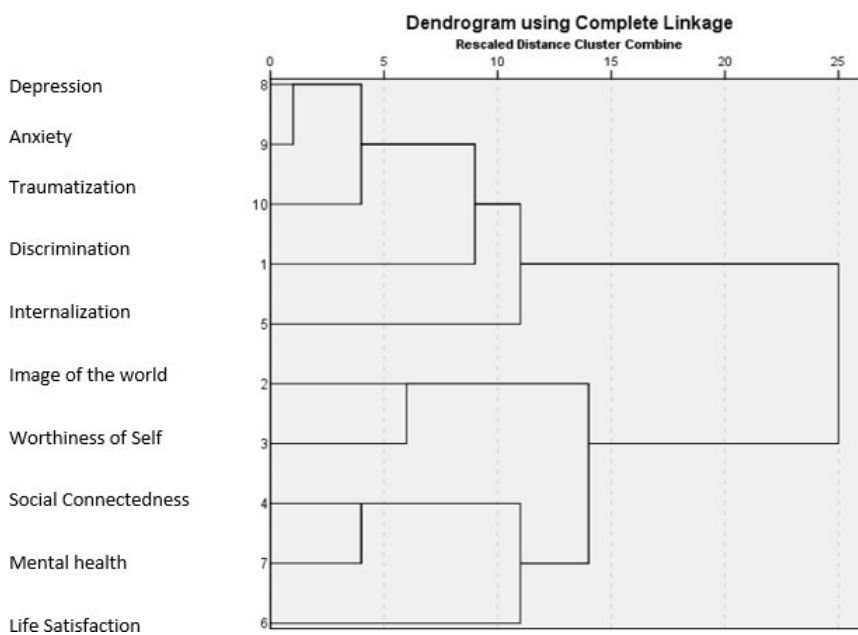


Figure 5
Dendrogram for Hierarchical Cluster Analysis

3.1.8.2. Predictors of well-being

The results of MANCOVA with quantitative predictors discrimination, image of the world, place in the world represented by worthiness, social connection, internalization, education level and qualitative predictor group and criteria dimensions of general well-being (satisfaction with life and mental health) and specific well-being (depression, anxiety and traumatization) confirmed the significance of the model. According to the significance of multivariate tests, Pillai's traces were significant for dimensions that represent Place in the world - Social Connection and Internalization, weaker but also medium effects were found for Discrimination and education level. Marginally significant effect of small size was found for Worthiness of self.

Table 20

Results of multivariate tests determined by Pillai's trace for predictors

Effect	V	F(5, 117)	p	Partial η^2
Intercept	.62	38.23	.00	.62
Discrimination	.10	2.67	.03	.10
Image of the world	.02	.45	.81	.02
Worthiness of self	.08	2.14	.07	.08
Social Connectedness	.24	7.49	.00	.24
Internalization	.16	4.42	.00	.16
Education level	.10	2.49	.04	.10
group	.03	.80	.55	.03

V = Pillai's trace

Internalization had significant negative (part $\eta^2=.08$) and Education had significant positive (part $\eta^2=.04$) weak effects on **Life satisfaction**. Social Connectedness ($\eta^2=.15$) in the first row had moderate and Worthiness ($\eta^2=.06$) in the second had weak significant positive effects on **Mental health**. Discrimination ($\eta^2=.10$) had significant positive moderate, but Social Connectedness ($\eta^2=.13$) had moderate negative and Internalization ($\eta^2=.04$) had significant weak negative effects on **Depression**. Discrimination ($\eta^2=.07$) had weak and significant positive, but Social Connectedness ($\eta^2=.10$) had moderate significant negative effects on **Anxiety**. Internalization ($\eta^2=.10$) had significant positive and Social Connectedness ($\eta^2=.19$) significant negative moderate effects on Traumatization while ($\eta^2=.05$) education had weak negative effects on it. **Discrimination** had significant negative effects on Depression and Anxiety

Table 21
Parameter estimates

Criterion	Life Satisfaction			Mental health			Depression			Anxiety			Trauma		
	b	p	Part η^2	b	p	Part η^2	b	p	Part η^2	b	p	Part η^2	b	p	Part η^2
Intercept	3.18	0.01	0.05	1.12	0.11	0.02	2.74	<0.01	0.20	3.48	<0.01	0.26	3.44	<0.01	0.36
Discrimination	-0.17	0.22	0.01	-0.08	0.28	0.01	0.19	<0.01	0.10	0.17	<0.01	0.07	0.08	0.08	0.03
Image	-0.08	0.71	0	-0.12	0.30	0.01	0.03	0.73	0	-0.03	0.75	0	0.01	0.83	0
Worthiness	0.04	0.81	0	0.29	<0.01	0.06	-0.07	0.36	0.01	-0.11	0.14	0.02	-0	0.86	0
Connectedness	0.22	0.24	0.01	0.46	<0.01	0.15	-0.31	<0.01	0.13	-0.28	<0.01	0.10	-0.3	<0.01	0.19
Internalization	-0.3	0	0.08	-0.04	0.49	0	0.08	0.03	0.04	0.01	0.75	0	0.11	<0.01	0.10
Education	0.25	0.03	0.04	0.06	0.31	0.01	-0.01	0.91	0	-0.05	0.32	0.01	-0.1	0.01	0.05
group	-0.54	0.14	0.02	0.14	0.49	0	0.08	0.55	0	-0.05	0.75	0	0.09	0.44	0

3.2. Qualitative component

The core of each interview involves the interviewee recounting their personal experiences with discrimination. The circumstances and nature of the discrimination vary widely across the interviews, ranging from subtle biases to overt acts of racism and xenophobia. Locations where discrimination occurred include workplaces, social settings, government offices, and even airports. The types of discrimination mentioned include: racism based on skin color, appearance, and perceived cultural differences, xenophobia based on nationality, immigration status, and cultural background, and linguistic discrimination based on language skills. Alongside these experiences, Roma youth also spoke about resilience and solidarity within their communities, as well as moments of activism and cultural pride. This shows Roma are not passive victims but active agents resisting exclusion.”

Impact of discrimination on youngsters’ wellbeing

Qualitative research showed that discrimination had a strong impact on the **mental health and emotional stability** of young people from marginalized groups **i.e. Roma, migrants, refugees**. They often describe feeling invisible and unwanted, as though their voices and experiences are unimportant. Words like "hurtful," "bad," and descriptions of difficulty connecting with people suggest significant negative impacts on mental health and social life. The impact on worldview is subtly present. One participant described their nationality as leading to a feeling of lower status and limited rights while others express feelings of being different and facing prejudice due to their cultural background. The feeling of being judged and treated unfairly can undoubtedly affect self-esteem and confidence. Over time, these feelings commonly develop into anxiety, depression, and an intense sense of loneliness. Many of these young people carry additional burdens from traumatic experiences in their home countries or from their journeys as migrants, making integration and social acceptance even harder. Young people from marginalized groups, including Roma, migrants, refugees, and women, consistently highlight the profound negative impact discrimination has on their mental and emotional health. As one respondent explained:

“Yes, it 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.” (Female, 34, immigrant from Syria).

Due to the experience with discrimination, some of respondents reported that they internalized negative beliefs about themselves, losing faith in their worth as individuals. This vulnerability exposed them to greater risks of abuse, neglect, and further marginalization. One of respondents said

“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.” (Female Roma, Serbia, early school experiences).

Barriers in access to adequate support for disadvantaged youth

For young people from disadvantaged backgrounds, reaching out and obtaining appropriate support services is often extremely challenging. Many simply do not know whom to turn to, as information about available resources is either unclear, difficult to understand, or inaccessible. Even when they are aware of where to ask for help, language barriers, cultural differences, and past negative experiences with institutions like schools, health services often create an environment of fear and distrust.

Our respondents said that they had problems due to their migrant status with finding job and getting health care.

“Even after years of living here, while I believe I’m qualified enough, I’ve never had any opportunity to work somewhere. Another problem is healthcare—I don’t have health insurance, and I can only visit private clinics, which is very costly. It’s extremely difficult.” (Female, 32, Iranian migrant).

Some young people report facing additional discrimination precisely when seeking help, whether in educational settings, medical centers, or social welfare offices. Those who are already dealing with poverty or unstable housing face even greater exclusion, as their circumstances further limit their ability to seek or receive meaningful support.

“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).

Support measures needed by youngsters to overcome the negative effects of discrimination

To effectively address the negative consequences of discrimination, young people require consistent, culturally sensitive, and easily accessible support. Crucially, this includes safe spaces and psychological counseling services where they can openly share their experiences without judgment or stigma. Many benefit significantly from structured mentorship programs, educational support, and peer groups that help them recognize their strengths and personal value.

“Psychological support and mentoring would mean a lot, especially spaces where young people can openly talk about their problems and find someone they trust.” (Youth worker, Serbia).

It’s important to approach these young people not merely as passive recipients of help, but as active participants in creating the support they receive. Allowing them to be directly involved in designing programs and making decisions empowers them and fosters resilience. Youth workers also recognize need for more antidiscrimination organizations and said

“Maybe we should have more organizations to educate people on how to deal with discrimination but also activities to interact with the locals. Develop their mindset towards foreigners, other cultures, religions, or races.” (Female, 34, immigrant from Syria).

Additionally, educational activities focused on human rights, understanding and responding to discrimination, building self-esteem, and coping with stress have shown to be highly beneficial.

One youth worker said

“We need better educational opportunities and stronger employment support for Roma and migrants to really integrate into society.” (Youth worker, Serbia).

It means that they recognize a need on a broader systemic level, ensuring equitable access to education and employment through inclusive training programs, internships, and practical work experiences is essential.

Support measures needed by youth workers to provide adequate services to disadvantaged youngsters

Youth workers serving disadvantaged groups frequently describe their work as **emotionally exhausting** due to the demanding nature of supporting young people in vulnerable situations. They often **feel unsupported by existing institutional frameworks**, making their job even more challenging. Many youth workers dedicate significant personal time, emotional energy, and passion to their roles, putting them at a **high risk of burnout**.

One said

“I personally invest a lot of myself, my time, and energy. The biggest issue isn’t professional skills—it’s securing ongoing financial support for our programs. Without continuous funding, sustaining effective support is impossible.” (Youth worker, Serbia).

To effectively support these dedicated professionals, ongoing training in trauma-informed care, as well as regular psychological supervision and professional guidance, is essential. Youth workers also need practical resources, tools, and environments that foster mutual support and learning among peers. One of them said in interview

“Every local community should support youth workers. This profession is extremely important—every community should invest in it, giving them resources and acknowledgment.” (Youth worker, Serbia).

Establishing robust local policies, dedicated budget lines, and systemic recognition of youth work’s importance would greatly enhance the sustainability and effectiveness of their crucial work within marginalized communities. One of the interviewed worker said

“We’re developing programs of support for volunteers and youth workers, including psychological first aid and burnout prevention training, because without this support, our people become overwhelmed.”(Youth worker, Serbia).

which means that they actively participate in the development of programs that protect people engaged in work with marginalized young people.

3.3. Impact of social inclusion on mental health

This section explores the relationship between social inclusion and mental health among disadvantaged youth, focusing on young Roma and migrant populations exposed to the discrimination. Social inclusion, in this context, refers to the extent to which individuals feel valued, accepted, and integrated within broader society, including opportunities for participation, recognition, and belonging. It was operationalized by connectedness, internalization as well as by measures of the self-worth. Analyzed mental health indicators include depression, anxiety, traumatization, life satisfaction, and general mental wellbeing.

The findings of this study underscore the deep interconnection between social inclusion and mental wellbeing among strongly discriminated groups in Serbia - Roma and migrants. A lack of inclusion—expressed through structural barriers, institutional neglect, and interpersonal rejection—has profound psychological consequences, contributing to anxiety, depression, and reduced life satisfaction. At

the same time, inclusion emerges not only as a right, but also as a powerful enabler of resilience, self-worth, and emotional stability.

3.3.1. Key Findings from Quantitative Data

Data from the survey revealed significant differences between Roma and migrant youth in terms of perceived social inclusion. Migrants were more likely to report feeling socially excluded, with 60% stating they did not feel part of society. Among Roma youth, 54% reported feeling disrespected or undervalued in the societal context. These findings align with other results about diminished social connectedness of discriminated groups.

This lack of the integration of migrants is additionally confirmed with the finding that migrants ($M = 3.69$) had significantly lower than Roma youth ($M = 4.20$) on the Social Connectedness scale. The results show us that migrants face a greater sense of isolation and emotional distance than Roma. Probably because Roma have social support of their local community while the migrants are in new environment, often alone or surrounded only with few people from their community.

Quantitative analysis indicated that social connectedness and other measures of inclusion impact mental wellbeing. Youth who felt respected, included, and socially engaged reported lower levels of depression and anxiety, and higher overall mental health. Unfortunately, most of them reported that they felt discriminated against.

Additional insights emerged when analyzing the role of participation in structured social contexts. Respondents who reported connection with community had less issues with mental health status. This findings indicate that the involvement in any form of community activity—be it informal peer gatherings, NGO-led workshops, or language classes—would have positive effects on their measures of self-worth and mental health. This supports the understanding that inclusion is not merely the absence of exclusion, but the active experience of recognition, contribution, and interpersonal engagement.

Furthermore, the data showed that respondents who perceived they had control over their social environment (as measured through self-controllability and justice-related assumptions) also demonstrated lower levels of psychological distress. This was particularly relevant among Roma youth, where those reporting stronger perceptions of fairness and opportunity in their environment experienced fewer depressive symptoms, even when exposed to discrimination.

Social inclusion has a multidimensional impact on youth mental health—affecting emotional states, sense of agency, and beliefs about the world. Targeted policies and programs that foster participation, visibility, and empowerment are crucial to improving outcomes for Roma and migrant youth.

3.3.2. Correlations between Social Inclusion and Mental Health variables

Statistical analyses demonstrated that respondents who reported higher levels of social inclusion—defined through sense of connection (*Social Connectedness Scale*)—also showed significantly higher levels of satisfaction with life and lower psychological distress. *These findings are consistent across both Roma and migrant youth, although mean values indicated that migrant participants felt more socially excluded and emotionally disconnected.*

Further analysis revealed that the subcomponents of inclusion most strongly associated with mental health were social connectedness and self-worth. *Participants who reported higher levels of connectedness were less likely to experience symptoms such as sadness, hopelessness, or stress.*

The strength of these relationships suggests that improvements in perceived social inclusion can have a measurable positive impact on mental health outcomes. It indicates that social connectedness and perceived inclusion act as protective factors in safeguarding the mental health of young people from marginalized groups.

3.3.3. Qualitative insights on the lack of inclusion

Although few participants explicitly described positive experiences of inclusion, many reflected indirectly on its absence. Interviews highlighted recurring themes of invisibility, rejection, and lack of opportunities. Statements such as "No one ever asked me what I want" reflect systemic exclusion and the lack of agency young people feel in their everyday lives.

Participants, particularly migrants and asylum seekers, shared stories of prolonged waiting, constant displacement between centers, and institutional passivity that contributed to a profound sense of being unwanted or irrelevant. Roma youth often described long-term neglect and societal stigma rooted in generational poverty and marginalization. Both groups emphasized a feeling of "not being seen"—by schools, authorities, or the public—which deepened their psychological distress and weakened their sense of identity and self-worth.

This perceived exclusion was associated with emotional withdrawal, resignation, and mistrust in institutions. Several migrant participants expressed feelings of being "trapped" in the system without clear prospects, which corresponds to low mental wellbeing scores and elevated levels of trauma-related symptoms. Additionally, some participants reported avoiding social interaction altogether due to fear of rejection or previous negative experiences, leading to increased social isolation. The lack of inclusive spaces and meaningful roles in their communities exacerbated their disconnection and internalized beliefs of inferiority or irrelevance.

The absence of inclusion was not only a passive experience, but also a recurring psychological injury—where repeated micro-exclusions (e.g., being ignored in class, denied access to extracurricular activities, or not invited to participate in discussions) reinforced a narrative of exclusion and inadequacy. This illustrates the need to shift focus from merely reducing discrimination to actively fostering environments of belonging, participation, and recognition.

4. Discussion

The sample was divided into two gender balanced groups, Roma and migrants which both experienced various problems due to their ethnicity. Our respondents were people from 15 to 35 years, but Roma sample was younger (51% of respondents were younger than 25) while in migrant sample 24% were younger than 25 years. This research decrease the gap that exist in relevant literature regarding psychosocial functioning of both young Roma and young migrants. Young people are in the development period in which they became aware of their ethnicity due to the new capacity to merge their identity with their reference group, which enables them to develop an ethnic group consciousness. Those who belong to discriminated ethnic groups have more complexed task, they are prepared to explore their ethnicity and rethink it (Umaña-Taylor et al., 2004). Roma group was significantly less educated and more of them were unemployed.

In order to understand socioeconomic status the answers of the questions related to the satisfaction of the basic needs were analyzed. There were significant numbers of respondents have that had problem in securing the satisfaction of basic physiological need. Roma groups had more problems in **obtaining food, water, and financial security**, while young migrants had more problems in **ensuring heated shelter**. Migrants reported more problems in **social inclusion**, more precisely they **do not feel as a part of the society** while young Roma people share problems with inclusion in a lesser extent, but their key problem is **lack of the respect of society**. The interpretation of the finding that more Roma has frustrated need for **being respected than to be included in society** from the aspect of *Maslow's theory about hierarchy of needs* (Maslow & Lewis, 1987) could signify a sort of improvement in their social inclusion and activation upper,

growth needs in hierarchy of needs. It could be also a signal of their future activation and taking a more proactive role Serbian society. Roma faced greater struggles with food, water, and financial security, reflecting structural antigypsyism that has systematically excluded them from stable employment, adequate housing, and equal access to services.

According to the descriptive statistics **both group faced various forms of discrimination to a lesser extent**. The positively skewed distributions of variables that operationalize discrimination is probably in some extent consequence of specificity of the discrimination presented in the items of PEDS scale that is not applicable in the context of Serbia or the researched groups. As used scale was not crossculturally checked, it is possible that scale does not encompass the types of discrimination that is specific for our respondents. In order to improve understanding of discrimination it should be validated in Serbian Roma population. The qualitative study aimed to determine the types of discrimination they face would be also useful for finding the adequate scale.

Both groups more often face the **devaluing, verbal rejection and avoidance** than **threat of or direct physical aggression**. Comparative analysis of the answers on the items of PEDS was employed in order to understand better the patterns of discrimination that face our respondents. The analysis showed groups differed in the way that they have been discriminated. Roma had higher averages on items “*Someone made offensive comments about ethnic group*”, “*Someone implied you must be lazy*”, “*Someone had low expectations of you*”, “*Someone implied you must be unintelligent*”, “*Others avoided social contact with you*”, and “*Someone implied you must be dirty*”. **These items indicate reveals that Roma are unaccepted and socially isolated group in Serbian society. The core of the prejudices and negative stereotypes against Roma people are inadequate beliefs that they are lazy, unintelligent and dirty.** Migrant groups had higher average on items “*Someone made offensive comments about ethnic group*”, “*Others avoided social contact with you*”, “*Someone implied you must be dangerous*”, “*Someone had low expectations of you*”, “*You were harassed non-verbally*”, “*You were called by ethnic slurs*”, and “*Someone implied you must be lazy*”. **The migrants are also unaccepted group and they more report that they were verbally offended. The core of the prejudices and negative stereotypes against migrants contain the belief that they are dangerous and lazy.** Additionally, structure of correlations that Disvaluing, Verbal rejection and Avoidance as well as Physical Aggression and Threat often occur together, and that **co-occurrence of different types of violence is even stronger in Roma group**. Useful way for reducing the stereotypes and prejudices regarding both groups should be the public campaign that would promote their positive characteristic and help in more realistic image of both groups.

Findings that **Roma group experienced less discrimination** could be the consequence of their **segregation** in Serbian society. This lack of experience with other groups can be the reason why young people **did not have direct experience with discrimination**. The segregation could also be the reason why young Roma have mildly increased positive assumptions about the world comparing to theoretical mean and no significant departure from normal distribution of assumptions regarding the place in the world. Both finding support the conclusion that **young Roma see the world as positive and feel accepted in the world**.

Stronger **detrimental effects of the discrimination on the variables from domains Image and Place in the world in Roma group indicate that these variables are sensitive to prolonged exposure to discrimination**. Experience of the discrimination had very negative effect of understanding own place in the world. Those who **perceived more discrimination had reported lower social connectedness and self-worth, but also higher internalization of discrimination**.

The analysis of the structure of relationship between researched variables showed that **depression, anxiety, and traumatization are closer to discrimination and internalization**, while **social connectedness, image of the world** and variables that represent **place in the world (Image of the world and Worthiness of self) are closer to positive aspects of well-being**. This structure signifies that **internalized discrimination** has expected negative impact on **mental health**. Moreover, it shows protective role of social connectedness and positive basic assumptions about the world and themselves on general well-being.

Generally, those who reported that suffered **more ethnic discrimination, especially in the form of avoidance, verbal rejection, and devaluing action have lower life satisfaction and higher anxiety**. The data revealed that discrimination have significant negative effect of well-being of young Roma group regarding all researched variables. It was determined that **discrimination, internalization, and basic assumptions affect well-being**. The effects of predictors depend upon operationalization of well-being. Lack of social connectedness strongly predicted problems in lack of well-being depression, anxiety, and traumatization. Perceived discrimination increased depression and anxiety, and even traumatization, but did not have negative effects on mental health or life satisfaction that represent positive aspects of well-being. Higher **Internalization of discrimination** was accompanied with lower life satisfaction and increased traumatization and depression. Education protected against traumatization and led to increased life satisfaction.

The results revealed that **negative effects of discrimination and internalization on psychosocial functioning** are stronger in young Roma group than in the group of migrants. This finding could be attributed to the chronic experiences with discrimination **that is more characteristic for Roma that face it**

from the birth. Roma primarily reported ethnic discrimination, which is best understood as antigypsyism, a systemic form of racism that affects Roma in education, labor markets, healthcare, and daily encounters. **Migrants are facing discrimination too, but most of respondents probably face it when they were older or in the shorter period and probably because of their migrant status so they are in the acute state and under the risk for developing problems.** As an important link in the developing of the problems in psychosocial functioning is the **perpetuation of the discrimination through internalization that required prolonged exposure to discrimination.**

Young Roma with higher Benevolence of the people, Worthiness of Self, Social Connectedness and lower Internalization had higher well-being. In the young migrants group higher Benevolence of the world protected from Depression and Anxiety. Variables Worthiness of Self and Social Connectedness from domain Place in the world had positive impact on Life Satisfaction. Higher worthiness of self specific to migrants had protective role from anxiety and social connectedness from depression. Traumatization was higher among migrants with lower social connectedness.

However, both group, especially young Roma are **not very satisfied with their generally life.** The results showed that the discrimination negatively affects **Image and Place in the world** in Roma group. They perceived discrimination interfere with assurance in having the place in the world, moreover it impedes social connectedness and self-worth. Young people that report that they perceived more discrimination also report that they internalized discrimination and devalue own self because they are members of the unaccepted ethnic group. Moreover, those who reported that suffered more ethnic discrimination, especially in the form of avoidance, verbal rejection, and devaluing action have lower life satisfaction and higher anxiety. Stronger negative impact of discrimination on the psychological functioning of the Roma than in migrant group can be consequence of longer exposure to it. In that sense, the finding supports previous research that showed that prolonged antigypsyist discrimination has detrimental effects on MH in the form of higher depression, anxiety, and trauma symptoms. These outcomes reflect the psychological harm caused by systemic racism, not personal weakness.

This confirms conception about complexed structure of well-being which positive aspects are supported by positive image of the world, self-worthiness and social connectedness while negative aspects depend on negative experience with the environment like discrimination and its internalization as it is in the case of socially marginalized groups like young migrants and Roma. **The positive role of social connectedness findings confirm contact hypothesis and advocate for further investment in their social inclusion.** Additionally, psychotherapeutic approach that help in developing positive assumptions about themselves and the world around them are useful for mental health. **The negative effect of discrimination on mental**

health could be alleviated through the deconstruction of internalization and strengthening of positive attitude toward own ethnicity. It could be useful to help them to create more positive narrative about ethnic or social groups to which they belong that would increase the pride for being part of them. Another useful tool would be the learning about positive examples of cooperation between their and dominant groups which could have positive effects on assumptions of the world.

In the Roma group, **education seems to have protective role in the mental health and social inclusion.** Respondents with higher education led to higher self-confidence and conviction that the people are generally good-hearted and trustworthy, beside they felt more connected to others. The respondents with higher education internalized discrimination in lesser extent either because of their intellectual capacity, but probably also because of the development of critical approach to reality. Additionally, more educated Roma had higher Life Satisfaction and Mental Health, and lower Depression and Anxiety, which means that young Roma with higher education have higher well-being. Gender did not have significant effect on researched variables. Education have protective role so maybe the sensibilization through workshops that would help them to become aware of discrimination and the possibility that they could internalize it and treat themselves as the society unjustly do it would be useful in decreasing depression, anxiety and traumatization. Other sociodemographic variables did not have significant effects on researched variables.

This study is very complex, and there are many variables but the sample is very small to give firmly sustained conclusions. The generalizability of study is limited by the fact that the sample was small. Both populations are very hard to reach and representatively of the sample is questionable. Instruments were administered in nonmaternal languages in the presence of translator that could interfere with process of responding on questions. They should be crossculturally adopted and carefully translated into languages of respondents in order to obtain data that are more valid.

4.1. Ethical measures and recommendations

In response to the emotional sensitivity of the topic and the vulnerability of the targeted population, the research team implemented several ethical safeguards to ensure participant well-being and uphold the integrity of the study. Recognizing that discussions around exclusion, discrimination, and mental health could trigger distress, especially among young Roma and migrant and refugees participants, the team prioritized creating a framework of care and support throughout the research process. At the end of each questionnaire, participants were provided with contact information for psychological counseling services within the “Sazvežđe” network—an alliance of organizations specializing in mental health and psychosocial support <https://opens.rs/sazvezdje-podrske/>. This ensured that individuals who felt emotionally affected by the questions or who were reminded of traumatic experiences could easily reach out for professional help. The network includes organizations with experience in working with marginalized youth, offering culturally sensitive and accessible support.

In addition, the lead researcher's contact information was shared, allowing participants to seek follow-up conversations, ask for clarification, or simply voice any concerns related to their participation. This added layer of personal accountability further strengthened the trust between the research team and the participants, promoting transparency and safety. By embedding these safeguards into the research design, the study moved beyond ethical compliance and toward a participant-centered approach—where emotional safety, access to resources, and a sense of agency were actively prioritized. These efforts reflect the belief that ethical research is not only about minimizing harm but also about fostering dignity, trust, and empowerment, especially when working with youth from vulnerable and often overlooked communities.

The ethical protocol was guided by principles of non-harm, informed consent, and cultural sensitivity. All participants were informed of the voluntary nature of the study, their right to withdraw at any point, and the confidentiality of their responses. Particular attention was paid to language accessibility, with questionnaires translated into multiple languages to accommodate both Roma and migrant respondents.

Moreover, the inclusion of referral pathways for psychological support acknowledges the real-world risks associated with researching populations that may be experiencing active trauma, discrimination, or institutional neglect. Ethical responsibility in this context extends beyond avoiding harm—it includes the active creation of safety nets and support channels as part of the research design.

The findings of this study reinforce the idea that ethical research with marginalized youth should not only comply with formal ethical standards, but also act as a form of social intervention. By validating

participants' experiences and connecting them to support systems, the research itself becomes a part of the broader process of social inclusion.

Taken together, the findings strongly suggest that promoting inclusive environments—through education, community participation, and policy-making—is not only a matter of human rights but also a fundamental prerequisite for improving the mental health of marginalized youth. However, inclusion is protective only when institutions take responsibility to dismantle antigypsyism. Without systemic change in schools, housing, employment, and health care, inclusion efforts remain fragile.

Efforts to enhance social inclusion among Roma and migrant youth should therefore be viewed as both preventive and therapeutic strategies in addressing the complex interplay between discrimination, identity, and mental wellbeing.

4.2. Recommendation

Throughout this research process, it became clear that ethical responsibility goes far beyond ticking boxes—it's about how we treat people while trying to understand their experiences. When working with young Roma, migrants, and refugees, many of whom carry deep emotional burdens, it is not enough to avoid harm; we must actively create safe spaces. One of the most immediate and practical steps we took was including contacts for mental health and psychosocial support services (from the “Sazvežđe” network) at the end of each questionnaire. This was not just a formality—it was a way to let participants know they were not alone and that help was available, should they need it.

But ethics is more than a support number. It is about how people are approached and treated at every stage. For example, we made sure that the research team was reachable afterward—not just to answer questions, but to be present if someone felt the need to talk or process something further. We also recognized the importance of language—not just translation, but cultural sensitivity—so every participant could fully understand what they were being asked and feel respected in the process.

These may seem like small things, but in reality, they make a difference. A question asked in a language someone understands, a message of care at the end of a form, or simply knowing they have the right to stop at any point—all of this helps rebuild trust that so many of these young people have lost in institutions.

We believe that research, especially with marginalized youth, should not just study exclusion but be part of the solution. It should create moments of inclusion, however small. That is why we see these ethical steps as more than good practice—they're a kind of intervention in themselves. Going forward, we recommend that

any work involving young people in vulnerable situations include accessible support services, human contact, flexible consent procedures, and meaningful follow-up. And more broadly, we urge institutions and funders to recognize ethical inclusion not as an optional extra, but as an essential foundation. Because if research is about understanding people's lives, it should be done in a way that also affirms their worth.

5. Conclusion

The sample was divided into two gender-balanced groups of young people from 15 to 35 years, Roma and migrants, which both experienced various problems due to their ethnicity. Our respondents were young people, but Roma sample was younger (51% of respondents were younger than 25) while in migrant sample 24% were younger than 25 years. However, this age gap was representative for the real gap among researched populations.

Maslow's theory about hierarchy of needs was used in the interpretation of data about needs' satisfaction. The data showed that young Roma participants have active need for **being respected** which could be because of their developmental phase, but also as a sigh that deficiency needs are satisfied and that growth needs are now in turn. It could be also a signal of their future activation and taking a more proactive role Serbian society.

According to the descriptive statistics **both group faced various forms of discrimination to a lesser extent**. Additionally, structure of correlations that Disvaluing, Verbal rejection and Avoidance as well as Physical Aggression and Threat often occur together, and that **co-occurrence of different types of violence is even stronger in Roma group**. This could be consequence of inadequacy of items used in PEDS scale for these two groups. As used scale was not cross-culturally checked, it is possible that scale does not encompass the types of discrimination that is specific for our respondents. In order to improve understanding of discrimination it should be validated in Serbian Roma population. The qualitative study aimed to determine the types of discrimination they face would be also useful for finding the adequate scale.

The core of the prejudices and negative stereotypes against Roma people is the belief that they are lazy, unintelligent and dirty. The migrants are also unaccepted group and they more report that they were verbally offended. The core of the prejudices and negative stereotypes against migrants contain the belief that they are dangerous and lazy. The intervention program should be directed to the decontamination of both group from the internalized negative beliefs on themselves induced by society. The intervention in the community could be organization of workshops that would

sensibilize the participants from local communities about negative effects of discrimination on sensitive groups. Useful way for reducing the stereotypes and prejudices regarding both groups should be the public campaign that would promote their positive characteristic and help in more realistic image of both groups.

Internalized discrimination has negative impact on **mental health**. Moreover, it shows protective role of social connectedness and positive basic assumptions about the world and themselves on general well-being. Perceived discrimination increased depression and anxiety, and even traumatization, but did not have negative effects on mental health or life satisfaction that represent positive aspects of well-being. **Internalization of discrimination** negatively affected life satisfaction and increased traumatization and depression. The results revealed that negative effects of discrimination and internalization on psychosocial functioning are stronger in young Roma group than in the group of migrants. This finding could be attributed to the chronic experiences with discrimination that is more characteristic for Roma that face it from the birth. Important factor in the developing of the problems in psychosocial functioning is the **perpetuation of the discrimination through internalization that required prolonged exposure to discrimination.**

This confirms conception about complexed structure of well-being which positive aspects are supported by positive image of the world, self-worthiness and social connectedness while negative aspects depend on negative experience with the environment like discrimination and its internalization as it is in the case of socially marginalized groups like young migrants and Roma. The positive role of social connectedness findings confirm contact hypothesis and advocate for further investment in their social inclusion. Additionally, psychotherapeutic approach that help in developing positive assumptions about themselves and the world around them are useful for mental health. The negative effect of discrimination on mental health could be alleviated through the deconstruction of internalization and strengthening of positive attitude toward own ethnicity. It could be useful to help them to **create more positive narrative about ethnic or social groups to which they belong** that would **increase the pride for being part of them.** Another useful tool would be the learning about positive examples of cooperation between their and dominant groups which could have positive effects on assumptions of the world.

Findings that **Roma group experienced less discrimination** could be the consequence of their **segregation** in Serbian society. This lack of experience with other groups can be the reason why young people **did not have direct experience with discrimination.** The segregation could also be the reason why young Roma have mildly increased positive assumptions about the world comparing to theoretical mean and no

significant departure from normal distribution of assumptions regarding the place in the world. Both findings support the conclusion that **young Roma see the world as positive and feel accepted in the world.**

However, both groups, especially young Roma are **not very satisfied with their generally life.** The results showed that discrimination negatively affects **Image and Place in the world** in Roma group.

In the Roma group, **education seems to have protective role in the mental health and social inclusion.** Respondents with higher education led to higher self-confidence and conviction that the people are generally good-hearted and trustworthy, besides they felt more connected to others. The respondents with higher

Education have protective role in both social inclusion and mental health so maybe the sensibilization through workshops that would help them to become aware of discrimination and the possibility that they could internalize it and treat themselves as the society unjustly do it would be useful in decreasing depression, anxiety and traumatization.

In this context, social inclusion is not an abstract principle but a tangible condition with direct implications for psychological functioning. Promoting inclusion requires a systemic commitment—one that integrates educational reform, accessible mental health services, and participatory community structures. It also requires challenging stigmas and dominant narratives that perpetuate exclusion.

Due to harsh effects of antigypsyism on both MH and SI of Roma it would be good to explicitly name and address antigypsyism in all policies and monitoring systems, end segregation in schools and track antigypsyist practices by teachers and institutions, support Roma-led organizations and Roma youth councils as equal partners in policymaking, ensure accessible and non-discriminatory health and mental health services with Roma mediators and invest in Roma youth spaces that promote identity, pride, and leadership.

This research calls for a shift from reactive interventions to proactive inclusion-building strategies that center the voices and needs of marginalized youth. Future efforts should embrace inclusion as both a goal and a process—one that supports dignity, participation, and mental wellbeing for all young people, regardless of background or legal status.

Taken together, the findings strongly suggest that promoting inclusive environments—through education, community participation, and policy-making—is not only a matter of human rights but also a fundamental prerequisite for improving the mental health of marginalized youth.

Efforts to enhance social inclusion among Roma and migrant youth should therefore be viewed as both preventive and therapeutic strategies in addressing the complex interplay between discrimination, identity, and mental wellbeing.

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7. Appendices

Include any supplementary materials, such as additional data tables, or technical details of statistical analyses.

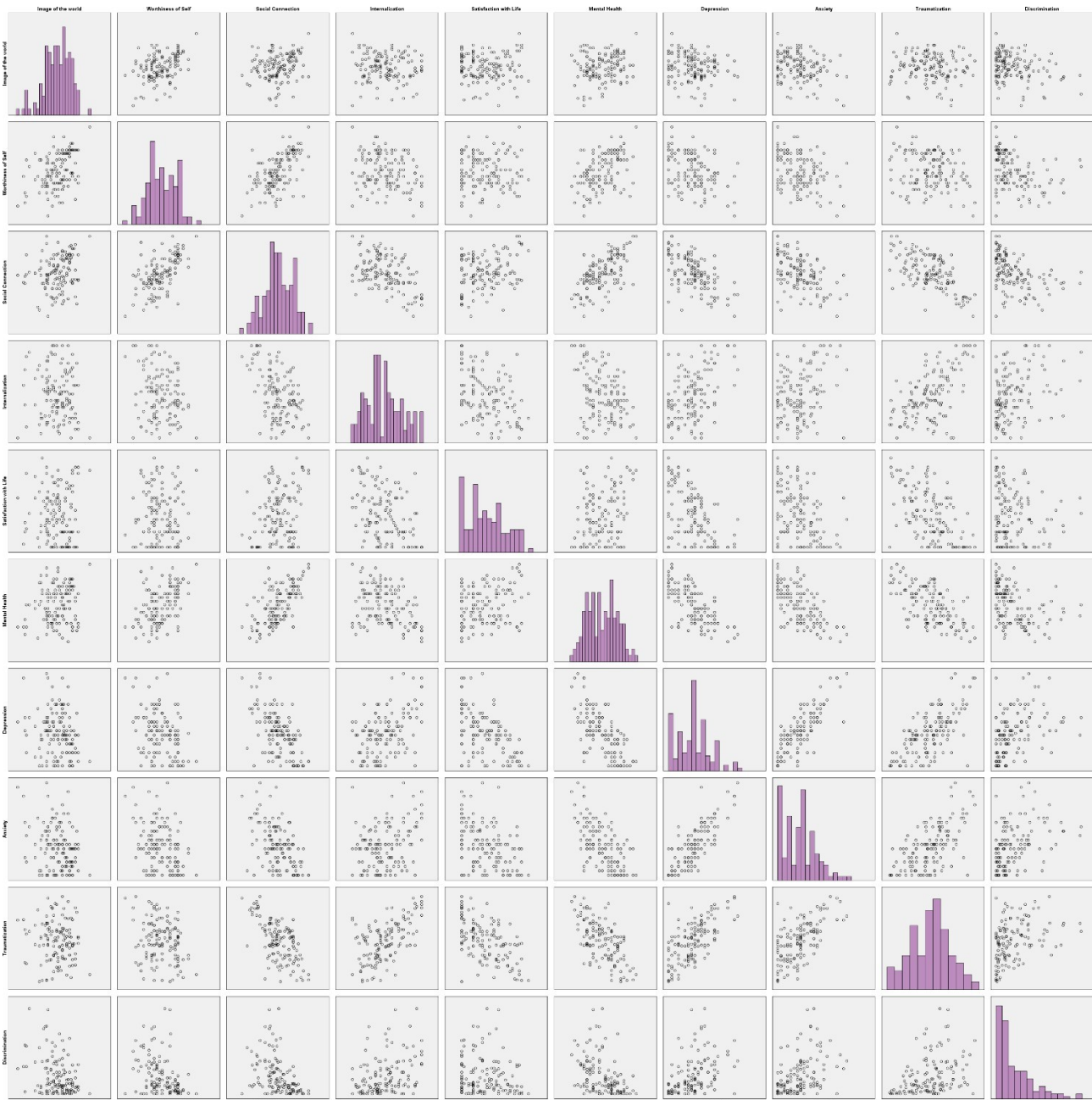


Table
Descriptive statistics

Items	Roma		migrants		orde	
	M	SD	Order	M	SD	r
Others avoided physical contact with you	2.18	1.60	6	2.04	1.33	12
Others avoided social contact with you	2.20	1.66	5	2.69	1.94	2
Someone damaged your property	1.29	0.75	17	1.67	1.38	15
Someone had low expectations of you	2.51	1.47	3	2.51	1.91	7
Someone implied you must be dangerous	1.57	1.03	14	2.56	2.06	4
Someone implied you must be dirty	2.16	1.59	7	1.87	1.29	14
Someone implied you must be dishonest	2.07	1.26	9	2.36	1.87	10
Someone implied you must be lazy	2.79	1.55	2	2.49	1.90	8
Someone implied you must be unintelligent	2.36	1.56	4	2.20	1.85	11
Someone made offensive comments about ethnic group	3.00	1.76	1	2.76	2.04	1
Someone made offensive ethnic comments aimed at you	1.96	1.26	10	2.62	2.00	3
Someone made you feel you don't fit in	1.89	1.44	11	2.49	1.66	9
Someone physically hurt you	1.61	1.16	13	1.53	1.20	17
Someone threatened to damage property	1.35	0.86	16	1.60	1.29	16
Someone threatened to hurt you	1.49	0.78	15	2.02	1.71	13
You were called by ethnic slurs	2.13	1.29	8	2.51	2.06	6
You were harassed non-verbally	1.73	1.25	12	2.53	2.01	5

Table
Descriptive statistics for the variables that measure traumatization

		M	SD	Me	Q	Sk	z(sk)	K	z(Ks)	Min	Max
Uncontrollable distress and hyper arousal	Roma	2.23	0.72	2.25	0.44	0.16	0.59	-0.31	-0.60	1	4.00
	migrants	2.17	0.66	2.13	0.50	-0.07	-0.20	-0.59	-0.86	1	3.63
Alienation from others	Roma	2.65	0.73	2.67	0.50	-0.24	-0.91	-0.52	-1.00	1	4.00
	migrants	2.31	0.71	2.33	0.59	0.57	1.63	-0.24	-0.35	1.33	4.00
Worry about the safety and the future	Roma	2.49	0.63	2.50	0.50	0.04	0.17	-0.77	-1.48	1.2	3.80
	migrants	2.50	0.71	2.40	0.60	0.32	0.91	-0.73	-1.06	1.2	4.00
Being keyed up and on guard	Roma	2.42	0.75	2.50	0.50	-0.33	-1.27	-0.69	-1.32	1	4.00
	migrants	2.43	0.94	2.50	0.50	0.07	0.20	-0.89	-1.29	1	4.00
Trauma symptom of discrimination	Roma	2.45	0.65	2.50	0.41	-0.09	-0.34	-0.36	-0.69	1.09	3.86
	Migrants	2.35	0.65	2.31	0.55	0.17	0.49	-0.66	-0.96	1.13	3.81

Appendix 2

Questionnaire for young representatives of Roma and migrant group

Interview regarding the connection between discrimination and wellbeing among young persons from marginalized groups

Within the project „When Scars (!) Become Art”, EDIT center from Novi Sad is conducting a study to better understand how discrimination affects the wellbeing of young individuals from marginalized groups. Your input will help us gain valuable insights into the challenges faced by individuals like yourself and how they impact their mental health. By documenting these experiences, we aim to contribute to positive change and increased support for marginalized groups.

Before we begin, it is important for you to understand the following:

- Your participation in this questionnaire is completely voluntary. You are free to stop or withdraw at any point without any consequences.
 - Your responses will remain anonymous, and any information you provide will be kept strictly confidential. No identifying information will be collected or shared.
 - The goal of this study is to examine the relationship between experiences of discrimination and wellbeing among young persons from marginalized groups.
 - This interview will take approximately 60 minutes to complete.
 - While there are no direct risks in participating, some questions may touch on sensitive topics. If you feel you need support in dealing with the emotions raised by participating in the study, you can contact the following institutions to receive such support: “Sazvežđe podrške” (eng. Constellation of support) — an alliance of organizations specializing in mental health and psychosocial support <https://opens.rs/sazvezdje-podrske/>
 - Your honest responses are invaluable in helping us understand the impact of discrimination on wellbeing. There are no direct benefits to you, but your participation could help inform policies or initiatives aimed at supporting marginalized groups.
 - If you have any questions or concerns regarding this study, please feel free to contact *Sanja Batić Očovaj*, sanja.batic@gmail.com.
- By continuing with this interview, you acknowledge that you have read and understood this consent form and agree to participate in the study.

Thank you for your time and valuable contribution!

Country of application:

Interview with youngster no.:

Introductory questions:

I1. Your age:

I2. Your sex:

- F
- M
- Other

I3. Your educational attainment:

- No school
- Primary school (grades 1-4)
- Secondary school (grades 5-8)
- High school (grades 8-12)
- University degree
- Master degree
- PhD degree

I4. Your current employment status

- Employed
- Unemployed, but in search of employment
- Unemployed

I5. Are you officially a citizen of the country you currently reside in?

- Yes
- No
- Other situations _____

I6. If not, what is your citizenship? _____

I7. Which of the groups below are you a member of?

- Roma
- Immigrant

· Refugee/ Asylum seeker

Interview structure

- Q1. What are your thoughts about discrimination? How do you conceptualize it? Have you confronted discrimination during your lifetime? If yes, how and in what circumstances? *Search for details about: intensity - how strong, frequency - how often, specificity - perceived causes, domains (i.e. employment, housing, participation in social life etc.)*
- Q2. How did you explain these situations to yourself? Why do people discriminate? Why do they discriminate you?
- Q3. Did your experiences with discrimination ever impact your wellbeing? And if so, how? Did these experiences have an emotional impact on you? *Search details about: satisfaction with life/ quality of life, negative outcomes such as depression and anxiety, mental health, trauma.*
- Q4. Did your experiences with discrimination ever impact your image of the world, as a just, benevolent and predictable place where you can feel safe and trustful in others? If yes, how?
- Q5. Did your experiences with discrimination ever impact your sense of self and perception about your place in the world, as connected, worthy and independent persons? If yes, how?
- Q6. How did you deal with all these effects of discrimination? What strategies did you use? Which strategies were effective and why? Which strategies were ineffective and why? Please provide some examples.
- Q7. Did you receive support from someone? Did you receive support from some organizations, and if so, which ones? What type of support did you receive? Did you find this support helpful?
- Q8. What did you think about the persons who provided you the support (the youth workers)? Were they helpful? Were they effective? Please provide some examples.
- Q9. What other types of support did you feel you needed, but did not receive?
- Q10. What would you need on a daily basis to deal effectively with these experiences? *(Search for specific examples of knowledge, skills or attitudes)*
- Q11. Is there anything else you would like to add, at the end of this interview?

Questionnaire for youth workers that represent Roma and migrant group

Interview regarding the connection between discrimination and wellbeing among young persons from marginalized groups

Within the project „When Scars (!) Become Art”, EDIT ceter from Novi Sad is are conducting a study to better understand how discrimination affects the wellbeing of young individuals from marginalized groups. Your input will help us gain valuable insights into the challenges faced by individuals like yourself and how they impact their mental health. By documenting these experiences, we aim to contribute to positive change and increased support for marginalized groups.

Before we begin, it is important for you to understand the following:

- Your participation in this questionnaire is completely voluntary. You are free to stop or withdraw at any point without any consequences.
- Your responses will remain anonymous, and any information you provide will be kept strictly confidential. No identifying information will be collected or shared.
- The goal of this study is to examine the relationship between experiences of discrimination and wellbeing among young persons from marginalized groups.
- This interview will take approximately 60 minutes to complete.

- While there are no direct risks in participating, some questions may touch on sensitive topics. Your honest responses are invaluable in helping us understand the impact of discrimination on wellbeing. There are no direct benefits to you, but your participation could help inform policies or initiatives aimed at supporting marginalized groups.

- If you have any questions or concerns regarding this study, please feel free to contact *Sanja Batić Očovaj*, sanja.batic@gmail.com.

By continuing with this interview, you acknowledge that you have read and understood this consent form and agree to participate in the study.

Thank you for your time and valuable contribution!

Country of application:

Interview with expert no.:

Introductory questions:

I1. Your age:

I2. Your sex:

- F
- M
- Other

I3. Your educational attainment:

- High school (grades 8-12)
- University degree
- Master degree
- PhD degree

I4. Your current employer is

- Public institution
- Private organization

I5. Your position in the organization/ Job title _____

I6. Total number of years of experience on this position _____

I7. Type of services provided by your organization to its beneficiaries

I8. Type of youngsters you work with:

- Roma
- Immigrant
- Refugee/ Asylum seeker

I9. Total number of years of experience you have in working with this category _____

Interview structure

Q1. Based on your experience, what can you tell me about the discrimination encountered by your target group? *Search for details about: intensity - how strong, frequency - how often, specificity - some more than other (i.e. those with darker skin or women), domains (i.e. employment, housing, participation in social life etc.)*

Q2. Based on your experience, how does discrimination impact their wellbeing? *Search details about: satisfaction with life/ quality of life, negative outcomes such as depression and anxiety, mental health, trauma.*

Q3. Based on your experience, does discrimination impact their image of the world, as a just, benevolent and predictable place where you can feel safe and trustful in others? If yes, how?

Q4. Based on your experience, does discrimination impact their sense of self and their perception about their place in the world, as connected, worthy and independent persons? If yes, how?

Q5. How do you feel about your abilities in providing support to these youngsters in tackling the effects of discrimination?

Q6. Do you have 1 or 2 examples in mind about how these dimensions (discrimination, wellbeing, image of the world, own place in the world) have interacted and how they played out for your beneficiaries? Please refer also to how you managed to help them and if you had enough knowledge and competence in providing them with the needed support.

Q7. What are the biggest barriers (if any) you face when trying to support your target groups?

Q8. Are there any legislative changes that would be useful in reducing the level of discrimination confronted by your beneficiaries?

Q9. Are there any support activities that can be provided by your organization or other similar ones, to help these youngsters tackle the effects of discrimination?

Q10. Are there any support measures that should be offered to youth workers (including you), in helping them better cope with the demands of their job and provide the needed support to their beneficiaries?

Q11. Is there anything else you would like to add, at the end of this interview



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