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Psychosocial Risks and Protective Factors of Roma and Non-Roma Communities Living in Poverty in Portugal

Abstract

Poverty threatens psychosocial health, especially when intersecting with minority identities such as ethnicity. Within the Roma community, discrimination, prejudice, and stigma create particularly adverse environments. This cross-sectional study compares psychosocial health between Roma and non-Roma individuals living in poverty. The sample includes 317 participants (202 non-Roma and 115 Roma), aged 18–71. Significant differences ($p < 0.001$) were found in psychological distress (non-Roma higher), self-stigma (Roma higher), social support (Roma higher), and resilience (Roma higher). Roma identity predicts lower distress. Discrimination impacts self-stigma, shaped by social prejudice. Higher resilience and social support in Roma communities act as protective factors. These findings highlight the need for public policies that address these populations' needs and help reduce stigma and discrimination.

Keywords

intersectionality; poverty; psychosocial health; Roma community; non-Roma

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1. Introduction

Poverty impacts the levels of mental health and well-being of populations due to the stigma inherent to this condition, increasing the likelihood of suffering from mental health problems (Inglis et al. 2022). This stigma, described by Goffman (1963) as the attribution of a negative trait to an individual in an attempt to diminish their role in society, increases when people seek help. When this is combined with the intersectionality resulting from an accumulation of minority identities – that is, poverty paired with another minority condition such as ethnicity, country of origin, or gender – the risks of stress and trauma increase (Inglis et al. 2022). This intersectionality is not limited to a condition of social vulnerability, but also involves the historical, social, and cultural contexts of these populations (Hankivsky et al. 2010).

Crenshaw (1989) developed the concept of intersectionality as a way of describing the various forms of discrimination, such as racism and sexism, which can lead to different experiences of marginalisation. This effect is relevant in the Roma community, where poverty, experiences of racism, and social exclusion often accumulate.

Tyler (2020) argues that there is a deliberate neoliberal policy that is visible through social exclusion, which often dehumanises racialised and marginalised groups. According to Kapadia (2023), structural and institutional racism help explain how racism and stigma work together to perpetuate social inequalities. Roma communities, especially women, suffer from multiple and complex forms of discrimination that are not visible in conventional studies and are often ignored by public and social policies (Jovanović et al. 2015). Studies on Black communities show that access to resources and opportunities is more restricted and that racism and stigma – which are closely linked – are not merely matters of public perception but real barriers in the lives of these communities (Billups et al. 2022; Keuchenius & Mügge 2021). It is therefore clear that these communities experience similar cultural manifestations of stigma, which reinforces the link between racism and stigma and highlights its importance in understanding the impact of discrimination faced by ethnic minority and impoverished populations and its risk to their psychosocial health.

In the case of the Roma community in Europe, stigmatisation and persecution are centuries old and rooted in stereotypes surrounding these communities, which makes integration even more difficult and contributes to their marginalisation (Powell & Lever 2017). Although research on intersectionality and stigma in populations living in poverty

is emerging, it is still too scarce to provide a global understanding of the issue. Marginalisation and stigma present in society can lead to the internalisation of these prejudices within the community, increasing vulnerability and generating self-stigma that impacts their self-confidence and self-acceptance. This self-stigma has a direct impact on the mental health of these communities and further aggravates their vulnerability due to poverty, belonging to an ethnic minority, lower levels of education, poorer housing, and lower income (Corrigan & Watson 2002). According to Sum et al. (2020), self-stigma begins with the awareness of stereotypes and stigma present in society, followed by the acceptance of that same stigma and culminating in the adoption of those same prejudices by the community itself.

In turn, the paradox of self-stigma is a counterintuitive and often contradictory concept, characterised by how people respond to the internalisation of stigma. According to Corrigan and Watson (2002), individuals may react in three different ways: internalising the stigma and experiencing psychological distress, responding with righteous anger, or neither internalising nor reacting emotionally. In this sense, cultural and contextual factors are essential to understanding how different individuals cope with the same adversity.

Golay et al. (2021) argue that the paradox of self-stigma does not necessarily manifest itself in psychological problems, as some people use silence as a protective strategy, whereas others use it as a form of empowerment. It is therefore essential to understand the heterogeneity of stigma based on personal, social, or group identification factors to understand its emotional and behavioural impacts. Discrimination is commonly associated with problems related to emotional regulation, and when combined with the intersectionality of minority characteristics, it tends to increase stress levels in these communities. These minority characteristics must be addressed together in order to obtain a broader view of discrimination and the problems inherent to it (English et al. 2018). However, discrimination is not solely an individual emotional regulation issue; it is systemic and structural, perpetuated by social, cultural, and political structures and culminating in greater social inequality (Ledo et al. 2025). According to Ledo et al. (2025), reducing social discrimination requires public policies that promote inclusion through anti-prejudice programmes that foster social awareness and a multidisciplinary approach. It is essential to understand that some social structures are deeply rooted and that effective change can only occur when various actors are involved – political, academic, institutional – along with the participation of the populations that these cam-

paigns aim to serve. This is the only way to build inclusive and equitable public policies for all.

In the Portuguese case, the National Institute of Statistics (Statistics Portugal 2023) found that in 2022, 17% of the population (2.1 million people) was at risk of poverty or social exclusion. If we look at the results before social transfers, this number is even higher, corresponding to 41.8% of the resident population. Education also plays a significant role: 22.7% of the population in poverty completed only basic education, and only 5.8% completed higher education (Statistics Portugal 2023). In the case of the Roma community, the European Union Agency for Fundamental Rights (2023) reveals even more alarming data: 96% of the Roma community in Portugal is at risk of poverty – one of the highest figures in the European Union, surpassed only by Spain and Italy – which reflects the weight of intersectionality in this minority social group. The Roma community in Portugal, estimated at between 50,000 and 60,000 people (European Commission 2014), reports the highest rate of discrimination (62%) among the 12 European countries included in a study by the European Union Agency for Fundamental Rights (2023). According to Ledo et al. (2025), the Roma community reported a higher perception of discrimination compared to the non-Roma group in the Portuguese sample. These findings suggest that ethnicity plays a central role in shaping both the perception of discrimination and the coping strategies related thereto, regardless of socioeconomic status.

This intersectionality of minority characteristics among populations living in poverty involves risk factors such as stigmatisation and marginalisation. Alexiadou (2023) states that the Roma community continues to be neglected in Europe, facing greater difficulties in accessing health care and lower incomes, which contributes to greater stigmatisation and marginalisation. It is therefore essential to increase Roma participation in public policy decisions that concern them and ensure these measures are monitored to evaluate their real impact and reduce the barriers encountered by this population when seeking support.

Despite the difficulties associated with poverty and intersectionality, some factors can act as protectors for the psychosocial health of the Roma community. These include resilience and perceived social support. Resilience is a process through which people overcome adversity based on characteristics of both the individual and the environment that surrounds them, be it family, cultural, or social. It is related to how individuals use protective mechanisms to manage vulnerabilities and should not be seen as a way of avoiding being vulnerable (Ruther 1993). According to Yesilot (2021), due to the higher prevalence of diseases,

early marriage, economic difficulties, and belonging to an ethnic minority group, Roma women are more exposed to risk factors than non-Roma, although, according to Utsey et al. (2007), coexistence between these ethnic groups can be a positive factor for resilience.

Another protective factor in these communities is perceived social support. According to Chwalisz and Vaux (2000), social support includes three different dimensions: perceived support, support network, and supportive behaviours. Perceived social support concerns the subjective way in which people perceive how they are involved with the community around them and how they establish their social and interpersonal relationships. High levels of perceived social support tend to be characterised as protective factors against the onset of mental disorders, as well as good mental health in general (Grey et al. 2020). In vulnerable communities, perceived social support can serve as a protective factor for their well-being, especially because the greater the trust in the context in which people live, the greater the propensity for better indicators of perceived social support. In this sense, social policies play an important role when they meet the needs of the populations, as they generate greater trust in the support networks, which will have positive effects on the perception of social support (Sendroiu & Upenieks 2020). It is therefore essential to emphasise the potential of Roma communities so that they can develop and work, rather than focusing solely on their problems and adversities (Buzea & Dimitrova 2021).

Coelho and Pereira (2022) find that there is still little research on the impact of stigma on mental health. In their study, people with the highest suicidal tendencies were those who reported having experienced stigma, as this harms an individual's quality of life. In this sense, it is essential to invest in prevention, promotion, and education policies regarding mental health, since better information reduces the likelihood of stigmatising others.

We therefore aim to fill the gap in psychological research on this topic in Portugal and to enhance the visibility of these populations. As Powell and Lever (2017) point out, Roma communities have endured centuries of stigma and persecution in Europe. This historical context helps explain the situation in Portugal, which is similar to that in other European countries where levels of social discrimination are also high.

The main objective of this study is to compare the levels of psychosocial health between Roma and non-Roma individuals living in poverty in a municipality in Portugal, and identify risk and protective factors for the psychosocial health of these populations. Although there are studies that analyse the sociodemographic characteristics and structur-

al poverty among Roma communities, this study seeks to understand how these conditions affect their psychosocial health and what coping mechanisms these populations use when facing adversity related to belonging to an ethnic minority and living in a situation of poverty conditions that expose them to higher levels of social discrimination and stigma.

This study has some limitations. It is cross-sectional, offering only a snapshot in time. The low educational level of some participants may have affected their understanding of certain scales. Moreover, the scarce psychological research on this topic makes comparisons difficult.

2. Method

2.1 Participants

The study was conducted in the municipality of Vila Real, located in northern Portugal, with approximately 50,000 inhabitants. This area was selected because it hosts the local partner organisation (EAPN – European Anti-Poverty Network), which facilitated access to Roma and non-Roma communities living in poverty. The inclusion criteria were: *per capita* income below €509.26 (which corresponds to the Social Support Index in Portugal), belonging to either the Roma community or the mainstream Portuguese community, being over 18 years of age, and being able to read and write. The study comprised a total of 317 participants: 155 (48.9%) were men and 160 (50.5%) were women, aged between 18 and 71 years (mean = 38.91; SD = 13.89). Of the total number of participants in the study, 115 identified as belonging to the Roma community and 202 as non-Roma. The higher number of non-Roma participants reflects the demographic reality of the municipality, where the Roma community represents a small minority. Although nearly all Roma residents in the area were invited and participated in the study, the non-Roma group was naturally larger. Most participants (57.4%) had children and 58.7% were unemployed. In terms of education, the Roma community had lower academic qualifications and lower income than the non-Roma community. Conversely, Roma households had a higher number of members. Exclusion criteria included having a *per capita* family income higher than the value of the Social Support Index (IAS) in 2024 or not belonging to either the Roma or mainstream population (e.g., migrants or refugees with other minority characteristics).

2.2 Instruments

Sociodemographic Questionnaire. This questionnaire, developed specifically for this research, included questions designed to collect demographic information such as age, gender, economic status, educational attainment, and ethnicity.

Kessler Psychological Distress Scale (K10). The K10, developed by Kessler et al. (2002), is a self-report instrument assessing the frequency of non-specific psychological distress symptoms over 30 days. It consists of a total of 10 items. The scale was translated and validated for the Portuguese population by Pereira et al. (2019), maintaining the original 10 items but revealing a two-factor structure corresponding to anxiety and depression (e.g., "During the last 30 days, how often did you feel without hope"). The rating is made on a Likert scale from 1 (none of the days) to 5 (every day). Both the original scale ($\alpha = 0.93$) and the Portuguese version ($\alpha = 0.91$) demonstrate excellent internal consistency. In the present study, Cronbach's alpha was 0.96.

Paradox of Self-Stigma (PaSS-24). The PaSS is an instrument developed by Golay et al. (2021) and translated and validated for the Portuguese population by Ledo et al. (2024). It assesses self-stigma and consists of a total of 24 items subdivided into three factors: stereotype endorsement, righteous anger, and non-disclosure (e.g., "Certain jobs should be prohibited to people with my condition"). The rating is made on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). Both the original scale ($\alpha = 0.93$) and the Portuguese version ($\alpha = 0.95$) show excellent internal consistency. In the present study, Cronbach's alpha was 0.94.

Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS was developed by Zimet et al. (1988) and measures perceived social support across three dimensions: family, friends, and significant others. The original scale consists of 12 items, rated on a Likert scale from 1 (completely disagree) to 7 (completely agree). The original version has good internal consistency ($\alpha = .88$). The scale was translated and validated for the Portuguese population by Carvalho et al. (2011) and consists of the same number of items and factor structure (e.g., "There is a special person with whom I can share my joys and sorrows"). The Portuguese scale is also scored on a Likert scale from 1 (completely disagree) to 7 (completely agree). The internal consistency values in the Portuguese version of the MSPSS are good, with a Cronbach's alpha ranging from 0.87 to 0.95. In the present study, the Cronbach's alpha was 0.98.

Connor-Davidson Resilience Scale – 10 (CD-RISC-10). The CD-RISC-10 is a self-assessment questionnaire used to measure resilience, regardless of whether the individual has a psychological disorder. The scale was originally developed by Connor and Davidson (2003) and translated and adapted for the Portuguese population by Faria Anjos et al. (2019) (e.g., "I can handle anything that happens in my life"). Rating is made on a Likert scale in a range of 5 points: not true (0) to almost always true (4). Both the original and Portuguese versions show high internal consistency values. In the present study, Cronbach's alpha was 0.95.

2.3 Procedures

Recruitment was carried out with the support of the partner organisation – the European Anti-Poverty Network hub of Vila Real (EAPN), which works directly with the target populations – and through contact with other social solidarity associations, namely Vila Real Social, Núcleo Local de Inserção (*NLI*), Institute of Employment and Vocational Training (IEFP), and Between Dimensions for the dissemination and application of the questionnaire. The sampling was non-probabilistic, and the data were collected for convenience during the period between 17 January 2024 and 21 May 2024 in Vila Real.

Initial contact with potential participants was made to determine interest in participating, during which the objectives of the study were explained. Participants were informed that participation was voluntary and that they could withdraw from the study at any time. The sample was collected in both paper and digital formats, in some cases with the researcher traveling to the collection site and in others through the participants' response via an online link. Informed consent was obtained from all participants following the ethical standards defined by the Declaration of Helsinki (World Medical Association, General Assembly 2024), ensuring the anonymity and confidentiality of participants.

2.4 Data Analysis

The data were analysed using IBM SPSS 29 statistical software, with significance set at 5% ($p < 0.05$). Descriptive statistics were used to characterise the sample, including frequencies, proportions, means, modes, medians, and standard deviation for sociodemographic variables and means and standard deviation for the variables under study: psychological distress, paradoxical self-stigma, perceived social support, and resilience. Data normality was assessed using the Shapiro-Wilk test, and homogeneity of variance was tested with Levene's test. An independent

samples t-test was performed to check for any differences between the two groups (Roma and non-Roma). Cohen's d was used to calculate the effect size of the differences between the groups, with the following interpretation: values below 0.20 indicate an insignificant effect; 0.20 to 0.49, a small effect; 0.50 to 0.79, a medium effect; and values of 0.80 or higher, a large effect (Cohen 1988). ANOVA was performed to test for differences based on the participants' level of education (up to 9th grade, up to 12th grade, and higher education). Pearson's correlation was used to verify the relationship between the variables under study. Linear regression was conducted to analyse the predictive power of sociodemographic variables, paradoxical self-stigma, perceived social support, resilience, and ethnicity on psychological distress. This combination of methods was selected because it allows for both an overall description of the data and a more detailed examination of group differences and relationships among variables. Together, these analyses provide a comprehensive picture of potential disparities between Roma and non-Roma participants.

The study employed a cross-sectional, descriptive, comparative, correlational, and predictive design to identify differences between groups and relationships between the variables under study.

3. Results

The study included a sample of 317 participants living in poverty in Vila Real (Northern Portugal). Of these, 155 (48.9%) were men and 160 (50.5%) were women, aged between 18 and 71 years (mean = 38.91; SD = 13.89). Table 1 shows the sociodemographic characteristics of the sample, divided between the two groups under analysis (Roma and non-Roma).

As shown in Table 2, the study participants presented mean values on the K10 scale that were below the expected median value of the instrument, and values very close to the median on the paradoxical self-stigma scale (PaSS). Scores on the MSPSS (perceived social support) and on the CD-RISC-10 (resilience) were relatively high and above the cut-off points of the scale.

To assess the difference in averages in the scale scores between the two ethnicities (Non-Roma and Roma), the t-test for independent samples was used. A t-test was used to see whether the differences between Roma and non-Roma participants were real rather than random, giving a clearer picture of possible disparities between the groups in the studied variables. As shown by Table 3, there are statistically significant

differences between all comparison groups, indicating that participants from the Roma community present significantly higher values than the non-Roma community on the paradoxical self-stigma, perceived social support, and resilience scales, which demonstrates higher values of paradoxical self-stigma but also greater perceived social support and greater resilience. On the psychological distress scale (K10), the differences are also significant, with the Roma community presenting lower values.

Table 1. Sociodemographic characteristics of participants

		Non-Roma (n=202; mean age=39.25; SD=1 5.39)		Roma (n=115; mean age=38.30; SD= 10.80)		Total (n=317; age=38.91; SD=13.89)	
		n	%	n	%	n	%
Gender	Female	101	50	59	51.3	160	50.5
	Male	99	49	56	48.7	155	48.9
	Other	2	1			2	0.6
Children	Yes	92	45.5	90	78.3	182	57.4
	No	110	54.5	25	21.7	135	42.6
Professional situation	Unemployed	113	55.9	73	63.5	186	58.7
	Work for others	22	10.9	12	10.4	34	10.7
	Self-employed	1	0.5	5	4.3	6	1.9
	Work/Student	4	2			4	1.3
	Student	41	20.3	10	8.7	51	16.1
	Retired-Retired	21	10.4	15	13	36	11.4
Education	Up to 4 years	7	3.5	22	19.1	29	9.1
	Up to 6 years	9	4.5	36	31.3	45	14.2
	Up to 9 years	54	26.7	55	47.8	109	34.4
	Up to 12 years	93	46	2	1.7	95	30
	Degree	36	17.8			36	11.4
	Master's or higher	1	0.5			1	0.3
	Other	2	1			2	0.6
Number of people in the household	1 person (alone)	42	20.8			42	13.2
	2	36	17.8	3	2.6	39	12.3

	3	35	17.3	9	7.8	44	13.9
	4	72	35.6	32	27.8	104	32.8
	5	16	7.9	33	28.7	49	15.5
	More than 5	1	0.5	38	33	39	12.3
Income	Up to €509.26	82	40.6	40	34.8	122	38.5
	From €509.26 to €1018.52	45	22.3	71	61.7	116	36.6
	From €1018.52 to €1527.78	53	26.2	4	3.5	57	18
	From €1527.78 to €2037.04	20	9.9			20	6.3
	More than €2037.04	2	1			2	0.6

Source: Own data. Available upon request.

Table 2. Descriptive statistics – Averages of the general results of psychological distress, self-stigma, perceived social support, and resilience

	Mean	SD	Score variation on the Likert scale	Likert scale median values
Mean psychological distress	2.47	0.99	1–5	3
Mean_Self-stigma	3.04	0.80	1–5	3
Mean_Perceived Social Support	5.05	1.55	1–7	4
Mean_Resilience	2.49	0.96	0–4	2

Source: Own data. Available upon request.
Note: (n = 317).

Table 3. T-test for independent samples

	Ethnicity	Average	SD	P	Cohen's d
Mean psychological distress	Non-Roma	2.76	1.05	<.001	0.94
	Roma	1.95	0.62		
Mean_Self-stigma	Non-Roma	2.87	0.80	<.001	0.62
	Roma	3.34	0.72		
Mean_Perceived Social Support	Non-Roma	4.48	1.43	<.001	1.18
	Roma	6.05	1.22		
Mean_Resilience	Non-Roma	2.16	0.94	<.001	1.11
	Roma	3.07	0.68		

Source: Own data. Available upon request.
Note: (n = 317).

To analyse the differences between the variables under analysis (psychological distress, paradoxical self-stigma, perceived social support, and resilience) and the participants' education, a one-way ANOVA was conducted (Table 4).

Table 4. Differences according to educational level between the variables psychological distress, paradoxical self-stigma, perceived social support, and resilience

Variables	Education		Average	Standard deviation	
Mean psychological distress	Up to 9th grade	183	2.27	.92	<.001
	Up to 12th grade	94	2.59	1.05	
	Higher education	39	3.12	.92	
Mean_Self-stigma	Up to 9th grade	183	3.24	.82	<.001
	Up to 12th grade	94	2.69	.72	
	Higher education	39	2.92	.56	
Mean_Perceived Social Support	Up to 9th grade	183	5.36	1.62	<.001
	Up to 12th grade	94	4.67	1.39	
	Higher education	39	4.52	1.21	
Mean_Resilience	Up to 9th grade	183	2.75	.87	<.001
	Up to 12th grade	94	2.21	1.01	
	Higher education	39	1.94	.82	

Source: Own data. Available upon request.
Note: (n = 317).

As shown by Table 4, there are significant differences for all variables under analysis in relation to education: the higher the education level, the higher the levels of psychological distress, while, paradoxically, self-stigma is lower. Regarding perceived social support and resilience, the results show that the values are lower for people with higher academic qualifications.

Table 5 presents the correlation matrix between psychological distress, paradoxical self-stigma, perceived social support, and resilience scales. Significant ($p < 0.01$) negative and moderate correlations were found between the perceived social support and resilience variables and psychological distress, which means that the greater the resilience and perceived social support, the lower the psychological distress. The perceived social support also presents a positive and weak correlation

with the paradox of self-stigma, as well as a positive and moderate correlation with resilience, meaning that the higher the values on the resilience scale, the higher the values on the perceived social support scale.

Table 5. Correlation between the mean of the scales of psychological distress, self-stigma, perceived social support and resilience

Variable	Mean_Distress psychological	Mean_Self-stigma	Mean_Perceived Social Support
Mean_Self-stigma	.073		
Mean_Perceived Social Support	–.435**	.289**	
Mean_Resilience	–.532**	.199**	.565**

Source: Own data. Available upon request.

**p < 0.01

To understand the predictive effect of the independent variables (gender, age, number of children, education, number of people living in the household, income, mean PaSS score, mean MSPSS score, and mean CD-RISC-10 score) on the dependent variable of psychological distress (K10), a hierarchical linear regression analysis was conducted using three models (Table 6). In Model 1, only sociodemographic variables were included; Model 2 added paradoxical self-stigma, perceived social support and resilience; and Model 3 added ethnicity. Table 6 reflects the results of this linear regression.

The three models present significant results for some variables and show increases in explained variance, with considerable differences between them. While Model 1 explains 12.6% of the variance, with the inclusion of the means of the paradoxical self-stigma, perceived social support, and resilience instruments in Model 2, explained variance increases to 39.9% (up by 27.3%). With the inclusion of ethnicity, Model 3 explains 43.7% of the variance with an increase of 3.8% compared to the previous model. In Model 1, the number of people in the household is statistically significant (negative), which means that the greater the number of people in the household, the lower the psychological distress. With the inclusion of the three variables in Model 2, the number of people in the household is no longer significant. Instead, self-stigma, perceived social support, and resilience become significant predictors. Self-stigma shows a positive association, which implies that the greater the self-stigma, the greater the psychological distress. Conversely, the higher the resilience and social support, the lower the psychological distress. With the inclusion of the ethnicity variable, age becomes sig-

nificant (negative), that is, the higher the age, the lower the psychological distress, and the three constructs present in Model 2 continue to be significant. Ethnicity, included only in Model 3, presents significant and negative results, which indicate that belonging to the Roma community is a predictor of lower psychological distress.

Table 6. Analysis of linear regression as predictors of psychological distress (K10)

	Model 1			Model 2			Model 3		
	B	SEB	B	B	SEB	B	B	SEB	B
Gender	.032	.142	.016	.019	.119	.010	.053	.116	–.027*
Age	–.010	.007	–.110	-.007	.006	–.080	–.014	.006	–.160
Number of children	.089	.094	.090	.001	.081	.001	-.017	.078	.017
Education	.085	.082	.098	.118	.069	.136	.012	.074	.014
Aggregated_ person_number	–.235	.068	–.367**	–.026	.064	–.040	.090	.071	.142
Income	.166	.105	.143	.035	.090	.030	–.066	.092	–.056
Mean_Self-stigma				.287	.073	.250**	.306	.072	.266**
Mean_Perceived Social Support				–.174	.050	–.284**	–.148	.050	–.241*
Mean_Resilience				–.374	.079	–.372**	–.334	.077	–.332**
Ethnicity							–.711	.209	–.371**
R^2			0.126			0.399			0.437
Z			4,185			12,593			13,183

Source: Own data. Available upon request.

*<0.05; **<0.001

4. Discussion

In this study, the psychosocial health levels of people from the Roma and non-Roma communities residing in the same city, yet living in poverty, were analysed to better understand the differences between groups and the way they deal with adversity and its impact on psychosocial health. To this end, we analysed potential risk factors (self-stigma, discrimination, and marginalisation) and protective factors (resilience and social support), identifying their impact on the psychosocial health of these populations. With a sample of 317 individuals (115 = Roma;

202 = non-Roma), we analysed the sociodemographic characteristics of the participants, the overall scores on the scales, and differences between groups in the perception of psychological distress, self-stigma, perceived social support, and resilience. We performed three linear regression models to identify possible causal relationships between the variables of psychological distress.

Regarding sociodemographic characteristics, most of the participants reported having children (57.4%), and the majority were unemployed (58.7%). These results were expected given the nature of the sample, and may also reflect the way in which the data was collected, with contributions from the Institute of Employment and Vocational Training (IEFP) and Between Dimensions – institutions where most people attending training courses are unemployed. The trend in schooling is attendance up to the 9th grade (34.4%), the most frequent number of people per household is four (32.8%), and most respondents claim to receive less than €1018.52 per month per household (75.1%). These results are in line with those of the National Institute of Statistics (Statistics Portugal 2024), which reveal that there is a relationship between schooling and the risk of poverty, that is, the percentage of people in a situation of poverty decreases as qualifications increase. In fact, 22.6% of the population with only the 1st cycle find themselves in a situation of poverty, compared to only 5.8% of those with higher education. The same study reveals that 10% of employed individuals are in a situation of poverty, while in the present study, this figure was 13.9%. The household can also influence the poverty situation, since, according to the National Institute of Statistics (Statistics Portugal 2024), the poverty situation is more prominent in households with only one adult (24.9%). In the present study, these results were lower, since only 13.2% of people in poverty reported living alone, although these results are greatly influenced by the Roma community, where no participant reported living alone. Among non-Roma participants, this percentage increased to 20.8%, much closer to the results presented by the National Institute of Statistics.

In the sociodemographic results by ethnic group, despite the sample being collected in the same city and in some cases in the same neighbourhoods, there are clear differences. In the Roma community, 78.3% of the respondents reported having children, while in the non-Roma community, this figure was 45.5%. The number of people per household also differed considerably: 61.7% of the Roma community reported living in households of five or more people, compared with only 8.4% in the non-Roma community. The general trend was four people

per household (35.6%). These results are in line with recent data from international organisations, which indicate that the Roma community, when compared to the general population, has a larger family unit with sons/daughters already married and with children and continuing to live at home with their parents, contributing to larger households, while the number of children per couple is also higher (Council of Europe 2024a). The National Institute of Statistics (Statistics Portugal 2024) also indicates that 53% of people in the Roma community live in households with four or more people, while in the total population, this percentage is 33.8%. Education levels are also lower in the Roma community, with 98.3% having academic qualifications up to the 9th grade (none of the respondents reported having higher education). In the non-Roma community, the figures were quite different: 18.3% had completed higher education and 46% up to 12 years of schooling. These results are confirmed by the National Institute of Statistics (Statistics Portugal 2024), whose report indicates that 91.9% of people in the Roma community have formal education up to the 9th grade, while in the general population, this figure is 45.7%.

Incomes, although in both cases below the poverty line and with values lower than the 2024 social support index (€509.26 *per capita*), are noticeably different, with 96.5% of the Roma community receiving up to €1018.52 per household and typically sharing this among larger households, while among non-Roma the values are more dispersed, with 37.1% reporting receiving more than €1018.52 per household, although the most common value was income of up to €509.26 (40.6%). Once again, this high number of Non-Roma people receiving such a low amount can be explained, in part, by the number of people in the household, as 20.8% reported living alone.

These data relating to sociodemographic characteristics, combined with a greater experience of discrimination, create a situation of social vulnerability that can influence the psychosocial health of Roma communities, the way people see themselves and others, and the way they act. However, on the other hand, these conditions can also generate protective mechanisms to deal with adversity, such as resilience and perceived social support, which were found to be significantly higher in the Roma community.

5. Overall Sample Results

We found that the study participants presented moderate values of psychological distress, self-stigma and resilience, with values close to the

median cutoff points of the scales, although slightly lower in the case of psychological distress (mean: 2.47; median cutoff point: 3) and slightly higher in the case of resilience (mean: 2.49; median cutoff point: 2). In perceived social support, the variation is greater, with a median cutoff point of 4 and an overall sample score of 5.05. Although all these values are moderately higher or lower, they may be influenced by the ethnic groups represented in the sample and their social and cultural matrix.

This study found significant ($p < 0.01$) negative and moderate correlations between the variables assessing perceived social support and resilience with psychological distress, which means that the greater the resilience and perceived social support, the lower the psychological distress. Several studies find correlations between resilience and perceived social support, showing how these positively influence psychosocial health when both are high (Xu et al. 2023; Koelmel et al. 2017; Huang et al. 2020).

There are also significant (positive) differences in education for all variables under analysis, indicating that the higher the level of education, the lower the values of self-stigma and the higher the values of psychological distress. For perceived social support and resilience, the results show that the values are lower for individuals with higher academic qualifications. These results should be interpreted carefully because the group with higher education is smaller than the others, and because the results reflect two very different social groups, which may have influenced the results.

5.1 Differences in Psychosocial Health, Self-Stigma, Resilience, and Social Support between Roma and Non-Roma Communities

When comparing Roma and Non-Roma communities, significant differences ($p < 0.001$) are observed in all variables analysed. The Roma community presents higher values of self-stigma compared to the non-Roma, which may indicate that the intersectionality of minority characteristics (having lower income and belonging to a minority social group) may influence the way they perceive stigma and how it is internalised. These results are in line with the study by Creţan et al. (2020), who, although arguing that research on self-stigma and the internalisation of stigma by these communities is still scarce, note that the stigma present in society for centuries may entail a risk of these communities internalizing it, as they feel that they will never be able to escape the condition in which they find themselves. This generates self-stigma, through the

internalisation by the community itself of the view that the rest of society has of it.

Also, in resilience and perceived social support, the Roma community presents significantly higher values, which indicates that these can act as protective factors for this community, as they present significantly lower results compared to the non-Roma in psychological distress. Although these results may seem contradictory to what is expected for populations in situations of poverty – since, according to Inglis (2022), they are more likely to have mental health problems – when it comes to the Roma community, there are intermediate mechanisms that can act as protective factors. According to (Gorbunova et al. 2022), in the Roma community, family support can be fundamental in empowerment because the sense of belonging to a community can be a protective factor for their psychosocial health, helping them overcome adversity together and developing their resilience based on perceived social support. The Council of Europe (2024a) also argues that the Roma community has a unique vision of the family, with great proximity between its members and with larger family units, as families tend to share housing with members of their nuclear and extended family, sharing festive moments but also the most difficult ones, such as the loss of family members.

In the results of the linear regression, which allows us to infer causality, we found that among the sociodemographic variables analysed, only the number of people in the household is significant (negative), and only in Model 1, which means the larger the household, the lower the psychological distress. We found that the variables self-stigma, resilience, and social support are significant in both Model 2 and Model 3, although with different significance in the prediction of psychological distress. The higher the levels of self-stigma, the greater the psychological distress, and the greater the resilience and perceived social support, the lower the psychological distress. In this regression analysis, we cannot ignore that two distinct ethnic groups with sociodemographic realities and characteristics can explain these predictions, and in this sense, in the Model 3, which explains 43.7% of the variance, we added the variable ethnicity and found that being from the Roma community is a predictor of lower psychological distress. In the Roma community, psychological distress is lower even with high levels of self-stigma. This situation can be explained by the "minority strengths model" by Perrin et al. (2020), who argue that the situation of vulnerability and adversity that minorities experience does not necessarily lead to mental health

problems. In fact, this situation of adversity can develop mechanisms in these populations that culminate in greater resilience, perceived social support, and consequently positive mental health. This model predicts that there is a strong association between community support and a sense of belonging, and that these contribute as protective factors for mental health.

This perspective allows us to have a positive view of the way in which protective factors such as resilience and social support provide a mediation between potential risk factors and the mental health of populations in situations of poverty. It is essential to look at these results in an integrated way and understand that the two communities (Roma and non-Roma) presented quite different results in all variables, and that the Roma community, which presents higher levels of self-stigma, also presents higher results in protective factors (resilience and social support) and lower levels of distress. This can accentuate the results of mediation in the negative effect that the mediating variable has on psychological distress. Although these results may present a positive perspective on the defences of these populations to preserve their psychosocial health, it is essential to mitigate the effects of self-stigma and act on these populations from a broad perspective, contributing to reducing risk factors and enhancing these protective factors.

It is important to note that the higher resilience rates in the Roma community allow us to integrate this situation within broader structural conditions. Resilience is developed through historical, socioeconomic, and institutional factors, often stemming from systemic discrimination, intergenerational deprivation, racism, and discrimination, which paradoxically generate adaptive mechanisms in marginalised groups (Kapadia 2023). Therefore, we should not normalise inequality, as this resilience is developed in a hostile and adverse environment. According to Tyler (2020), stigma and structural exclusion can produce narratives that obscure the need for systemic support for these populations. In this sense, the observed resilience should be understood not as evidence of sufficiency, but as an indication of the need to act downstream to ensure structural responses that limit discrimination and adversity.

Discriminatory and racist behaviours are particularly recognised as important risk factors for psychological health, with long-term consequences that frequently manifest in mental health conditions such as anxiety, depression, and post-traumatic stress disorder (Paradies et al. 2015).

6. Implications

The results of this study are relevant for a better understanding of communities living in poverty and the impact this has on their mental health, as well as for understanding the protective factors that these populations find to defend themselves from the marginalisation and stigma to which they are subject. On the one hand due to the situation of poverty itself, and, in the case of the Roma community, due to the intersectionality of minority characteristics as well as lower levels of education, more people per household, and lower incomes. The participants in this study are exclusively inhabitants of the municipality of Vila Real, which is particularly relevant in the Roma community surveyed, as it represents a large proportion of the total number of individuals residing in the municipality who can read and write. On the other hand, the comparison between communities living in the same place tends to be more rigorous because the social environment is identical, even with the specificities inherent to each of the communities.

These results are a starting point for diagnosing the hardships to which these populations are subject and for designing inclusion policies that civil society, the institutions that support them, and political authorities must address. The difficulties that these populations face are a systemic problem that must involve the entire community in its resolution, particularly the academic community, so that prejudice and discrimination can be combated, since the inclusion problems of one part of the population are a challenge for the entire community and, in this sense, combating them must be a collective responsibility.

7. Conclusion

We conclude that poverty, discrimination, and the intersectionality of minority characteristics impact self-stigma and the way people see themselves. Although the effect of self-stigma is more prevalent in the Roma community than in the non-Roma community, levels of psychological distress are lower in the Roma community, possibly because resilience and perceived social support act as protective factors and predictors of lower psychological distress in these communities. While the Roma community is in a more fragile situation due to lower wages, greater discrimination, and greater self-stigma, the effect of the community and the very close and present family networks seems to have a positive effect in overcoming adversities. These results show that protective factors are fundamental to psychosocial health, but also that the

social discrimination and stigma faced by the Roma community have very negative effects on their ability to find livelihoods, better housing, better wages, and better living conditions in general. The fact that indicators of psychological distress are lower in the Roma community does not mean less adversity. On the contrary, it shows that because this community is subject to adversity from an early age, they develop protective mechanisms that help them cope with stigma and ongoing social discrimination. However, continued research on this topic is essential to understand whether these effects are repeated and to ensure that action towards these populations is informed and equipped with scientific knowledge for more effective public inclusion policies. Combating social discrimination against minorities remains essential and must be supported by the development of public policies, starting at the community level with peer support programmes and cultural mediators, as well as through external communication campaigns to reduce social stigma. Reducing this stigma is essential for better acceptance of these communities in the labour market and for greater integration, starting with the salary increases resulting from this work and contributing to the reduction of inequalities.

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References

Alexiadou, E. A., 2023. Identifying a Human Rights Approach to Roma Health Vulnerabilities and Inequalities in Europe: From Concept to Action. *Human Rights Review* 24 (3), 413–431, doi: https://doi.org/10.1007/s12142-023-00684-6

Billups, S., Thelamour, B., Thibodeau, P. & Durgin, F. H., 2022. On Intersectionality: Visualizing the Invisibility of Black Women. *Cognitive Research: Principles and Implications* 7 (article 100), doi: https://doi.org/10.1186/s41235-022-00450-1

Buzea, C. & Dimitrova, R., 2021. The Roma Context. In R. Dimitrova (ed.) *Roma Minority Youth Across Cultural Contexts: Taking a Positive Approach to Research, Policy, and Practice.* Springer, Cham, 1–22.

Carvalho, S., Pinto-Gouveia, J., Pimentel, P., Maia, D. & Mota-Pereira, J., 2011. Psychometric Characteristics of the Portuguese Version of the Multidimensional Scale of Perceived Social Support (MSPSS). *Psychologica* 54, 297–312, doi: https://doi.org/10.14195/1647-8606_54_13

Chwalisz, K. & Vaux, A., 2000. Social Support and Adjustment to Disability. In R. G. Frank & T. R. Elliott (eds.) *Handbook of Rehabilitation Psychology*. American Psychological Association, Washington (DC), 537–552, doi: https://doi.org/10.1037/10361-025

Coelho, M. S. & Pereira, H., 2022. The Impact of Stigmatizing Experiences and Self-stigma on Mental Health and Suicidal Behavior: Results from the Community of Portuguese Language Countries. *International Journal of Psychology and Psychological Therapy* 22 (2), 185–196, doi: https://www.ijpsy.com/volumen22/num2/615.html

Cohen, J., 1988. *Statistical Power Analysis for the Behavioral Sciences.* Lawrence Erlbaum Associates, Hillsdale (NJ).

Connor, K. M. & Davidson, J. R., 2003. Development of a New Resilience Scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety* 18 (2), 76–82, doi: https://doi.org/10.1002/da.10113

Corrigan, P. W. & Watson, A. C., 2002. Understanding the Impact of Stigma on People with Mental Illness. *World Psychiatry* 1 (1), 16–20.

Council of Europe, 2024a. *Factsheets on Romani Culture. (1.1) Romani Culture: An Introduction.* Roma and Travellers Division, https://rm.coe.int/factsheets-on-Romani-culture-1-0-Romani-culture-an-introduction/1680aac363 (accessed 25 July 2024).

Crenshaw, K., 1989. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum* 1989 (article 8), https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8/ (accessed 2 November 2025).

Creţan, R., Málovics, G. & Berki, B. M., 2020. On the Perpetuation and Contestation of Racial Stigma: Urban Roma in a Disadvantaged Neighbourhood of Szeged. *Geographica Pannonica* 24 (4), 294–310, doi: https://doi.org/10.5937/GP24-28226

English, D., Rendina, H. J. & Parsons, J. T., 2018. The Effects of Intersecting Stigma: A Longitudinal Examination of Minority Stress, Mental Health, and Substance Use Among Black, Latino, and Multiracial Gay and Bisexual Men. *Psychology of Violence* 8 (6), 669–679, doi: https://doi.org/10.1037/vio0000218

European Commission, 2014. *Roma Health Report: Health Status of the Roma Population. Data Collection in the Member States of the European Union.* Publications Office of the European Union, https://data.europa.eu/doi/10.2772/3140 (accessed 25 July 2024).

European Union Agency for Fundamental Rights, 2023. *Roma Survey 2021.* FRA, https://fra.europa.eu/en/publications-and-resources/data-and-maps/2023/Roma-survey-2021 (accessed 25 July 2024).

Faria Anjos, J., dos Santos, M. J. H., Ribeiro, M. T., Silva, A. N. & Almeida, R. M., 2019. Connor-Davidson Resilience Scale: Validation Study in a Portuguese Sample. *BMJ Open* 9 (1), e026836, doi: https://doi.org/10.1136/bmjopen-2018-026836

Goffman, E., 1963. *Stigma: Notes on the Management of Spoiled Identity.* Prentice-Hall, Englewood Cliffs (NJ).

Golay, P., Moga, M., Devas, C., Staecheli, M., Poisat, Y., Israël, M., Suter, C., Silva, B., Morandi, S., Ferrari, P., Favrod, J. & Bonsack, C., 2021. Measuring the Paradox of Self-stigma: Psychometric Properties of a Brief Scale. *Annals of General Psychiatry* 20 (art. no. 5), doi: https://doi.org/10.1186/s12991-021-00325-7

Gorbunova, V., Gusak, N., Klymchuk, V., Palii, V., Ustenko, V., Kondur, Z., Popenko, V. & Oates, J., 2022. Social Determinants of Mental Well-being: Senses of Powerlessness and Empowerment among Romani in Ukraine. *Mental Health and Social Inclusion* 26 (2), 156–166, doi: https://doi.org/10.1108/MHSI-11-2021-0081

Grey, I., Arora, T., Thomas, J., Saneh, A., Tohme, P. & Abi-Habib, R., 2020. The Role of Perceived Social Support on Depression and Sleep During the COVID-19 Pandemic. *Psychiatry Research* 293, 113452, doi: https://doi.org/10.1016/j.psychres.2020.113452

Hankivsky, O., Reid, C., Cormier, R., Varcoe, C., Clark, N., Benoit, C. & Brotman, S., 2010. Exploring the Promises of Intersectionality for Advancing Women's Health Research. *International Journal for Equity in Health* 9 (1), 1–15, doi: https://doi.org/10.1186/1475-9276-9-5

Huang, Y., Wu, R., Wu, J., Yang, Q., Zheng, S. & Wu, K., 2020. Psychological Resilience, Self-acceptance, Perceived Social Support and Their Associations with Mental Health of Incarcerated Offenders in China. *Asian Journal of Psychiatry* 52, 102166, doi: https://doi.org/10.1016/j.ajp.2020.102166

Inglis, G., Jenkins, P., McHardy, F., Sosu, E. & Wilson, C., 2022. Poverty Stigma, Mental Health, and Well-being: A Rapid Review and Synthesis of Quantitative and Qualitative Research. *Journal of Community & Applied Social Psychology* 33 (4), doi: https://doi.org/10.1002/casp.2677

Jovanović, J., Kóczé, A. & Balogh, L., 2015. *Intersections of Gender, Ethnicity and Class: History and Future of the Romani Women's Movement: Working Paper.* Friedrich-Ebert-Stiftung, Budapest., https://eriac.org/wp-content/uploads/2021/01/fes-cps-working-paper-roma-women-gender-politics-2015.pdf (accessed 2 November 2025).

Kapadia, D., 2023. Stigma, Mental Illness and Ethnicity: Time to Centre Racism and Structural Stigma. *Sociology of Health & Illness* 45 (4), 855–871, doi: https://doi.org/10.1111/1467-9566.13615

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., Walters, E. E. & Zaslavsky, A. M., 2002. Short Screening Scales to Monitor Population Prevalences and Trends in Non-specific Psychological Distress. *Psychological Medicine* 32 (6), 959–976, doi: https://doi.org/10.1017/S0033291702006074

Keuchenius, A. & Mügge, L., 2021. Intersectionality on the Go: The Diffusion of Black Feminist Knowledge across Disciplinary and Geographical Borders. *British Journal of Sociology* 72 (2), 360–378, https://doi.org/10.1111/1468-4446.12816 (accessed 2 November 2025).

Koelmel, E., Hughes, A. J., Alschuler, K. N. & Ehde, D. M., 2017. Resilience Mediates the Longitudinal Relationships between Social Support and Mental Health Outcomes in Multiple Sclerosis. *Archives of Physical Medicine and Rehabilitation* 98 (6), 1139–1148, doi: https://doi.org/10.1016/j.apmr.2016.09.127

Ledo, J., Pereira, H. & Oliveira, C., 2024. Paradox of Self-stigma: Psychometric Validation for the Portuguese Population in Poverty. *European Journal of Humanities and Social Sciences* 4 (3), 1–8, doi: https://doi.org/10.24018/ejsocial.2024.4.3.537

Ledo, J., Silva, P., Cruz, M., Oliveira, A., Pereira, H. & Oliveira, C., 2025. Social Vulnerability and Poverty: The Impact of Discriminatory Experiences on Positive and Negative Affect among Roma and NonRoma Poorer Communities. *Trends in Psychology,* https://doi.org/10.1007/s43076-025-00434-2 (accessed 2 November 2025].

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M. & Gee, G., 2015. Racism As a Determinant of Health: A Systematic Review and Meta-Analysis. *PLOS ONE*, 10 (9), p.e0138511, doi: https://doi.org/10.1371/journal.pone.0138511

Pereira, A., Oliveira, C. A., Bártolo, A., Monteiro, S., Vagos, P. & Jardim, J., 2019. Reliability and Factor Structure of the 10-item Kessler Psychological Distress (K10) among Portuguese Adults. *Ciência e Saúde Coletiva* 24 (3), 729–736, doi: https://doi.org/10.1590/1413-81232018243.06322017

Perrin, P. B., Sutter, M. E., Trujillo, M. A., Henry, R. S. & Pugh, M. Jr., 2020. The Minority Strengths Model: Development and Initial Path Analytic Validation in Racially/Ethnically Diverse LGBTQ Individuals. *Journal of Clinical Psychology* 76 (1), 118–136, doi: https://doi.org/10.1002/jclp.22850

Powell, R. & Lever, J., 2017. Europe's Perennial 'Outsiders': A Processual Approach to Roma Stigmatization and Ghettoization. *Current Sociology* 65 (5), 680–699, doi: https://doi.org/10.1177/0011392115594213

Rutter, M., 1993. Resilience: Some Conceptual Considerations. *Journal of Adolescent Health* 14 (8), 626–631, doi: https://doi.org/10.1016/1054-139X(93)90196-V

Sendroiu, I. & Upenieks, L., 2020. The Contextual Effect of Trust on Perceived Support: Evidence from Roma and Non-Roma in East-Central Europe. *The British Journal of Sociology* 71 (4), 702–721, doi: https://doi.org/10.1111/1468-4446.12760

Statistics Portugal (Estituto nacional de Estatística), 2023. *Rendimento e condições de vida – 2023* [Income and Living Conditions – 2023]. 27 November 2023, https://www.ine.pt/ngt_server/attachfileu.jsp?look_parentBoui=638979246&att_display=n&att_download=y (accessed 25 July 2024).

Statistics Portugal (Estituto nacional de Estatística), 2024. *Inquérito às condições de vida, origens e trajetórias da população residente – 2023* [Survey on Living Conditions, Origins and Trajectories of the Resident Population – 2023]. 24 June 2024, https://www.ine.pt/ngt_server/attachfileu.jsp?look_parentBoui=673531125&att_display=n&att_download=y (accessed 25 July 2024).

Sum, M. Y., Chan, S. K. W., Tse, S., Bola, J. R., Ng, R. M. K., Hui, C .L. M., Lee, E. H. M., Chang, W. C. & Chen, E. Y. H., 2020. Elucidating the Relationship between Internalized Stigma, Cognitive Insight, Illness Severity, and Functioning in Patients with Schizophrenia Using a Path Analysis Approach*. Journal of Mental Health.* Advance online publication, doi: https://doi.org/10.1080/09638237.2020.1836553 (accessed 2 November 2025).

Tyler, I. E., 2020. *Stigma: The Machinery of Inequality*. Zed Books, London.

Utsey, S. O., Bolden, M. A., Lanier, Y. & Williams, O., 2007. Examining the Role of Culture-Specific Coping as a Predictor of Resilient Outcomes in African Americans from High-Risk Urban Communities. *Journal of Black Psychology* 33 (1), 75–93, doi: https://doi.org/10.1177/0095798406295094

World Medical Association, General Assembly, 2024. *WMA Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*, https://www.wma.net/policies-post/wma-declaration-of-helsinki/ (accessed 25 July 2024).

Xu, Y., Zheng, Q.-X., Jiang, X.-M., Guo, S.-B., Kang, Y.-L., Lin, Y.-P. & Liu, G.-H., 2023. Effects of Coping on Nurses' Mental Health during the COVID-19 Pandemic: Mediating Role of Social Support and Psychological Resilience. *Nursing Open* 10 (7), 4619–4629, doi: https://doi.org/10.1002/nop2.1709

Yesilot, S. B., 2021. Coping Styles and Resilience in Women Living in the Same Neighborhood with Distinct Cultures. *International Journal of Intercultural Relations* 84, 200–209, doi: https://doi.org/10.1016/j.ijintrel.2021.08.001

Zimet, G. D., Dahlem, N. W., Zimet, S. G. & Farley, G. K., 1988. The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment* 52 (1), 30–41, doi: https://doi.org/10.1207/s15327752jpa5201_2

Psihosocialna tveganja in zaščitni dejavniki pri romskih in ne-romskih skupnostih na Portugalskem, ki živijo v revščini

Izvleček

Revščina ogroža psihosocialno zdravje, zlasti kadar se prepleta z manjšinskimi identitetami, kot je etnična pripadnost. Zaradi diskriminacije, predsodkov in stigme so razmere še posebej neugodne znotraj romske skupnosti. Ta presečna raziskava primerja psihosocialno zdravje med Romi in Neromi, ki živijo v revščini. Vzorec vključuje 317 udeležencev (202 Neromov in 115 Romov), starih od 18 do 71 let (M = 38,91; SD = 13,89). Ugotovljene so bile pomembne razlike ($p < 0,001$) v psihološki stiski (Neromi: 2,76; Romi: 1,95), samostigmatizaciji (Neromi: 2,87; Romi: 3,34), socialni opori (Neromi: 4,48; Romi: 6,05) in odpornosti (Neromi: 2,16; Romi: 3,07). Za romsko identiteto je značilna nižja stopnja psihološke stiske. Diskriminacija vpliva na samostigmo, ki jo oblikujejo družbeni predsodki. Kot zaščitna dejavnika se v romskih skupnostih kažeta močnejša odpornost in socialna opora. Ugotovitve poudarjajo potrebo po javnih politikah, ki bodo upoštevale potrebe teh populacij ter prispevale k zmanjševanju stigme in diskriminacije.

Ključne besede

presečnost; revščina; psihosocialno zdravje; romska skupnost; Neromi