Well-Being and Resources of Minors With Refugee Background in Comparison to Minors With Migration or Native Background

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Abstract: *Background:* Studies on the health of minors with refugee background (RM) often focus on symptoms and risks. In contrast to these deficit-oriented approaches, the present study examined well-being and resources of RM. *Aims:* The aim was to get an overview of the extent to which RM differ from both minors with migration (MM) as well as native (NM) background regarding well-being and resources. In addition, the study sought to identify resources of RM that are significant for well-being. General personal and social resources, religious identity and practice as well as multicultural resources (bilingualism, ethnic identity) were examined. *Method:* The study was conducted in Germany with minors aged 8–16 years. RM ($n = 209$), MM ($n = 535$) and NM ($n = 858$) completed questionnaires. Comparative analyses and multiple regression analyses were computed. *Results:* RM showed lower well-being and fewer social resources than MM and NM. For personal resources, the group differences were less consistent. Personal and social resources predicted the well-being of minors. While multicultural resources were not significant, especially the resources sense of coherence, integration into peer group, and religious identity positively predicted the well-being of RM. *Limitations:* The group of MM is very heterogeneous. Further studies should differentiate the group of MM more precisely. *Conclusion:* The differences in well-being among RM, MM and NM can largely be explained by differences in resources. Religious identity is an important available resource for RM. Sense of coherence and integration into peer groups should be given special attention in health promotion for RM.

Keywords: refugee, children, adolescents, well-being, resources

There are 510,005 minors with refugee background (RM) or with protection status (subsidiary protection, refugee status, or entitled to asylum) living in Germany (as of 2020; Federal Statistical Office, 2021a). RM face increased stressors and challenges, whether from past critical or traumatic events, as well as from current linguistic, financial, acculturative challenges, and other post-migration stressors (Fazel et al., 2012; Porter & Haslam, 2005). In addition, 5.3 million minors with a migration background (MM) live in Germany, hence 39% of all minors in Germany (as of 2020, Federal Statistical Office, 2021b). MM are minors who are themselves born in a different country or have at least one parent born in a different country, may face similar postmigration and acculturative challenges as RM (Braig et al., 2020). At approximately 8 million, most minors in Germany have a native background (NM), hence minors

who themselves and whose parents were born in Germany (as of 2020, Federal Statistical Office, 2021b). NM do not experience the multicultural challenges that RM and MM may experience. It seems likely that non-native minors are exposed to additional sources of stress, with and without direct reference to migration and acculturation. To handle the additional challenges, resources might be of crucial importance for RM and MM. However, some structures and conditions in German society make it difficult for MM and especially for RM to access social resources. Especially in the course of the high arrival of refugees in Germany in 2015/16, short-term capacity and resource limits were disclosed in many sectors, including language support and schooling (e.g., Federal Government Expert Commission on the framework for sustainable integration, 2020). Therefore, this study focused on the resources of RM

who arrived in Germany in the time frame mentioned and compared them with MM and NM.

Comparison of Well-Being

There are numerous studies investigating stress and psychological disorders of RM (e.g., Müller et al., 2019; Tam et al., 2017). However, few studies have examined RM's overall subjective well-being or health-related quality of life (e.g., Möhrle et al., 2016; Tozer et al., 2018). The World Health Organization (2020, p. 6) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". Therefore, in contrast to deficit-oriented approaches, this study examined the overall subjective well-being of RM. Thereby well-being was operationalized by health-related quality of life, which is understood as a multidimensional construct including physical, emotional, mental, social, spiritual, and behavioral components of well-being and functioning from a subjective perspective (Ravens-Sieberer et al., 2009).

As most studies on the health of RM are based on deficit-oriented approaches, the assumptions about RM's well-being have been derived from this research. Comparative studies showed differences in internalizing and externalizing symptoms between RM, MM, and NM (Fazel & Stein, 2003; Leth et al., 2014). For example, Fazel and Stein (2003) reported more emotional problems of RM than MM in the UK. Beyond that, compared to NM, RM showed more emotional symptoms, peer problems, hyperactivity, and less prosocial behavior. Broadening the perspective, the present study compared the well-being of RM, MM, and NM. Analogous to the comparative studies with internalizing and externalizing symptoms, the following hypotheses were postulated with well-being as the variable of interest: RM show lower levels of well-being than NM (Hypothesis 1.1) and MM (Hypothesis 1.2).

Comparison of Resources

Subjective well-being is related to resources. Resources have a tremendous impact on well-being in the sense that the extent of resources minors possess positively influences well-being (e.g., Erhart et al., 2008; Lohaus & Nussbeck, 2016). Therefore, when studying and promoting well-being resources should be taken into account. Resources are currently available potentials that support development (Petermann & Schmidt, 2006). Given their different backgrounds, it can be assumed that RM, MM, and NM differ in the manifestation of their personal (e.g., self-efficacy) and social resources (e.g., parental support). Nevertheless, no studies are yet known that compare resources of RM with resources of MM and NM. Regarding social resources,

Erhart et al. (2007) revealed that MM showed more deficits than NM in Germany. Due to the similar background and challenges of RM and MM, it seems likely that these findings can be transferred to RM. Therefore, it was hypothesized that NM have higher levels of social resources than RM (Hypothesis 2.1). Furthermore, RM can experience additional stressors in Germany on top of the postmigration stressors of MM (e.g., Walther et al., 2020), such as difficult living conditions in shared accommodations, insecure residence status, or more burdened parents, and thus less parental support (e.g., Eruyar et al., 2018). It is therefore assumed that MM also have higher levels of social resources than RM (Hypothesis 2.2).

In contrast to social resources, the findings for personal resources are less conclusive. Contrary to Erhart et al. (2007), who found MM to have more deficits in personal resources (e.g., self-efficacy, optimism, sense of coherence) compared to NM in Germany, Gatt et al. (2020) reported more resilience resources (e.g., positive relationships, trust in one's instincts, spiritual influences) among MM compared to NM across six countries (Australia, New Zealand, UK, China, South Africa, and Canada). Furthermore, a migration experience buffered the negative impact of trauma (Gatt et al., 2020). These findings can be related to the theory of posttraumatic growth. The theory states that to be challenged by a traumatic event can lead to growth experiences, so that the awareness of meaningful contacts, sense of personal strength, and other resources may increase (Tedeschi & Calhoun, 2004). Therefore, the manifestations of personal resources were assumed to differ between RM, MM, and NM (Hypothesis 2.3), but the direction of the differences is not clear.

Relations of Resources and Background With Well-Being

Numerous studies have highlighted the importance of resources for well-being (e.g., Erhart et al. 2008). These findings are to be replicated in this study. It was assumed that general personal and social resources predict the well-being of minors (Hypothesis 3.1).

The division into the three subgroups (RM, MM, NM) was guided by the assumptions about the different backgrounds and related different experiences. As inferred above, it was assumed that RM differ in their well-being from MM and NM. One explanation for these differences might be the differences in their personal and social resources. Thus, the question arose whether resources alone explain the differences in well-being or whether the group membership or rather the background (RM, MM, NM) accounts for further variance in well-being. Therefore, Hypothesis 3.2 tested whether both general personal and social resources and background predict well-being.

As described above, comparative studies have shown more deficits in personal and social resources for MM than NM in Germany (Erhart et al., 2007). However, so far, the fact has been ignored that minors with a multi-ethnic background (RM and MM) not only have their multicultural backgrounds and related challenges in common, but also additional multicultural resources. Possible shared resources can be general personal and social resources as well as potential resources based on the multicultural background, such as bilingualism (e.g., Müller et al., 2020) and bicultural identity (e.g., Marley & Mauki, 2019). Therefore, with regard to multicultural resources, it was hypothesized that bilingualism and ethnic identity predict the subjective well-being of RM and MM (Hypothesis 4.1).

The availability of additional multicultural resources, as well as the findings on the positive influence of a migration experience (Gatt et al., 2020), could be further explanations for the Immigrant Paradox (Marks et al., 2014). This paradox describes the observation that people with migration background showed fewer internalizing and externalizing symptoms and better academic outcomes than people without migration background, despite their poorer socioeconomic status (Dimitrova et al., 2016; see also Namer & Razum, 2018). Based on these observations, it can be assumed that RM and MM have multicultural resources in addition to general resources and that these are associated with well-being. It was therefore hypothesized that both multicultural resources and general personal and social resources predict the subjective well-being of RM and MM (Hypothesis 4.2).

The Present Study

In summary, the present study examined the well-being and resources of refugee minors. Besides general personal and social resources, also multicultural resources (bilingualism, ethnic identity) were included. The aims were to test differences in (1) well-being and (2) social and personal resources of refugee minors compared to immigrant and native minors (see Hypotheses 1.1 and 1.2 for well-being, Hypotheses 2.1 to 2.3 for resources). In addition, associations of resources with well-being were examined. The study tested whether (3) resources explain differences in well-being and whether group membership (RM, MM, and NM) could explain additional variance in well-being (see Hypotheses 3.1 and 3.2). Finally, (4) the role of multicultural resources in addition to general personal and social resources for the well-being of refugee and immigrant minors was analyzed (see Hypotheses 4.1 and 4.2). The present study aims to pinpoint significant resources which should be examined more in-depth in future research and further implicate starting points for prevention and health promotion in practice.

Method

Participants and Procedure

To test the hypotheses, which are divided into four topics, data from two samples, including three subgroups (RM, NM, MM), were collected and analyzed.

YOURGROWTH Sample

The sample of RM was obtained as part of the YOURGROWTH study, which is part of the YOURHEALTH collaborative project. Ethical approval for the project was obtained. The survey was conducted in schools or shelters in a group setting with a maximum of 18 minors. For the tablet-based survey, the software QuestionPro (2019) was used. The questionnaire was translated into the languages of the minors' countries of origin and ethnolinguistic background (Arabic, Dari, Kurmandji, Sorani, Pashto) in a back-and-forth translation process. The minors had the option to listen to the questions via an audio button. Assessments were conducted by trained staff who commonly had knowledge of one of the minors' native languages. Most frequently minors answered the questionnaire in German ($n = 9$ in Arabic, $n = 7$ in Dari, $n = 2$ in Kurmandji, $n = 1$ missing data). Informed consent was obtained from both parents and minors prior to the study in written form. Data were collected in two regions in Germany (North Rhine-Westphalia, Baden-Wuerttemberg) in the period from January 2019 to March 2020.

Minors With Refugee Background

After excluding incomplete or invalid cases (see Figure 1), the final sample of RM consisted of 209 minors (51% boys) aged 8–16 years ($M = 12.25$, $SD = 2.45$). Three unaccompanied refugee minors were part of the sample. The countries of origin were Syria (53%), Iraq (32%), and Afghanistan (15%). Regarding religious affiliation, 67% of the minors stated Islam, 19% Yazidism, and 2% Christianity. Five percent of the minors stated no religious affiliation, 1% other religious affiliation, and 6% did not know their religious affiliation.

School-Based Sample

With the aim of obtaining two comparison groups (NM, MM), school children (primarily from Baden-Wuerttemberg, Germany) were recruited. Children completed a paper-pencil-based survey in the German language in their classes (with a maximum of 30 children). Data collection was supervised by teachers or trained students after obtaining informed consent from parents in written form and verbally from minors. The research has received ethical approval.

Figure 1. Sampling procedure and participants. RM = refugee minors; MM = immigrant minors; NM = native minors.

Minors With Native Background

After excluding incomplete data sets and parallelizing the sample with regard to age to the sample of RM, the sample of NM consisted of 858 minors (50% boys) aged 8–16 years ($M = 12.07$, $SD = 2.02$; see Figure 1). Eighty-seven percent of the children reported Christianity and 2% Islam as their religious affiliation, 10% stated no religious affiliation, and 1% stated other affiliations.

Minors With Migration Background

After excluding incomplete and invalid datasets and excluding minors with the countries of origin Syria, Afghanistan, and Iraq to avoid overlap with the sample of RM, the sample of MM consisted of 535 minors (49% boys) aged 8–16 years ($M = 12.29$, $SD = 2.11$; see Figure 1). 19% of the MM reported being born in a different country, 60% of the MM reported that both parents were born in a different country, and 39% of the MM reported that one parent was born in a different country. Seventy-four different countries of origin were represented in the sample (e.g., Italy, Poland, Romania, Turkey). Regarding religious affiliation, 56% of the minors reported Christianity and 21% Islam. 8% of the minors stated other religious affiliations, and 14% of minors reported no religious affiliation.

Measures

Subjective Well-Being

Subjective well-being was assessed using the KIDSCREEN-10 (The KIDSCREEN Group Europe, 2006), a question-

naire that measures children's general health-related quality of life. It consists of 10 items (e.g., "Please think about last week. ... Have you been full of energy?"). The response format is 5-point. Internal consistency (Cronbach's α) was acceptable or good for the total sample as well as the subgroups (total sample $\alpha = .81$, RM $\alpha = .76$, NM $\alpha = .81$, MM $\alpha = .83$).

Personal and Social Resources

General resources were assessed by the Questionnaire to Assess Resources for Children and Adolescents (QARCA; Lohaus & Nussbeck, 2016). With 60 items (six items each subscale), it captures six child-related personal resources (optimism, empathy, self-esteem, self-efficacy, sense of coherence, self-control; see Electronic Supplementary Material, ESM 1 for examples) and four social resources (parental support, authoritative parenting, integration into peer group, school integration). The response format is 4-point. Internal consistencies of the subscales ranged from .74 to .91 for the total sample and from .62 to .91 for the subgroups (see ESM 1 for details).

Religion

The extent to which the minors identify with their religion was assessed, as well as how often they practice it. Religious identity was measured by four items (e.g., "It bothers me when someone speaks badly about my religion.") using a 5-point response format. Items were formulated analogously to the Ethnic and National Identity Questionnaire

for Children and Adolescents (Leszczensky & Gräbs Santiago, 2014; see Multicultural Resources section). Internal consistencies were good (total sample $\alpha = .94$, RM $\alpha = .89$, NM $\alpha = .94$, MM $\alpha = .94$).

Religious practice was measured by two items on a 5-point response scale: “How often do you pray?”; “How often do you visit a place of worship (e.g., a church, mosque, or temple)?” The two items had a strong positive inter-item-correlation (total sample $r = .61$, RM $r = .50$, NM $r = .67$, MM $r = .61$).

Multicultural Resources

Ethnic identity was assessed using a 4-item subscale of the Ethnic and National Identity Questionnaire for Children and Adolescents (Leszczensky & Gräbs Santiago, 2014). Participants indicated their attachment to their country of origin (e.g., “I feel that I am a part of my country of origin”) on a 5-point response format. Internal consistencies were acceptable or good (total sample $\alpha = .88$, RM $\alpha = .78$, NM $\alpha = .90$, MM $\alpha = .89$).

Bilingualism was assessed using two subscales measuring (1) German skills and (2) the skills in the first language. If the first language was German, the minors just filled out the first subscale. Each subscale consisted of four items (speaking, understanding, reading, writing), using a 4-point response format. Minors with a mean value ≥ 3 in both languages were categorized as *bilingual* (1), minors with a mean value of < 3 in one language were categorized as *monolingual* (0). Bilingualism was determined for 94 (47%) RM, 220 (43%) MM, and 27 (3%) NM. One hundred six RM, 196 MM, and 782 NM were categorized as monolingual.

Data Analyses

All analyses were performed using IBM SPSS Statistics 27. In case of $< 20\%$ missing values of one scale or subscale, missing values were replaced by the child’s mean value. Mean values were then calculated for complete cases for all scales or subscales.

Comparative Analyses

To analyze group differences (RM, NM, MM), analyses of variance (ANOVAs) with planned contrasts (Hypotheses 1.1, 1.2, 2.1, 2.2) or post hoc comparisons (Hypothesis 2.3) were performed. Relevant assumptions were first tested. Because homogeneity of variance between groups for most variables was not met (Levene test, $p < .01$), non-parametric tests (Mann-Whitney-U-tests, Kruskal-Wallis tests) were promoted. The results did not differ markedly. Thus, the results of the Welch-ANOVAs were presented.

Multiple Linear Regression Analyses

To examine the importance of different resource variables for well-being (after controlling for gender and age), hierar-

chical multiple linear regression analyses were computed. G-Power 3.1 analyses (Faul et al., 2007) showed a total sample size of $n = 157$ is needed for regression analyses (fixed model, R^2 increase) for an effect size of .15 (with number of tested predictors set to 16, $\alpha = .05$, $1 - \beta = .85$).

Results

Preliminary Analysis

Age was not significantly different between the three samples, Welch Test $F(2, 535) = 1.96$, $p = .142$. A comparison with the Mann-Whitney-U-Test showed no notable differences in the results. A χ^2 -test for association showed no significant association between gender and sample, $\chi^2(1, N = 1,602) = 0.21$, $p = .899$, $\phi = .012$. To investigate whether the scales show the same measurement and scaling properties across groups, measurement invariance was analyzed (see ESM 2). Results confirmed at least partial scalar invariance (strong invariance) for the resources measured (i.e., religious identity and QARCA, except for one subscale) and partial metric invariance (weak invariance) for the QARCA subscale *authoritative parenting* and for the KID-SCREEN-10.

Before regression analyses were calculated, correlation analyses were computed. Results are provided in ESM 1. Although there were significant associations between the variables included in this study ($r < .74$), a validation of the variance inflation factor ($VIF < 4.63$ in the present study) indicated that there was no multicollinearity.

Comparative Analyses

Well-Being

Results are presented in Table 1. Regarding Hypotheses 1.1 and 1.2, there was a significant difference in well-being between the groups (RM, NM, MM; $p < .001$). Planned contrasts revealed that NM and MM showed higher levels of well-being than RM. Thus, Hypotheses 1.1 and 1.2 were confirmed.

Resources

Testing Hypotheses 2.1 and 2.2, there were significant differences in social resources between the groups ($ps < .01$, Table 1). Planned contrasts showed higher levels of most subscales of the social resources of NM and MM compared to RM. Only the subscale *integration into school* did not differ significantly between RM and MM, but between NM and RM. Therefore, it can be concluded that Hypothesis 2.1 is fully confirmed and Hypothesis 2.2 is partially confirmed.

Table 1. Means, standard deviations (SD), one-way analyses of variance and planned contrasts for well-being and social resources

Measure	Mean (SD)			Welch test <i>F</i> (<i>df</i> 1, <i>df</i> 2)	Contrasts <i>t</i> (<i>df</i>) <i>r</i>	
	RM	NM	MM		RM vs. NM	RM vs. MM
Well-being						
KIDSCREEN-10	3.55 (0.74)	3.93 (0.63)	3.76 (0.70)	28.02*** (2, 536)	6.83*** (284) .37	3.56*** (361) .18
Social Resources						
Parental support	2.97 (0.83)	3.49 (0.64)	3.35 (0.73)	34.21*** (2, 479)	8.03*** (242) .46	5.55*** (299) .31
Authoritative parenting	2.83 (0.73)	3.24 (0.60)	3.13 (0.67)	27.44*** (2, 484)	7.25*** (248) .42	5.02*** (309) .27
Integration into peer group	2.81 (0.70)	3.29 (0.57)	3.20 (0.64)	39.91*** (2, 493)	8.90*** (253) .49	6.75*** (314) .36
School integration	2.90 (0.78)	3.10 (0.67)	2.45 (0.71)	6.84** (2, 511)	2.67** (268) .16	0.67 (328) .04

Note. RM = refugee minors; MM = immigrant minors, NM = native minors. **p < .01, ***p < .001.

Table 2. Means, standard deviations (SD), one-way analyses of variance, and post-hoc tests for personal resources

Measure	Mean (SD)			Welch test <i>F</i> (<i>df</i> 1, <i>df</i> 2)	Games-Howell post hoc test <i>p</i> -value (2-tailed) Cohen's <i>d</i>	
	RM	NM	MM		RM vs. NM	RM vs. MM
Personal resources						
Optimism	2.65 (0.69)	2.87 (0.63)	2.80 (0.67)	8.94*** (2, 532)	.00 −.34	.03 −.21
Self-efficacy	2.70 (0.73)	2.80 (0.62)	2.76 (0.67)	3.04* (2, 501)	.05 −.22	.26 −.14
Empathy	2.56 (0.67)	2.90 (0.59)	2.87 (0.67)	21.14*** (2, 509)	.00 −.57	.00 −.45
Sense of coherence	2.57 (0.69)	2.93 (0.61)	2.88 (0.64)	23.21*** (2, 505)	.00 −.60	.00 −.48
Self-esteem	2.95 (0.69)	2.93 (0.72)	2.84 (0.76)	2.89 (2, 548)	.97 .02	.17 .14
Self-control	2.76 (0.69)	2.88 (0.57)	2.77 (0.64)	6.53** (2, 501)	.05 −.22	.94 −.03
Religion						
Religious identity	4.23 (1.06)	3.06 (1.29)	3.51 (1.35)	90.75*** (2, 573)	.00 .93	.00 .56
Religious practice	2.84 (1.48)	2.63 (1.12)	2.66 (1.19)	1.90 (2, 520)	.13 .18	.26 .14

Note. RM = refugee minors; MM = immigrant minors; NM = native minors. *p < .05, **p < .01, ***p < .001.

Analyses of the personal resources (Hypothesis 2.3) showed significant group differences in 6 out of 8 personal resources (*ps* < .05). Results are shown in Table 2. Post hoc analyses revealed that NM (compared to RM) reported higher levels of *optimism*, *self-efficacy*, *empathy*, *sense of coherence*, *self-control* and lower levels of *religious identity*. Comparing MM with RM, MM showed higher levels of *optimism*, *empathy*, *sense of coherence*, and lower levels of *religious identity*. Consequently, Hypothesis 2.3 is partially confirmed.

Multiple Regression Analyses

Personal Resources, Social Resources, and Background

To test Hypotheses 3.1 and 3.2, a multiple hierarchical regression analysis was performed to estimate the proportion of variance in well-being that can be accounted for by personal and social resources and the background while controlling for age and gender. In step 1, demographics (age, gender) were entered in the model. In step 2, personal

Table 3. Regression coefficients of personal resources, social resources, and background on well-being (Final Model: Step 3)

Variable	<i>B</i>	<i>SE</i>	95% CI		β	<i>p</i>	<i>sr</i> ²
			LL	UL			
Age	−.03	.01	−.04	−.02	−.09	.000	.01
Gender ^a	.15	.03	.09	.20	.11	.000	.02
Optimism	.19	.04	.12	.26	.19	.000	.02
Self-efficacy	−.04	.03	−.10	.02	−.04	.154	.00
Empathy	−.15	.03	−.20	−.10	−.14	.000	.02
Self-esteem	.20	.03	.14	.25	.21	.000	.03
Sense of coherence	.10	.04	.03	.17	.10	.003	.01
Self-control	.05	.03	−.01	.11	.04	.116	.00
Parental support	.20	.03	.14	.25	.21	.000	.03
Authoritative parenting	−.14	.03	−.19	−.08	−.13	.000	.01
Integration into peer group	.15	.03	.09	.21	.14	.000	.02
School integration	.11	.03	.06	.16	.11	.000	.01
Religious identity	.02	.01	−.01	.04	.03	.238	.00
Religious practice	−.02	.01	−.05	.00	−.04	.108	.00
Native background ^b	.21	.05	.12	.31	.16	.000	.01
Migration background ^c	.12	.05	.03	.22	.09	.010	.00

Note. *N* = 1,495. CI = confidence interval; LL = lower limit; UL = upper limit. ^a0 = female, 1 = male. ^b0 = refugee or immigrant minors, 1 = native minors. ^c0 = refugee or native minors, 1 = immigrant minors. The table including steps 1 and 2 can be found in ESM 1.

resources and social resources were entered. In step 3, the background, with the native background dummy variable for NM and migration background dummy variable for MM, was entered in the model.

Relevant assumptions were first tested: 14 cases had a standardized residual > 3, but because of further diagnostics (Cook's distance < 1, leverage < 0.22), the cases were not excluded from the model. A visual inspection of residual scatterplots revealed homoscedasticity and normally distributed errors. Overall, no assumption was markedly violated.

Results are shown in Table 3 for the final model (see ESM 1 for regression coefficients for steps 1 and 2). Age and gender predicted well-being (step 1), $R^2_{\text{adj}} = .08$, $F(2, 1,492) = 69.00$, $p < .001$. As there was a significant increase in explained variance in well-being, when personal and social resources were entered (step 2), Hypothesis 3.1 was confirmed, $\Delta R^2 = .38$, $F(12, 1,480) = 89.27$, $p < .001$. There was also a significant increase in explained variance when background was added to the model (step 3), $\Delta R^2 = .01$, $F(2, 1,478) = 11.24$, $p < .001$. Therefore, Hypothesis 3.2 was confirmed. The final regression equation was significant, $R^2_{\text{adj}} = .69$, $F(16, 1,478) = 84.23$, $p < .001$. Thus, personal resources, social resources, and background variables were found to be significantly ($ps < .001$) related to well-being.

Multicultural, Social and Personal Resources

With reference to Hypotheses 4.1 and 4.2, two multiple hierarchical regression analyses were performed separately for the two groups of RM and MM to estimate the propor-

tion of variance in well-being that can be accounted for by multicultural, personal and social resources while taking age and gender into account. Predictor variables were entered in three steps. In step 1, demographics (age, gender), in step 2, multicultural resources (ethnic identity, bilingualism), and in step 3, personal and social resources were entered in the model.

Relevant assumptions for the multiple regression analysis were first tested. Within RM resp. MM two cases resp. four cases had a standardized residual > 3, but because of further diagnostics (Cook's distance < 1, leverage < 0.22), the cases were not excluded from the model. A visual inspection of residual scatterplots revealed homoscedasticity and normally distributed errors. Overall, no assumption was markedly violated.

Minors With a Refugee Background

Results are shown in Table 4. In step 1, age and gender did not significantly predict well-being, $R^2_{\text{adj}} = .01$, $F(2, 153) = 1.50$, $p = .227$. When ethnic identity and bilingualism were entered (step 2), there was a significant increase in explained variance, $\Delta R^2 = .06$, $F(2, 151) = 5.06$, $p < .05$. Thereby, ethnic identity significantly predicted well-being ($\beta = .25$, $p < .01$), whereas bilingualism did not. Thus, it can be concluded that Hypothesis 4.1 was partially confirmed for RM. When social resources and personal resources were entered (step 3), there was also a significant increase in explained variance in well-being, $\Delta R^2 = .31$, $F(12, 139) = 5.90$, $p < .001$. The final regression equation (step 3) was significant, $R^2_{\text{adj}} = .32$, $F(16, 139) = 5.58$, $p < .001$.

Table 4. Regression coefficients of multicultural, social and personal resources on well-being of refugee minors

Variable	<i>B</i>	<i>SE</i>	95% CI		β	<i>p</i>	<i>sr</i> ²
			LL	UL			
Step 1							
Age	−.04	.02	−.09	.01	−.13	.108	.02
Gender ^a	.08	.12	−.16	.32	.05	.501	.00
Step 2							
Age	−.05	.03	−.10	.00	−.17	.041	.03
Gender	.09	.12	−.14	.33	.06	.433	.00
Ethnic identity	.18	.06	.07	.30	.25	.002	.06
Bilingualism ^b	.06	.12	−.18	.31	.04	.625	.00
Step 3							
Age	−.04	.02	−.09	.00	−.14	.075	.02
Gender	.16	.11	−.06	.39	.11	.143	.02
Ethnic identity	.04	.06	−.08	.16	.06	.481	.00
Bilingualism	−.01	.11	−.23	.20	−.01	.897	.00
Optimism	−.05	.15	−.34	.24	−.05	.723	.00
Self-efficacy	.08	.15	−.21	.37	.08	.586	.00
Empathy	−.40	.14	−.67	−.13	−.36	.004	.06
Self-esteem	−.05	.12	.29	.18	−.05	.645	.00
Sense of coherence	.40	.14	.12	.69	.36	.006	.05
Self-control	.12	.15	−.17	.41	.11	.425	.00
Parental support	.19	.11	−.03	.41	.21	.090	.02
Authoritative parenting	−.25	.14	−.52	.02	−.24	.069	.02
Integration into peer group	.38	.12	.13	.62	.36	.003	.06
School integration	.01	.11	−.20	.22	.01	.915	.00
Religious identity	.15	.06	.03	.28	.22	.019	.04
Religious practice	−.07	.04	−.15	.02	−.12	.124	.02

Note. *N* = 156. CI = confidence interval; LL = lower limit; UL = upper limit. ^a0 = female, 1 = male. ^b0 = no bilingualism, 1 = bilingualism.

.001. After entering social and personal resources, the multicultural resource ethnic identity was no longer significant. Thus, Hypothesis 4.2 was not confirmed for RM. Overall, empathy (negative association), sense of coherence, integration into peer group, and religious identity were significant predictors ($ps < .02$) of well-being in RM.

Minors With a Migration Background

Results are displayed in detail in ESM 1. In step 1, age and gender significantly predicted well-being, $R^2_{adj} = .10$, $F(2, 436) = 25.40$, $p < .001$. Entering bilingualism and ethnic identity (step 2) did not account for additional variance in well-being, $\Delta R^2 = .00$, $F(2, 434) = 0.02$, $p = .981$. Thus, Hypothesis 4.1 was not confirmed for MM. However, there was a significant increase in explained variance when social and personal resources were added to the model (step 3), $\Delta R^2 = .40$, $F(12, 422) = 28.96$, $p < .001$. The final regression equation (step 3) was significant, $R^2_{adj} = .49$, $F(16, 422) = 27.30$, $p < .001$. After entering social and personal resources, ethnic identity showed to be significant. Thus, Hypothesis 4.2 was partly confirmed for MM. Overall, in descending order, the following resources were significant predictors ($ps \leq .02$) for well-being in MM: parental support

($\beta = .29$), self-esteem ($\beta = .18$), integration into peer group ($\beta = .16$), optimism ($\beta = .16$), ethnic identity ($\beta = -.13$), empathy ($\beta = -.13$), and school integration ($\beta = .13$).

Discussion

The present study aimed to get insight into how RM differ from MM and NM in their well-being and in their resources. Furthermore, it was examined which resources are significant for their well-being. For this purpose, eight hypotheses, divided into four topics, were derived and tested.

First, according to our expectations, NM and MM showed higher levels of well-being than RM (Hypotheses 1.1 and 1.2). Second, also in line with the hypotheses, NM reported higher levels of all studied social resources than RM (Hypothesis 2.1). Except for school integration, MM also showed higher levels for the studied social resources than RM (Hypothesis 2.2). In contrast, the levels of personal resources showed less consistent patterns of differences between RM and MM or NM (Hypothesis 2.3). However, when differences were found, non-refugee minors usually

scored higher (except for religious identity). NM showed higher levels of optimism, self-efficacy, empathy, sense of coherence, self-control, and lower levels of religious identity than RM. But NM and RM did not differ in self-esteem and religious practice. MM showed higher levels of optimism, empathy, sense of coherence, and lower levels of religious identity than RM. But MM and RM did not differ in self-efficacy, self-esteem, self-control, and religious practice.

Third, as hypothesized, general personal and social resources predicted the subjective well-being of minors (Hypothesis 3.1). As both resources and group membership or rather background (RM, MM, and NM) predicted well-being (Hypothesis 3.2), it can be assumed that besides differences in self-reported resources, additional group characteristics or variables associated with group membership (e.g., residence status, housing facilities, critical life events) are associated with well-being. However, the increase in variance explained by group membership was significant but low (1%). Consequently, it might be assumed that personal and social resources that can be promoted and strengthened are decisive for subjective well-being.

Fourth, an innovation of this study was that not only the role of general resources but also of multicultural resources (bilingualism and ethnic identity) for RM and MM well-being were examined (Hypothesis 4.1 and 4.2). While bilingualism was not found to be significant for RM and MM, ethnic identity significantly predicted well-being for RM but not for MM. When general personal and social resources were additionally taken into account, ethnic identity no longer predicted the well-being of RM. However, ethnic identity predicted the well-being of MM, when personal and social resources were included. Overall, in our study, ethnic identity and bilingualism were not powerful resources for well-being. This finding is contrary to previous findings in non-German-speaking countries (e.g., Marley & Mauki, 2019; Müller et al., 2020). However, Dollmann and Kristen (2010) already found that bilingualism, which was not related to school performance, did not prove to be a direct resource among children in Germany. The lack of association between multicultural resources and well-being can be explained by the fact that bilingualism and ethnic identity can be a resource on the one hand, but on the other hand, can also bring further acculturative and cognitive challenges. Future studies could take a closer look at these complex interactions.

Significance of Specific Resources

Our results showed that resources are important for the well-being of minors and can explain differences in well-being among the three groups of RM, MM, and NM. Looking at the total sample of minors, in particular, the

resources self-esteem and parental support were found to be especially significant for well-being. These results support existing findings on associations between well-being and self-esteem (e.g., Karatzias et al., 2006) or parental support (e.g., Kocayörük et al., 2015).

Specifically for the group of RM, the results showed that, in particular, the resources sense of coherence, integration into peer group, and religious identity have a significant positive impact on well-being. The comparative analyses showed that RM reported less sense of coherence than NM and MM. Sense of coherence is understood as a basic attitude of experiencing the world as predictable, coherent, and meaningful (Antonovsky, 1979). Studies with minors already found associations between sense of coherence and well-being (Lohaus & Nussbeck, 2016) or reduced risk of psychiatric diagnosis (Carlén et al., 2020). Along this line, our findings for RM confirmed prior research.

The results also showed that RM reported lower integration into peer group than NM and MM. This finding, as well as the finding of the significance of integration into peer group for well-being, is consistent with a study with RM in the UK by Samara et al. (2020). Integration into peer group means the extent of contact with peers in leisure time and the quality of the existing contacts (Lohaus & Nussbeck, 2016). The importance of positive peer relationships during childhood and adolescence is overall well documented (e.g., Wentzel et al., 2014) and has also been confirmed in our study.

However, the results also showed that religious identity was positively associated with well-being and that RM identify more strongly with religion than NM and MM. Phalet et al. (2018) already showed the potential of religious identification in that stronger religious identification among Muslim minors was associated with better well-being. However, Makanui et al. (2018) showed that a positive association between spirituality and mental health was no longer significant when taking peer relationships into account. Thus, future studies should examine whether the positive association between religious identity and well-being is related to peer group integration and whether low integration into peer groups can be buffered by religious identity.

Limitations and Strengths

Major strengths of this study are the large sample sizes as well as the breadth of different resources evaluated. Therefore, it successfully provides an overview of significant resources of RM, compared to MM and NM. An innovation was that not only the importance of general resources was examined but also the relevance of multicultural resources. Thus, this study provides an excellent foundation upon which further studies can follow.

The present study clearly showed that the importance of various resources differed between the three groups. Explanations given were the different backgrounds and different challenges. Nevertheless, the classification of minors into the groups (RM, NM, MM) can be critically questioned. The group of immigrant minors is very heterogeneous, including many different cultural backgrounds, as well as first- and second-generation immigrants. The amount of perceived acculturation, traumatic events as well as pre- and postmigration stress might differ between minors depending on their culture of origin (e.g., Middle Eastern cultural area, European cultural area) and the immigrant generation (e.g., Motti-Stefanidi et al., 2012; Namer & Razum, 2018). These factors can also have an impact on resources, including ethnic and religious identity (Giuliani et al., 2018). Future studies could take the heterogeneity of the group of MM into account and differentiate between different cultures and generations.

Beyond that, the term migration background might be an undesirable attribution for minors. The Federal Government Expert Commission on the framework for sustainable integration (2020) argued that especially members of the second generations and those with German citizenship do not correspond to the self-perception and description of themselves as people with migration background. Therefore, it might have been advisable to use the term “immigrants and their (direct) descendants” (Federal Government Expert Commission on the framework for sustainable integration, 2020, p. 355). More fundamentally, it can be questioned whether the classification is necessary at all because the present study showed that not group membership but the resources play a crucial role for well-being. The strength of this study, that the distinguishing criterion was critically examined, could be used in future research by taking the resources rather than the backgrounds as distinguishing criterion. In this way, othering could be counteracted.

Another limitation is that the strong interrelations between the resources were not examined in greater detail. This could be investigated in future studies. Further studies could also complement the current choice of predictors and take the length of stay in Germany as well as the countries of origin or religious affiliation into account. Due to the large number of resources considered in this study, a large number of predictors had already been introduced. Because of the given sample size of RM with complete data sets over all studied variables ($n = 156$), it would not be advisable to include more predictors without having stronger limitations in terms of power.

Practical Implications

Our study points out that RM should be given special support. The majority society plays a special role in granting

different access to resources to RM (e.g., welcoming culture, refugee policy, cosmopolitanism). Also, society can ensure that activities and programs to support RM are developed, validated, and implemented in Germany, which especially promote the resources that are significant for RM.

Therefore, future studies and health promotion programs could focus on the factors that promote and strengthen sense of coherence, that is, the minors' perception of manageability, meaning, and comprehensibility (Antonovsky, 1979). Thereby, experiences such as (forced) migration and acculturation should be taken into account, as well as developmental aspects within the age group of minors. Furthermore, health promotion programs in schools should generally take peer groups, friendships, and social belonging into account. Moreover, it could be recommended that besides universal programs that support social relations within the whole class, more specific programs could address facilitators or barriers for RM (e.g., Goodkind et al., 2020).

Conclusion

Refugee minors reported lower levels of well-being than immigrant and native minors. This difference can largely be explained by differences in resources. Refugee minors generally possessed fewer personal and social resources than immigrant and native minors. General personal and social resources predicted the subjective well-being of minors. The multicultural resources ethnic identity and bilingualism were not explicitly predictive for well-being. However, religious identity, sense of coherence, and peer group integration had a particularly positive impact on the well-being of refugee minors. Refugee minors showed higher religious identity than immigrant and native minors. The potential of religious identity in the context of mental health promotion could be investigated in more detail in future studies. Moreover refugee minors showed lower levels of sense of coherence and integration into a peer group. That is why these resources should be given special attention and could be specifically strengthened in health promotion.

Electronic Supplementary Materials

The electronic supplementary material is available with the online version of the article at <https://doi.org/10.1027/2512-8442/a000099>

ESM 1. Reliabilities, correlations, and regression coefficients

ESM 2. Measurement invariance analyses and results

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