SAFEBOOK HORIZONS

A manual on **youth safety**

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A MANUAL ON YOUTH SAFETY

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IN PARTNERSHIP WITH
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SAFE ISLAND FOR WOMEN AND CHILDREN – TANZANIA
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TABLE OF CONTENTS

Chapter 1: Introduction

Chapter 2: Situation Analysis
Bulgaria
Cabo Verde
Italy
Serbia
South Africa
Tanzania

Chapter 3: Thematic Workshops
3.1: PeerViolence
3.2: Cyberbullying
3.3: Discrimination
3.4: Psychoactive substances
3.5: Mental Health
3.6: Reproductive Health

Chapter 4: Creative Workshops
4.1: Concept Photography
4.2: Concept Graphics
4.3: Concept Video Production
4.4: Concept Music Production

Chapter 5: Implementation Example

Chapter 6: Erasmus+ Programme

CHAPTER 1

INTRODUCTION

INTRODUCTION

ABOUT THE PROJECT

Safebook Horizons is here — expanding safety culture from Europe to Sub-Saharan Africa! What started as a manual is becoming a movement. Led by KOM 018 from Serbia in partnership with Beyond Borders - Italy, YES – Bulgaria, Social Development Hub – Cabo Verde, Favelas SA – South Africa, and SIWoC – Tanzania, the Safebook Horizons project empowers youth workers and young people in 6 countries across 2 continents to promote youth safety culture using innovative non-formal education tools. What's the mission?

To create a *new edition of the Safebook manual* tailored to youth work in Sub-Saharan Africa;

To train youth workers in 6 key safety areas:

- Peer violence
- Cyberbullying
- Discrimination
- Psychoactive substance abuse
- Reproductive health

To use concept photography & graphics as tools for safety education;

To build a vibrant network of youth advocates across Europe and Africa;

To raise awareness and influence change in local communities.

Project is implemented from November 2025 to April 2028 in Bulgaria, Cabo Verde, Italy, Serbia, South Africa and Tanzania and is co-funded by the European Union.

CHAPTER 2

SITUATION ANALYSIS

SITUATION ANALYSIS
BULGARIA

PEER VIOLENCE

A nationally representative study on violence against children in Bulgaria shows that 47% of children have experienced some form of violence by the age of 18, with emotional violence being the most widespread (45.9%), followed by physical violence (31.2%), sexual violence (15.6%), and neglect (10.5%). The same source shows that violence is most often observed among children at school (38.3%), which makes the school environment a key "contact point" for intervention, prevention, and early identification. Parent data from the same study add a practical perspective on bullying and threats: 38% of parents state that their child has been bullied or threatened at school or in the community. This indirectly suggests a likelihood of underreporting in children's self-reports, especially in stigmatized forms, meaning that the actual problem is often "bigger than the visible one."

Main risks and challenges for young people
The main risks are a combination of high exposure, normalization, and limited early referral to support:

- High prevalence of experienced violence by age 18, including a significant school-based component.
- School as the most frequent setting of violence (38.3%) creates a risk of chronic trauma and a decline in learning motivation and sense of belonging.
- Indicators of psychological strain among adolescents (stress, somatic complaints), which may be a consequence of, or a co-occurring factor with, experienced violence and a toxic environment.
- Likely underreporting to the system (fear, shame, distrust, "it's pointless"), supported by discrepancies between children's and parents' accounts.

Existing national and local support measures related to peer violence
The main mechanisms in Bulgaria are institutional (school rules/procedures and child protection), plus national support lines:

- Mechanism for counteracting bullying and violence in institutions within the preschool and school education system (framework for action at school/kindergarten level: prevention, reporting, and case work).
- National Child Helpline 116 111 (counselling, referral, and the possibility to report cases; managed by the State Agency for Child Protection). https://www.116111.bg/contact/
- Emergency line 112 in cases of immediate risk or violence (also indicated as a "quick contact" on the 116 111 website).

Accessibility/effectiveness note: the materials provided do not contain a national assessment of the effectiveness of the school mechanism (for example: coverage, quality of implementation, response time). This should be treated as a research task for the next phase (desk-to-field validation through interviews and FOI requests to the Ministry of Education and Regional Education Departments.

CYBERBULLYING

The national study on violence against children reports that more than one in ten children and young people (10.9%) say they have experienced online bullying. This places cyberbullying among already "mass" risks rather than isolated incidents. In the same source, parent data show that 14% report that their child has become a victim of online bullying. The difference between 10.9% (self-report by children/young people) and 14% (parent report) may indicate: (a) different sensitivity to the definition of "online bullying," (b) selective disclosure to parents, or (c) statistical deviation between subsamples.
As a setting, the most frequently reported place of online bullying is social media websites. According to platform-level data on where children report having experienced online bullying, social networks lead (60.7%), followed by messaging apps (16.3%), online games (17.12%), forums (6.6%), and "other" (19.8%), with the important caveat that multiple answers were possible.

Main risks and challenges for young people

- A significant share of experienced online bullying (10.9%), which is likely below the real level of exposure due to underreporting and varying definitions.
- Main space of harm: social media and chat applications, which requires a focus on digital skills, privacy settings, moderation, and reporting mechanisms.
- Vulnerable groups: the report identifies correlations between demographic factors and experienced forms of violence, including online violence (for example, a higher risk for children with disabilities in certain forms of violence).
- High probability of offline conflicts spilling over into the online environment (perpetrators described as "other children known to the victim").

Existing national and local support measures related to cyberbullying

- National Center for Safe Internet https://www.nfp-drugs.bg/wp-content/uploads/2025/12/AR-2024.pdf: national helpline 124-123, online chat, and a reporting mechanism for harmful/illegal content or behavior affecting children and young people.
- The National Child Helpline 116 111 provides useful links and referrals, including to cybercrime resources. https://safenet.bg/en/ | https://www.116111.bg/contact/
- CERT Bulgaria : the national computer security incident response team; the website includes a form for reporting incidents under the Cybersecurity Act. https://www.govcert.bg/
- Within the state sector, institutional development in cyber-response has been reported (including the creation of a "Cybercrime" directorate within GDBOP, reflected in official reporting documents).

Accessibility/effectiveness note: official public statistics on the number of cyberbullying reports, processed cases, and outcomes (sanction/prevention) are not available in the sources used. This is a structural monitoring deficit; the next phase could rely on FOI requests and unified indicators (number of reports → number checked → number of opened files/pre-trial proceedings → outcome).

SUBSTANCE AND ALCOHOL ABUSE

Data on psychoactive substance use among students aged 15–16 (ESPAD 2024), cited in the National Focal Point's 2024 annual report, show a decrease in the use of "any illicit substance at least once in lifetime" from 30% (2015) to 12% (2024). The same source reports for 2024 among 15–16-year-olds: cannabis "at least once in lifetime" at 11% (with the European average at 12%), and cannabis use in the last 30 days at 4.4% (with a European average of 4.8%). At the same time, HBSC (2017/2018) shows strong pressure from alcohol: use in the last 30 days reaches 53% among 15-year-olds; drunkenness in the last 30 days is 28% among 15-year-olds; regular drinking (daily or once a week) is 28.9%, and an increase compared with 2014 is reported.
From an administrative perspective, the 2024 report records 547 children who passed through juvenile pedagogical rooms because of psychoactive substance use, 495 of whom were aged 14–17; a dynamic series for 2019–2024 is also available (with a value of 547 for 2024). This is a "hard" signal of cases that have already reached institutional response, which usually represents only the tip of the iceberg compared with actual use. Additionally, a nationally representative 2024 survey among the population aged 15–64 (cited in the report) found that 4.9% had used some illicit substance in the last 30 days, with marijuana accounting for the largest share (3.5%). This is not a youth-specific indicator, but it is useful for context and trends in the broader environment.

Main risks and challenges for young people

- Early initiation and high levels of alcohol use among those aged 11–15 (HBSC), including drunkenness among 15-year-olds (28%).
- Drug use among 15–16-year-olds (ESPAD): 12% "any illicit substance" at least once in lifetime, 11% cannabis.
- Visible severe cases reaching institutional contact (547 children in juvenile pedagogical rooms in 2024).
- A combination of mental strain/low family support and risky use (HBSC reports low levels of perceived family support at 32–46% and high levels of multiple health complaints at 40–57%).
- Lack of a single "standard" public youth indicator package for Bulgaria that would annually connect use, access to treatment, and prevention outcomes (structural limitation).

Existing national and local support measures related to substance and alcohol abuse:

- National Council on Narcotic Substances (under the Council of Ministers) – adopts annual reports and plays a coordination role in policy implementation (as described in the 2024 annual report). https://www.nfp-drugs.bg/annual-bg-drug-report-2024/
- National Focal Point for Drugs and Drug Addictions (under NCPHA) – annual monitoring, including data on use, treatment, and prevention. https://www.nfp-drugs.bg/annual-bg-drug-report-2024/
- Network of municipal councils on narcotic substances and preventive-information centers (explicitly listed by districts/municipalities in the annual report). https://www.nfp-drugs.bg/wp-content/uploads/2025/12/AR-2024.pdf
- Treatment infrastructure listed in the annual report: State Psychiatric Hospital for Treatment of Drug Addictions and Alcoholism (Sofia), state psychiatric hospitals in various locations, and mental health centers. https://www.nfp-drugs.bg/wp-content/uploads/2025/12/AR-2024.pdf

Accessibility/effectiveness note: the available sources describe a rich set of structures and partners, but the public excerpts used lack standardized indicators for "prevention coverage" (for example, the percentage of students reached by evidence-based programs) and "client pathway" (time to treatment, dropout). This should be addressed through additional extraction from the full report and, if necessary, a request for aggregated regional data.

DISCRIMINATION

Discrimination as a youth risk in Bulgaria appears along two lines: (1) institutional – through complaints, case files, and decisions; and (2) socio-structural – through unequal access and vulnerability caused by poverty and exclusion. In terms of institutional activity, a 2024 parliamentary document reports that the Commission for Protection against Discrimination issued 370 decisions in 2024, 252 of which entered into force, while 250 were not appealed. These numbers provide an indication of the volume of "formalized" cases, but they do not directly measure experienced discrimination among young people.

In terms of social context, the high share of young people at risk of poverty or social exclusion (32.4% in 2024) is relevant as a risk environment for discriminatory practices in education, employment, and services, especially where vulnerabilities accumulate.

Main risks and challenges for young people:

- Lack of a public, regular national indicator on self-reported discrimination specifically for young people aged 15–29 in the official sources used (structural monitoring deficit).
- Limited "visibility": decisions and sanctions measure institutional output, but do not measure latent discrimination or distrust in filing complaints.
- Social exclusion and poverty as amplifiers of discrimination-related vulnerability (32.4% risk of poverty/social exclusion).

Existing national and local support measures related to discrimination

- Commission for Protection against Discrimination – institutional channel for complaints and reports; official correspondence lists the address and contact details (Sofia, 35 Dragan Tsankov Blvd.; telephone and e-mail). https://kzd-nondiscrimination.com/
- Legal framework: the Protection against Discrimination Act is available through the parliamentary legislative portal or LEX. https://www.lex.bg/laws/ldoc/2135472223

Accessibility/effectiveness note: the public documents used do not contain structured data on the profile of victims by age (e.g. 15–29) and sector (education/work/services), which is critical if the goal is youth-focused policy. It is advisable to obtain explicit extraction (via FOI or public reporting) of: (a) number of complaints/reports by age group, (b) grounds, (c) outcome/sanction, and (d) time to decision.

MENTAL HEALTH OF YOUNG PEOPLE

According to HBSC data (2017/2018) for Bulgaria, indicators of mental strain are already high in early adolescence: "two or more health complaints more than once a week" affect 40% of 11-year-olds and reach 57% of 15-year-olds; the most common are nervousness, irritability, and headache.

The same source reports an increase in school-related stress compared with 2014: 30% of 11-year-olds and 45% of 15-year-olds are stressed by school obligations. At the same time, low levels of perceived family support (32–46% depending on gender and age) signal a limited protective factor, which in practice is often critical in the context of risks such as depression, anxiety, and risky behavior.

In terms of severe outcomes, official mortality statistics show that the mortality rate from intentional self-harm (X60–X84) in Bulgaria in 2024 is 2.8 per 100,000 among those aged 15–19, 4.3 among those aged 20–24, and 8.1 among those aged 25–29.

Main risks and challenges for young people

- High levels of multiple health complaints among those aged 11–15 (40–57%), which is an indirect marker of psychosomatic burden and chronic stress.
- Increased school stress (30% at age 11; 45% at age 15), associated with a risk of anxiety, dropout, and adjustment problems.
- Low levels of perceived family support (32–46%), which reduce resilience in times of crisis.
- Presence of a measurable indicator of suicide mortality in youth ages 15–29 (2.8 → 8.1 per 100,000 depending on the age subgroup).

Existing national and local support measures related to mental health:

- National Child Helpline 116 111 (crisis counselling and referral to services).
- The health system includes state psychiatric hospitals and mental health centers (described as part of the national structures in the annual report on drugs/addictions, which by definition overlap with mental health infrastructure).

Accessibility/effectiveness note: the sources provided show infrastructure, but do not provide youth-oriented access indicators (waiting times, availability of child psychiatrists/psychologists by region, real coverage). This is a critical "missing layer" for a realistic assessment of youth mental health and should be the subject of separate extraction from the Ministry of Health, NCPHA, NSI, or national profiles in the next phase.

REPRODUCTIVE HEALTH OF YOUNG PEOPLE

HBSC data (2017/2018) show early sexual activity: at age 15, 37% of boys and 25% of girls report having had sexual intercourse. This type of indicator is directly relevant to the need for age-appropriate, evidence-based sexuality education and access to reproductive health services. An official statistical publication reports that the number of live births to mothers under 18 increased from 2,753 in 2023 to 2,817 in 2024. This is a strong indicator of a persistent problem with early pregnancies, with regional and social components that are not explored in depth in this report due to the lack of segmentation by risk groups in the excerpts used.
According to operational health data for 2024, a total of 16,915 abortions were performed, 1,637 of them among women aged 15–19 and 85 among girls under 15.This is a direct official indicator of a significant volume of early and unplanned pregnancies.
Regarding sexually transmitted infections, a program document of the Ministry of Health states that in 2024 newly registered HIV cases in Bulgaria were 284, with an incidence of 4.4 per 100,000 population.

Main risks and challenges for young people

- Early sexual activity (data at age 15), which, in the absence of adequate education and access to contraception, increases the risk of early and unplanned pregnancies and STIs.
- Increase in live births to mothers under 18 (2,817 in 2024).
- A significant number of abortions among those aged 15–19 (1,637 in 2024) and the presence of abortions under age 15 (85), which is also a high-risk signal for sexual violence/exploitation in some cases, although causality cannot be inferred from aggregate data.
- HIV as a persistent issue (284 new cases in 2024), requiring sustained programs for prevention, testing, and stigma reduction.

Existing national and local support measures related to reproductive health

- National programs for HIV and STI prevention (published by the Ministry of Health as program documents).
- The National Center of Public Health and Analyses publishes operational/current abortion statistics, including by age.
- The National Center of Infectious and Parasitic Diseases maintains specialized structures and publications related to infectious diseases and immunoprophylaxis, including immunization analyses.

Accessibility/effectiveness note: the public sources used do not provide an integrated indicator package for young people (for example: contraceptive use, access to counselling, average age at first sexual intercourse in the latest wave, vaccination program coverage by age/sex). This is a structural deficit of public monitoring and requires a targeted data plan (see Appendix – methodology).

CABO VERDE

PEER VIOLENCE

Cabo Verde has documented school violence, but the available national evidence does not consistently distinguish between peer violence, bullying, violence by adults, domestic violence and violence occurring in the wider community.
A national study involving 2,804 students in grades 7-12 and 566 teachers reported that 44.9% of students and 21.9% of teachers had experienced violence at school. Physical violence was identified as the most common form. The study provides an important national baseline, but it was reported in 2018 and does not constitute a current prevalence estimate for peer violence specifically. The findings were reported by RFI.
More recent institutional activity indicates that school-based prevention is continuing. An official Ministry of Education peer-educator initiative reported training activities on violence prevention, bullying prevention and peace promotion in São Vicente, Boa Vista, Sal, Praia and São Domingos. This demonstrates that peer violence is recognised as a prevention priority, although the programme's national coverage, number of participating schools and evaluation results are not publicly available.
The 2025 UNICEF Cabo Verde country report records 1,555 children accessing social-work and justice services in relation to violence. This figure concerns violence broadly and cannot be interpreted as a measure of peer violence.
The available evidence therefore supports the existence of a significant school-safety concern, but current peer-specific prevalence and trend data remain unavailable.

Main risks and challenges for young people:

- Physical injury resulting from repeated fights, intimidation or group violence.
- Fear, humiliation, social isolation and reduced sense of safety at school.
- Absenteeism, disengagement and reduced educational participation.
- Risk of escalation when school violence overlaps with neighbourhood violence or youth-group activity.
- Under-reporting because of fear of retaliation, shame or lack of trust in adults and institutions.
- Unequal access to counselling, protection and reporting services outside Praia and Mindelo.
- Increased vulnerability among children with disabilities, girls, LGBTQI+ young people and young people experiencing poverty or social exclusion.
- Lack of current data disaggregated by island, age, sex, disability and school level.
- Limited public information about school safeguarding officers, referral procedures and confidentiality rules.

Overview of existing national and local support measures related to peer violence:

ICCA, Instituto Cabo-verdiano da Criança e do Adolescente

The ICCA is the public institution responsible for the protection, promotion and defence of children's and adolescents' rights. Its official contact page provides an anonymous reporting route and a network of delegations, emergency centres and day centres across the islands.

Purpose: Anonymous reporting and protection referral when a child or adolescent is experiencing violence or a rights violation.

Telephone: 800 10 10, Disque Denúncia.

Central services: +238 261 45 22.

Email: Not found in current official sources.

Address: Praia, Santiago, Cabo Verde, CP 49-C.

Local contacts: The official ICCA contact directory lists services in Santo Antão, São Vicente, São Nicolau, Sal, Boa Vista, Maio, Santiago Norte, Santiago Sul, Fogo and Brava.

Access: The ICCA states that reports may be made anonymously. Fees, opening hours and specific self-referral rules for minors are not published.

The official ICCA contacts page currently states 800 10 10. An older ICCA source refers to 800 10 20. The older number should not be disseminated as current without confirmation.

Polícia Judiciária

The Polícia Judiciária provides an emergency and criminal-reporting route when peer violence involves serious assault, threats, coercion, blackmail, weapons or other criminal conduct.

Emergency telephone: 134 in Praia; 800 11 34 in Sal and São Vicente.

Opening hours: 08:00–17:00, with a 24-hour duty service.

Praia: Achada Grande Frente, 260 5600 / 262 1415.

Mindelo: Avenida Marginal, 230 0260 / 232 5002.

Espargos: Pretória, 241 2323 / 241 2296.

Boa Vista: 251 2495.

Assomada: 260 5600.

Website: Polícia Judiciária.

Access: The website provides an anonymous reporting form and allows attachments up to 10 MB. The rules concerning confidentiality, response times and parental involvement are not specified.

Ministry of Justice

The Ministry of Justice FAQ explains that complaints may be submitted in person, by letter, telephone or other legally permitted means to the police or the Public Prosecutor's Office.

General telephone: 800 1016.

IMIJ: 333 7169.

Email: rnipj@gov.cv and imij.helpdesk@imij.gov.cv.

Address: Rua Cidade Funchal, CP nº 205, Achada Santo António, Praia.

Access: The Ministry states that legal information and consultation may be available to people who can demonstrate insufficient financial means. Support may also be accessed through municipalities and NGOs with agreements with the Ministry.

Limitations: The page does not specify a youth-specific intake procedure, confidentiality rules or universal service costs.

Ministry of Education peer-educator activities

The Ministry of Education has supported school-based peer-educator activities focused on preventing violence and bullying.

Purpose: Prevention, peer education and promotion of peaceful school environments.

Reported locations: São Vicente, Boa Vista, Sal, Praia and São Domingos.

Contact linked to the official report: Rádio Educativa, 262 1064, 262 1174 or 262 1075.

Email: radioeducativa.cv@gmail.com.

Address: Plateau, Praia, Rua Serpa Pinto, Edifício da Escola Grande, CP 77-A.

Access: Young people should ask their school, school orientation service or local education delegation whether a peer-education or violence-prevention activity is available.

Limitations: The programme's referral mechanism, confidentiality rules, eligibility and national coverage are not published.

CYBERBULLYING

A current, nationally representative estimate of cyberbullying in Cabo Verde was not found in the official sources reviewed.
The strongest country-specific study located is a 2025 preprint based on fieldwork conducted in 2019 among students in higher education at the University of Cabo Verde in Praia. The study recruited 349 students and retained 255 for analysis using a non-probability convenience sample. It found an association between heavier use of social-media platforms and greater proximity to cyberbullying phenomena. The study is useful for identifying possible mechanisms and risks, but it cannot be generalised to all young people in Cabo Verde. The study is available through Preprints.org.
Cabo Verde has developed a legal and educational framework relating to online safety. The Ministry of Education's e-ME platform refers to Law No. 8/IX/2017 on Cybercrime. The law establishes criminal and procedural provisions concerning cybercrime, electronic evidence and international cooperation.
The regulatory authority ARME has also organised youth and student forums addressing Internet governance, digital literacy, cybersecurity, privacy and online safety. Examples include the 2023 youth Internet-governance forum and the 2024 Internet-governance forum.
The main national response routes currently identified are general police, child-protection, data-protection and legal channels. No dedicated cyberbullying helpline or specialised national cyberbullying counselling service was verified.

Main risks and challenges for young people:

- Repeated insults, humiliation and exclusion from online groups.
- Unauthorised recording, publication or distribution of images.
- Privacy violations, blackmail and misuse of personal data.
- Non-consensual sharing of intimate or sexual content.
- Harassment extending beyond school hours and into the home.
- Increased audience, permanence and replicability of harmful content.
- Psychological distress, anxiety, social withdrawal and reduced educational participation.
- Uncertainty about whether to contact the school, police, prosecutor, health service, ICCA, platform or data-protection authority.
- Lack of current data by age, sex, island, platform and type of online harm.
- Limited information about confidentiality, evidence handling and response times when reporting online abuse.

Overview of existing national and local support measures related to cyberbullying:

Ministry of Education online-safety resources
The Ministry of Education's e-ME platform provides online-safety learning resources and information relating to the Cybercrime Law.

Purpose: Prevention, digital literacy and online-safety education.

Access: Public online resource.

Telephone, email and address: Not found in the relevant course page.

Limitations: The current update date, national school coverage, moderation arrangements and individual reporting mechanism are not specified.

ICCA child-protection network

The ICCA may be contacted when cyberbullying is connected to child protection, exploitation, sexual abuse, severe psychological distress or immediate safety concerns.

Disque Denúncia: 800 10 10 according to the current ICCA contact page.

Central services: +238 261 45 22.

Address: Praia, Santiago, CP 49-C.

Access: Anonymous reporting is available. The website provides contacts for centres and delegations across the islands.

Limitations: The website does not specify whether cyberbullying cases are handled directly, whether young people may self-refer, or what confidentiality and referral arrangements apply.

DISCRIMINATION

Cabo Verde has a constitutional equality framework and has decriminalised consensual same-sex conduct. However, available monitoring continues to identify gaps in legal protection, implementation and access to remedies.
In its 2019 review of Cabo Verde, the UN Human Rights Committee raised concerns about the absence of comprehensive anti-discrimination protection, including protection based on sexual orientation and gender identity. It also identified concerns relating to violence based on sexual orientation, gender-based violence and the protection of vulnerable children.
More recent public-attitude data show progress alongside persistent inequalities. The Afrobarometer survey on gender equality found that 80% of respondents considered that women and men have equal chances of obtaining salaried employment. However, the perception differed by gender, with 92% of men and 83% of women expressing this view. The same research found broad support for equality in political participation and property rights.

A separate Afrobarometer analysis of gender-based violence reported that 69% of respondents in Cabo Verde identified gender-based violence as the most important women's-rights issue requiring action. These figures measure public perceptions and priorities, not the prevalence of discrimination among young people.
Disability-related exclusion remains a policy concern. The Ministry of Family, Inclusion and Social Development has identified unequal access to education, training, employment and social participation. Decree-Law No. 9/2024 introduced measures relating to inclusive education, as published in the Official Gazette.
No current national dataset was found measuring discrimination among young people by age, island, disability, sexual orientation, gender identity, migration status or setting.

Main risks and challenges for young people:

- Gender-based violence and gendered discrimination affecting young women.
- Unequal access to education, employment, training and public participation.
- Stigma and violence affecting LGBTQI+ young people.
- Exclusion of young people with disabilities from education and social participation.
- Discrimination, exploitation or documentation-related vulnerability among migrant young people.
- Limited availability of accessible complaint and remedy mechanisms outside the main urban centres.
- Under-reporting because of fear, stigma or lack of trust in institutions.
- Lack of current, age-disaggregated data on discrimination complaints and outcomes.

Overview of existing national and local support measures related to discrimination:

Comissão Nacional para os Direitos Humanos e a Cidadania

The CNDHC is a national human-rights institution with a mandate covering equality, non-discrimination, education, work, gender and inclusion.

Purpose: Human-rights complaints, denunciations, monitoring and referral.

Telephone: +238 262 4506 and 517 13 89.

Email: cndhc@cndhc.gov.cv.

Address: Achada Santo António, Rua Cidade do Funchal, Nº 2, 1.º andar, Praia, Santiago.

Website: CNDHC.

Access: The CNDHC states that denunciations may be made anonymously.

Limitations: The website does not publish a complete directory of municipal focal points, response times or detailed procedures for minors.

Instituto Cabo-verdiano para a Igualdade e Equidade de Género

The ICIEG is the national institute responsible for gender equality and is a relevant contact for gender discrimination, gender-based violence and related referrals.

Telephone: 261 6271.

Email: icieg@sapo.cv.

Address: Rua Serpa Pinto nº 63, Praia, Cabo Verde.

Website: ICIEG contact page.

Access: The institute may be contacted by telephone, email or the website contact form.

Limitations: The current page does not state opening hours, fees, confidentiality conditions or a specific self-referral procedure for minors.

Alta Autoridade para a Imigração

The AAI is relevant for migrant and foreign young people facing exclusion, documentation problems, labour exploitation or difficulties accessing services.

Telephone: +238 260 1020 and +238 333 8000.

Green Line: 800 5212, as displayed on the current AAI website.

Email: aai@gov.cv and aaimigracao@gmail.com.

Postal address: CP 286/C. A street address was not found on the current homepage.

Access: The AAI provides information on immigration, residence, integration and referral.

Limitations: An older official page displays a different Green Line number, 800 2008. The current website number should be checked before publication.

Ministry of Education inclusive-education measures

The inclusive-education framework establishes measures for learners with special educational needs. The Ministry's 2025/2026 school guidance refers to multidisciplinary inclusive-education teams, individual education plans, technical support and psychological or pedagogical assistance.

Access: Young people should contact their school direction, school grouping or local education delegation.

Telephone and email: Not found in the relevant current sources.

Cost: The Official Gazette is publicly accessible without charge. The cost of individual school support is not stated.

Limitations: Individual school contacts, waiting times and implementation coverage by island are not published.

ABUSE OF PSYCHOACTIVE SUBSTANCES

Cabo Verde has a national institutional response to alcohol and other psychoactive substances. The Comissão de Coordenação do Álcool e outras Drogas identifies dependency as a condition affecting biological, psychological and social functioning and presents treatment as a process involving recovery, family support and social reintegration. This information is available through the CCAD treatment resources.

The country has prevention, treatment and reintegration structures, including municipal prevention nuclei, integrated dependency-response spaces, drug-free units, psychosocial-support spaces and therapeutic communities. A national epidemiological network was created in 2018 with the National Health Directorate, the European Union and UNODC. However, current public outputs from the network were not found.

No recent, nationally representative dataset was found that measures alcohol, cannabis, cocaine or other substance use specifically among adolescents and young adults. Current data on age of first use, treatment demand, waiting lists, treatment completion, relapse and service access by island are also unavailable.

The WHO cooperation strategy for Cabo Verde identifies substance-use prevention, mental-health services and health-information systems as areas requiring continued strengthening.

The Ministry of Health has reported that the Therapeutic Community of Ribeira de Vinha provides residential treatment and reintegration support in São Vicente and serves the wider Barlavento region. The reported residential period is three to six months.

Main risks and challenges for young people:
Early initiation of alcohol, tobacco or cannabis use.

- Increased risk of harmful or dependent use when consumption begins during adolescence.
- Impaired judgement, accidents, violence and conflict associated with intoxication.
- Peer pressure, social normalisation and availability of substances.
- Association between substance use, anxiety, depression and other mental-health difficulties.
- School disengagement, family conflict and social exclusion.
- Unequal access to treatment and aftercare across the islands.
- Stigma and misunderstanding surrounding dependence.
- Lack of adolescent-specific eligibility, consent and confidentiality information.
- Lack of current data on prevalence, age of first use and treatment demand.

Overview of existing national and local support measures related to abuse of psychoactive substances:

CCAD Linha SOS Álcool

The CCAD identifies the SOS Alcohol line as a national information, counselling and referral service.

Telephone: 800 25 27.

CCAD office: 262 31 29 and 333 72 43.

Email: ccad@ms.gov.cv.

Address: Edifício Santo António, Achada Santo António, Praia, Cabo Verde, CP 47.

Website: CCAD.

Purpose: Information, counselling and referral for people affected by alcohol and other drugs.

Access: The CCAD describes the SOS line as anonymous, free and confidential.

Limitations: Opening hours, parental-consent rules, safeguarding exceptions and 24-hour availability are not stated. The contact details have not been independently verified by telephone.

CCAD prevention and referral network

The CCAD coordinates prevention and referral through municipal prevention nuclei, integrated dependency-response spaces, drug-free units, psychosocial-support spaces and therapeutic communities.

Telephone: 262 31 29, 333 72 43 or 800 25 27.

Email: ccad@ms.gov.cv.

Access: Young people or families should contact the CCAD to identify the nearest available service.

Limitations: Local addresses, opening hours, fees, adolescent eligibility and confidentiality rules are not published in a complete national directory.

Comunidade Terapêutica de Ribeira de Vinha

The therapeutic community provides residential treatment and reintegration support.

Location: Ribeira de Vinha, São Vicente.

Direct telephone: Not found in current official sources.

Direct email: Not found in current official sources.

Referral: CCAD, 262 31 29, 333 72 43 or 800 25 27.

Purpose: Residential treatment and social reintegration for people with substance dependence.

Access: The Ministry reports a three-to-six-month residential treatment period.

Limitations: Admission conditions, waiting time, costs, age requirements, parental consent, confidentiality and current bed availability are not published.

MENTAL HEALTH

Mental health has become a national policy priority in Cabo Verde. The Government declared 2024 the Year of Mental Health and committed to expanding and qualifying mental-health services, strengthening public awareness, training professionals and developing partnerships with NGOs, international organisations and religious institutions. The Ministry of Health programme explicitly identifies schools, families and communities as key intervention settings.

The strongest current youth-specific evidence located is a nationally sampled study published in 2026. It included 782 adolescents aged 15–19 from nine islands and 22 municipalities and estimated that 11% met criteria for a depressive disorder. Prevalence was higher among girls. Symptoms were associated with low family income, anxiety, stress, hopelessness, impaired relationships and elevated suicide risk. Social support and self-compassion were identified as protective factors. The study is available through BMC Psychiatry.

The National Suicide-Prevention Strategy was created and updated on 26 June 2024. However, its current implementation status, budget, monitoring indicators and youth-specific referral pathways were not verified.

Current public information does not provide a complete directory of child and adolescent psychologists, psychiatrists, waiting times, fees, referral conditions or confidentiality rules across the islands. No current national 24-hour mental-health crisis line was verified.

Main risks and challenges for young people:

- Depression, anxiety, stress and hopelessness among adolescents.
- Higher vulnerability among girls.
- Suicidal thoughts and behaviour, although current youth-specific national rates were not verified.
- Family poverty and social instability.
- Impaired family, social or romantic relationships.
- Stigma and delayed help-seeking.
- Limited access to specialised professionals outside Praia and other urban centres.
- Long or unknown waiting times for counselling and therapy.
- Limited public information about confidentiality and parental consent.
- Weak monitoring of youth mental-health outcomes by island and vulnerable-group status.
- Links between mental-health problems, substance use, school disengagement and self-harm.

Overview of existing national and local support measures related to mental health:

Ministry of Health mental-health programme

Purpose: National mental-health promotion, service expansion, professional training and multisectoral intervention.

Telephone: +238 261 01 16.

Email: minsaude@gov.cv.

Address: Palácio do Governo, CP nº 47, Cidade da Praia, Santiago.

Website: Ministry of Health.

Access: The programme is a national policy platform rather than a clearly identified youth walk-in service.

Limitations: The Ministry does not publish a current clinic-by-clinic directory, waiting times, costs, referral requirements or confidentiality rules.

National Suicide-Prevention Strategy

Purpose: National framework for suicide prevention and coordinated institutional action.

Telephone: +238 261 01 16, Ministry of Health.

Email: minsaude@gov.cv.

Address: Palácio do Governo, CP nº 47, Cidade da Praia.

Website: National Suicide-Prevention Strategy.

Access: The strategy is publicly available.

Limitations: No dedicated crisis line, youth referral procedure, opening hours or emergency follow-up process is identified on the strategy page.

CAP, Centro de Atendimento Psicológico de Cabo Verde

The CAP is a private provider offering psychological and psychiatric services to children, adolescents, adults and families.

Praia: 357 8954 / 974 3583.

Assomada: 585 6860 / 522 1265.

Email: capjacobvicente@gmail.com.

Location: Praia and Assomada. The street addresses are not published on the current contact page.

Website: CAP contacts.

Purpose: Psychological and psychiatric assessment, therapy, crisis intervention, depression, trauma, suicide and self-harm prevention, substance-related concerns and online consultations.

Limitations: The provider is private. Fees, parental-consent rules and emergency procedures should be confirmed before booking.

Emergency services
For immediate danger, the current UK Foreign, Commonwealth & Development Office guidance lists ambulance 130, police 132 and fire service 131. These are general emergency services, not mental-health counselling services. A current Cabo Verde government page confirming their mental-health triage procedures was not found.

REPRODUCTIVE HEALTH

Cabo Verde has a national reproductive-health programme delivered through public health structures and complemented by VerdeFam. The Ministry of Health reports that almost all health structures provide adolescent-specific services and that reproductive-health centres offer family planning and modern contraceptive methods, described as practically free and based on free choice. The Ministry also identifies persistent challenges, including adolescent pregnancy, recurrent sexually transmitted infections, clandestine abortion and cultural resistance to some contraceptive methods. These points are detailed in the Ministry of Health statement on sexual and reproductive health.
The latest nationally representative reproductive-health survey located is the III Demographic and Reproductive Health Survey, based on fieldwork conducted in 2018. The survey information is available through the National Statistics Office catalogue. No newer official national survey with updated adolescent-specific estimates of pregnancy, contraceptive use, unmet need, STI/HIV prevalence or abortion was found.
A study focused on Praia reported that 12% of girls aged 15–19 were already mothers in 2018, with higher vulnerability among girls living in socio-economically disadvantaged circumstances. The study is available through Cadernos de Estudos Africanos.
Positive indicators include high levels of skilled attendance at birth and the development of adolescent-health spaces. In 2024, UNICEF reported that a UNICEF–UNFPA partnership provided comprehensive sexuality education to approximately 1,600 adolescents, representing 70% of the reported target group. The result is reported in the UNICEF Cabo Verde annual report.
The main evidence gap concerns the absence of current, nationally representative adolescent data and the lack of a complete public directory of adolescent-friendly services by island.

Main risks and challenges for young people:

- Adolescent and unintended pregnancy.
- Interrupted education, school delay or dropout linked to pregnancy.
- Sexually transmitted infections and HIV.
- Unsafe or clandestine abortion.
- Limited access to confidential counselling and testing.
- Stigma surrounding contraception, pregnancy, STI testing and abortion-related care.
- Unequal access between Praia, other urban centres and smaller islands.
- Poverty and limited family support.
- Gender inequalities affecting the ability to negotiate safer sex.
- Limited information about age, consent, confidentiality and parental involvement.
- Lack of updated national data on adolescent reproductive-health outcomes.

Overview of existing national and local support measures related to reproductive health:

Public reproductive-health and adolescent-health services

The Ministry of Health states that adolescent-specific services and reproductive-health centres operate through public health structures.

Purpose: Family planning, contraception, adolescent health, STI prevention and school-health promotion.

Telephone: +238 261 01 16.

Email: minsaude@gov.cv.

Address: Palácio do Governo, CP nº 47, Cidade da Praia, Santiago.

Website: Ministry of Health.

Access: Modern contraceptive methods are described by the Ministry as practically free and based on free choice.

Limitations: The Ministry does not publish a complete clinic directory with direct numbers, opening hours, appointment procedures, age limits, confidentiality rules or parental-consent requirements.

Spaces for adolescent health

The Ministry reports adolescent-health spaces in the Northern Santiago Health Region, including Santa Catarina, Santa Cruz, São Lourenço dos Órgãos and Tarrafal. The Tarrafal adolescent-health space is intended to provide integrated adolescent care, including information on rights and sexual and reproductive health.

Location: Tarrafal Health Delegation, Tarrafal de Santiago.

Direct telephone: Not found in current official sources.

Email: minsaude@gov.cv.

Access: Young people should contact the local health delegation or the Ministry of Health to confirm opening hours and appointment requirements.

Limitations: Fees, confidentiality, consent rules and direct referral procedures are not published.

VerdeFam

VerdeFam provides sexual and reproductive-health services through fixed call centres, mobile clinical posts and a national team that includes health professionals and peer educators.

Helpline: 800 2200.

Main telephones: +238 261 2063 and +238 261 2042.

WhatsApp: +238 998 3348.

Email: Not found in current official sources.

Address: Prédio Nova Aurora, Bloco C, R/C, Palmarejo, Praia, Cabo Verde.

Website: VerdeFam.

Services: Family planning, contraceptive care, gynaecological care, STI and HIV prevention and treatment, pre- and postnatal care, mobile clinical services and youth peer education.

Access: The organisation operates across the national territory and provides a helpline and WhatsApp contact.

Limitations: The current website does not state helpline hours, costs, confidentiality conditions, age rules or parental-consent requirements. These should be confirmed directly.

UNICEF-UNFPA comprehensive sexuality education

UNICEF reports that a UNICEF–UNFPA partnership reached approximately 1,600 adolescents with comprehensive sexuality education in 2024.

Purpose: Information and prevention concerning sexual and reproductive health.

Direct telephone, email and address: Not found in current official sources.

Website: UNICEF Cabo Verde annual report.

Access: The report verifies the reach of the initiative but does not identify participating schools, registration procedures or an individual referral contact.

Limitations: Continuation beyond the reported period and access for young people outside the participating institutions are not verified.

ITALY

PEER VIOLENCE

In Italy, peer violence remains a significant issue affecting young people, although recent data show variations depending on the form of violence considered. According to data published by ISTAT and the Ministry of Education, episodes of physical violence among adolescents have slightly decreased in recent years, while verbal aggression, social exclusion, and online harassment continue to represent the most widespread forms of peer abuse. Surveys conducted in secondary schools indicate that a considerable proportion of students report having witnessed or experienced aggressive behaviour within the school environment, confirming that peer violence continues to be a structural problem rather than isolated incidents. Official statistics indicate that bullying and peer violence are widespread among young people. In 2023, 68.5 percent of young people aged 11-19 reported experiencing at least one offensive, aggressive, defamatory, or exclusionary behaviour, both online and offline, in the previous 12 months, while 21 percent reported repeated patterns of bullying behaviour facing repeated incidents, and 8 percent weekly. Such exposure is linked to low self-esteem, school dropout, anxiety, and depression. The youngest age group (11-13 years) reported higher exposure to these behaviours.

National data on youth conditions also show broader concerns related to youth safety and social inclusion. A report from the Italian National Childhood and Adolescence Documentation Centre indicates that many young people value intercultural experiences yet still report feeling excluded within their communities. Surveys indicate the persistence of bullying, discrimination, and psychological distress among adolescents, suggesting that peer violence is linked to wider issues of social belonging and well being. Recent surveys confirm that verbal violence is the most common form of peer aggression. Insults, humiliation, and repeated teasing affect more than half of students, while physical aggression is reported by a smaller but still notable share of young people. Violence based on personal characteristics such as physical appearance, nationality, disability, or sexual orientation remains frequent, showing that discriminatory attitudes continue to influence peer relations. Research conducted at national level also indicates that a very high percentage of young people have experienced or witnessed discrimination, contributing to a climate where aggressive behaviour becomes normalized. Digital communication has increased the visibility of peer violence. Conflicts that begin at school often continue through social networks and messaging platforms, where exclusion from group chats, spreading of rumours, and sharing of images without consent are common. Studies on adolescent behaviour in Italy show that the overlap between offline and online violence increases the emotional impact on victims and makes intervention more difficult.

Youth safety is also connected to access to psychological support. According to national surveys, a substantial share of young people report feeling the need for psychological support, but only a minority are able to access it, with girls often reporting greater difficulty in obtaining help. These findings suggest that experiences of violence, exclusion, and emotional distress are interconnected, while the lack of accessible services limits the possibility of early intervention.

Repeated exposure to peer violence is linked to significant psychological consequences, including low self-esteem, school dropout, and self-destructive behaviours, and can reinforce cycles of violent behaviour. Victims of bullying often exhibit symptoms of anxiety and depression. Physical violence among adolescents, although Italy remains among the countries with one of the lower rates of juvenile crime, shows signs of increasing aggressive behaviour in some areas. Institutional reports underline that data on youth violence, discrimination, and well being in Italy remain fragmented, making it difficult to monitor trends consistently at the national level.

Main risks and challenges for young people:

- High prevalence of verbal violence among students
- Continued presence of physical aggression in school environments
- Frequent discriminatory behavior based on personal characteristics
- Strong connection between offline violence and online harassment
- High percentage of young people reporting exclusion from their community
- Widespread experience or observation of discrimination among youth
- Negative impact of peer violence on mental health and school performance
- High demand for psychological support with limited access to services
- Underreporting due to fear of retaliation or lack of trust
- Uneven implementation of anti bullying policies in schools
- Insufficient number of psychologists and counselors in educational institutions
- Fragmented national data on youth safety and violence
- Need for systematic monitoring and long term prevention programs

Overview of existing national and local support measures related to peer violence:
Peer violence in Italy can be reported through several institutional channels. The first point of contact is the school, where teachers, school counsellors, and principals must follow national guidelines on the prevention of bullying and violence. Schools are required to activate internal procedures, inform families, and involve social or health services when necessary.

1. Telefono Azzurro - https://azzurro.it - Telefono Azzurro provides free support for children and adolescents who experience violence, bullying, or psychological distress. The service offers telephone counseling, online chat, and emergency assistance. The number 19696 is active for minors, while 114 is the national emergency number for situations involving children and young people in danger.
2. Generazioni Connesse - https://www.generazioniconnesse.it - This national program promoted by the Ministry of Education supports schools in preventing bullying and cyberbullying. It provides teacher training, educational materials, and guidelines for safe use of digital technologies. Participating schools adopt internal policies for prevention, reporting, and intervention.
3. National Childhood and Adolescence Documentation Centre - https://www.minori.gov.it - The centre collects national data on youth conditions, including violence, discrimination, and social inclusion, and supports research and policy development aimed at protecting children and adolescents.

4. Local Social Services and Health Authorities - Municipal social services and local health authorities can intervene in cases of serious peer violence. Reports may be made by schools, families, or citizens, and intervention may include psychological support, mediation, or protection measures.

5. Police and Carabinieri - In urgent situations, episodes of violence can be reported by calling 112 or by visiting the nearest police station. When minors are involved, the Juvenile Court and child protection services may also be notified to ensure safety.

CYBERBULLYING

Cyberbullying affects roughly one-third of Italian adolescents annually. According to recent national and European monitoring reports, cyberbullying in Italy must be analysed within the broader framework of youth safety, social inclusion, and digital risk exposure. Data from ESPAD 2024 indicate that online aggression affects a large proportion of adolescents, with about 47% of young people aged 15 to 19 reporting at least one experience of online hostility, most frequently insults, exclusion from digital groups, or verbal threats through social networks and messaging platforms. These findings confirm that cyberbullying represents one of the most widespread forms of peer violence among Italian youth, especially among those who use digital communication on a daily basis. Online aggression often develops together with traditional bullying, making it more difficult to detect and stop. National data confirm that harassment, threats, humiliation, and exclusion through digital platforms affect a significant proportion of adolescents, especially those who use social networks daily. Cyberbullying contributes to social isolation, anxiety, and depression, while perpetrators risk normalization of aggression and legal consequences.
National statistical data published by ISTAT in 2023 show that about 21% of young people aged 11 to 19 report having suffered repeated acts of bullying, including insults, threats, or aggression, at least several times per month, both offline and online. The percentage is slightly higher among boys, around 21.5%, and appears somewhat higher in northern regions compared to southern areas, although the phenomenon is present throughout the country. These data confirm that cyberbullying cannot be separated from traditional forms of peer violence, since the same conflicts often continue in digital environments.
The spread of smartphones and social media has increased the exposure of young people to online risks. Studies conducted by national research institutes show that most adolescents use the internet every day, and a large share report having encountered disturbing or offensive content. Online aggression often takes the form of repeated insults, sharing of humiliating images, spreading of rumors, exclusion from group chats, and threats through digital platforms. Because of the speed and permanence of online communication, these behaviours may have stronger psychological consequences than face to face aggressions. Cyberbullying is strongly associated with emotional distress. Research conducted by youth organizations and health institutions shows that victims frequently report anxiety, low self esteem, sleep problems, and social withdrawal. In some cases, repeated online harassment is linked to depression and self harm, especially when the victim does not receive support from family, school, or institutions. Experts also underline that perpetrators may develop a normalization of aggressive behaviour, increasing the risk of future violence.

The legal framework has recently been reinforced through Law no. 70 of 17 May 2024, which updated national measures against bullying and cyberbullying and strengthened the obligation for schools and local authorities to implement prevention strategies. The law requires schools to designate anti bullying referents, activate internal procedures, cooperate with families, and promote educational programmes on digital safety. However, reports indicate that the application of these measures is not uniform, since training, resources, and prevention activities depend on local conditions. Risk factors identified by national studies include excessive use of social media, peer pressure, lack of awareness about legal consequences, and reluctance of witnesses to report episodes. Many young people do not know where to ask for help, and trust in institutions remains limited in some cases. When these behaviours continue over time, they often produce anxiety, isolation, and loss of self confidence. Cyberbullying intensifies these effects because harmful content can be shared quickly and remain online for long periods.
Risk factors include excessive use of social media, pressure to conform to peer groups, and the tendency of witnesses not to report episodes of violence.

Main risks and challenges for young people

- High exposure of adolescents to online communication and social media
- Large percentage of youth reporting experiences of online aggression
- Strong overlap between cyberbullying and traditional bullying
- Frequent insults, threats, humiliation, and exclusion in digital environments
- Psychological consequences such as anxiety, isolation, and low self esteem
- Risk of depression and self harm in severe cases
- Normalization of aggressive behaviour among perpetrators
- Lack of awareness about legal consequences of online violence
- Fear of reporting episodes to adults or institutions
- Uneven implementation of prevention policies in schools
- Limited availability of trained staff and psychologists
- Regional differences in access to support services
- Need for systematic monitoring of cyberbullying at national level
- Insufficient cooperation between schools, families, and authorities
- Strong influence of peer pressure and group dynamics
- Difficulty removing harmful content from online platforms

Overview of existing national and local support measures related to cyberbullying:

1. **Ministero dell'Istruzione e del Merito -** National guidelines on bullying and cyberbullying - https://www.mim.gov.it/bullismo-e-cyberbullismo - The Ministry coordinates national prevention policies and requires all schools to adopt internal procedures for reporting and managing bullying and cyberbullying. Schools must appoint anti bullying referents, activate listening desks, organize educational activities, and cooperate with families, social services, and police authorities when necessary.

2. **Telefono Azzurro** - National helpline for children and adolescents - https://azzurro.it - Telefono Azzurro provides free and confidential support for minors who experience bullying, cyberbullying, or other forms of violence. The helpline 19696 is active every day, together with online chat and emergency number 114 for situations involving children in danger. The service offers psychological support, counseling, and guidance on how to report abuse.
3. **Generazioni Connesse** - Safer Internet Centre Italy - https://www.piattaformaelisa.it/progetti/generazioniconnesse/ - Generazioni Connesse is the national Safer Internet Centre coordinated by the Ministry of Education in cooperation with public institutions and NGOs. The project promotes safe use of the internet, provides training for teachers and students, and supports schools in preventing cyberbullying. The program also works together with Telefono Azzurro to provide 24 hour help through helpline and online chat services.
4. **Polizia Postale e delle Comunicazioni** - Online reporting service - https://www.commissariatodips.it/segnalazioni/segnala-online/index.html - The Postal Police manages national systems for reporting online crimes, threats, and harassment. Citizens can submit reports online or at local police offices. In cases involving minors, the police cooperate with schools, social services, and the Juvenile Court to ensure protection and legal intervention. Educational campaigns are also organized in schools to raise awareness about digital safety. Also, in urgent situations, episodes of violence or threats can be reported by calling 112 or by contacting the nearest police station. When minors are involved, the case may be referred to the Juvenile Court, social services, or specialized child protection units.
5. **UNAR** - National Office Against Discrimination - https://www.unar.it - Although focused on discrimination, UNAR also receives reports related to hate speech and online harassment connected to ethnicity, gender, religion, disability, or sexual orientation. The office provides legal support, counseling, and awareness campaigns promoting respectful communication.
6. Local social services and youth counselling centres - Municipal social services and youth counselling centres offer psychological support, mediation, and family counseling for young people involved in bullying or cyberbullying situations. Access is usually free within the public health and social system, but availability may differ between regions. Family counselling centres and youth social services in Apulia operate within the Regional Health System through local ASL districts. These services provide psychological support, mediation, family counseling, sexual and reproductive health assistance, and prevention activities for adolescents and young people. Access is free, confidential, and does not require a medical prescription. Many counselling centres include specific youth spaces called “Spazio giovani”, dedicated to adolescents. Services cooperate with schools, social services, and juvenile authorities in cases of bullying, violence, or psychological distress.

Here below some Regional contacts:

ASL Bari. Website: https://www.sanita.puglia.it/web/asl-bari/consultori

Consultorio Familiare Bari Carrassi - San Pasquale
Address: Via Omodeo 7, Bari
Phone: +39 080 5844058
Email: consultorio.baricarrassi@asl.bari.it
Opening hours: Monday to Friday 08:30-13:30, Thursday afternoon opening
The consultorio offers psychological counseling, social support, reproductive health services, and youth listening space.

Consultorio Familiare Acquaviva delle Fonti (Spazio giovani available)
Address: Via Vittime di Via Fani, Acquaviva delle Fonti (BA)
Phone: +39 080 5848048
Email: consultorio.acquaviva@asl.bari.it
Youth space available on dedicated afternoon schedule.

Consultorio Familiare Gravina in Puglia
Address: Via S. Domenico, Gravina in Puglia
Phone: +39 080 5848937
Email: consultorio.gravina@asl.bari.it

ASL BAT
Consultorio Familiare Andria
Address: Via Don Luigi Sturzo 36, Andria
Phone: +39 0883 299555
Email: consultorio.andria@aslbat.it
Provides counseling, psychological support, and prevention programs for adolescents and families.

ASL Taranto - Consultori familiari
Website: https://sist.sanita.puglia.it/web/asl-taranto/consultori
Consultori provide psychological, social, and health support for adolescents, couples, and families, and cooperate with schools and local authorities in prevention projects for young people.

Regional health information numbers – Apulia
General ASL Bari information number: +39 800 055 955
ASL Brindisi information number: +39 800 310 929
ASL Taranto information number: +39 800 196 965

The correlation between childhood social adversities and nicotine dependence, with 74% and 58% explained in females and males, respectively, highlights the need for early interventions and support systems for at-risk youth. Moreover, the link between adverse childhood experiences (ACE), such as physical or sexual abuse and witnessing domestic violence, and addictive behaviors necessitates a comprehensive approach. The recent adaptation of the ACE measure by the World Health Organization allows for a nuanced assessment of the negative impact of additional adverse experiences, shedding light on the interconnectedness of various stressors in adolescence. To address the abuse of psychoactive substances, a multi- pronged strategy is essential. This includes targeted educational programs in schools, community-based awareness campaigns, and accessible support services for individuals grappling with substance abuse. Additionally, collaboration between health authorities, educational institutions, and community organizations is pivotal to creating a comprehensive framework for prevention and intervention.

NOTE: Within the project a survey and focus groups were done with young people coming from Serbia, Italy, Bosnia and Herzegovina, Albania, Jordan and Tunisia. For more information about the results of these activities check out the document "Research on the safety of young people".

7. Non governmental organizations and awareness campaigns - organizations such as Save the Children Italy, Movimento Difesa del Cittadino, and other youth associations promote national campaigns, school workshops, and online materials aimed at preventing cyberbullying and encouraging young people to seek help. Many projects focus on digital literacy, emotional education, and responsible use of social networks. Some more detailed info here below:

Save the Children Italia - https://www.savethechildren.it/contattaci

National NGO working worldwide on child protection, education, digital safety, and prevention of violence and exclusion among minors. The organization promotes school workshops, awareness campaigns on cyberbullying, emotional education, and safe use of the internet, and manages youth centres in vulnerable areas. Save the Children operates educational and prevention projects in local centres, including the Punto Luce centre in Bari, which offers free activities for children and adolescents, support for families, digital education, and social inclusion programmes. These centres often collaborate with schools and social services in situations involving bullying, exclusion, or psychological distress.

Head office – Rome
Piazza San Francesco di Paola 9, 00184 Roma
Phone: +39 06 4807001
Email: info.italia@savethechildren.org
Helpline for minors migrants: +39 800 14 10 16
Email helpline: helpline@savethechildren.org
Punto Luce Bari
Largo Annunziata 15, Bari
Email: puntolucebari@savethechildren.org
Website: https://www.savethechildren.it/cosa-facciamo/progetti/punto-luce-bari
Volunteer group Bari
Email: volontari.bari@savethechildren.org

Movimento Difesa del Cittadino
National consumer and citizen protection organization that also promotes campaigns on digital safety, online rights, and protection of minors. The association provides assistance, information, and support for citizens, including young people exposed to online risks, fraud, or harassment. Awareness activities include workshops, legal information, and public campaigns on responsible use of technology.

National office – Rome
Via Casilina 3/T, 00182 Roma
Phone: +39 06 4881891
Email: info@mdc.it
PEC: info@pec.mdc.it
Website: https://www.difesadelcittadino.it

Mama Happy Family Centre - Centro Servizi Famiglie Accoglienti
Local association cooperating with Save the Children in educational and family support projects. The organization works with children, adolescents, and parents, offering social support, educational activities, and counseling services, often within projects aimed at preventing marginalization and youth violence.

Email: info@mamahappy.it
Project cooperation: Punto Luce Bari

CYBERBULLYING

Psychoactive substance use among young people in Italy remains a relevant public health concern and is constantly monitored through national surveys conducted by ISTAT, the Department for Anti Drug Policies, the National Institute of Health, and the European School Survey Project on Alcohol and Other Drugs. According to ISTAT data, around 18 to 19 percent of young people aged 11 to 17 report having consumed alcohol during the year, confirming that experimentation often begins at an early age and often within family or social contexts where alcohol consumption is considered normal. More recent results from ESPAD 2024 indicate that more than three quarters of high school students have consumed alcohol at least once in their life, while binge drinking episodes remain common, especially among boys but with an increasing frequency among girls. This trend confirms that alcohol use is still one of the main risk behaviours during adolescence and early adulthood in Italy.

National monitoring carried out by the Department for Anti Drug Policies and ESPAD shows that alcohol continues to be the most frequently used psychoactive substance among young people, followed by cannabis, while the use of synthetic drugs, stimulants, and the misuse of prescription medicines is less frequent but still present. Reports underline that consumption often begins during lower and upper secondary school years and tends to increase with age, especially in social environments connected to nightlife, parties, and peer group pressure. The normalization of alcohol consumption in many social situations contributes to a reduced perception of risk, and many adolescents do not associate occasional binge drinking with possible long term health consequences.

Data published by the National Institute of Health (IIS) indicate that a significant proportion of students report having consumed alcohol at least once in the previous year, and that repeated episodes of drunkenness are still reported by a relevant percentage of adolescents. Cannabis remains the most widespread illegal substance, with first experimentation frequently occurring before the age of eighteen. National reports also underline that early use of alcohol or drugs is associated with higher probability of school dropout, mental health problems, aggressive behaviour, and involvement in accidents or violent situations. The National Institute of Health also notes that substance use is often linked to social pressure, emotional distress, and lack of awareness about long term consequences, and that prevention activities are not always continuous across the country. In large urban centres the availability of substances is perceived as higher, while in smaller municipalities access to prevention and counselling services may be more limited. Regional differences in the organization of health and social services may therefore influence the possibility for young people to receive early support. National monitoring systems exist but data related to minors are sometimes fragmented, which makes it difficult to obtain a fully consistent national picture of substance use among young people and to plan targeted prevention actions.

Main risks and challenges for young people

- Early experimentation with alcohol during lower secondary school
- High percentage of students who have tried alcohol at least once
- Frequent binge drinking among adolescents
- Increasing alcohol consumption among girls
- Cannabis as the most common illegal substance among young people
- Social acceptance of alcohol in nightlife and peer environments
- Low perception of risk connected to substance use
- Link between substance abuse and mental health problems
- Risk of school dropout and risky behaviour
- Unequal access to prevention services between regions
- Fragmented national monitoring data on minors
- Limited continuity of prevention programs in schools
- Misuse of prescription medicines in some groups
- Higher exposure in urban areas and nightlife contexts

Overview of existing national and local support measures related to abuse of psychoactive substances:

1. **Public Addiction Services SerD** - https://www.salute.gov.it

SerD services operate within the Italian National Health System and provide medical, psychological, and social support for people with substance abuse problems, including adolescents and young adults. Access is free through local health authorities and includes counselling, therapy, rehabilitation programs, and family support. Services are available in all regions, but the number of centres may differ between provinces. Below are some examples in the Apulia region.

SerD ASL Bari - Local health authority contact
Phone: +39 080 5842568; +39 080 5841111
Website: https://www.sanita.puglia.it
Lungomare Starita 6, Bari

SerD ASL Foggia - Dipartimento Dipendenze Patologiche
Phone: +39 0881 732111
Website: https://www.sanita.puglia.it
Address: Piazza Libertà 1, Foggia

SerD Distretto Sanitario Cerignola - ASL Foggia
Phone: +39 0885 419111
Website: https://www.sanita.puglia.it

SerD Distretto Sanitario Barletta - ASL BT
Phone: +39 0883 577111
Website: https://www.sanita.puglia.it

2. **Department for Anti Drug Policies** - Presidenza del Consiglio dei Ministri, https://www.politicheantidroga.gov.it
The department coordinates national strategies on prevention, monitoring, and treatment of drug and alcohol abuse. It publishes annual reports, promotes awareness campaigns, and cooperates with schools, regions, and health services to develop prevention programs for young people.

National contact
Phone: +39 06 6779 1
Email: antidroga@governo.it

3. **National Institute of Health - Istituto Superiore di Sanità** - https://www.iss.it
The Institute carries out research, monitoring, and prevention programs related to addictions, mental health, and youth risk behaviour, and collaborates with regional health services and schools in prevention projects and educational campaigns.
Phone: +39 06 49901
Address: Viale Regina Elena 299, Roma

4. **School prevention programs and regional health education projects**
Schools cooperate with local health services, psychologists, and prevention experts to organize activities on alcohol, drugs, and healthy lifestyles. Programs include peer education, meetings with professionals, psychological counselling, and awareness campaigns addressed to students and families.

Regional prevention plan, Apulia region:
https://www.sanita.puglia.it/web/pugliasalute/prevenzione
Regione Puglia - Dipartimento Promozione della Salute
Phone: +39 080 5403111
Website: https://www.regione.puglia.it

6. **Local health authorities and youth counselling centres**
Local health services provide psychological support, addiction counselling, and family mediation for adolescents at risk of substance abuse. Services are free within the public health system, but availability differs between regions. Below some relevant counselling centres:

Consultorio Giovani ASL Bari
Phone: +39 080 5842413
Website: https://www.sanita.puglia.it

Centro di Salute Mentale Bari
Phone: +39 080 5842211
Website: https://www.sanita.puglia.it

Consultorio ASL Lecce
Phone: +39 0832 215111
Website: https://www.sanita.puglia.it

Consultorio Giovani ASL Foggia
Phone: +39 0881 884111
Website: https://www.sanita.puglia.it

Centro di Salute Mentale Foggia
Phone: +39 0881 733111
Website: https://www.sanita.puglia.it

DISCRIMINATION

Discrimination continues to represent a significant issue affecting young people in Italy, with national surveys showing that many adolescents report direct or indirect experiences of exclusion, prejudice, or unequal treatment. Data published by the national portal Minori.it indicate that more than 60 percent of young people report having personally experienced discrimination, while almost 90 percent declare having witnessed discriminatory behaviour at least once. The most frequent reasons mentioned include ethnic origin, religion, gender, sexual orientation, disability, and economic status. Exposure to these situations may negatively affect self confidence, sense of belonging, and participation in social life, increasing the risk of isolation and psychological distress.
ISTAT surveys confirm that a high percentage of adolescents report having witnessed or experienced discriminatory behaviour at school, online, or in public spaces. These situations often overlap with bullying, cyberbullying, and social exclusion, showing that discrimination is closely connected to other youth safety issues. Episodes may involve insults, exclusion from group activities, offensive language, or unequal treatment by peers. In many cases, young people do not report what happened, either because they underestimate the seriousness of the event or because they do not trust that the situation will be resolved.
Research on youth conditions in Italy shows that many young people perceive society as inclusive in principle but less inclusive in everyday life. Intercultural experiences, exchange programs, and mixed school environments are generally evaluated positively, yet a relevant proportion of adolescents declare feeling excluded from their community or not fully accepted. Discrimination is reported more frequently by students with migrant background, by young people belonging to ethnic or religious minorities, and by girls in some educational or social contexts. Young people with disabilities or belonging to LGBTQI groups also report higher levels of discrimination, especially online.
Stereotypes, hate speech, and discriminatory language remain common both offline and on social networks. The use of digital platforms increases the visibility of offensive content and allows rapid diffusion of hate speech, which makes prevention more difficult. Institutions have strengthened equality policies in recent years, but the implementation of educational programs and support services differs between regions and between schools. Monitoring systems exist at national level, but many episodes are not officially reported, which makes it difficult to obtain complete and updated data.

Legal protection against discrimination in Italy is guaranteed by Law 205/1993, known as the Mancino Law, and by other national and European regulations on equality and human rights. Public institutions promote awareness campaigns, school projects, and counselling services, and support youth participation initiatives aimed at inclusion and intercultural dialogue, such as DiversaMente. However, coverage of these programs is not uniform across the country, and systematic evaluation of their effectiveness is still limited.

Main risks and challenges for young people

- Frequent experiences of discrimination in school environments
- Exclusion based on nationality, religion, gender, disability, or sexual orientation
- Spread of hate speech on social media and online platforms
- Strong connection between discrimination, bullying, and cyberbullying
- Underreporting due to fear, shame, or lack of trust in institutions
- Social isolation and loss of self confidence
- Higher vulnerability among minority groups and migrant students
- Uneven implementation of inclusion policies across regions
- Limited awareness of reporting mechanisms and support services
- Fragmented national data on discrimination episodes
- Need for stronger education on diversity, equality, and respect
- Differences in access to support between urban and rural areas

Overview of existing national and local support measures related to discrimination:

1. **UNAR - National Office Against Racial Discrimination:** https://www.unar.it

Phone: +39 800 90 10 10
Email: contactcenterunar@unar.it
Address: Largo Chigi 19, Roma
UNAR operates under the Presidency of the Council of Ministers and coordinates national actions against discrimination. The office collects reports, provides legal support, promotes awareness campaigns, and cooperates with schools, municipalities, and associations to prevent racism and intolerance.

2. **School inclusion policies and Ministry of Education programs -** https://www.miur.gov.it

Phone: +39 06 58491
Schools in Italy are required to promote equality, prevent discrimination, and support students with different cultural, linguistic, or social backgrounds. Educational programs include intercultural education, human rights projects, and activities aimed at preventing bullying and hate speech.

3. **National Youth Policies and Municipal Social Services**

Municipal social services and youth offices may intervene in situations of discrimination involving minors, offering mediation, psychological support, and family counselling. These services operate at local level and are usually free within the public social system. Here below some local reference points:

Regione Puglia -Politiche giovanili e inclusione, https://www.regione.puglia.it
Phone: +39 080 5403111
Comune di Bari -Servizi sociali, https://www.comune.bari.it
Phone: +39 080 5771111
Comune di Foggia - Servizi sociali, https://www.comune.foggia.it
Phone: +39 0881 792111

4. **Local social services, youth counselling centres, and family support services**

Local counselling centres provide psychological support, mediation, and assistance for young people experiencing discrimination, bullying, or social exclusion. Access is free within the public health and social system, but availability may differ between provinces.

Consultorio Giovani ASL Bari: https://www.sanita.puglia.it
Phone: +39 080 5842413
Consultorio ASL Foggia: https://www.sanita.puglia.it
Phone: +39 0881 884111
Centro di Salute Mentale Bari
Phone: +39 080 5842211
Centro di Salute Mentale Foggia
Phone: +39 0881 733111

MENTAL HEALTH

Mental health among young people in Italy has become one of the main public health concerns in recent years. National and international reports indicate that psychological distress among adolescents has increased, especially after the COVID 19 pandemic, which had a strong impact on social life, school routines, and family stability. According to data from the Ministry of Health and Openpolis, about one adolescent out of seven between the ages of 10 and 19 shows symptoms compatible with a clinically relevant mental disorder, including anxiety, depression, behavioural disorders, or eating disorders. These conditions often remain undiagnosed for long periods, especially when access to psychological services is limited (MSD Salute). National studies conducted by the National Institute of Health and by youth organizations show that a large proportion of young people report feelings of loneliness, insecurity, and pressure connected to school performance, social relationships, and uncertainty about the future. Psychological distress appears more frequently in the age group between 14 and 19, when young people face important educational and personal transitions. Girls tend to report higher levels of anxiety, depression, and eating disorders, while boys show higher risk of aggressive behaviour, substance abuse, and risk taking activities.
A national survey promoted by the National Youth Council shows that about 70 percent of young people felt the need to speak with a psychologist at least once, but only around 32 percent were able to access professional support. The main barriers mentioned include long waiting lists in public services, high cost of private therapy, and lack of information about available support.

This gap between demand and availability of services is considered one of the main structural problems of the Italian mental health system for young people. Reports from the National Institute of Health also underline an increase in self harm behaviour, sleep disorders, school refusal, and eating disorders among adolescents. Experts link these problems to different factors, including academic pressure, family difficulties, excessive use of social media, and fear about future employment opportunities. Digital platforms may increase social comparison and exposure to unrealistic expectations, which may negatively affect self esteem and emotional stability.
Another critical issue concerns the unequal distribution of mental health services across the country. Northern and large urban areas generally offer more specialized services, while smaller municipalities and some southern regions may have fewer professionals available. School psychological support is not always present, and the presence of counselling desks often depends on local funding or temporary projects. For this reason, national plans for mental health emphasize the need to strengthen child and adolescent psychiatric services, increase the number of psychologists in schools, and improve cooperation between health services, schools, and social services.

Main risks and challenges for young people

- High levels of anxiety and depression among adolescents
- Increase in psychological distress after the pandemic
- Growing number of self harm and eating disorder cases
- Strong demand for psychological support
- Limited access to public mental health services
- Long waiting times for counselling and therapy
- Uneven availability of school psychologists
- Social pressure related to school performance and future work
- Impact of social media on self esteem and body image
- Higher vulnerability among girls
- Connection between mental health problems and substance abuse
- Risk of isolation, school refusal, and dropout
- Differences in access to services between regions
- Lack of systematic monitoring of youth mental health

Overview of existing national and local support measures related to mental health:

1. **National Health Service mental health departments - https://www.salute.gov.it**

Mental health services for adolescents are provided through local health authorities within the National Health System. Young people can access psychological and psychiatric support through Child and Adolescent Neuropsychiatry services, mental health centres, and counselling clinics. Access is free or with a small fee, but waiting times may vary depending on the region. Here below some reference for Apulia:

Centro di Salute Mentale ASL Bari
Phone: +39 080 5842211
Website: https://www.sanita.puglia.it
Address: Lungomare Starita 6, Bari

Neuropsichiatria Infantile ASL Bari
Phone: +39 080 5842345
Website: https://www.sanita.puglia.it

Centro di Salute Mentale ASL Foggia
Phone: +39 0881 733111
Website: https://www.sanita.puglia.it
Address: Piazza Libertà 1, Foggia

Neuropsichiatria Infantile ASL Foggia
Phone: +39 0881 884111
Website: https://www.sanita.puglia.it

2. **Psychologist bonus and youth support programs**

The Italian government introduced financial support measures to help citizens access psychological services, especially after the pandemic. The psychologist bonus allows families and young people to receive financial contributions for private therapy depending on income level.
Information:
https://www.inps.it
https://www.salute.gov.it
Phone: +39803164

3. **School counselling services and listening desks**

Many schools activate counselling desks with psychologists or trained counsellors. These services offer confidential support for students experiencing stress, bullying, anxiety, or emotional difficulties. Availability depends on local funding and regional projects, and not all schools have permanent services.

Regional projects Apulia
https://www.regione.puglia.it
https://www.sanita.puglia.it

Ufficio Scolastico Regionale Puglia
Phone: +39 080 5506111
Website: https://www.pugliausr.gov.it

4. **Telefono Azzurro** - https://azzurro.it

Telefono Azzurro provides psychological support for children and adolescents through telephone, chat, and online counselling. The service is active every day and may be used in situations of emotional distress, violence, bullying, or family problems.

Helpline for minors
Phone: +39 19696
Emergency line for adults reporting risk for minors
Phone: 114
Email: info@azzurro.it

5. **Youth counselling centres and consultori**

Local youth counselling centres and family clinics offer free psychological support, guidance, and prevention activities. These services often cooperate with schools, municipalities, and social services.
Consultorio Giovani ASL Bari; Phone: +39 080 5842413; Website: https://www.sanita.puglia.it

Consultorio Familiare Bari; Phone: +39 080 5773800

Consultorio ASL Foggia; Phone: +39 0881 884111

Consultorio Cerignola; Phone: +39 0885 419111

6. **Non governmental organizations and listening services**

Several NGOs and volunteer organizations provide psychological support, peer counselling, and prevention programs for young people. These services are often used when public services have long waiting times.

Telefono Amico Italia; https://www.telefonoamico.it
Phone: 02 2327 2327

Croce Rossa Italiana - support services; https://www.cri.it

Cooperativa CAPS Bari - psychological and social support; https://www.cooperativacaps.it
Phone: +39 080 5538075

CSV Foggia - youth and social support projects: https://www.csvfoggia.it
Phone: +39 0881 768612

REPRODUCTIVE HEALTH

Reproductive health among young people in Italy is formally protected by the National Health System, which guarantees access to medical care, counselling services, and prevention programs. Despite this, several challenges remain, especially regarding access to information, sexual education, and equal availability of services across regions. National reports from the Ministry of Health, the National Institute of Health, and CeDAP show that Italy has one of the lowest birth rates in Europe, including among adolescents, yet unintended pregnancies and sexually transmitted infections still occur, especially where prevention services are less accessible.

Data from CeDAP 2022 indicate that teenage pregnancy rates in Italy are lower than in many European countries, but experts underline that low birth rates do not mean absence of risk. Some adolescents still face difficulties in accessing contraception, counselling, and confidential medical support. Public counselling centres offer free services, including gynecological visits, psychological support, and family mediation, but many young people are not aware of these opportunities or feel uncomfortable asking for help (IIS).
Sexual education in schools is not systematically included in national curricula, and the presence of structured programs depends on regional initiatives or individual schools. In many cases, information about contraception, sexually transmitted infections, consent, and healthy relationships is limited. Experts underline that lack of education may increase the risk of unsafe sexual behaviour, unwanted pregnancy, and exposure to violence or unhealthy relationships.
The National Institute of Health reports that prevention campaigns, including HPV vaccination and screening programs, are available free of charge, but participation is not uniform across the country. The HPV vaccine is offered from early adolescence (Corriere Salute), and free contraception for young women under the age of 26 is available in many regions through public counselling centres(AIFA). However, regional differences remain significant, and access may depend on the organization of local health services.
Reproductive health is also closely connected to mental health, social inclusion, and gender equality. Young people who experience discrimination, family conflict, or economic difficulties are less likely to seek medical support and more exposed to risky behaviour. Confidential counselling is therefore considered essential, especially for minors who need guidance without fear of stigma. Monitoring systems exist, but data on adolescents are sometimes incomplete, and experts recommend strengthening education, prevention, and early counselling at national level.

Main risks and challenges for young people

- Limited sexual education in schools
- Unequal access to reproductive health services
- Lack of information about contraception and prevention
- Fear of stigma when asking for help
- Risk of sexually transmitted infections
- Risk of unintended pregnancy
- Regional differences in available services
- Low awareness of counselling centres
- Connection between reproductive health and mental health
- Higher vulnerability among socially excluded youth
- Difficulty accessing confidential support for minors
- Limited monitoring of adolescent reproductive health
- Insufficient coordination between school and health services

Overview of existing national and local support measures related to reproductive health:

1. **Family counselling centres** - https://www.salute.gov.it

Public counselling centres provide free medical, psychological, and social support related to sexual and reproductive health. Services include contraception counselling, pregnancy support, prevention of sexually transmitted infections, and psychological guidance for adolescents and couples. Young people can access these centres confidentially, even without parental presence in many cases. Below some reference points in Apulia region:

Consultorio Familiare ASL Bari
Phone: +39 080 5842413
Website: **https://www.sanita.puglia.it**
Address: Lungomare Starita 6, Bari

Consultorio Giovani Bari
Phone: +39 080 5773800

Comune di Bari social services
https://www.comune.bari.it

Consultorio ASL Foggia
Phone: +39 0881 884111
Website: https://www.sanita.puglia.it
Address: Piazza Libertà 1, Foggia

Consultorio Cerignola ASL Foggia
Phone: +39 0885 419111
Website: https://www.sanita.puglia.it

2. **National Health Service reproductive health services**

Hospitals, gynecology clinics, and local health authorities provide reproductive health services, including visits, screening, contraception, pregnancy care, and prevention programs. Access is guaranteed within the National Health System, although waiting times may differ between regions.

Policlinico di Bari - Gynecology service
Phone: +39 080 5591111
Website: https://www.policlinico.ba.it
Address: Piazza Giulio Cesare 11, Bari

Ospedale Riuniti di Foggia
Phone: +39 0881 732111
Website: https://www.sanita.puglia.it
Address: Viale Pinto 1, Foggia

3. **Prevention programs and vaccination campaigns**

The National Health System promotes prevention programs for young people, including HPV vaccination, screening, and information campaigns on sexual health. Vaccination against HPV is offered free of charge from early adolescence. In some regions contraception is provided free or at reduced cost for young women through counselling centres.

Information available at:
https://www.salute.gov.it
https://www.epicentro.iss.it

Regione Puglia prevention programs
https://www.sanita.puglia.it/web/pugliasalute/prevenzione
Phone: +39 080 5403111

4. **School education programs and regional projects**

Some schools organize educational activities on health, relationships, consent, and prevention, often in cooperation with psychologists, doctors, or counselling centres. These programs are not always mandatory and depend on local initiatives or regional funding.

Ufficio Scolastico Regionale Puglia
Phone: +39 080 5506111
Website: https://www.pugliausr.gov.it

Regione Puglia youth and health projects
https://www.regione.puglia.it

5. **Youth counselling centres and social services**

Youth counselling centres offer confidential guidance on relationships, sexuality, family problems, and emotional well being. These services often cooperate with social services, schools, and health authorities.

Servizi Sociali Comune di Bari
Phone: +39 080 5771111
Website: https://www.comune.bari.it

Servizi Sociali Comune di Foggia
Phone: +39 0881 792111
Website: https://www.comune.foggia.it

Centro Giovani Bari
Phone: +39 080 5773800

Centro servizi per la famiglia Foggia
Phone: +39 0881 707511

SERBIA

PEER VIOLENCE

For the second consecutive year, physical violence among young people demonstrates a downward trend, and for the first time a decline in digital violence is also evident, while verbal violence continues to increase. The findings are based on a survey questionnaire conducted within the framework of the Alternative Report on the Position and Needs of Youth in the Republic of Serbia, examining whether young people are or have been exposed to various forms of peer violence. The proportion of respondents exposed to physical violence currently stands at 19%, compared to 21% in the previous year and as much as 49% in 2023. Digital violence now affects 31.8% of young people, reflecting a notable decrease compared to the previous year, when as many as one in two respondents indicated having experienced this form of violence. A similar proportion of young people report exposure to violence based on a personal characteristic, pointing to the continued presence of discriminatory forms of peer abuse.

According to the Alternative Report on the Position and Needs of Youth in the Republic of Serbia, peer violence remains a significant concern among young people. The data indicate that 19.1% of youth reported having experienced physical violence, while 80.9% stated that they had not. Verbal violence appears to be considerably more prevalent, with 58% of respondents reporting such experiences, compared to 42% who did not. Digital violence also represents a notable issue, affecting 31.8% of young people, whereas 68.2% reported no experience of this form of abuse. Although less frequent, sexual violence is still present, with 12.2% of youth indicating that they have experienced it, while 87.8% reported that they have not. These findings highlight the widespread nature of different forms of peer violence and underline the need for comprehensive prevention and protection measures targeting young people in Serbia.

In response to these distressing findings, the Youth Council assembled to discuss preventive measures and activities to enhance the safety and mental health of young people. In the forthcoming period, it is necessary to amend the existing Law on Youth or adopt a new one through a broad consultative process aligned with European standards and the recommendations of the Council of Europe, ensuring meaningful youth participation, with the involvement of the Government of the Republic of Serbia, the National Assembly, the Ministry of Tourism and Youth, the Youth Council, KOMS, and youth and youth-led organizations. Additional priorities include introducing a mandatory Rulebook on Protection from Sexual Harassment and Blackmail at higher education institutions, recognizing young adults as a distinct group with specific risk factors within systematic health examinations, and classifying femicide as a separate criminal offense.

Institutional strengthening should include the employment of more psychologists and pedagogues in schools, the establishment of a framework for mental health services for young adults at the primary healthcare level, and the development of evidence-based prevention policies grounded in an assessment of the prevalence and causes of youth violence. These measures require coordinated action by the Government of the Republic of Serbia, the Ministry of Tourism and Youth, the Ministry of Interior, local self-government units, KOMS, the National Youth Office, the Ministry of Education, schools and universities, civil society organizations, youth and youth-led organizations, the media, as well as the Ministry of Health to ensure accessible and free psychological counselling for all young people.

Main risks and challenges for young people

- High prevalence of verbal violence (58%), with an increasing trend
- Ongoing exposure to digital violence (31.8%), despite recent decline
- Continued presence of physical violence (19%)
- Sexual violence affecting 12.2% of young people
- Discriminatory violence based on personal characteristics
- Negative impact of peer violence on mental health and overall well-being
- Insufficient legal and policy framework for youth protection
- Lack of mandatory protection mechanisms against sexual harassment in higher education
- Limited access to structured and free mental health services for young adults
- Shortage of psychologists and pedagogues in schools
- Need for evidence-based prevention policies
- Weak coordination among institutions responsible for youth safety and support

Overview of existing national and local support measures related to peer violence

Peer violence in Serbia can be reported through several official channels. The first point of contact is the school, where a homeroom teacher, school pedagogue, psychologist, or the principal is obligated under the national Protocol to respond to any suspicion of violence. In urgent situations, cases may be **reported to the police by calling 192** or by visiting the nearest police station. Report can also be filed with the **Centre for Social Work**, which can act within its legal authority; such reports may also be submitted anonymously.

National platform "Čuvam te" - https://cuvamte.gov.rs/prijava-nasilja/
The Government of the Republic of Serbia, with the support of the Office for Information Technologies and eGovernment, launched the national platform "Čuvam te" for the prevention and suppression of violence against children. The platform integrates key prevention measures, response tools, and strengthens interinstitutional cooperation, with a special focus on peer violence and violence against education staff. It includes information and educational segments on forms of violence, their recognition, and procedures in line with official protocols, as well as continuously published educational materials. It is intended for students, parents, and teachers, who can access all relevant information and online training in one place, as well as report violence through the portal either anonymously or by providing personal details.

CYBERBULLYING

According to the findings of the Research on the Position and Needs of Youth in the Republic of Serbia – Field Research, December 2025, conducted by the Ministry of Sport and Youth, digital violence emerges within the broader context of insufficient safety and security. Among young people who identify safety as a key concern, online risks and digital violence are specifically emphasized in qualitative responses. In total, 6.5% of respondents perceive safety as one of the main challenges facing young people, with particular reference to threats in the digital environment.

Data presented by UN Women Serbia within the global campaign "16 Days of Activism against Gender-Based Violence," together with research conducted by the Serbian non-governmental organization Atina, further illustrate the scope and gendered dimension of digital violence in Serbia. National findings indicate that approximately one in three women and girls experiences some form of digital violence, while 25% of respondents report direct personal experience. The prevalence is particularly pronounced among younger women, as 43% of women under the age of 30 report having experienced digital abuse. At the same time, 84% of girls and women believe they are themselves responsible for the violence they endured, and 54% perceive that perpetrators lack awareness of the consequences of their actions. Broader institutional data from the Ministry of Interior (MUP) show that more than 90% of children use the internet and that 7 out of 10 young people have encountered a disturbing online experience, underscoring the widespread exposure of young people to risks in the digital environment. According to the study "Ne lajkuj nasilje (Don't Like Violence)," conducted by the Serbian non-governmental organization Atina on a nationally representative sample of 1,002 adults in Serbia, the societal response to digital violence remains marked by strong victim-blaming attitudes and limited institutional trust. The findings indicate that 85% of respondents believe victims are responsible for not reporting violence earlier, while only 7% clearly state that the victim bears no responsibility. Perpetrators are identified as men in 66% of cases and as women in 15%, with current or former partners frequently cited as those who continue patterns of control through digital means. Institutional engagement remains extremely low, as only 3% of victims turn to competent authorities, and 21% of respondents report not knowing where digital violence can be reported. Nearly half of citizens (47%) consider that state institutions address digital violence minimally or not at all, while 83% assign responsibility to public institutions and 79% to social media platforms. The research further points to legal gaps and the absence of systematic prosecution, contributing to a climate in which digital violence is insufficiently sanctioned and continues to persist.

Addressing the identified gaps requires targeted legal and institutional reforms, particularly in light of the vulnerability of young people aged 16 to 30 as intensive users of digital platforms. The criminal law framework should be amended to clearly recognize technology-facilitated violence, introduce precise definitions related to ICT and gender-based violence, and ensure that key offenses, such as non-consensual sharing of intimate content, online harassment, stalking, threats, hate speech, and emotional or sexual blackmail, are prosecuted ex officio.

Media and public information laws should also be strengthened to ensure accountability for user-generated content and hate speech, alongside the introduction of effective protective measures capable of immediately stopping digital abuse. At the same time, institutional capacities must be reinforced through specialized training for police and prosecutors, increased technical resources, and improved data collection on digital violence.

Long-term prevention should include integrating digital violence into national strategies, strengthening anti-discrimination and gender equality legislation to explicitly cover ICT-mediated abuse, and investing in education and awareness-raising among young people. Accessible legal and psychological support services, clearer reporting mechanisms, and the promotion of narratives that reject victim-blaming remain essential for creating a safer digital environment.

Main risks and challenges for young people

- Digital violence as a significant safety risk in the online environment
- 6.5% of young people identify safety, especially online safety, as a key challenge
- High exposure to disturbing online experiences (7 out of 10 young internet users)
- Widespread internet use among children and youth, increasing vulnerability to online risks
- Gender-based digital violence disproportionately affecting girls and young women
- High prevalence of digital abuse among women under 30 (43%)
- Strong victim-blaming attitudes, including self-blame among victims
- Low awareness of consequences among perpetrators
- Very low reporting rates and weak trust in institutions
- Lack of knowledge about where and how to report digital violence
- Perception that institutions respond inadequately to digital violence
- Legal gaps and insufficient prosecution of technology-facilitated violence
- Continued control and harassment by current or former partners through digital means
- Need for stronger legal frameworks recognizing ICT-mediated violence
- Insufficient institutional capacity, training, and technical resources
- Lack of systematic prevention, education, and awareness-raising on digital safety
- Limited access to legal and psychological support for victims

Overview of existing national and local support measures related to cyberbullying:

National Contact Center for Child Online Safety:
A free and anonymous helpline (19833) for children, parents, and teachers.

Ministry of Interior, Department for Combating High-Tech Crime:
Reports can be made by calling +381 11 306-2000 or via email at childprotection@mup.gov.rs

"Čuvam te" Platform:
The official government platform for reporting violence.

Police/Prosecution:
Emergency cases are reported by calling 192 or at the nearest police station, after which the Special Prosecutor's Office for High-Tech Crime is notified.

ABUSE OF PSYCHOACTIVE SUBSTANCES AND ALCOHOL

Every year, approximately 210 million people worldwide use drugs, resulting in about 200,000 deaths. The abuse of psychoactive substances poses not only a health threat but also a significant socio-economic burden globally. Primary prevention, controlling the use of all psychoactive substances, is paramount. However, in Serbia, preventive interventions are primarily in the realm of universal prevention, with selective and indicated interventions for specific risk groups being underutilized. The National Survey on Lifestyles of the Population of the Republic of Serbia in 2014 revealed that 8.0% of the population aged 18 to 64 had used illegal drugs at least once in their lifetime. Cannabis was the most commonly used illegal drug, reported by 7.7% of respondents. Sedatives and hypnotics were used by 22.4% of respondents in the previous year. While strategic documents and policies align with EU guidelines, their inconsistent implementation demands increased attention from relevant institutions. Situation with use and abuse of alcohol among young people in Serbia is alarming. In the last few years, it has almost become normal that every outing of young people, birthday celebrations or passed exams is accompanied by large amounts of alcohol. The trend of alcohol consumption among young people is constantly increasing, and this is indicated by numerous studies both in the world and in our country. According to the latest research by the European Commission, every fifth inhabitant of the European Union between the ages of 15 and 24 regularly and excessively drinks alcohol. In Serbia, according to the research of the Institute for Health Protection "Trampoline", about 50 percent of young people occasionally drink alcoholic beverages, 20 percent occasionally get drunk, and seven percent of them regularly drink. Research by the Trampoline Institute shows that, on average, the first drunkenness in Serbia is experienced at the age of 13.5, and at the latest at the age of 20. Signs of addiction appear on average around the age of 21.5, while young people come for treatment between the ages of 25 and 27. In Belgrade, out of the total number of treated alcoholics, almost half are young people aged 30. The situation with alcohol consumption among young people in Serbia is also alarming. Studies show that about 50% of young people occasionally drink alcoholic beverages, with 20% occasionally getting drunk. The first experience of drunkenness occurs, on average, at the age of 13.5. Signs of addiction appear around the age of 21.5, with treatment sought between the ages of 25 and 27. While various entities, including the Ministry of Health, the Ministry of Interior Affairs, the Ministry of Youth and Sports, and others, participate in prevention actions, there is a notable gap in implementing selective and indicated preventive interventions. The current focus on universal prevention falls short of addressing the specific needs of at-risk individuals and groups. A comprehensive and multi-sectoral approach is crucial to address psychoactive substance abuse and alcohol consumption among young people. Efforts should include targeted prevention programs during all stages of education, involving parents, educators, and health workers. Strategic documents and policies need consistent implementation, with a focus on selective and indicated preventive interventions. In conclusion, urgent and coordinated efforts are required to mitigate the risks associated with psychoactive substance abuse and alcohol consumption among young people in Serbia.

Main risks and challenges for young people

- High prevalence of psychoactive substance use
- Growing normalization of alcohol consumption
- Increasing excessive drinking among youth
- Very early first drunkenness (around age 13.5)
- Early signs of addiction and delayed treatment
- Insufficient targeted prevention for at-risk groups
- Overreliance on general prevention measures
- Inconsistent implementation of policies
- Lack of coordinated institutional response
- Significant health and socio-economic consequences

Overview of existing national and local support measures related to abuse of psychoactive substances and alcohol:

Biram oporavak / **I choose recovery:**
Phone: 0800 104 100 | E-mail: Info@izlazak.org

The "I choose recovery" project is a follow-up project of 3 Balkans project that started in 2015 in response to the current situation in the field of drug abuse in Serbia, Montutenegro, and Bosnia and Herzegovina. Partner organizations Izlazak from Belgrade, Preporod from Podgorica, and Proslavi Oporavak from Sarajevo decided to implement this project because they noticed a lack of support in treatment systems not only for the marginalized group of addicts and recovering addicts but also for children and all those affected by abuse of drugs in the community. The implementation was supported by the partner World Federation Against Drugs (WFAD) and with the financial support of the Swedish Forum Syd.

Institut za mentalno zdravlje, Beograd, Srbija / Institute for mental health, Belgrade, Serbia
Phone: (+381) 11 3307 500 | E-mail: info@imh.org.rs, | Web site: http://www.imh.org.rs/pagelt.php?id=25 | Address: Milana Kašanina 3, 11000 Beograd, Srbija

Institute for mental health deals with the diagnosis, treatment, and prevention of the following disorders: alcohol addiction, pill addiction, PAS addiction (except opiates), video and addiction to computer using and pathological gambling. The methodological doctrine is based on the fact that mental disorders are bio-psycho-social so that the approach to treatment is integrative, individualized, and person-oriented and not a diagnostic category. Within the Clinic, systematic therapy of addiction is applied, which implies some kind of obligatory inclusion of the family and social environment (work environment, school, center for social work, judicial authorities). The clinic has 2 family clubs in which patients and their families continue the process of rehabilitation and social reintegration after the intensive phase ("Klub Palmotićeva" and "Klub Paunova"). A higher level of service provision (family therapy, individual, group therapy, psychotherapy, pharmacotherapy, occupational therapy) is provided within the following organizational units:

Institut za mentalno zdravlje, kliničko odeljenje za bolesti zavisnosti, Beograd, Srbija / Institute for Mental Health, Clinical Department of Addiction Diseases, Belgrade, Serbia
Phone: (+381) 11 3307 516 | E-mail: odeljenje.za.bolesti.zavisnost@imh.org.rs

Dnevna bolnica za bolesti zavisnosti "Prim. dr Zoran Stanković", Beograd, Srbija / Day hospital for addiction "Prim. dr Zoran Stanković", Belgrade, Serbia
Phone: +381 11 3307 613 | E-mail: dba.palmoticeva@imh.org.rs

Dnevna bolnica za bolesti zavisnosti "Prim. dr Branko Gačić", Beograd, Srbija / Day hospital for addiction "Prim. dr Branko Gačić", Belgrade, Serbia
Phone: +381 11 2666 166 | E-mail: paunova2@imh.org.rs

Dnevna bolnica za bolesti zavisnosti u adolescenciji, Beograd, Srbija / Day hospital for addiction diseases in adolescence, Belgrade, Serbia
Phone: +381 11 2664 555 | E-mail: paunova2@imh.org.rs

Specijalna bolnica za psihijatrijske bolesti ''Gornja Toponica'', Niš, Srbija / Special Hospital for Psychiatric Diseases "Gornja Toponica", Nis, Serbia
Phone: 018/4231-134; 018/4539-666; 018/4539-444 | Address: Stevana Sinđelića 39, 18202 Gornja Toponica

Centar za zaštitu mentalnog zdravlja, Univerzitetski Klinički Centar Niš – Niš, Srbija / Center for Mental Health Protection, University Clinical Centre Nis, Nis – Serbia, Department for children and youth
Phone: 018 / 423-87-06 | E-mail: kzzmz.kcnis@gmail.com | Address: Bulevar Zorana Djindjica 48, 18000 Nis

Savetovalište za mlade, Dom Zdravlja Nis / Youth Counselling Service, Medical Center Nis
Working hours: 07.00 – 14.00 | Phone: 018/503697 | Email: mladi@domzdravljanis.co.rs | Address: Ul. Vojvode Tankosića 15, 18000 Niš

DISCRIMINATION

Recent findings indicate that discrimination remains a significant concern among young people. A total of 34.6% report having experienced some form of discrimination, reflecting a continued decline compared to the previous year, when the share stood at 43%. A similar proportion indicate discrimination based on age, while exposure to violence motivated by personal characteristics has increased by approximately 7%. For the first time, discrimination based on political affiliation was examined separately, with high percent of young people stating that they have experienced this form of unequal treatment. Although the overall decrease in reported discrimination and violence suggests a positive trend, sustained efforts remain necessary to address insecurity and strengthen the protection of young people. These findings, presented in the Alternative Report on the Position and Needs of Youth in the Republic of Serbia, point to both progress and persistent structural challenges. Available data further illustrate the scope of discriminatory experiences among young people.

Discrimination based on age is reported by 28.5% of respondents, while 32.8% indicate exposure to violence motivated by personal characteristics. The highest proportion relates to discrimination based on political affiliation, reported by 42.4% of young people. Despite the overall decline in reported discrimination, specific forms, particularly those linked to political affiliation and personal characteristics, remain highly prevalent and continue to shape the everyday experiences of young people. Discrimination continues to affect multiple areas of life, particularly within education, employment, and access to public services. Young Roma, persons with disabilities, and those at risk of poverty remain especially vulnerable, reflecting patterns already identified in national strategic documents on youth. Persistent stigmatization, segregation, and discriminatory peer treatment, most notably toward Roma children, demonstrate that exclusion operates not only through individual acts but also through systemic practices. A recurring challenge lies in the tendency to frame discriminatory behavior solely as peer violence, thereby overlooking its structural and institutional dimensions. Effective responses therefore require targeted policy reforms, inclusive educational practices, and institutional mechanisms capable of addressing discrimination as a distinct and complex social issue rather than an isolated interpersonal conflict.

Main risks and challenges for young people

- High prevalence of discrimination among youth (over one-third affected)
- Discrimination based on political affiliation as the most widespread form
- Significant discrimination based on age
- Increasing violence motivated by personal characteristics
- Discrimination affecting education, employment, and access to services
- Particular vulnerability of Roma youth, persons with disabilities, and youth at risk of poverty
- Persistent stigmatization, segregation, and social exclusion
- Discriminatory treatment within peer environments
- Tendency to overlook structural and institutional discrimination
- Need for stronger institutional protection and inclusive policies

Overview of existing national and local support measures related to discrimination

Poverenik za zaštitu ravnopravnosti / Commissioner for protection of equality
Phone: 011 243 80 20; 011 243 64 64 | Email: poverenik@ravnopravnost.gov.rs | Address: Bulevar kralja Aleksandra 84, 11000 Belgrade

Platforma "Zaštita mladih" / Protection of youth platform
This is a platform within the Youth Program of the Belgrade Centre for Human Rights, dedicated to young people aged 15–30 across Serbia. It is a free, youth-friendly online space where discrimination can be reported easily and without stress, while also providing information about rights, as well as access to free resources and support. The platform is especially focused on supporting LGBTQI+ youth, young women, and young people from ethnic minority communities, who are often among the most exposed to unequal treatment and prejudice, while also encouraging young people to become active participants in building a more equal society.

MENTAL HEALTH OF YOUNG PEOPLE

Mental health remains one of the most pressing challenges facing young people in Serbia. Findings from the Alternative Report on the Position and Needs of Youth in the Republic of Serbia show that more than three-quarters of young people experienced mental health difficulties in the past year, with 29.9% reporting such difficulties often and 46.1% sometimes, while 8.2% reported none and 15.7% responded negatively, marking a slight increase of approximately 5% in this category compared to the previous year. Nearly 45% (44.7%) have sought professional psychological help, whereas 18.9% state that they did not seek help because services were not accessible, and 36.4% believe they did not need professional support. The majority consider professional mental health services in Serbia to be insufficiently accessible. In parallel, national youth research indicates that 5% of respondents identify mental health as the single greatest problem they face, citing the lack of adequate psychological support within educational institutions (1.4%), excessive expectations and pressure (1.2%), depressive states (1.2%), family neglect (1.1%), and social withdrawal linked to excessive use of digital technologies (0.7%).

A situational analysis conducted by UNICEF highlights that mental health services and private psychotherapy are often financially inaccessible to children and young people, while widely available forms of support, such as school psychologists and pedagogues, are frequently perceived as ineffective and insufficiently tailored to youth needs. Shortages of highly qualified professionals, inadequate facilities, and limited medical equipment additionally constrain service provision. Research conducted by the PIN - Psychosocial Innovation Network in cooperation with the University of Belgrade, Faculty of Philosophy and supported by UNFPA indicates that 40% of young people exhibit pronounced symptoms of at least one psychological difficulty, most commonly depression, post-traumatic stress disorder, eating disorders, or anxiety. Although these symptoms do not necessarily imply a formal diagnosis, they signal ongoing psychological distress and the need for professional assessment and psychosocial support. Beyond accessibility, stigmatization remains a significant barrier. Young people emphasize the importance of community-based and youth-adapted approaches instead of strictly medical models, highlighting entities such as the CEZAM (Youth Centre, Belgrade) as examples of more accessible support. Greater advocacy, including engagement of the UNICEF Youth Board, along with educational organizations and open public dialogue, are seen as essential steps toward reducing stigma and improving mental health protection for young people.

Main risks and challenges for young people

- Widespread mental health difficulties among youth (over three-quarters affected)
- High frequency of anxiety, depression, trauma-related symptoms, and eating disorders
- Limited accessibility of professional mental health services
- Financial barriers to psychotherapy and specialized support
- Insufficient psychological support within educational institutions
- Shortage of qualified mental health professionals and resources
- Perception that available school support is ineffective
- Stigma surrounding mental health and seeking help
- Pressure, high expectations, and family neglect as contributing factors
- Social withdrawal linked to excessive digital technology use
- Need for community-based and youth-adapted support services

Overview of existing national and local support measures related to mental health of young people:

Ministarstvo zdravlja Republike Srbije / Ministry of Health of Republic of Serbia
The telephone number for psychosocial assistance to citizens is: 0800 309 309
as well as special telephones of the Institute of Mental Health:
063 7298260 (for young people and parents of children up to 18 years) / 063 1751150 (for persons over 18 years of age)

Centar za zaštitu mentalnog zdravlja, Univerzitetski Klinički Centar Niš – Niš, Srbija / Center for Mental Health Protection, University Clinical Centre Nis, Nis – Serbia, Department for children and youth
Phone: 018 / 423-87-06 | E-mail: kzzmz.kcnis@gmail.com | Address: Bulevar Zorana Djindjica 48, 18000 Nis

Savetovalište za mlade, Dom Zdravlja Nis / Youth Counselling Service, Medical Center Nis
Working hours: 07.00 – 14.00 | Phone: 018/503697 | Email: mladi@domzdravljanis.co.rs | Address: Ul. Vojvode Tankosića 15, 18000 Niš

National Child Helpline (NADEL)
Phone: 116 111 (available 24/7) or via chat

CEZAM Counseling Center
For ages 10–30, phone +381 69 28 23 004

"Sve je OK" Platform
Testimonials, advice, and professional support for young people aged 13–24.

Some psychologists and psychological centres offer free counselling, some of them are:

Pričajmo o tome
Psychological counseling "Let's talk about it" is free online counseling for students who are from the Republic of Serbia. Free counseling services are provided by a large number of counsellors (psychologists, psychiatrists, social workers, special educators) of various psychotherapeutic directions. Psychological counseling is provided to students in 3 ways, where each student can choose the way that suits him/her the best.

REPRODUCTIVE HEALTH OF YOUNG PEOPLE

Reproductive health of young people in Serbia remains insufficiently systematized and under-researched, despite clear indicators that it is shaped by complex social, cultural and economic factors. According to the Health Behaviour in School-aged Children (HBSC) 2022 study, 16.9% of first-year secondary school students reported having had sexual intercourse (30.1% of boys compared to 7.7% of girls), with 41.3% stating that their first sexual experience occurred at the age of 15. Condom use at last sexual intercourse was reported by 64.5% of students, while 73.7% did not use contraceptive pills. Broader youth data indicate that 44% of young people report always or sometimes using contraceptive methods, most commonly among those aged 25 to 30 from Western, Eastern and Southern Serbia. Information published by the Institute of Public Health of Serbia "Dr Milan Jovanović Batut" indicates that in the past two years more than 1,000 underage girls became pregnant, with nearly 300 terminating their pregnancies, and that the youngest recorded pregnant girl was 13 years old. (Source) These data confirm concerns about early sexual initiation and inconsistent use of protection, reinforcing the need for comprehensive, age-appropriate and evidence-based sexual education.

Demographic trends further reflect the broader reproductive health context. According to the Statistical Office of the Republic of Serbia, in the period January–April 2025 the number of live births decreased by 1,412 (–7.3%) compared to the same period of the previous year, while the number of deaths decreased by 941 (–2.7%). Although fertility patterns are influenced by multiple structural factors, public trust in the healthcare system, conditions in maternity wards and quality of gynaecological care shape reproductive decision-making among young adults. Childbirth in private hospitals, primarily available in Belgrade, costs from approximately 3,000 euros upward, creating socioeconomic disparities in access to perceived safer care.

Preventive measures such as HPV vaccination remain available but underutilized. Cervical cancer causes more than 700 deaths annually in Serbia, although it is largely preventable through immunization against human papillomavirus (HPV) (Source). Despite free vaccination, coverage remains low, with only 8.5% of children and young people aged 9 to 19 having received the first dose. Vaccination is recommended primarily for children aged 9 to 19, before the first sexual activity, and is available for both girls and boys through primary healthcare services (Source). Individuals older than nine years may also receive the vaccine, and those not vaccinated during adolescence may still benefit from its protective effects until the age of 45.

Reproductive health discourse in Serbia continues to focus predominantly on women, while male reproductive health remains comparatively neglected. Certain sexually transmitted infections may remain asymptomatic in men, yet produce serious consequences for women. Preventive examinations among young men are rare and often associated with stigma, while gynaecological check-ups and screenings are more routinely performed among women. Persistent stigma around testing for sexually transmitted infections further discourages preventive behaviour. Structural challenges, including shortages of gynaecologists and uneven quality of care, additionally shape young women's experiences, particularly during first examinations. Reproductive health protection therefore requires not only improved access to services and reliable data collection, but also comprehensive education, gender-balanced responsibility and youth-adapted healthcare approaches grounded in prevention and respect.

Main risks and challenges for young people

- Early sexual activity among adolescents
- Not using condoms and other protection during sexual intercourse
- Teenage and underage pregnancies
- Lack of comprehensive sexual education for young people
- Low HPV vaccination coverage among youth
- Cervical cancer still causing many preventable deaths
- Unequal access to quality reproductive healthcare due to cost
- Low trust in public maternity and gynaecological services
- Male reproductive health often overlooked
- Stigma and discomfort around testing for sexually transmitted infections
- Shortage of gynaecologists and uneven quality of care
- Lack of systematic data and research on youth reproductive health

Overview of existing national and local support measures related to reproductive health of young people:

Health Services

Country of Serbia provides specialized counselling within primary health centers (Dom zdravlja) tailored for adolescents (up to 19), focusing on contraception, reproductive health, and prevention of risk behaviors.

UNFPA Support

UNFPA Serbia assists in aligning national laws with international standards, improving healthcare provider capacity, and strengthening SRH and HIV integration.

The website hpvinfo.rs provides comprehensive, medically reliable information on HPV as a key aspect of young people's reproductive health in Serbia, with a strong focus on prevention through vaccination. It explains what HPV is, how it is transmitted, and its link to cancers and genital warts, while emphasizing early immunization (recommended from age 9 and free for youth in Serbia) and regular screening. The content is youth-oriented, using clear language and addressing adolescents and parents directly, and it offers practical guidance on where and how to get vaccinated, ask anonymous questions to doctors, and access local health services. Overall, the platform serves as an educational and support resource aimed at helping young people make informed decisions about their sexual and reproductive health.

SOUTH AFRICA

PEER VIOLENCE

Across countries and cultures, there is a noticeable concern pertaining to peer violence. Peer violence can be defined as an occurrence whereby one or more children intentionally attack and harass another child, who cannot defend themselves, with the aim of causing them psychological and/or physical pain, repeatedly. Peer violence is understood to be a pertinent issue within South African schools. Daily reports appear in print and electronic media regarding high levels of physical, psychological, and sexual violence. Knives, guns, and other weapons are characterised as daily constituents of daily school life. Peer violence encapsulates bullying, stabbing, fighting, rape, and murder.

A South African study found that in 121 South African secondary schools, more than a fifth of learners had experienced violence in schools, 12.2% had been threatened with violence, 6.3% had been assaulted, 4.7% had been sexually assaulted or raped, and 4.5% had been robbed at school. South African adolescents experience disproportionately high rates of violence, with lifelong health, social, and economic impacts. Additionally, the youth are increasingly signaling their experiences of stress, trauma and violence as seen in a resurgence of violence in schools and universities. Studies indicate that youth in low socioeconomic communities suffer significant disturbances in emotional and mental health because of exposure to violence and peer victimization, subsequently manifesting in internalizing disorders such as depression, anxiety and traumatic stress. It is also important to note that these traditional forms of violence are accompanied by cyberbullying and digital harassment which extends the reach and impact beyond the school environment. With this in mind, digital platforms have become a space where peer harassment continues outside school hours which significantly complicates prevention and reporting.

Due to South Africa's sociohistorical context, such as apartheid, and past socioeconomic and structural inequalities have created a climate of violence which continues to perpetuate a cycle of endemic exposure to violence as documented with high rates of gang violence, gender-based violence, murder, and rape. Peer violence is strongly linked to anxiety, depression, low self-esteem, trauma and suicidal behaviour with limited access to counselling and psychosocial support intensifying the harm. Additionally, learners who use drugs and alcohol are more likely to take risks and get involved with peer-related violence. Within the school context, researchers identify environmental, administrative, curriculum and educator-related risk factors that contribute to school violence. (source) Schools have become highly explosive and unsafe places. Other scholars have identified poor classroom management, lack of boundaries, and poor leadership, poor management, and a lack of administrative structures from heads of schools and school governing bodies as factors contributing to school violence.

Main risks and challenges for young people

- High exposure to physical violence, bullying, intimidation and sexual harassment in schools.
- Presence of weapons, gang-related violence and serious physical assaults in school environments.
- Increased vulnerability of young people from disadvantaged communities due to socioeconomic inequalities and exposure to violence.
- Weak school safety mechanisms, inadequate supervision and insufficient institutional responses to violent incidents.
- Psychological consequences of repeated violence, including anxiety, depression, trauma and low self-esteem.
- Alcohol and drug use contributing to aggressive behaviour and involvement in peer violence.
- Limited access to school-based counselling and psychosocial support for victims.
- Continuation of peer harassment through digital platforms beyond school hours.

Overview of existing national and local support measures related to reproductive health of young people:

With regards to existing national and local support measures, The National School Safety Framework (NSSF) Spearheaded by the Department of Basic Education (DBE), the NSSF is the primary policy guiding schools on how to create violence-free environments in South Africa. It provides standardized tools for schools to report, monitor, and manage incidents of peer-on-peer violence, bullying, and corporal punishment. Additionally, The Multi-Sectoral School Safety Initiative was launched in collaboration with the South African Police Service (SAPS), the Department of Social Development (DSD), the Department of Justice, and UNESCO. This national framework specifically targets the prevention of bullying, substance abuse, and gender-based violence among learners, school management teams (SMTs), and School Governing Bodies (SGBs).
Lastly, there are National Peer-to-Peer and Curriculum Interventions through the Life Orientation curriculum, learners receive comprehensive education on respectful relationships, gender equality, and safe digital citizenship. Additionally, national frameworks utilize the Representative Council of Learners (RCL) to deploy student representatives as peer educators and change agents directly within school corridors.

Childline South Africa. Free 24/7 counselling and referrals for children experiencing violence, bullying or abuse. Helpline: 116; email: admin@childlinesa.org.za. In immediate danger, contact police at 10111 or mobile emergency 112. Website: Childline South Africa

National School Safety Framework / Department of Basic Education. School-level prevention, reporting and incident management through the school and provincial education structures. Learners can approach a teacher, school management or a designated safeguarding contact. Website: National School Safety Framework / Department of Basic Education

South African Police Service. Emergency reporting of assault, serious threats and sexual violence. Police emergency: 10111; mobile emergency: 112. Website: South African Police Service

CYBERBULLYING

Young people are often the targets of cyberbullying, which is defined as a form of harassment that is performed or experienced by an individual or groups of individuals through the use of electronic devices. Cyberbullying happens frequently and is purposefully used to be hostile and damaging to the victim. Evidently, a lot of victims go on to become bullies. There is an exponential increase in research pertaining to the detrimental effects of being a cyberbully and cybervictim. According to several studies, the repercussions of cyberbullying and cybervictims are harsher than those of traditional bullying.

Cyber-victimization has been linked to internalizing symptoms, and disorders such as depression, anxiety, non-suicidal self-harm, suicidal ideation, suicidal attempts, and suicide, while bullying, regardless of its form, has been linked to externalizing symptoms like aggression, substance abuse, and diminished empathy. Therefore, it is important to explore the impact of cyberbullying on young people to create safer digital environments and promotes the emotional wellbeing. Anonymity and distance are two constituents that worsen the severity of cyberbullying. Due to the features of online attacks, such as the absence of in-person interaction, cyberbullies do not always observe the harm that results from their acts.

Cyberbullying can have detrimental effects on one's physical and mental health, such as elevated stress and alcohol consumption. Notably, different age groups experience cyberbullying in different ways. Preteens frequently engage in cyberbullying through online gaming, whereas teenagers encounter it on social networking sites. Cyberbullying typically entails grouping together with the goal of mentally harming others, such as disseminating misinformation, embarrassing others, and damaging someone's reputation online by impersonating them. Threats of violence, criminal intimidation, stalking, hate crimes, and sexual harassment are among the most common criminal aspects of cyberbullying that, if proven in court, could result in prosecution. However, schools bear more institutional responsibilities than only addressing students' criminal guilt. In South Africa people rely on the Protection from Harassment Act 17 of 2011 and human rights, but it is debatable whether these laws are appropriate for dealing with cyberbullying. The only law that specifically mentions bullying is the Children's Act, which does not define bullying or cyberbullying. Even though bullying is not yet illegal in South Africa, cyberbullying may be addressed by the Cybercrimes Act 19 of 2021. However, the anonymity afforded by social network technologies makes it difficult to catch and hold cyberbullies accountable for their acts, consequently making it difficult to provide proof that connects offenders to cyberbullying occurrences. Victims are identified through mechanisms like peer nomination and self-report. However, as self-reporting is biased and subjective, and peer nominations lack subjective experience, both procedures may produce inconsistent results regarding the prevalence of cyberbullying. As a result, effective and straightforward methods for identifying cyberbullies are required. Interventions for cyberbullying are still being developed, and they differ from those for typical bullying because of the lack of awareness about this issue. (source)

Main risks and challenges for young people

- Online threats, impersonation, misinformation, humiliation and reputation damage.
- Harassment through social networking sites and online games.
- Anonymity and digital evidence challenges that complicate identification of perpetrators.
- Depression, anxiety, self-harm risk and harmful coping responses following victimisation.
- Limited awareness of reporting pathways and difficulties identifying cyberbullying.

Overview of existing national and local support measures related to reproductive health of young people:

Childline South Africa. Confidential counselling for children affected by cyberbullying or online exploitation. 24/7 toll-free helpline: 116; case email: olcadmin@childlinesa.org.za (not monitored 24/7). Website: Childline South Africa

South African Police Service. Report threats, stalking, sexual harassment and other potentially criminal online conduct; retain relevant evidence. Police emergency: 10111; mobile emergency: 112. Website: South African Police Service

South African Human Rights Commission. Complaint route where online abuse involves discrimination or human-rights violations. Tel: 011 877 3600; email: complaints@sahrc.org.za. Website: **South African Human Rights Commission**

DISCRIMINATION

Discrimination is an action, behaviour, decision, or omission that treats a person or a group of people unfairly and badly for reasons linked to personal traits, such as their race, age or disability. In South Africa, discrimination is still a major social problem that has an impact on young people's psychological, educational, and socioeconomic prospects. Discrimination still exists today in many ways, including racial, gender-based, and socioeconomic, and is rooted in the nation's history of apartheid and ongoing disparities. To guide effective intervention and policy, it is crucial to understand current patterns at the national level. For instance, Section 9 of the Constitution guarantees the right to equality. However, discrimination has shaped the South African education system by producing inequality in schools and society.
Race remains the most visible marker of inequality in our education system; but other, often interlinked inequalities also persist. Unfair discrimination has been a constant feature of education in South Africa. Often these forms of unfair discrimination have combined, resulting in deeper inequalities. According to UNICEF South Africa U-Report survey, 68% of South African youth said that prejudice occurs frequently in places like schools, workplaces, and communities. The reportfindings show that 80% of young respondents believe that discrimination had some sort of influence on their lives or the lives of people they knew. According to more than half, boys and girls with disabilities do not have the same opportunities to develop their skills as other people.

Young people with disabilities experience a number of interrelated challenges in accessing their rights, which include, the lack of reasonable accommodation in schools and work places, social barriers such as lack of awareness on the different types of disabilities amongst society, which results in lack of acceptance of persons with disabilities within communities; negative attitudes resulting from ignorance, misunderstanding and prejudice which keeps society from appreciating and experiencing the full potential persons with disabilities can achieve. Young adults who encounter discrimination are more likely to struggle with mental health issues than their peers.
Experiencing discrimination, for instance, racism, has long been linked to detrimental impacts on general wellbeing, including increased stress, impaired cognitive function, anxiety, depression, and substance abuse. Young people who experienced discrimination frequently at least a few times per month are about 25% more likely to receive a mental health diagnosis and twice as likely to experience severe psychological distress as those who did not or did so infrequently.

Main risks and challenges for young people

- Persistent racial, gender-based and socioeconomic discrimination rooted in historical and structural inequalities.
- Unequal opportunities in education, employment and social participation, particularly for young people from disadvantaged communities.
- Exclusion of young people with disabilities due to inaccessible environments, lack of reasonable accommodation and negative social attitudes.
- Prejudice, stereotyping and discriminatory treatment in schools, workplaces and communities.
- Negative consequences of repeated discrimination on mental health, including psychological distress, anxiety and depression.
- Limited awareness of available complaint mechanisms and opportunities to seek protection from discrimination.
- Continued social and institutional barriers preventing marginalised young people from exercising their rights.

Overview of existing national and local support measures related to discrimination:

There are local support measures such as The South African Human Rights Commission (the SAHRC) designated by the Constitution for constitutional and international obligation to promote, protect and monitor the observance of human rights in the Republic, including the rights of persons with disabilities. With this in mind, the South African Human Rights Commission (SAHRC) allows the youth to lodge free discrimination complaints with the SAHRC. The commission actively investigates human rights violations and runs strategic youth-focused research and educational advocacy.

South African Human Rights Commission (SAHRC). Free channel to lodge human-rights and discrimination complaints; provincial offices also receive complaints. Tel: 011 877 3600; email: complaints@sahrc.org.za; address: Sentinel House, 32 Princess of Wales Terrace, Parktown, Johannesburg. Website: South African Human Rights Commission (SAHRC)

SAHRC provincial contact directory. Provincial email addresses and telephone numbers for submitting complaints in the province where the incident occurred. Online contact directory and complaints form available. Website: SAHRC provincial contact directory

ABUSE OF PSYCHOACTIVE SUBSTANCES AND ALCOHOL

Youth, as defined by the National Youth Development Agency Act 1, is anybody in the 14–35 age range. Drug and alcohol addiction in the early stages of adolescence is another issue that South Africa is facing, in addition to substance abuse among youth as defined by the NYDA Act 2. According to research conducted in 2022 by the South African Anxiety and Depression Group (SADAG), half of South African youths also used alcohol, and the average age for drug dependency in the nation is 12. Adolescence is a time when many systems undergo dynamic change. It is a period of increased sensitivity to substance use due to the simultaneous maturation of brain, biochemical, and psychosocial functions.

Pubertal maturity, a noticeable rise in brain plasticity, and behavioural changes such as greater independence and attentiveness to peer interactions are characteristics of this developmental stage. Psychoactive substances are drugs or other substances that alter mood, consciousness, thoughts, feelings, or behaviour by changing the way the brain functions. Alcohol and illegal narcotics are also psychoactive, including cocaine, heroin, LSD, and amphetamines. The low cost of certain drugs and alcohol allows for easier accessibility. This is also due to peer pressure, stress, feelings of low self-worth and/or unemployment. Drug dealers are increasingly targeting young people, enticing them with drugs for recreational purposes.

Access to and exposure to social media platforms have created an environment in which adolescents and young adults may be exposed to and influenced by alcohol related content . A home environment where drugs and alcohol are used or readily available can also be a contributing factor in young people abusing substances. A study conducted in a rural community in the Free State, South Africa, found that the prevalence of substance abuse was 47%, with alcohol consumption, cigarette and dagga smoking being the most common substances used. Youth drugs and alcohol use can lead to a range of health problems for young people such as depression, anxiety disorders, and STIs. Young adults are prone to making changes to the extent that they feel socially accepted.

As a result, their emotional instability by unfamiliarity and fear of new experiences or decision-making and low self-esteem can lead them to drug use which leads to school problems, unprotected sex, legal problems, emotional changes, traffic accidents, suicides, and homicides. Furthermore, the risk of damage to organs, such as the brain, liver, and kidneys, and sexual dysfunction due to alcohol consumption is higher among the adolescents than in adults. Research shows that, young people who drink alcohol before the age of 15 years are more likely to perform poor at schools, drop out, develop alcohol dependence, as well as experiencing mental and social harm, and cardiovascular diseases, later in adulthood.

Addressing youth drug and alcohol use in South Africa requires a comprehensive approach that includes prevention, education, and access to healthcare services and resources.

Main risks and challenges for young people:

- Early initiation of alcohol and drug use during adolescence, increasing the risk of long-term dependency.
- Easy access to affordable alcohol and psychoactive substances, particularly in vulnerable communities.
- Peer pressure, exposure to substance use and the normalisation of alcohol and drug consumption among young people.
- Use of alcohol and drugs as coping mechanisms for stress, trauma and difficult socioeconomic circumstances.
- Increased risk of violence, unsafe behaviour, school disengagement and damaged interpersonal relationships associated with substance use.
- Physical and mental health consequences of substance misuse, including addiction and emotional difficulties.
- Barriers to accessing affordable, youth-friendly prevention, counselling and rehabilitation services.

Overview of existing national and local support measures related to psychoactive substance and alcohol use:

Local supports such as SANCA provides highly effective primary and secondary prevention services as well as comprehensive treatment programmes for chemically dependent people and their families. Other measures include, **The "Ke Moja" Programme**. The Department of Social Development's flagship national awareness campaign ("I am fine without drugs") is integrated into schools and communities to educate youth and parents on the dangers of substance abuse. Additionally, there is a National DSD Substance Abuse Helpline which is a 24/7 free and confidential triage line managed in partnership with the South African Depression and Anxiety Group (SADAG) available at **0800 12 13 14** (or SMS 32312).

Department of Social Development / SADAG Substance Abuse Helpline. Free 24-hour help and referral for substance-use concerns. Telephone: 0800 12 13 14; SMS: 32312. Website: Department of Social Development / SADAG Substance Abuse Helpline

South African National Council on Alcoholism and Drug Dependence (SANCA). Prevention and treatment services for harmful alcohol and other drug use; local services can be requested through the organisation. Telephone: 011 892 3829; WhatsApp: 076 535 1701. Website: South African National Council on Alcoholism and Drug Dependence (SANCA)

MENTAL HEALTH

Mental health remains a critical yet often overlooked aspect of public health, particularly among young people who are navigating the complexities of modern life. In South Africa, where diverse cultural backgrounds intersect with unique socio-economic challenges understanding mental health challenges among young people is not only relevant but necessary for developing effective interventions. South Africa faces unique challenges related to mental health. High rates of depression, anxiety, and substance use disorders among young people underscore the urgency of addressing mental health concerns. Despite this prevalence, many young South Africans do not seek professional help. Factors such as stigma, lack of awareness, and cultural beliefs contribute to this gap in mental health care usage.

Given that the peak age of onset for most mental health problems occurs during adolescence, it is crucial to explore the challenges to mental health among young people such as stigma and access. Cultural norms, beliefs, and practices significantly shape attitudes toward mental wellbeing, while socioeconomic factors affect access to mental health services. Young people with mental health issues may face discrimination, exclusion, and negative attitudes from others. Stigma can prevent them from openly discussing their struggles or seeking support. Many young adults refrain from seeking assistance and navigate their mental health challenges in isolation due to a pervasive lack of understanding regarding mental health, perpetuated by social stigma and negative attitudes.

When young people lack awareness about mental health conditions, they may not recognize the signs and symptoms of distress. Consequently, they might delay seeking professional help, leading to worsened outcomes and prolonged suffering. Cultural views significantly impact mental health recognition and treatment in South Africa, where stigma and a lack of terminology for conditions like depression contribute to underreporting and help-seeking avoidance The ongoing socio-economic disparities contribute to a high prevalence of mental health issues, including anxiety, depression, and substance abuse. Although there has been progress, South Africa exhibits significant disparities in mental health care access.

Those in rural areas, who often have lower socioeconomic status, face challenges such as fewer mental health professionals, longer travel distances to clinics, and less awareness of mental health issues. This can lead to underdiagnosed and untreated mental health conditions, perpetuating a cycle of poverty and poor mental health. More than half of adolescents in a South African township are living with significant symptoms of anxiety and depression. They cope with stress using substances which worsens current conditions.

Main risks and challenges for young people:

- High levels of psychological distress, anxiety and depression among young people.
- Exposure to violence, trauma, poverty and socioeconomic insecurity contributing to poor mental health.
- Stigma surrounding mental health difficulties, discouraging young people from seeking professional support.
- Use of alcohol and psychoactive substances as harmful coping mechanisms for emotional distress.

- Limited availability of affordable mental health services, particularly in under-resourced communities.
- Insufficient access to trained counsellors, psychologists and structured psychosocial support within schools and communities.

Overview of existing national and local support measures related to psychoactive substance and alcohol use:

There is some mental health support provided for young people in South Africa such as The Integrated School Health Policy 2012, which is a national effort to give students psychosocial support. Organizations like the South African Depression and Anxiety Group (SADAG) also offer helplines and counselling services to make it easier for young people to get help. But these measures are still not being used fairly, and many young people still cannot get the help they need due to a lack of professionals and socio-economic constraints. The SADAG helpline provides immediate telephonic counselling, psychiatric referrals, substance abuse support, and suicide prevention resources available at 0800 12 13 14 (or SMS 32312).

SADAG Suicide Crisis Helpline. Free 24-hour support for people experiencing suicidal thoughts or acute distress. Telephone: 0800 567 567. Website: SADAG Suicide Crisis Helpline

SADAG / Cipla Mental Health Helpline. Mental-health counselling, advice and referrals. Cipla 24-hour helpline: 0800 456 789; SADAG office: 011 234 4837. Website: SADAG / Cipla Mental Health Helpline

Childline South Africa. 24-hour emotional support and referral for children under 18. Telephone: 116. Website: Childline South Africa

REPRODUCTIVE HEALTH

Sexual and reproductive health is a foundational tenet of overall well-being, encompassing the physical, emotional and social dimensions of sexuality and reproduction. In 2024 Rural Health Advocacy Project launched a contraceptive factsheet whichhighlighted how reproductive health remains a critical yet often neglected aspect of healthcare in rural areas in South Africa . It showed that there are serious shortages of doctors, nurses and basic resources for the general population. According to the SA Medical Research Council, 31% of adolescent girls (15-19) and 28% of young women (20-24) do not get the reproductive healthcare services they require from the South African government.

Despite advancements across southern Africa, young people, especially adolescent girls and young women, continue to face critical reproductive health challenges. High HIV prevalence, pervasive gender-based and intimate partner violence, early sexual debut, unmet need for family planning, limited contraceptive use and limited access to contraceptives, and increasing rates of adolescent fertility all contribute to cycles of inequality and vulnerability. Unintended pregnancies often lead to unsafe abortions, further intensifying health risks for adolescent mothers. South Africa has strong laws protecting sexual and reproductive health and rights. But for many people, especially women, young people, LGBTQI+ individuals, and persons with disabilities, SRHR services remain inaccessible, and these rights are not a reality.
Challenges like sexual and gender-based violence including rape, stigma, and discrimination continue to affect lives. In South Africa, men's reproductive and sexual health trends are characterized by low clinic utilization, an over-reliance on female-centric family planning, and unique burdens regarding HIV and fertility. Although public health frameworks are evolving to target male involvement, social stigmas, clinic environments, and behavioural norms continue to suppress active male participation . With regards to reproductive health, and overall health, male deaths consistently outnumbered female deaths .
More women knew their HIV status than men, and disproportionately more have accessed antiretroviral treatment (ART) than men . Additionally, LGBTQI+ people often face discrimination and denial of healthcare services .

Main risks and challenges for young people:

- Unequal access to reproductive healthcare and contraception, particularly in under-resourced communities.
- Stigma and restrictive gender or cultural norms affecting sexual-health decisions.
- Barriers faced by LGBTQI+ young people in accessing appropriate services.
- Risk of unintended pregnancy and sexually transmitted infections.
- Gaps between formal legal protection and practical access to services.

Overview of existing national and local support measures related to reproductive health:

Currently, South Africa has an existing national and local support measures. South Africa features a progressive legal framework for sexual and reproductive health and rights (SRHR), grounded in the Constitution . Key national and local support measures include free public-sector contraception, legal termination of pregnancy under the Choice on Termination of Pregnancy Act, integrated HIV/STI and maternal care, and community-based NGO outreach . Access to contraception and STI prevention interventions offers social, economic and health benefits. Despite these support measures put in place, it is imperative to note that reproductive health is a sensitive topic often influenced by culture, gender, and religion.
As a result of this, attitudes and perceptions perpetuate discrimination, stigma, and prejudice, which are detrimental for advancements in reproductive health initiatives .

National Department of Health – AIDS Helpline. National information channel for HIV-related questions and referrals; public health facilities provide sexual and reproductive health services. AIDS Helpline: 0800 012 322; Department: 012 395 8000; email: info@health.gov.za. Website: National Department of Health – AIDS Helpline

MSI Reproductive Choices South Africa. Contraception, STI testing, pregnancy-related care and abortion services through participating centres. Service telephone: 0800 11 77 85; WhatsApp: +27 82 889 5708. Website: MSI Reproductive Choices South Africa

TANZANIA

PEER VIOLENCE

Peer violence remains an important youth-safety concern in Tanzania, although nationally representative data specifically measuring bullying and violence between young people are limited. Available evidence indicates that violence affecting adolescents occurs across schools, communities, public spaces, intimate and dating relationships, and increasingly through digital environments. It can include physical fighting, bullying, verbal and psychological aggression, sexual harassment, coercion, dating violence, group assault, social exclusion and online harassment. The risk environment is influenced by unequal power relations, gender norms, social exclusion, economic pressures, substance use and weaknesses in reporting and accountability systems.

Tanzania does not currently have a strong nationally representative dataset measuring peer violence or bullying in the same way as some European countries. The TDHS-MIS 2022 primarily measures violence against women and therefore cannot be used to estimate national prevalence of peer violence. The Violence Against Children Survey provides important evidence on children's exposure to violence, but it is not a dedicated national survey of peer bullying. Broader violence statistics are therefore used here as contextual evidence rather than direct estimates of peer violence prevalence. Source: 2022 Tanzania DHS-MIS The available national evidence nevertheless demonstrates that exposure to violence often begins during adolescence. The Tanzania Gender-Based Violence Assessment and the Violence Against Children Survey documented substantial exposure to physical violence before age 18 and violence involving relatives, authority figures and intimate partners. These findings are not measures of peer violence, but they demonstrate the wider environment of violence in which children and adolescents develop and interact. Source: Tanzania Gender-Based Violence Assessment The TDHS-MIS 2022 evidence used in the Tanzania youth-safety report indicates that 13.1% of girls aged 15–19 had experienced physical or sexual violence, rising to 17.3% among girls aged 18–19. The same evidence indicates that 4.3% of women aged 15–49 had experienced their first sexual violence by age 18 and 7.1% by age 22. These figures should be interpreted as evidence of adolescent exposure to violence and not as estimates of violence perpetrated by peers. Source: 2022 Tanzania DHS-MIS Schools are particularly important environments because they bring adolescents together for sustained periods and are central spaces for peer interaction. Tanzania's current policy framework recognizes safe learning environments, child protection, guidance and counselling, and accessible complaint mechanisms. The NPA–VAWC II includes safe schools and life skills and calls for strengthened prevention, reporting, referral and response. District-level evidence, including the Arusha study, also points to underreporting and weaknesses in enforcement of child-protection procedures. Source: National Plan of Action to End Violence Against Women and Children II

Peer violence also occurs beyond schools. Tanzania's National Strategy on Urban Crime Prevention links youth violence and insecurity to unemployment, substance abuse, limited youth recreation opportunities and weak community cohesion. Its approach emphasizes social inclusion, meaningful youth participation, safer public spaces, youth employment and constructive activities such as sport and community service. Source: National Strategy on Urban Crime Prevention

The consequences of peer violence can extend beyond the immediate incident. Available Tanzanian evidence on violence more broadly links exposure with psychological distress, social exclusion, educational disruption and vulnerability to further victimisation. Repeated aggression can also normalize violent behaviour within peer and dating relationships. The precise scale and distribution of these outcomes specifically among victims, perpetrators and witnesses of peer violence remain insufficiently measured. Source: Safebook Horizons Tanzania Youth Safety evidence

Main risks and challenges for young people:

- Early exposure to physical, sexual, psychological and other forms of violence during adolescence.
- Bullying, physical fighting, harassment, coercion, group aggression and social exclusion within peer relationships.
- Gender norms and unequal power relations that can reinforce dominance, aggression and acceptance of violence.
- Discrimination and social exclusion affecting young people who are particularly vulnerable within peer groups, including young people with disabilities and those experiencing poverty or other marginalization.
- Youth unemployment, economic stress and limited opportunities for structured and meaningful youth engagement, particularly in rapidly growing urban areas.
- Limited safe recreational and social spaces in which young people can develop positive peer relationships and participate constructively.
- Weak reporting and referral pathways, with stigma, fear, lack of trust and concerns about consequences potentially discouraging disclosure.
- Underreporting and limited cooperation from victims identified in district-level research, including evidence from Arusha.
- Limited access to psychosocial and other support services following experiences of violence.
- Increasing overlap between offline peer violence and cyberbullying as adolescent access to digital technologies expands.
- Limited peer-specific national data on bullying prevalence, forms of violence, perpetrators, victims, witnesses, frequency and differences between boys and girls.
- Uneven implementation and resourcing of child-protection and violence-prevention mechanisms.
- Limited participation of young people in the design, implementation and monitoring of violence-prevention interventions.

Administrative case numbers should not automatically be interpreted as the true prevalence of peer violence. Fear, stigma, concerns about retaliation, limited awareness of reporting mechanisms and lack of confidence in institutions can reduce disclosure. Strengthening reporting and referral systems should therefore be accompanied by better peer-specific data collection. Source: East African Journal of Education and Social Sciences – Arusha study

Overview of existing national and local support measures related to peer violence

1. National Plan of Action to End Violence Against Women and Children II (NPA–VAWC II, 2024/25–2028/29)
The NPA–VAWC II is the current national framework for strengthening prevention and response to violence against women and children. Its thematic areas include safe environments in public spaces, media and ICT; parenting, family support and relationships; implementation and enforcement of laws; response and support services; safe schools and life skills; and coordination, monitoring and evaluation. For peer violence, the framework provides an institutional entry point for strengthening safe learning environments, prevention, reporting, referral and response. Source: National Plan of Action to End Violence Against Women and Children II (NPA–VAWC II, 2024/25–2028/29)

2. School-based protection, reporting, guidance and counselling mechanisms
The NPA–VAWC II baseline records child-protection desks in 1,765 primary schools and 640 secondary schools. These structures support identification, reporting and referral of child-protection concerns. Guidance and counselling structures can provide an early point of support for young people experiencing bullying, aggression, exclusion or other violence. Practical availability and quality may vary between schools, so local verification remains important. Source: School-based protection, reporting, guidance and counselling mechanisms

3. Police Gender and Children's Desks
Police Gender and Children's Desks provide an institutional channel for reporting cases involving children and gender-based violence. They can work with social welfare officers and other services when a case requires protection, medical, psychosocial or legal support. Cases involving immediate danger should be reported to the nearest police station or appropriate emergency service. The NPA–VAWC II identifies strengthening these mechanisms and survivor-centred services as part of the national response. Source: Police Gender and Children's Desks

4. National Child Helpline 116 – C-Sema
C-Sema operates the National Child Helpline on 116 as a free, confidential and 24/7 service across Tanzania Mainland and Zanzibar. Children and young people can call for advice, report violence or ask for help. Depending on the case, C-Sema can link callers with Social Welfare Officers, Police Gender and Children's Desks and community-based organizations and follow up on access to services. Current contact information includes 116 free of charge, WhatsApp +255 624 100 100, telephone +255 22 293 6576 and info@sematanzania.org. Source: National Child Helpline 116 – C-Sema

5. Health, psychosocial and referral services
The national violence-response framework recognizes the health and psychosocial consequences of violence and supports strengthening response services, including One Stop Centres in health facilities. Young people who experience physical or sexual violence or psychological distress can approach health services for assessment, treatment, counselling and referral according to the case. Availability of specialist psychosocial services and referral pathways should be checked locally. Source: Health, psychosocial and referral services

6. Commission for Human Rights and Good Governance (CHRAGG)
CHRAGG receives and investigates complaints concerning human-rights violations and breaches of good-governance principles, provides human-rights education and can facilitate mediation. It is relevant where peer violence involves serious rights violations or where a young person has difficulty obtaining an appropriate institutional response. Current contact information is Nyerere Street, Plot No. 339/Kilimani, P.O. Box 1049, Dodoma; +255 738 279744; info@chragg.go.tz. Complaints can also be submitted through the Commission's online channels. Source: Commission for Human Rights and Good Governance (CHRAGG)

7. Legal aid and child-protection referral mechanisms
The Ministry responsible for constitutional and legal affairs and registered legal-aid providers provide legal information and assistance where violence becomes a legal or protection matter. Legal support may be relevant when peer violence involves serious injury, sexual violence, threats, coercion, exploitation or other offences. C-Sema can also help connect children to local social welfare and protection services. Source: Legal aid and child-protection referral mechanisms

8. Community-based prevention and youth engagement
The National Strategy on Urban Crime Prevention promotes community participation, safer public spaces, youth engagement, sport, community service, employment opportunities and other constructive activities. These measures are relevant to peer-violence prevention because they increase positive opportunities for young people and can strengthen community cohesion. The evidence reviewed does not provide a national evaluation of effectiveness specifically in reducing peer violence. Source: Community-based prevention and youth engagement

CYBERBULLYING

Cyberbullying is an emerging youth-safety concern in Tanzania as children and adolescents increasingly use smartphones, social media, messaging applications and online games. The available national evidence does not provide a dedicated, nationally representative prevalence estimate for cyberbullying itself. The strongest national evidence comes from the 2022 Disrupting Harm study, which examined online child sexual exploitation and abuse and other harmful online experiences among internet-using children aged 12–17.

In that nationally representative household survey, 67% of children aged 12–17 had used the internet during the previous three months, while only three in ten internet-using children had received information about how to stay safe online. Disrupting Harm in Tanzania (ECPAT/INTERPOL/UNICEF, 2022)

The available evidence points to several forms of online harassment and abuse that overlap with cyberbullying. Five percent of internet-using children surveyed said that someone had made sexual comments about them online or otherwise that made them uncomfortable during the previous year, and 5% said that someone had sent them unwanted sexual images or videos. Among children who experienced sexual comments, friends or acquaintances under 18 were identified among those responsible, alongside adults and other known persons. The same study found that most children either told a friend or told nobody, while very few used formal reporting channels. These findings should be treated as evidence of harmful online experiences rather than as a direct estimate of cyberbullying prevalence. Disrupting Harm in Tanzania, pp. 54–55 There is also a limited administrative indicator directly connected to peer cyberbullying. Tanzania Police Force data analysed by Disrupting Harm recorded 462 offences during 2017–2019 under a category that included "online sexual harassment/bullying of a child by a peer" (152 in 2017, 148 in 2018 and 162 in 2019). The report cautions that the category cannot isolate peer cyberbullying from other sexual harassment or aggressive sexual behaviour, so these figures should not be interpreted as a prevalence rate. Disrupting Harm in Tanzania, police data and methodology

Young people participating in Tanzanian focus-group discussions describe cyberbullying through online insults and harassment, humiliation, sharing photographs or conversations without consent, and the use of fake accounts to harass or damage reputations. Participants also identified weak reporting systems, limited digital literacy and weak enforcement as factors that increase vulnerability. These qualitative findings complement the national survey evidence by showing how cyberbullying is experienced and understood by young people themselves. Tanzania Youth FGD Report Cyberbullying can be closely connected to offline peer conflict. The Tanzanian evidence shows that online harm frequently involves people already known to the child, while the formal reporting system does not always record the online element separately. The result is that online and offline incidents may enter the system as general child abuse or harassment rather than as a distinct cyberbullying case. Disrupting Harm in Tanzania – response and reporting evidence

Main risks and challenges for young people

- Limited nationally representative data on cyberbullying makes it difficult to establish prevalence, monitor trends and compare risk across age, gender, location and other characteristics.
- Rapid expansion of children's internet use is occurring alongside limited digital-safety knowledge; only three in ten internet-using children in the Disrupting Harm survey had received information on how to stay safe online.
- Common forms of cyberbullying and related online harm include insults and humiliation, threatening or harassing messages, spreading rumours, sharing photographs or conversations without consent, fake accounts or impersonation, exclusion from online groups, and image-based abuse.

- The overlap between offline peer relationships and online harm makes incidents difficult to separate into purely 'online' or 'offline' violence and can prolong the impact of a conflict.
- Underreporting is a major challenge. In the Disrupting Harm research, children commonly told friends or nobody, while very few reported harmful online experiences to police, social workers or helplines.
- Young people may not know where or how to report. Only 32% of surveyed children said they knew what to do if they or a friend experienced sexual assault or sexual harassment, indicating a wider child-safety information gap.
- Stigma, embarrassment, fear of getting into trouble, concerns about confidentiality and limited knowledge of reporting mechanisms can discourage disclosure.
- Girls may face particular risks in image-based abuse and sexual harassment, while boys and other groups may also experience online harm that is less visible or less frequently disclosed.
- Schools, families and service providers need stronger coordination, digital-safety education and clear referral pathways for incidents that require psychosocial, child-protection or law-enforcement intervention.
- Existing national cybersecurity policy provides an important foundation, but the Government Cyber Security Strategy 2022–2027 is primarily framed around cyber resilience, ICT systems, skills, awareness and incident management rather than a dedicated child cyberbullying response framework

The Safe Digital Space for Children policy paper (DCO, 2024) identifies cyberbullying, privacy, online harassment and inappropriate content as interconnected child online-safety issues and highlights privacy controls, accessible reporting mechanisms, digital literacy, parental controls and collaboration with law enforcement as core components of a safer digital environment.

Overview of existing national and local support measures related to cyberbullying

1. National Child Helpline Tanzania (116) – C-SEMA. The National Child Helpline is a free, confidential service available across Mainland Tanzania and Zanzibar. Children, parents and concerned community members can call 116 for advice, reporting and support. Depending on the case, C-SEMA links callers to social welfare officers, Police Gender and Children Desks or community-based organisations and follows up on cases. C-SEMA – National Child Helpline 116 Contact: 116 (free, 24/7); C-SEMA website; email: info@sematanzania.org; WhatsApp: +255 624 100 100.

2. Police Gender and Children Desks and Cybercrime Department. Police Gender and Children Desks are a main channel for reporting cases involving children. Disrupting Harm reported 420 Gender and Children Desks across Mainland Tanzania and Zanzibar at the time of the study, with 2–8 officers assigned to each desk. The desks work with social welfare officers and can refer children for medical and psychosocial support. Cases involving digital evidence can also be referred to the Cybercrime Department. Disrupting Harm in Tanzania – Police Gender and Children Desks For immediate danger, young people should use the national emergency services or approach the nearest police station/Gender and Children Desk.

3. Tanzania Communications Regulatory Authority (TCRA). TCRA provides consumer complaint and service-desk channels for communications-related complaints and maintains a Child Online Protection resource. It is not a dedicated cyberbullying counselling service, but it provides a regulatory route for communication-service complaints and information about child online protection. TCRA Child Online Protection and complaints resources Current service-desk contacts include toll-free 0800008272 (24 hours), USSD *152*00#, and dawatilahuduma@tcra.go.tz.

4. Tanzania Computer Emergency Response Team (TZ-CERT). TZ-CERT is the national team responsible for coordinating responses to cybersecurity incidents and accepts reports from the general public. This mechanism is more relevant to technical cybersecurity incidents, compromised accounts and other cyber incidents than to ordinary interpersonal bullying, but it can complement child-protection reporting when a cyber-security element is involved. TZ-CERT incident reporting Incident reporting email: incidents@tzcert.go.tz; telephone: +255 22 2412039.

5. National Child Online Safety Task Force. Tanzania established the National Child Online Safety Task Force in 2017. The Task Force forms part of the national child-online-safety response and has been linked with initiatives such as the Internet Watch Foundation reporting portal for child sexual abuse material. The Disrupting Harm study found that awareness of online reporting mechanisms remained limited, indicating that the existence of a mechanism does not necessarily mean that children know how to use it. Disrupting Harm in Tanzania – national online child-safety mechanisms

6. School and education-sector response. Schools are an important first point of contact because teachers and school staff can identify incidents, support disclosure and refer cases to child-protection or social-welfare services. The Safe Digital Space for Children policy paper recommends integrating online-safety education into school curricula, establishing school support or reporting channels, training teachers to identify online risks, and conducting cyberbullying awareness campaigns. Safe Digital Space for Children – DCO, 2024

7. Government cybersecurity framework. The Government Cyber Security Strategy 2022–2027 includes improved cybersecurity skills, knowledge and awareness and enhanced management of cybersecurity risks and incidents among its five strategic objectives. It provides a national cybersecurity foundation, although it is not specifically a cyberbullying strategy. Government Cyber Security Strategy 2022–2027

ABUSE OF PSYCHOACTIVE SUBSTANCES AND ALCOHOL

Psychoactive substance use is an established youth-safety and public-health concern in Tanzania. The available evidence identifies alcohol, cannabis, tobacco, khat and other drugs among substances used by young people, with risks particularly visible among adolescents, students, street-connected children and young people in urban, entertainment and other high-risk environments. Recent youth consultations conducted for Safebook Horizons similarly identified alcohol, cannabis, cigarettes and other drugs as a growing concern in schools, colleges, universities, sports environments and entertainment settings. Participants associated use with peer pressure, unemployment, poor parental guidance, stress, depression and risky social environments.

The strongest current official national source is the Drug Control and Enforcement Authority (DCEA) 2025 Drug Situation Report. It records that drug use involves different groups, particularly young people, and identifies cannabis as the leading illicit drug reported in Tanzania, followed by substances including khat, cocaine and controlled pharmaceutical drugs. In 2025, Tanzania recorded seizures of 1,014.06 tonnes of cannabis and 26.36 tonnes of khat, alongside 672.23 kg of heroin, 4.89 kg of cocaine and 907.18 kg of methamphetamine. Seizure data indicate the scale of the drug-control challenge but should not be interpreted as prevalence estimates among young people. DCEA – Drug Situation Report 2025

Evidence on alcohol use among adolescents is available from regional and school-based studies, but there is no single recent nationally representative youth prevalence estimate that can be used to describe the whole country. A 2022 study of 3,224 secondary-school adolescents aged 10–19 in Kilimanjaro Region found lifetime substance use of 19.7% and current use of 12.8%; alcohol was the most commonly reported substance among those who had used substances, with 14.8% reporting lifetime alcohol use and 8.2% current alcohol use. A 2024 Mbeya City study of 300 secondary-school students reported that 9.7% reported substance use; among those reporting use, cannabis and alcohol were the most commonly reported substances. These studies are important local indicators but should not be presented as national prevalence figures. Kilimanjaro adolescent substance-use study – PLOS ONE Mbeya City secondary-school study – African Health Sciences

Recent research on adolescent boys in Kilimanjaro also identifies widespread availability of alcohol, weak enforcement of alcohol regulation, parental and cultural influences, peer influence, lack of alternative recreational activities and socioeconomic factors as drivers of alcohol use. The study recommends prevention that works across family, community, school, regulatory and economic environments rather than relying only on individual behaviour change. Alcohol use among adolescent boys in Kilimanjaro – PLOS Global Public Health

The DCEA 2025 report provides a particularly relevant youth-specific indicator: during 2025, the Government and SOS Children's Villages provided drug-use prevention services to children living and working on the street in Mwanza, Dar es Salaam and Dodoma. Of 599 children who received education, 397 were screened and 22 showed indicators of cannabis use, including 19 boys and 3 girls. This is not a prevalence estimate for street-connected children nationally, but it demonstrates that substance-use risk is present among particularly vulnerable children and that targeted prevention and screening are being implemented. DCEA – Drug Situation Report 2025

Prevention activity in educational settings is also substantial. DCEA reported that approximately 4,650,477 students in primary and secondary schools and higher and technical education institutions received drug-prevention education in 2025. During university and college orientation programmes, 42,850 first-year students from 59 institutions received prevention education. These figures describe programme reach rather than evidence of effectiveness or reduced substance use. DCEA – Drug Situation Report 2025

Main risks and challenges for young people:

- Early initiation and adolescent vulnerability: evidence from Tanzania shows that substance use can begin during adolescence, when social, emotional and developmental vulnerabilities may increase the risk of harmful use and dependence.
- Alcohol availability and social normalization: research in northern Tanzania and Kilimanjaro identifies easy availability, social events, parental and cultural influences, advertising exposure, peer influence and weak enforcement as important factors shaping adolescent alcohol use.
- Peer pressure and group dynamics: both DCEA and youth consultations identify peer influence as a major factor. Young people may use substances to gain acceptance, avoid exclusion or conform to the behaviour of their peer group.
- Cannabis and other illicit substances: DCEA identifies cannabis as the leading illicit drug in Tanzania, while young people may also encounter khat, heroin, cocaine, methamphetamine and pharmaceutical drugs with dependence potential.
- Mental health and emotional stress: youth consultations link substance use with stress, depression and emotional difficulties. DCEA also identifies mental-health problems as one factor that can contribute to drug use and describes mental-health consequences associated with drug dependence.
- Education and future opportunities: substance use can contribute to poor school performance, absenteeism, disciplinary problems and school dropout. DCEA reports that students who use drugs can experience academic and behavioural consequences.
- Sexual and reproductive risks: studies among Tanzanian students associate substance use with risky sexual behaviour, including unprotected sex, and with other social and health consequences.
- Violence, crime and family conflict: substance use can intensify conflict within families and communities and may be associated with violence, offending and other risky behaviour.
- Unequal access to prevention, counselling and rehabilitation: youth consultations identify limited counselling and rehabilitation capacity, particularly in rural and low-income communities, as an important gap.
- Stigma and barriers to seeking help: young people may avoid treatment or disclosure because of stigma, fear of social judgement, lack of information or concern about the consequences of admitting substance use.
- Limited youth-specific national prevalence data: existing evidence comes from DCEA administrative data, regional studies, school studies and youth consultations. These sources are valuable but cannot be combined into a single national prevalence estimate.
- Emerging and changing substances: DCEA's 2025 report notes the emergence of new substances and changing forms of drug availability, increasing the need for updated prevention information and responsive treatment services.

Overview of existing national and local support measures related to abuse of psychoactive substances:

1. Drug Control and Enforcement Authority (DCEA). DCEA is the main national institution responsible for coordinating Tanzania's response to illicit drugs. Its services include public education, treatment, rehabilitation/reintegration and harm-reduction interventions. Young people or families seeking help can contact DCEA directly through the toll-free number 119, or request information and referral through the Authority's treatment services. DCEA – official website DCEA contact: toll-free 119; telephone +255 22 211 3757 / 54; email cg@dcea.go.tz; P.O. Box 80327, Dar es Salaam, Tanzania.

2. Treatment through mental-health units. DCEA reports that government mental-health units at referral, regional and district hospitals provide treatment for people with drug dependence. In 2025, 62,926 people with drug dependence received services in mental-health units. The treated cases included dependence involving alcohol, cannabis, khat, heroin, cocaine and some pharmaceutical drugs. Services included medication, counselling and referral according to individual needs. The DCEA report lists services in regions including Arusha, Dodoma, Mwanza, Tanga, Mbeya, Morogoro and others, providing important entry points for young people seeking treatment closer to home. DCEA – treatment services DCEA – Drug Situation Report 2025

3. Medically Assisted Therapy (MAT). Tanzania provides free MAT under government supervision for people dependent on opioids such as heroin. DCEA states that MAT includes methadone treatment, counselling, HIV testing and treatment, tuberculosis and sexually transmitted infection services, mental-health care and hepatitis information and services. The official DCEA list includes MAT clinics at Muhimbili, Mwananyamala, Temeke, Mbeya, Mwanza, Itega in Dodoma, Bagamoyo, Tanga, Tumbi/Kibaha, Arusha, Tunduma, Segerea, Tegeta, Mbagala and Kigamboni. DCEA – MAT clinics and locations

4. Sober houses and recovery services. DCEA coordinates sober houses operated by civil-society organisations. They provide recovery support, counselling and structured activities without medication, generally for a period of at least four months. DCEA reported 45 sober houses by February 2022 across regions including Kilimanjaro, Tanga, Dar es Salaam, Pwani, Dodoma, Morogoro, Iringa, Mwanza, Kagera, Tabora and Arusha. The service can include entrepreneurship, practical skills and sports activities alongside recovery support. DCEA – Sober Houses

5. Prevention and education in schools and universities. DCEA works with education institutions to provide drug-prevention information. In 2025, approximately 4.65 million students received education on the drug problem, while 42,850 first-year students from 59 universities and colleges received prevention education during orientation programmes. These measures provide a prevention entry point for young people, although the public sources reviewed do not provide a national evaluation of their effectiveness in changing substance-use behaviour. DCEA – Drug Situation Report 2025

6. Youth and community prevention. The youth focus-group research conducted for Safebook Horizons identified the need for stronger school and community prevention, counselling, rehabilitation, family engagement, life-skills education and youth economic empowerment. DCEA's own prevention information identifies peer pressure, family conflict, lack of life skills, misinformation, availability of drugs and mental-health challenges as factors

DISCRIMINATION

Tanzania has a formal human-rights and equality framework, but available evidence shows that discrimination and social exclusion remain relevant risks for young people, particularly where gender, disability, poverty, age, health status, ethnicity or cultural background intersect. The main methodological limitation is that Tanzania does not currently have a single, nationally representative youth indicator measuring the prevalence of discrimination across all grounds and settings. Existing evidence is therefore drawn from human-rights monitoring, education studies, sector-specific surveys and youth consultations. This means administrative complaints and sector-specific findings should not be interpreted as a national prevalence rate for discrimination among young people. Discrimination affecting persons with disabilities is documented across education and public services. The Tanzania Human Rights Report 2024 notes that children with disabilities, especially beyond primary level, face difficulties accessing classrooms because of inadequate infrastructure. It also reports communication barriers for deaf and blind people in health, education, police and court services where service providers are not conversant with sign language. The same report documented 19 incidents of violence against persons with disabilities in 2024; this is an indicator of documented rights violations, not a prevalence measure of discrimination. (Tanzania Human Rights Report 2024) Gender and pregnancy-related discrimination is particularly visible in the education system. A 2024 HakiElimu study covering schools in six regions and twelve districts found that teenage mothers experienced stigma, sexual harassment, social isolation and other forms of mistreatment at home and at school. The study also reported cases in which teenage mothers were discouraged or rejected when seeking readmission. These findings demonstrate that discrimination may continue even where a formal re-entry mechanism exists. (HakiElimu, Experience of the Implementation of Reintegrating Teenage Mothers into Formal Secondary Schools in Tanzania (2024)) Discrimination can also be reinforced by socioeconomic and cultural exclusion. Research among 210 girls from the Barbaig pastoralist community in Hanang found that low socioeconomic status, harmful gender norms and traditions, early pregnancy and marriage, nomadic lifestyles and distance to school were among the barriers affecting girls' access to secondary education. This is a regional study and should not be generalized to all pastoralist or Tanzanian youth, but it illustrates how poverty, gender and cultural context can combine to create unequal opportunities. (Rural Planning Journal – Access to Secondary School Education among Girls from Pastoral Communities) Health status can also be a source of stigma. The Tanzania HIV Impact Survey 2022–2023 reported that 5.5% of people living with HIV experienced external stigma. This is a national indicator for people living with HIV aged 15 and above, not a youth-only measure, but it is relevant to understanding the wider environment in which young people living with HIV may experience social exclusion or unequal treatment. (Tanzania HIV Impact Survey 2022–2023)

The legal and social environment also creates a distinct vulnerability for people perceived as lesbian, gay, bisexual or transgender. Human Rights Watch reports that consensual adult same-sex conduct remains criminalized in Tanzania and documents restrictions affecting LGBT people. These measures and social attitudes are relevant to the discrimination analysis, while the available sources do not provide a nationally representative estimate of discrimination experienced specifically by young LGBT people. (Human Rights Watch – World Report 2024: Tanzania) Tanzania's inclusive-education framework explicitly recognizes multiple grounds of exclusion. The National Strategy for Inclusive Education describes inclusive education as responding to learners' diverse needs irrespective of gender, ethnicity, socioeconomic and cultural background, physical and intellectual abilities and special learning needs. It also identifies sex, ethnic/social origin, language, religion, nationality, economic condition and ability among socially ascribed or perceived differences that can produce educational exclusion. The current Ministry of Education framework has subsequently been updated through the National Strategy for Inclusive Education 2021/22–2025/26 and related implementation measures. **(**National Strategy for Inclusive Education**)**

Main risks and challenges for young people:

- Limited national monitoring of discrimination among young people across different grounds and settings. Available complaint statistics, education data, human-rights reports and sector-specific studies capture only parts of the problem and cannot be combined into a national prevalence estimate. (Safebook Horizons research guidelines)
- Disability-related exclusion, including inaccessible infrastructure, lack of assistive resources and communication barriers, can limit participation in education and access to health, justice and other public services. These barriers may be physical, institutional or attitudinal. (Tanzania Human Rights Report 2024)
- Gender discrimination and harmful gender norms can restrict girls' education, participation and decision-making. Pregnancy, early marriage and motherhood can trigger stigma, rejection, social isolation and renewed school dropout, particularly when family and school support is weak. (HakiElimu study brief, 2024)
- Socioeconomic inequality can operate as an indirect discriminatory barrier. Poverty can prevent young people from accessing education and services even where formal fees have been removed, while low-income families may have fewer resources to obtain transport, learning materials, assistive devices, childcare or legal assistance. (National Strategy for Inclusive Education)
- Ethnic, cultural, linguistic and geographic exclusion can affect young people whose circumstances do not fit standard service arrangements. Pastoralist and nomadic communities, remote communities and children from minority or vulnerable backgrounds are explicitly recognized within Tanzania's inclusive-education framework as groups requiring attention. (National Strategy for Inclusive Education)
- Stigma related to HIV status can discourage disclosure and help-seeking. The national HIV survey demonstrates that external stigma remains measurable among people living with HIV, although the available figure is not youth-specific. (Tanzania HIV Impact Survey 2022–2023)

- Discrimination linked to sexual orientation or gender identity creates additional legal and social vulnerability. Because nationally representative youth data are not available, the extent of this risk among Tanzanian young people cannot be quantified reliably from the sources reviewed. (Human Rights Watch – World Report 2024: Tanzania)
- Age and social status can interact with other grounds. Adolescents and young people may have less power to challenge discriminatory decisions made by adults or institutions, especially where complaint procedures are not well known or where they depend on the same institution for education, housing, health or other services. (Safebook Manual – Discrimination)
- Discrimination often overlaps with peer violence, bullying, cyberbullying and mental-health risks. Exclusion, humiliation, labelling and stigma can reduce belonging and confidence and may increase social isolation or disengagement from school and other services. (Safebook Horizons Tanzania Youth FGD Report)
- Underreporting and unequal access to justice remain important challenges. Young people may not recognize discriminatory treatment, may fear retaliation or stigma, or may not know where to complain. The 2026 National Audit Office assessment of legal aid also identified uneven distribution of providers, weak coordination and other access barriers for vulnerable populations. (National Audit Office of Tanzania – Accessibility of Legal Aid Services for the Indigent Population, 2026)

Overview of existing national and local support measures related to discrimination:

Tanzania has several mechanisms that young people can use when discrimination overlaps with a human-rights violation, denial of services, exclusion from education, gender inequality or another legally actionable problem. The measures differ in mandate and geographic reach; not all are dedicated anti-discrimination services.

Commission for Human Rights and Good Governance (CHRAGG)

CHRAGG receives and investigates complaints concerning human-rights violations and breaches of good-governance principles, provides public human-rights education and can facilitate mediation. Complaints can be submitted in person, by letter or online; the Commission also provides a complaint-status tracking service. Current contact information is: Nyerere Street, Plot No. 339/Kilimani, P.O. Box 1049, Dodoma; +255 738 279744; info@chragg.go.tz. (CHRAGG – complaints and contact)

National legal-aid system and Mama Samia Legal Aid Campaign

The Ministry of Constitutional and Legal Affairs operates a national legal-aid application platform, while the Mama Samia Legal Aid Campaign maintains a register of legal-aid providers searchable by region and district. These mechanisms are relevant where discrimination results in a legal dispute or denial of rights. Young people should be referred to a registered provider or legal-aid office according to their location. (National Legal Information System – Apply for Legal Aid)

Legal and Human Rights Centre (LHRC)

LHRC provides free legal aid to vulnerable people who cannot afford legal representation. Its current legal-aid clinics include Arusha, Kinondoni/Dar es Salaam and Dodoma. For example, the Dodoma Legal Aid Clinic is at Chimuli Street, Plot No. 20, Area D; Tel. +255 678 933 155 / +255 655 444 828. The service covers issues including family disputes, basic employment rights and other rights-related cases. (**LHRC Legal Aid – Contact**)

Tanzania Women Lawyers Association (TAWLA)

TAWLA provides legal aid to indigent women and children and operates offices in Dar es Salaam, Dodoma, Arusha, Mwanza and Tanga. Its legal-aid service lists the national hotlines 0800 110017 and 0800 751010, available Monday–Friday, and provides office-based support. TAWLA is particularly relevant to discrimination involving gender, women's and children's rights, family matters and access to justice. (TAWLA – Legal Aid Services)

Inclusive education and disability-inclusion measures

The Ministry of Education's National Strategy for Inclusive Education 2021/22–2025/26 aims to expand equitable access and participation for children, adolescents and youth, including vulnerable groups and learners with disabilities. The Ministry also lists the 2025 circular on creating more inclusive schools and the 2022 school re-entry guideline among its current education documents. These measures are relevant to discrimination based on disability, gender, poverty, social background and interrupted schooling. (Ministry of Education – policy and guidelines documents)

School re-entry support for students who discontinued education

The 2022 government guideline provides procedures for returning students who discontinued primary or secondary education for various reasons. The supplied guideline specifies roles for education authorities, school heads, teachers, parents and community actors, and includes counselling, support, monitoring and assistance for students returning to school. The 2025 Ministry implementation plan indicates that the government continues to strengthen implementation of the re-entry framework. (Ministry of Education – re-entry guideline and implementation information)

MENTAL HEALTH

Mental health is an important youth safety and wellbeing issue in Tanzania. The evidence reviewed shows that young people experience emotional distress, anxiety, depressive symptoms, psychological pressure and social isolation in connection with academic demands, unemployment and economic insecurity, family conflict, relationship difficulties, discrimination, cyberbullying, substance use and limited social support. The 2026 Safebook youth consultations similarly identified mental health as a growing but frequently neglected concern.

The available evidence should not be interpreted as a single national prevalence estimate. Tanzania does not currently have one nationally representative, regularly updated youth dataset measuring all mental health conditions and psychological distress across the country. The evidence therefore combines national service information, regional studies and qualitative youth consultations. Regional studies are reported as regional evidence rather than national prevalence. A 2026 study of 1,009 secondary-school adolescents in Dodoma and Pwani found that 62% screened positive for depressive symptoms ranging from mild to severe. Because the study covered two regions and used a school-based sample, its results should not be generalized to all Tanzanian young people. Source: PLOS Mental Health – Dodoma and Pwani adolescent depression study

A study of 4,955 secondary-school students and young people aged 10–24 in Kilimanjaro found mental health problems in 29.2% in the first survey and 32.6% in the second. Higher odds were reported among females, participants aged 20–24, final-year students, current substance users, and young people with experiences of bullying, physical attacks, sexual activity or missed classes. This is regional school-based evidence, not a national prevalence estimate. Source: Kilimanjaro study – Mental health problems among secondary school students 10–24 years

Evidence also indicates vulnerability among young women who are out of school. A Tanzanian study of 3,013 out-of-school adolescent girls and young women aged 15–23 in north-western Tanzania found depressive symptoms in 36% and anxiety symptoms in 31%. Emotional support was associated with lower odds of anxiety, while violence from sexual partners was associated with higher odds of anxiety and depression symptoms. Source: PLOS ONE – depression and anxiety among out-of-school adolescent girls and young women in Tanzania

Government recognition and service provision have expanded. In April 2025, the Ministry of Health reported that counselling and mental health services were available through 701 health facilities, including regional referral hospitals and Mirembe National Mental Health Hospital. It also reported that 2,840 health workers had been trained to identify and address mental health challenges, and that a telephone call centre using 115 was available for mental health advice. The same announcement reported 1,561 youth-friendly service points across the regions, with mental health support included among the services. Source: Ministry of Health – mental health services at 701 facilities

The Ministry of Health's curative-services framework includes integration of mental health into primary care, treatment and referral guidance, promotion of mental health for children and youth, rehabilitation and community participation. The Mental Health Act provides the legal framework for care, treatment, referral and protection of persons with mental disorders. Source: Ministry of Health – Curative Services; Source: Tanzania Mental Health Act

Main risks and challenges for young people:

- Academic pressure and educational stress. Examinations, assignments, expectations of high performance and uncertainty about future education or employment can contribute to stress, anxiety, exhaustion and reduced concentration.
- Unemployment, poverty and economic insecurity. Economic hardship and repeated difficulty finding work can contribute to frustration, hopelessness, low self-esteem and uncertainty about the future.

- Family conflict and weak support systems. Conflict at home, neglect, domestic violence, limited parental support and difficulty communicating about emotions can increase vulnerability.
- Relationship difficulties, social isolation and cyberbullying. Break-ups, rumours, public humiliation and online harassment can intensify anxiety, loneliness and loss of confidence.
- Discrimination and exclusion. Youth with disabilities, young women, young mothers and disadvantaged young people may experience exclusion or stigma that affects emotional wellbeing and can also discourage help-seeking.
- Substance use and harmful coping. Youth consultations link emotional distress and substance use in both directions: distress can contribute to harmful coping, while substance use can worsen mental health and social functioning.
- Stigma and misconceptions. Young people may fear being labelled, judged or discriminated against if they disclose emotional difficulties, contributing to delayed help-seeking.
- Limited youth-friendly and confidential services. Youth consultations identified shortages of trained counsellors and mental health professionals and insufficient systems for early identification, counselling, referral and treatment in some schools, communities and underserved settings.
- Unequal access by location and socioeconomic circumstances. Rural and low-income young people may face greater difficulty reaching appropriate services. The sources reviewed do not provide a comprehensive national assessment of waiting times, affordability or geographic coverage.
- Risk of worsening educational and social outcomes. Untreated difficulties may be associated with poor concentration, absenteeism, withdrawal, reduced confidence, substance use and relationship difficulties. Youth consultations also identified more serious outcomes, including suicidal behaviour, highlighting the need for early identification and referral.

Overview of existing national and local support measures related to mental health:

1. Ministry of Health mental health services. The Ministry coordinates mental health policy and services and promotes integration of mental health into primary health care. Its functions include promoting mental health for children and youth, coordinating treatment and referral guidance, supporting rehabilitation and promoting community participation. Young people can approach a health facility and request mental health or counselling support, with referral to an appropriate level of care where required. Source: Ministry of Health – Curative Services

2. Mental health and counselling services at 701 health facilities. In April 2025, the Ministry reported that counselling and mental health services had been expanded to 701 health facilities nationwide, including regional referral hospitals and Mirembe National Mental Health Hospital. It also reported that 2,840 health workers had been trained to identify and address relevant mental health challenges. Source: Ministry of Health – 701 mental health service facilities

3. Mental health telephone support – 115. The Ministry reported a call centre using 115 for mental health advice by telephone. This can provide an initial and potentially more private entry point for young people who are unsure where to seek help. Operating arrangements should be confirmed locally when the service is used.

4. Youth-friendly health services. The Ministry reported 1,561 youth-friendly service points across the regions through the National Adolescent Integrated Health approach, with mental health included among the services. These points provide an important entry route for young people seeking support in a youth-oriented setting. Source: Ministry of Health – youth-friendly mental health services

5. Mirembe National Mental Health Hospital. Mirembe in Dodoma provides specialized mental health care and has been used as a national focal point for mental health awareness and anti-stigma activities, including the 2025 'Afya ya Akili ni Afya' campaign. Young people requiring specialist assessment or treatment can be referred through the health system. Source: Ministry of Health – Mirembe and the 'Afya ya Akili ni Afya' campaign

6. Child Helpline 116. C-Sema operates a free, confidential 24-hour Child Helpline on 116 across Tanzania Mainland and Zanzibar. The service is staffed by counsellors, therapists and other professionals and supports children and young people with mental, physical and emotional concerns. Depending on the issue, callers can be linked to frontline providers such as social welfare officers, Police Gender and Children's Desks or community-based organizations. Source: C-Sema – Child Helpline 116

REPRODUCTIVE HEALTH

Reproductive health is a major youth-safety issue in Tanzania because adolescents and young people need accurate information, confidential counselling and accessible services during a period of rapid physical, emotional and social development. The Ministry of Health identifies adolescent reproductive health as a distinct programme area within reproductive and child health services, with a mandate to improve adolescents' access to quality reproductive-health information, services and life skills. Tanzania's 2024 health-sector population estimates indicate that adolescents aged 10–19 account for about 20.3% of the mainland population, while the 15–24 age group accounts for about 16.6%. Source: Ministry of Health – Reproductive and Child Health Services

National data show that early pregnancy remains a significant concern. The 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) found that 22% of girls aged 15–19 had ever been pregnant: 16% had already given birth, 6% were pregnant at the time of the survey and 2% had experienced a pregnancy loss. Regional variation is substantial, ranging from 2% in Mjini Magharibi to 45% in Songwe. Teenage pregnancy was also much higher among girls with no education than among those with secondary education or more (53% compared with 9%). The same survey found that 29% of women aged 20–24 had been married by age 18, compared with 4% of men of the same age group. Source: 2022 Tanzania DHS-MIS Summary Report

The trend is mixed: teenage pregnancy has declined from the level recorded in the 2015/2016 TDHS-MIS, but remains high. A recent analysis of nationally representative TDHS data reports that modern contraceptive use among sexually active female youth aged 15–24 increased from 24.6% in 2004 to 32.1% in 2022. However, among adolescents aged 15–19 it was 21.8% in 2022 and had remained broadly stagnant since 2015/2016. The analysis also found that age, socioeconomic position, exposure to family-planning information and educational attainment were associated with differences in contraceptive use. Source: BMJ Open – modern contraceptive use among female youth

The national family-planning picture also shows a continuing gap between demand and access. In the 2022 TDHS-MIS, sexually active unmarried women had a total demand for family planning of 76%; 48% of that demand was satisfied by modern methods, leaving 41% unsatisfied. At national level, 53% of total demand among women aged 15–49 was satisfied by modern methods. These figures cover women of reproductive age rather than adolescents alone, but they demonstrate the wider service-access context in which young people seek contraception. Source: 2022 Tanzania DHS-MIS Summary Report

HIV and STI prevention remains another important component of youth reproductive health. UNAIDS estimates for Tanzania show that new HIV infections among people aged 15–24 declined substantially between 2010 and 2022, but an estimated 9,600 new infections still occurred among this age group in 2022. Tanzania's HIV response continues to prioritize adolescent girls and young women, HIV prevention, testing and treatment, condom programming and integrated services. The Ministry of Health's NASHCoP programme, launched in 2023, specifically identifies reducing new HIV infections among 15–24-year-olds and preventing mother-to-child transmission as priorities. Source: UNAIDS – Tanzania country data

Young people do not experience reproductive-health risks equally. Girls and young women face particular risks associated with pregnancy, child marriage, sexual violence and unequal decision-making power. Youth living with HIV, adolescents with disabilities, rural and out-of-school youth, young people from low-income households and those who face stigma or discrimination may experience additional barriers. The attached youth reproductive-health training materials and community/project consultations identify shame, fear, misinformation, gender norms, religious and cultural sensitivities, provider attitudes, distance to services, unsuitable opening hours, waiting time, costs, lack of privacy and inadequate accessibility for young people with disabilities as barriers. These qualitative findings are contextual evidence, not national prevalence estimates. Source: C-Sema Child Helpline – SRH information and support

Recent research provides direct evidence that the existence of youth-friendly services does not automatically mean that services are fully youth-friendly in practice. A 2025 study assessed 11 facilities in Dar es Salaam, Dodoma and Kigoma designated to provide adolescent- and youth-friendly SRH services. All reported offering such services, but none achieved full compliance with the national standards. Weaknesses were identified in adolescent health information, parent/community engagement, referral systems, provider competencies, privacy and confidentiality, equity and non-discrimination, quality improvement and meaningful adolescent participation. Because the study used a purposive sample of 11 facilities, it should not be treated as a national facility-level estimate; it is important evidence of implementation and quality gaps. Source: 2025 assessment of adolescent- and youth-friendly SRH services

Main risks and challenges for young people

- Early and unintended pregnancy, including associated health, educational and socioeconomic consequences.
- Limited access to accurate, age-appropriate and comprehensive sexual and reproductive health information, particularly for out-of-school youth and underserved communities.
- Unequal access to modern contraception and continuing unmet need for family planning, with adolescents using modern contraception less frequently than young women aged 20–24 in the nationally representative analysis of sexually active female youth.
- STIs and HIV, including delayed testing, limited prevention knowledge, stigma and difficulties maintaining confidential and youth-friendly prevention and treatment services.
- Gender inequality and unequal decision-making power, which can limit girls' and young women's ability to negotiate safer sex, contraception and timing of pregnancy.
- Child, early and forced marriage, which can reduce girls' autonomy and education opportunities and increase exposure to early childbearing.
- Sexual coercion, violence and exploitation, particularly among younger adolescents who have less power and experience to recognize or resist abusive situations.
- Stigma and shame surrounding sexuality, contraception, pregnancy, HIV and STI testing, which can discourage young people from seeking information or services.
- Provider bias, concerns about confidentiality and lack of privacy, especially where adolescents fear judgement because they are unmarried, young, living with HIV or otherwise socially marginalized.
- Geographical and structural barriers, including long distance to facilities, inconvenient opening hours, waiting times, limited commodities or equipment, and inadequate physical accessibility for young people with disabilities.
- Fragmented referral and follow-up systems. Evidence from selected facilities shows that referral pathways and complete packages of youth-friendly services are not consistently implemented.
- Insufficient involvement of parents, caregivers, teachers, community leaders and young people themselves in planning and improving SRH services.
- School disruption and exclusion associated with pregnancy and early motherhood. Project consultations from Dodoma also identify insufficient parent/community engagement and fragmented local structures as barriers to sustained SRH advocacy and support.
- Unequal risks among marginalized groups, including young people with disabilities, young people living with HIV, rural youth, out-of-school adolescents, young mothers and youth experiencing poverty or social exclusion.

The evidence also points to a broader information and monitoring gap. Tanzania has strong national data on fertility, pregnancy, family planning and HIV, but there is less routinely published, nationally comparable information on the complete adolescent SRH service pathway—for example, confidentiality experiences, waiting times, provider attitudes, quality of counselling, referral completion and service outcomes disaggregated consistently by age, sex, disability, residence and other vulnerability factors. This limits the ability to assess whether services are equally accessible and effective for different groups of young people. Source: 2025 assessment of adolescent- and youth-friendly SRH services

Overview of existing national and local support measures related to reproductive health:

1. Ministry of Health – Reproductive and Child Health Services and Adolescent Reproductive Health Programme. The Ministry of Health's Reproductive and Child Health Services (RCHS) department coordinates standards, policy guidelines and implementation for maternal, newborn, child and adolescent health, including family planning. The Ministry identifies an Adolescent Reproductive Health Programme intended to improve adolescents' access to quality reproductive-health information, services and life skills. Young people can access services through public health facilities providing reproductive and adolescent health services. Source: Ministry of Health – Reproductive and Child Health Services and Adolescent Reproductive Health Programme

2. Afya Call Centre 199 – Ministry of Health. The Ministry of Health operates the free 199 Afya Call Centre, which provides health information, clarification and guidance to members of the public. For young people, it provides a practical entry point for questions about reproductive health and for guidance on where to seek health services. The Ministry reported in 2025 that the service was active and receiving calls from across the country. Source: Afya Call Centre 199 – Ministry of Health

3. Adolescent- and youth-friendly sexual and reproductive health services. Tanzania has national standards for adolescent- and youth-friendly SRH services, designed to make health services more acceptable, accessible, equitable and responsive. A 2025 assessment in 11 facilities in Dar es Salaam, Dodoma and Kigoma found that all assessed facilities offered adolescent- and youth-friendly SRH services, but none fully met the national standards. The evidence identifies continuing implementation gaps in privacy and confidentiality, complete service packages, referral systems, provider capacity, non-discrimination and youth participation. Source: Adolescent- and youth-friendly sexual and reproductive health services

4. UNFPA-supported adolescent and youth SRHR programmes. UNFPA works with government, civil society and youth-led organizations to expand SRH information, counselling, family planning, HIV testing and counselling, GBV prevention and response for adolescents and young people. UNFPA-supported programmes have included youth-friendly service strengthening and comprehensive sexuality education in Dodoma and other selected regions. In 2026, UNFPA reported a joint programme targeting more than 1.2 million adolescents aged 10–19 in Zanzibar, Songwe and Dodoma, including objectives on SRHR information and services, prevention of unintended pregnancy and STIs, stronger youth-friendly systems and referral pathways. Source: UNFPA-supported adolescent and youth SRHR programmes

5. C-Sema Child Helpline 116. C-Sema operates the national Child Helpline 116, a free and confidential service available 24/7 across Tanzania Mainland and Zanzibar. The service provides information and counselling on sexual and reproductive health, including puberty, contraception, pregnancy, STIs and healthy relationships. It can also link children and young people to frontline services such as social welfare officers, police Gender and Children Desks and community-based organizations when protection concerns are reported. Source: C-Sema Child Helpline 116

6. Marie Stopes Tanzania – contraception, sexual health and maternity services. Marie Stopes Tanzania provides sexual and reproductive healthcare through clinics and a contact centre. Services include contraception and family planning, maternity care, sexual health and STI-related services. The organization provides a toll-free contact centre on 0800 753 333 and confidential WhatsApp support on 0755 896 996. Its Dar es Salaam support office is at Plot 421 & 422 Mwenge, Kijitonyama area, Dar es Salaam. Young people can use the online clinic finder to identify a nearby service point. Source: Marie Stopes Tanzania – contraception, sexual health and maternity services

7. Tanzania Women Lawyers Association (TAWLA) – legal aid and SRHR rights advocacy. TAWLA provides legal aid to women and children through offices in Dar es Salaam, Dodoma, Arusha, Mwanza and Tanga and also operates legal-aid hotlines. Its work includes women's and children's rights and sexual and reproductive health and rights advocacy. Current legal-aid information lists 0800 110017 and 0800 751010 as hotline numbers, Monday–Friday. The Dodoma office is at Ilazo Mashariki, telephone +255 719 481 794. This support is relevant where reproductive-health concerns intersect with violence, discrimination, child marriage, access to justice or other rights violations. Source: Tanzania Women Lawyers Association (TAWLA) – legal aid and SRHR rights advocacy

8. HIV prevention, testing and treatment services. Tanzania's national HIV response includes adolescent and youth prevention, testing, treatment and prevention of mother-to-child transmission. NASHCoP, under the Ministry of Health, coordinates the national response to HIV, STIs and viral hepatitis. Young people can access HIV testing, prevention and treatment through designated health facilities, while the national response also uses community and youth-focused approaches. Source: HIV prevention, testing and treatment services

CHAPTER 3

THEMATIC WORKSHOPS

CHAPTER 3.1

THEMATIC WORKSHOPS
PEER VIOLENCE

PEER VIOLENCE

LABELS

TIME 60'

With this workshop, participants will learn more about different kinds of peer violence, how to recognize the bully and the victim in different situations, and to analyze the cause of the bullying situations.

Objectives:	• To recognize different kinds and levels of peer violence • To recognize the characteristic of bullies and victims • To raise awareness about the problems of peer violence
Materials:	• Projector and screen • Flipchart • Handout • Papers • Pens/pencils
Group size:	20-30
Preparation:	Prepare necessary materials for work, 5 flipchart papers, markers, and hand-outs for each group (1 type of violence for one group).

INSTRUCTIONS

This workshop should start with showing short concept video on the topic of peer violence to the participants – „Peer Violence – Safebook" – Direct link: https://youtu.be/My0YE5Cx5GA) . After this, facilitators should lead discussion with questions like: Where can peer violence happen, what separates violence from peer violence, how we can recognize that violence is happening, etc. After this introduction to the topic, which should not last longer than 5 minutes, facilitators will explain to the participants that they will analyze different types of peer violence through exploring main characteristics of both victims and bullies and divide them into 5 groups. Each group will receive one flipchart paper, markers and definition of 1 type of peer violence (see handout). Participants will have 20 - 30 minutes for group work, after which they will present the type of peer violence their group got and main "labels" of victims and bullies which they defined. When all groups are done with their presentations, debriefing and evaluation will be done by the whole group.

DEBRIEFING AND EVALUATION

Ask participants following questions in order to conclude all lessons learned:
- How are you feeling? What did you learn?

- What was more difficult, describing victims or bullies? Why?
- Did you try to understand bullies' background and their reasons for violence? What is your conclusion?
- Are the labels you came up with a product of Internet search or your own opinions and experiences?
- How fair is to label people? In which situation can you justify stereotypes?

TIPS FOR FACILITATOR

Use concept video (Direct link: https://youtu.be/ My0YE5Cx5GA); you can use other videos on peer violence and cyberbullying as well. It is up to you to decide how many videos you will show, but keep in mind that this part of the session needs to be followed by brief discussion and that it should not last longer than 5 minutes. When it comes to the main part of the session, be careful and observe participants. Some of them might be victims of violence and their traumas can be triggered by this workshop. Remind them that they are all in a safe place and that they are not obliged to participate in any activity that can harm their wellbeing.

HANDOUT

Physical violence	Physical bullying is the most obvious form of bullying. It occurs when kids use physical actions to gain power and control over their targets. Examples of physical bullying include kicking, hitting, punching, slapping, shoving, and other physical attacks
Verbal violence	Perpetrators of verbal bullying use words, statements, and name- calling to gain power and control over a target. Typically, verbal bullies will use relentless insults to belittle, demean, and hurt another person. They choose their targets based on the way they look, act, or behave.
Emotional bullying	Emotional (psychological) bullying occurs when persons try to exclude one of their peers by changing their social standing, putting themselves in a more powerful and popular position in the process. This is a very calculated type of social manipulation that can leave targets feeling isolated and alone.
Sexual harassment / Abuse	Sexual harassment consists of repeated, harmful, and humiliating actions that target a person sexually. Examples include sexual name- calling, crude comments, vulgar gestures, uninvited touching, sexual propositioning, and sharing or making pornographic materials. A bully might make a crude comment about a peer's appearance, attractiveness, sexual development, sexual orientation or sexual activity. In extreme cases, sexual bullying opens the door to sexual assault.
Cyberbullying	Cyberbullying occurs when someone uses the internet to share hurtful comments, slander, embarrass, threaten, harass or otherwise harm someone else. If the event takes place with an adult present, the term changes to cyber-harassment. It can also be called cyberstalking.

PEER VIOLENCE

TIME 45'

PEER PRESSURE

The aim of this workshop is to shed light on various social influences on the individuals through a guided discussion, i.e., it should help participants to understand how strong the impact of the environment is on their behavior, but also how great their personal power and responsibility is in relation to those influences. The central problem of the workshop is the influence of the peer group on the individuals, especially the mechanism of peer pressure.

Objectives:	• To encourage participants to understand and take personal responsibility for their own and group decisions and behaviors • To help participants to think independently, to critically evaluate the behavior of a peer group and to learn to say "NO!" when needed
Materials:	• Papers with prepared questions, • For each group (Handout 1) • Flipchart papers • Markers • A4 paper
Group size:	20-30
Preparation:	Prior to the workshop, the facilitator prepares / modifies one copy of the list of questions (Handout 1) for each group.

INSTRUCTIONS

At the very beginning, the facilitator initiates a conversation on a topic guided by the following questions: Who and what externally affects you, your actions, your behavior? The facilitator encourages answers, reminds them about family, school, TV, peers, and writes answers on the flipchart, making the list as exhaustive as possible. For each of these categories, ask for an explanation of how it affects their behavior when the impact list is complete enough, the facilitator initiates a short discussion on the following issues:

- Are all influences of the same power? Whose influence do you consider the strongest / weakest?
- Does anyone think otherwise?
- Can you make your own decisions whether you will accept some of the mentioned influences or not?

- Which influences can you accept and which cannot?
- Does anyone think otherwise?
- What do you think about the influence of peers? How strong is that influence? Can you resist or not?
- The topic of this workshop will be the influence of a peer group.

After a discussion, which should not last more than 10 minutes, the facilitator divides participants into groups of five to seven members, and asks them to listen carefully to the following story (Handout 2 - "They made me do it").

After reading the story by the facilitator, each group will receive a list of questions related to the story (Handout 1). It is important to actively listen to the situation from this story, to discuss and answer the questions. They have 10 minutes to work. After that, each group presents its opinion.

The facilitator invites the groups to exchange their answers in a joint discussion. They do this by reporting to each group their answer to questions.

It is important that the facilitator connects the answers given by the participants, emphasizing the severity of the consequences that the characters of the story did not think about before embarking on the adventure.

When the reporting is complete, the facilitator addresses the question to the whole group:
- What, in fact, made Mark join his peers, even though he himself was not thrilled with the proposal? Why did he agree after all? What did he want to achieve?
- Was his consent also influenced by the fact that he was afraid of something? What?

FINAL DISCUSSION:

- What could Mark do in this situation not to agree to the persuasion of his friends, and to remain in good relations with them?

The facilitator may invite participants to recall situations in which they did not resist the persuasion of their peers. This can only be those situations after which they were sorry that they agreed to participate. How did they feel in that situation? How could they have reacted differently? Expected duration 5 to 10 minutes.

DEBRIEFING AND EVALUATION

Ask participants the following questions:
- Does the story of Mark and his friends seem realistic to you?
- Do you think that the influence of the environment / peers is now less / greater compared to some past times?

- How to strengthen young people so that they are not subject to the influence of their peers?
- Do you think that after this workshop you are more ready to resist the bad influence of your peers?

TIPS FOR FACILITATOR

The discussion should be led in the direction of discovering the needs and fears of the main character. Participants are expected to discover that Mark embarked on the adventure because he wanted to show his friends that he was loyal to them, at the same time fearing that he would be ridiculed and declared a coward. IMPORTANT - There may be a problem that participants are not motivated, or that it is difficult for them to talk about their experiences. Facilitator can encourage them by making an example as first one, but not his / her personal experience.

HANDOUT 1

- *How will Mark's parents feel when they receive a phone call from the police station?*
- *What do you think the parents will do about it?*
- *How do you think Mark's friends will justify what they did?*
- *What did Mark think and how did he feel after all?*

HANDOUT 2 - "THEY MADE ME DO IT"

Mark is a 16-year-old high school student, and he has a hard time making friends in his class. But last week the girl he liked, Sofi, invited the whole class to her birthday party because her parents were out of town, so she decided to throw a big party for everyone. Mark was very excited to go and spend time with his peers, but he was nervous and did not have any idea what gift he should get her. He asked one of her friends for advice and she told him that all the boys from the class would buy one big present for her, and that Mark could chip in with them. After school he approached the group of boys who were standing in a circle and whispering and asked to join in the birthday gift. They told him that Sofi wanted to try some dance drugs and that they found a guy who was selling ecstasy and MDMA and that Mark could give them part of the money for the drugs. He was surprised with this, but they told him that it was not a big deal and that they already did this before. Mark decided to give them 50 euros because this was an opportunity for him to be part of the group and to make a good impression on Sofi, but he told them he would not go with them to the dealers' house. Prior to the party, Mark was anxious and nervous, but he decided that this was a once in a lifetime opportunity to impress his peers and the girl he liked so he went to the address. There were a lot of people in Sofi's house, lights were dimmed, and music was very loud. One of the guys approached him and told him that their present was in the bathroom and that he could go in there to treat himself, but Mark ignored that, and he sat in the corner of the living room waiting for the opportunity to talk to Sofi. An hour later, music suddenly stopped, and someone shouted: "Police are here!". Police found a plastic bag with drugs on the bathroom sink and a note: Happy birthday, Sofi! Your friends John, Stan, Shorty, Steve, Alex, Jumbo, Miles and Mark. Officers identified everyone who was at the party, and they took all the guys who signed the note to the police station and called their parents.

PEER VIOLENCE

TIME 45'

BITTER REALITY

Aim of this workshop is to bring participants closer to the feelings of the individual when they are rejected by the group of their peers, and thus increase the level of empathy in them, but also to introduce them with the existence of different institutions in charged for the safety and security of young people and what are the ways of reacting and reporting the peer violence.

Objectives:	• To allow participants to experience how the one who rejects and bullies feels and how the victims feels • To identify constructive approaches and steps that could be undertaken by victims, bullies and neutral observers • To provide participants with deeper understanding of the consequences of peer violence
Materials:	• Handout 1. "True stories" • A4 paper • Pencils
Group size:	20-30
Preparation:	Prior to the workshop, the facilitator should prepare enough copies of Handout 1 "True Stories" and List of questions (Handout 2) for each group

INSTRUCTIONS

Divide participants into 4 groups. Each group should find a place in the room, make a circle for themselves and stay like that waiting for the future instructions. One volunteer from each circle should stand in the center of, and after him, everyone will take turns in the center of that circle, so that all members of each group go through this position. Their task is to stand calmly in a circle, say nothing and just follow what is happening around them. The task of everyone else is to move slowly in a circle around the one who is in the center of the circle and to look at him, measure him, evaluate him, observe him curiously and calmly, as if looking for a flaw. When everyone counts to 30, they turn their backs on the person in the center and continue to move. When all the people in the group turn their backs, the next participant in the group is chosen to stand in the center of the circle and the whole process is repeated. When all the groups have finished with the exercise, they return to the big circle.

This is followed by a "guided discussion" by the facilitator through questions such as:
• How did you feel when you were in the center of the circle?

• What was harder or more uncomfortable: while they were looking at you or when they turned their backs on you?
• How did you feel when you were part of the group that observed the one in the center?
• What was harder for you - while you were in the center of the circle or while you were part of the bigger group?

Invite participants to go back to their groups and give each group one example of peer violence (Handout 1. “True stories”). Participants should read their stories carefully and answer on following questions included in Handout 2. Give them at least 15 minutes for this. After all groups are finished, they will firstly read their stories and then present their answers to the rest of the participants. Wait till all groups are done with their presentations and to start the debriefing and then tell them that all of these stories are true.

DEBRIEFING AND EVALUATION

In order to conclude this workshop and to emphasize lessons learned ask participants following questions:
- Was it difficult to imagine yourselves as victims during the first part of the session? Why?
- How did you feel while you were reading your stories?
- Was it hard to find alternative solutions for the stories?
- Are there any similarities and patterns between these cases?
- How would you feel if I told you that all of these stories are true?
- Are your opinions changed now that you know these are real-life events? If so, Does anyone think otherwise?

TIPS FOR FACILITATOR

During the implementation of the first part of the session, the facilitator must take care that all groups work at approximately the same pace, so as not to disrupt the process. During this activity, it is extremely important that everyone is silent while doing this and that special attention is paid to how they feel during this exercise. If during the second part of the session the participants have a problem with answering the questions, the facilitator should help them a little by giving some ideas.

HANDOUT 1 - TRUE STORIES

Story No.1

The violence against Alex started in September 2010, when one student waited for Alex in front of the school, knocked him to the ground and hit him. The following month, in October of the same year, the same student took him out of the locker room and brutally beat him in the bush in front of the school. He kicked him and hit him in the head. Everything was recorded by school cameras. Alex ended up on an infusion at the hospital. The third month of peer violence, in November 2010, another student physically attacked Alex and threatened him. Younger students from the sixth grade also tried to beat him at the urging of the older ones. He hid in the teacher's car, they surrounded him and rocked the car. He was beaten eight times. In addition, they constantly threatened him, insulted him and chased him after school. He asked his parents and school for help. His parents informed the principal, school psychologist, class teacher, several other teachers, school police officers and the police about the abuse of their son. They also addressed the School Administration, the Education Inspectorate and the Ministry of Education. The school once informed the police and they initiated educational and disciplinary proceedings against a student who was identified as the leader of the bullies, but also against Alex. Increased educational supervision over the "leader" ended on March 28 as "successful", although he brutally beat Alex only two days earlier. The "leader" finished the school year with excellent behavior, and Alex got a decreased grade for behavior because he was "restless and disrupted the classes". He began to lose his appetite, suffered from insomnia, or twitched when he was waking up. Because of the threats he received, he was afraid for his mother, sister and father. He would regularly go down in front of the building to check if any of those who were threatening really set fire to the family car. According to the findings of psychologists and neuropsychiatrists, this kind of peer violence caused Alex's anxiety, and sub depressive mood. He was prescribed therapy, and it was decided at his home that he would transfer to another school immediately after the end of the school year. A few days later he jumped from the third floor of the building where he lived. At the time when Alex killed himself, on May 10, 2011, after seven peers abused him for more than eight months, he had a concussion, a leg in a cast and a diagnosis of post-traumatic syndrome. He loved football, music, computers and he wanted to be a military pilot.

HANDOUT 1 - TRUE STORIES

Story No.2

Anne just started high school when she fell in love with the boy from another class and they started dating; she had a lot of girlfriends and she got the attention of other boys from her school. Everything was fine until she wanted to end her one-year relationship. After the breakup she came home and that was when her problems began. She received screenshots of someone's chat where her ex-boyfriend described how he took her virginity and what she liked in bed. Her girlfriends took her side at the beginning, but soon enough those messages were available to everyone in school, and people started talking behind her back. She asked for help from the school counselor but she only got advice not to pay attention to the gossip. A few months passed and she would still receive inappropriate messages form unknown numbers and fake profiles offering her money for sex, asking for provocative photos, sending her pornographic content and insults. Ultimately, she deleted all of her social media accounts and she withdrew to herself. Her parents and her teachers did not notice sudden changes in her behavior or if they did, they connected it to puberty. Almost exactly one year after the messages of her ex- boyfriend circled the school, Anne's face was photoshopped on explicit photo of a porn actress and shared with everyone, but now she was not aware of what was happening, and she tried to understand why people were whispering around her, pointing fingers and laughing at her but no one would speak with her. She tried to talk with her girlfriends but they would purposely ignore her. After a few days, one of her friends called her and told her about the picture; this girl told Anne that her parents forbid her to be her friend as they also found out about the photo. Anne was all alone, and the bullying got even worse, she would be cat called, pushed, her classmates would throw stuff at her and she was embarrassed to talk with anyone. Just a few weeks after the notorious photo circled the school, Anne took her life. She hang herself in her bedroom.

HANDOUT 1 - TRUE STORIES

Story No.3

Sladjana was born in Croatia. Her family moved to the United States of America in 2001, when she was nine years old. She has been described as a pretty, energetic, and charming girl who enjoyed dancing and cooking and who was proud of her heritage. While still attending Junior High School, Sladjana began attending guidance counseling sessions, frequently reporting her difficulties in forming friendships, her clothing, accent, name and ethnicity being mocked and her enduring accusations of being a lesbian sourcing from rumors regarding her limited interactions with many of her male peers. She even threatened to commit suicide to her High School counselor. The severity of the bullying her daughter endured in junior high school led her mother to request her daughter to be transferred to another junior high school in the district, but this request was denied. Sladjana did try to make friends with her peers at this school. Her younger brother, Goran, would later recollect the almost daily bullying his sister endured at Junior High School and, later, High School, would frequently result in her returning home from school upset and/or in tears. The bullying she endured increased greatly following her enrollment at High School. As had earlier been the case at her Junior High School, students would mock her for issues such as her distinctive accent and her name, with classmates, some of whom had previously been her friends regularly referring to her as "Slutty Jana" and "Sladjana Vagina". In one incident a teenage boy pushed her down a staircase, but remained unpunished by staff for the incident because of his elite athletic status. The incident was determined by the school to have been an accident. In another instance, a girl struck Sladjana in the face with a water bottle. She was also known to have had her locker door slammed into her hand on at least one occasion, and her purse stolen and its contents emptied onto a table. Likely due in part or whole to this increased bullying, her school attendance record rapidly declined in tenth grade, and she was known to have occasionally skipped classes and detentions. Her older sister also recalled that prank callers would frequently call her sister, or send messages to her cell phone, telling her she and her family should "go back to Croatia", otherwise either she would be "dead by morning" or her tormentors would find her after school. Sladjana committed suicide by tying one end of a rope around her neck and the other around a bed post before jumping out her bedroom window. She was 16 years old. In her four-page suicide noteshe wrote that, for more than half her life, she had endured bullying from classmates. Her suicide note extensively detailed the abuse she had endured at the hands of her tormentors at school, listing issues such as being criticized for her accent, enduring derogatory insults such as being called a "slut" and a "whore", and enduring people throwing food and drinks at her during lunchtime, leading to her eating her lunch alone in the school bathroom.

HANDOUT 1 - TRUE STORIES

Story No.4

14-year-old Kenneth began to be teased and bullied by classmates at his High School after he came out as gay earlier that year. People that were originally his friends, they turned on him, a lot of people, they either joined the bullies or they were too scared to say anything. He suffered constant bullying, he was made fun of, they would point fingers at him, push him in the hallways, he was excluded from all groups and during breaks he would be completely ignored or attacked by his peers who were once his friends. The anti-gay bullying also continued online, where his classmates created a hate group against gays and added Kenneth's friends as members, and got even worse when the freshman started receiving death threats from students on his phone. This group incited hate and violence towards all members of LGBTQ community but Kenneth was the main target and more than often he would receive the same posts that were shared in that group. He lived in fear for his safety as the threats became more serious and more often. He would be followed, they would regularly prank-call him, mess with his belongings all while completely ignoring him every time he would try to make contact with his peers. His mother said her son told her, "Mom, you don't know how it feels to be hated." Ultimately, he took his own life because of the violence he suffered on a daily basis.

HANDOUT 2 - QUESTIONS

1. Why was the victim bullied?
2. What types of violence you identified?
3. Who is responsible for the bullying?

PEER VIOLENCE

TIME 45'

ANTI-BULLYING ACTIONS

Thisworkshop is a follow-up ofthe previous session. Participants will recognize all key actorsinprevention of peer violence and analyze all possible tools and measures which can protect young people from suffering any form of violence from their peers.

Objectives:	• To provide participants with clear idea who is responsible for safety of young people and which institutions are in charge for resolving and mitigating conflicts among peers • To create systems for victim support • To develop strategies for recognizing and responding to the peer violence
Materials:	• Flip-chart papers • Markers
Group size:	20-30
Preparation:	Prior to the workshop, facilitators should familiarize themselves with school bodies, authorities and institutions which are responsible for resolving problems of peer violence in order to provide participants with necessary support and information.

INSTRUCTIONS

Invite participants to think about previous workshops and conclusions drawn from them. Then do the brainstorming on "Prevention of peer violence". Tell them to think about all the ways violence can be prevented, what the most important steps in prevention are, who the key actors in prevention of peer violence are, what the outcomes of good prevention are, etc. After brainstorming, shortly analyze the participant's answers and further explain less familiar terms. When this introductory part is over divide participants in groups (you can form same groups as in previous session) and give them instruction to recognize and define all problems connected to the peer violence (how it begins, why it is happening, what the consequences are), tell them to focus equally on problems of the victims, their families, other students who witnessed the violence and bullies as well. When they are finished with analyzing these problems, invite them to come up with solutions for everything they recognize as a problem of peer violence. Tell them to focus on peer violence in general but encourage them to use stories from previous sessions as well. Give them at least 20 minutes to work in groups and when all

groups are finished, they should present their ideas.

DEBRIEFING AND EVALUATION:

Ask participants following questions in order involve them in discussion:
- Were you aware of all existing support and preventive systems which were mentioned during this workshop?
- Do you consider proposed strategies and measures as realistic?
- What are the main obstacles and challenges in the assessment and mitigation process once violence has been reported to the authorities?
- Why did the system fail victims of these stories?
- Why did we do this session, why is it important to learn about this topic?

TIPS FOR FACILITATORS:

Do research on this topic before the actual workshop. Learn who are the key actors for prevention and combating peer violence, what are the main steps in these processes, what is the hierarchy between institutions responsible for safety of young people, especially in primary and high school, etc. Allow participants to challenge their opinions, motivate them to defend their opinion but also to accept other people's opinions. All of this will empower them further and give them tools, knowledge, and courage to promote safe behavior among their peers.

PEER VIOLENCE

TIME 90'

DECONSTRUCT RIVALRIES, BUILD OPPORTUNITIES

To promote critical reflection on the dynamics of physical, verbal, and psychological violence among young people in the community and at school, linking the phenomenon to a lack of structural opportunities and proposing alternatives for healthy coexistence.

Objectives:	• To differentiate between manifestations of physical, psychological, and verbal violence among peers. • Critically analyze the structural (lack of employment, insecurity) and relational (normalization of violence, group rivalries) factors that generate conflict. • Develop community-based initiatives focused on mutual respect and social inclusion.
Materials:	Large sheets of poster board, colored markers, tape, cards with guiding questions for the groups.
Group size:	20-30
Preparation:	The facilitator should map the data from the 2026 community diagnosis, which highlights that the community is the space with the highest incidence of violence, followed by the school and the home. They should prepare the material for the social mapping.

INSTRUCTIONS

1. Context Mapping: The facilitator draws three concentric circles on the board: "Family/Home," "School," and "Community/Neighborhood." Participants place markers in the locations where they believe violence among young people occurs most frequently and intensely. The facilitator guides the reflection to demonstrate that verbal violence and prejudice are also forms of aggression.

2. Community Ideas Lab: Participants are divided into 3 working groups. Each group takes on the role of a "Youth Council" and receives a planning task to combat a specific cause of peer violence:

Group 1: How can we reduce rivalry between groups from different neighborhoods through sports or culture?

Group 2: How can we create job and employment opportunities that keep young people away from at-risk situations?

Group 3: How can we transform the family and school environment so that they stop normalizing violent behavior?

3. Solutions Fair: Each group displays their poster. Participants circulate around the room, read the proposals, and add suggestions using markers.

4. Conclusion: Summary by the facilitator on the importance of collective safety and freedom of movement for young people.

DEBRIEFING AND EVALUATION:

How do fear and insecurity in our neighborhoods affect your freedom of expression and movement in your daily lives?
Does a lack of job opportunities justify involvement in conflicts, or does it act as a risk factor that increases the likelihood of aggression?
How can a culture based on mutual respect break the cycle of envy and personal misunderstandings?
Verbal Assessment: A guided circle discussion where participants indicate which proposal is most feasible to implement immediately in their community to mitigate violence.

TIPS FOR FACILITATORS:

The facilitator should be mindful that discussions about rivalries between community groups do not generate real tension within the training room. Focus the discussion on the negative impact on the educational trajectory and long-term development of all young people involved.

MATERIAL FOR FACILITATORS:

Here you should attach all relevant documents, scientific articles or texts related to the topic of the workshop which will help facilitator to prepare themselves and to learn more about theoretical background of the workshop (for example: definitions on mental health, different medical terms, relevant sources for information on the topic if the topic is mental health of young people)

HANDOUT

Types of Violence Identified:

Physical violence: Direct confrontations, physical assaults, territorial rivalries.

Psychological and Verbal: Insults, threats, public humiliation, and social exclusion.

Identity politics: Structured prejudice and racism disguised as everyday interactions.

Materials for facilitators:

Normalization of Violence Theory: When young people grow up in family or community environments where physical and verbal conflict is the standard problem-solving tool, these patterns are culturally reproduced in peer relationships. Effective interventions must combine strengthening public safety with creating economic alternatives and socio-emotional education.

CHAPTER 3.2

THEMATIC WORKSHOPS
CYBERBULLYING

CYBER BULLYING

SITUATION ANALYSIS

TIME 90'

Thisworkshop aims to increasethesocial awarenessofyoung people aboutcyberbullying by definingwhatit isandanalyzing different cyberbullying types

Objectives:	• To understand the term cyberbullying • To analyze terminology connected with cyberbullying • To explore different cyberbullying situations that can occur
Materials:	• Flipchart • Papers • Writing tools • Handouts about cyberbullying and its types
Group size:	20-30
Preparation:	Facilitators divide participants into groups of 4-5 according to the total number of participants. Each group will be assigned a different Term (or more than one) connected to Cyberbullying to analyze. List of terms: Cyberbullying, Outing and Doxing, Cyberstalking, Scamming, Harassment.

INSTRUCTIONS

Participants in each group will be given around 25 minutes to search online or on the given resources the Term(s) they have been assigned. After they have a clear understanding of the Term, they will create a presentation to introduce and clarify the Term(s) to the rest of the group, in plenary. Every group should also include some examples either from real life or examples they found on internet. After each presentation, participants can ask questions and support the group by sharing ideas on how we can protect ourselves and they will also have an opportunity to share personal experience.

DEBRIEFING AND EVALUATION

- For the debriefing part, you can ask questions like:
- How much did you know these terms before?
- What did you learn during this session?
- How well can you recognize now different actions?

TIPS FOR FACILITATOR

Facilitators can prepare some handouts about the Terminology to support participants' research. Furthermore, they can support the groups during debriefing by asking to share personal experiences of participants related to each Term. Additionally, facilitators can present some of the support measures and ways for reporting in participants' countries (see Situation analysis).

HANDOUT - TERMINOLOGY HANDOUTS TO SHARE WITH PARTICIPANTS

Cyberbullying	Cyberbullying is bullying with the use of digital technologies. It can take place on social media, messaging platforms, gaming platforms and mobile phones. It is repeated behavior, aimed at scaring, angering or shaming those who are targeted. Examples include: • spreading lies about or posting embarrassing photos of someone on social media • sending hurtful messages or threats via messaging platforms • impersonating someone and sending mean messages to others on their behalf. Face-to-face bullying and cyberbullying can often happen alongside each other. But cyberbullying leaves a digital footprint – a record that can prove useful and provide evidence to help stop the abuse.
Doxing	Doxing or doxxing is the act of publicly revealing previously private personal information about an individual or organization, usually through the Internet. Methods employed to acquire such information include searching publicly available databases and social media websites (like Facebook), hacking, and social engineering. Doxing may be carried out for various reasons, including online shaming, extortion, and vigilante aid to law enforcement
Outing	Outing is the act of sharing or publishing private information online. This also includes when people share private information that is designed to be viewed by one person but is then shared to the world. This can include financial or personal information including address'. An example is that you send someone a text that was meant for your best friends, and then they spread that text.
Trickery	Trickery is the act of deceiving someone into giving out personal information to you or publishing it. This is almost the same as outing, except the person does not give out the information willingly. An example of this is seen to the right, in which it is a fake credit card catcher. A real-life example of this is that scammers are sending out emails for people to update their credit card information so they can get a new chip card. People then send all of their information to the scammers.

Cyberstalking	Cyberstalking refers to the use of the internet and other technologies to harass or stalk another person online, and is potentially a crime in some countries. This online harassment, which is an extension of cyberbullying and in-person stalking, can take the form of e-mails, text messages, social media posts, and more and is often methodical, deliberate, and persistent. Most of the time, the interactions do not end even if the recipient expresses their displeasure or asks the person to stop. The content directed at the target is often inappropriate and sometimes even disturbing, which can leave the person feeling fearful, distressed, anxious, and worried. Here are some examples of things people who cyberstalk might do: • Post rude, offensive, or suggestive comments online • Follow the target online by joining the same groups and forums. • Send threatening, controlling, or lewd messages or emails to the target. • Use technology to threaten or blackmail the target. • Tag the target in posts excessively, even if they have nothing to do with them. • Comment on or like everything the target posts online • Create fake accounts to follow the target on social media • Message the target repeatedly • Hack into or hijack the target's online accounts. • Attempt to extort sex or explicit photos. • Send unwanted gifts or items to the target. • Release confidential information online • Post or distribute real or fake photos of the target. • Bombard the target with sexually explicit photos of themselves. • Create fake posts designed to shame the victim. • Track the target's online movements by installing tracking devices. • Hack into the target's camera on their laptop or smartphone as a way to secretly record them. • Continue the harassing behavior even after being asked to stock.
Fraping	A 'Frape' or 'Fraping' (a combination of 'Facebook' and 'rape') is when someone has used your Facebook account without permission and destroyed comments or pictures or created new and offensive comments and pictures pretending to be you. Advice: Ensure your Facebook account is always logged off after use on laptops and desktops. Set up a password-ed screensaver on laptops and desktops to prevent access if the machine is left unattended. Set up a 'standby' password for smartphones and tablets – where the device requires a password or pin code for access if it is not used for more than a few minutes. If a frape is already in action on your account, visit http://www. facebook.com/hacked and Facebook will secure your account by locking out all other locations except yours.

Scamming	Scamming is a form of fraud and one of the most common types of confidence tricks. The scam typically involves promising the victim a significant share of a large sum of money, in return for a small up-front payment, which the fraudster claims will be used to obtain the large sum. If a victim makes the payment, the fraudster either invents a series of further fees for the victim to pay or simply disappears. Some types of scam: Attempts to gain your personal information Scammers use all kinds of sneaky approaches to steal your personal details. Once obtained, they can use your identity to commit fraudulent activities such as using your credit card or opening a bank account. Buying or selling Scammers prey on consumers and businesses that are buying or selling products and services. Not every transaction is legitimate. Dating & romance Scammers take advantage of people looking for romantic partners, often via dating websites, apps or social media by pretending to be prospective companions. They play on emotional triggers to get you to provide money, gifts or personal details. Fake charities Scammers impersonate genuine charities and ask for donations or contact you claiming to collect money after natural disasters or major events. Investments If you are looking for a fast way to make money, watch out – scammers have invented all sorts of fake money-making opportunities to prey on your enthusiasm and get hold of your cash. Jobs & employment Jobs and employment scams trick you into handing over your money by offering you a 'guaranteed' way to make fast money or a high-paying job for little effort. Threats & extortion Scammers will use any means possible to steal your identity or your money – including threatening your life or 'hijacking' your computer. Unexpected money Scammers invent convincing and seemingly legitimate reasons to give you false hope about offers of money. There are no get-rich-quick schemes, so always think twice before handing over your details or dollars. Unexpected winnings Don't be lured by a surprise win. These scams try to trick you into giving money upfront or your personal information in order to receive a prize from a lottery or competition that you never entered.
Dissing	Dissing refers to the act of a bully spreading cruel information about their target through public posts or private messages to either ruin their reputation or relationships with other people. In these situations, the bully tends to have a personal relationship with the victim, either as an acquaintance or as a friend.
Trolling	Trolling is when a bully will seek out to intentionally upset others by posting inflammatory comments online. Trolling may not always be a form of cyberbullying, but it can be used as a tool to cyberbully when done with malicious and harmful intent. These bullies tend to be more detached from their victims, and do not have a personal relationship.

Masquerading	Masquerading is an attack that uses a fake identity, such as a network identity, to gain unauthorized access to personal computer information through legitimate access identification. If an authorization process is not fully protected, it can become extremely vulnerable to a masquerade attack. Masquerade attacks can be perpetrated using stolen passwords and logons, by locating gaps in programs, or by finding a way around the authentication process. The attack can be triggered either by someone within the organization or by an outsider if the organization is connected to a public network. The amount of access masquerade attackers get depends on the level of authorization they have managed to attain. As such, masquerade attackers can have a full smorgasbord of cybercrime opportunities if they have gained the highest access authority to a business organization. Personal attacks, although less common, can also be harmful.
Flaming	This type of online bullying constitutes of posting about or directly sending insults and profanity to their target. Flaming is similar to trolling but will usually be a more direct attack on a victim to incite them into online fights. It can be posting of a provocative or offensive message, known as flamebait, to a public Internet discussion group, such as a forum, newsgroup or mailing list, with the intent of provoking an angry response (a "flame") or argument. Another example is corporate flaming is when a large number of critical comments, usually aggressive or insulting, are directed at a company's employees, products, or brands or political flaming which typically occur when people have their views challenged and they seek to have their anger known. Through the covering of one's identity people may be more likely to engage in political flaming.
Exclusion	Exclusion is the act of leaving someone out deliberately. Exclusion exists with in-person bullying situations, but is also used online to target and bully a victim. For example, your child might be excluded/uninvited to groups or parties while they see other friends being included, or left out of message threads or conversations that involve mutual friends.
Harassment	Harassment is a broad category under which many types of cyberbullying fall into, but it generally refers to a sustained and constant pattern of hurtful or threatening online messages sent with the intention of doing harm to someone.
Slut Shaming	Slut Shaming is a cyberbullying tactic primarily targeting a female. A form of sexual cyberbullying, Slut Shaming occurs when a cyberbully records images or videos of the target child that can easily be construed as sexually provocative. Often, the images and video used to shame the target child have been captured without the child's consent or knowledge. Once these images and videos have been obtained, the cyberbully publishes this information throughout the school and within social networking sites.

Sextortion	Sextortion is a cyberbullying tactic by which children exploit other children for sex and/or sexually themed activities in exchange for not disclosing embarrassing and humiliating information about the target child. If the target child does not submit to their sexual directives, they threaten to disclose sensitive information to loved ones, employers, educators, peers or organizations if the victim does not submit to their demands.
Sexting	Sexting is the slang term for the use of a cell phone or other Information and Communications Technologies to distribute images or videos of a sexually explicit nature. It can also refer to text messages of a sexually charged theme. Sexting is both a sexually oriented form of communication and a cyberbullying tactic. As a cyberbullying tactic, the cyberbully creates and/or disseminates sexually themed information about the target child that is both highly embarrassing and humiliating.

CYBER BULLYING

TIME 60'

KEYBOARD LIONS

During this session participantswillhavetheopportunityto understand better that onlinecommunication and especially onlineviolence affects people in the same way as offline communication. Besides this, behav- ior of cyber bullies will be brought to absurdity through dramatization to provoke reactions from participants.

Objectives:	• To make groups familiar with cyber bullying term • To discuss and analyze negative commenting online • To reverse the point of view on online commenting • To enhance creative writing and social interaction skills
Materials:	• Handout 1 with different examples of online violence
Group size:	20-30
Preparation:	In the handout section you can find 3 examples of cyberbullying, these handouts can be used as well but you should explore new and adjust existing examples of online violence to the group.

INSTRUCTIONS

Shortly discuss with the participants the problem of cyberbullying. Remind them that this is a safe space and that they can share their own personal experiences or events which happened in their community. Ask them what cyberbullying implies, ask them why they think this is happening, discuss shortly about different social media platforms and their role in online violence. Tell them that for the next part of this workshop you will need volunteers for dramatization of different situations. Tell them that not all participants have to take part as this exercise can be triggering for some people. Ask for the first couple to come in front of the group and explain the situation to them. One is the bully and other one is the victim, when they decide on the role give the script to the "bully" (this will be the handout), bully will read its lines and act according to the content of the script, after the first pair, the second pair or group will repeat the process and so on till all volunteers participated. This should be done quickly without discussions in between dramatizations and participants who volunteered to be victim, or a bully can switch their role for different examples. After this is done, invite participants to sit down in a closed circle in order to discuss this session more thoroughly.

DEBRIEFING AND EVALUATION:

This is the most important part of the workshop and it requires concentration and active listening. Sit with participants in the closed circle and lead the discussion with following questions:

- How did you feel during this exercise (as observer, as the victim and as the bully)?
- What were you thinking while others were yelling at you or threatening you?
- Was it harder to be a bully or to be a victim for those who acted as both? Why?
- What was your first thought on how to react to the violence?
- Would you react differently now that you had some time to think about it?
- Where is the difference between online and offline violence?
- What is the most appropriate way of responding to the bully / keyboard lion?
- Did this workshop change your understanding or opinion on cyberbullying? If yes, how, what is different?

The facilitators can finish the workshop by pointing out major questions and answers provided by UNICEF on the topic of cyberbullying such as:

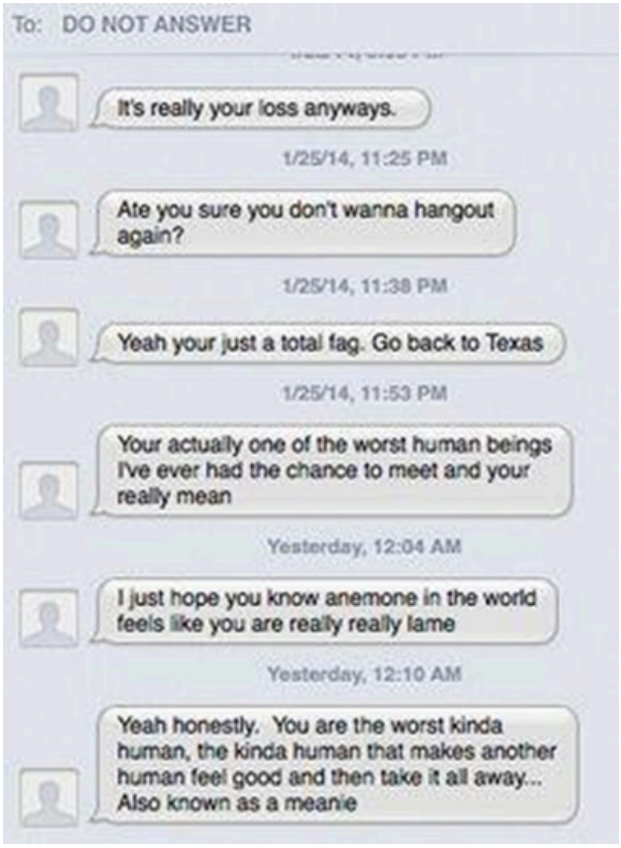
1. Am I being bullied online? How do you tell the difference between a joke and bullying?
2. What are the effects of cyberbullying?
3. Who should I talk to if someone is bullying me online? Why is reporting important?
4. I'm experiencing cyberbullying, but I'm afraid to talk to my parents about it. How can I approach them?
5. How can I help my friends report a case of cyberbullying especially if they don't want to do it?
6. How do we stop cyberbullying without giving up access to the internet?
7. How do I prevent my personal information from being used to manipulate or humiliate me on social media?
8. Is there a punishment for cyberbullying?
9. Internet companies don't seem to care about online bullying and harassment. Are they being held responsible?
10. Are there any online anti-bullying tools for children or young people?

At the end of the workshop, facilitators provide Handout 2 to the participants.

TIPS FOR FACILITATOR

This workshop can trigger some of the negative flashbacks for those participants who were victims of bullying, observe participants and remind them that this is acting and that if they do not feel comfortable, they can only observe but include them in the debriefing part. During the debriefing part you should lead the discussion but if you feel that participants are motivated to talk with each other let them speak freely.

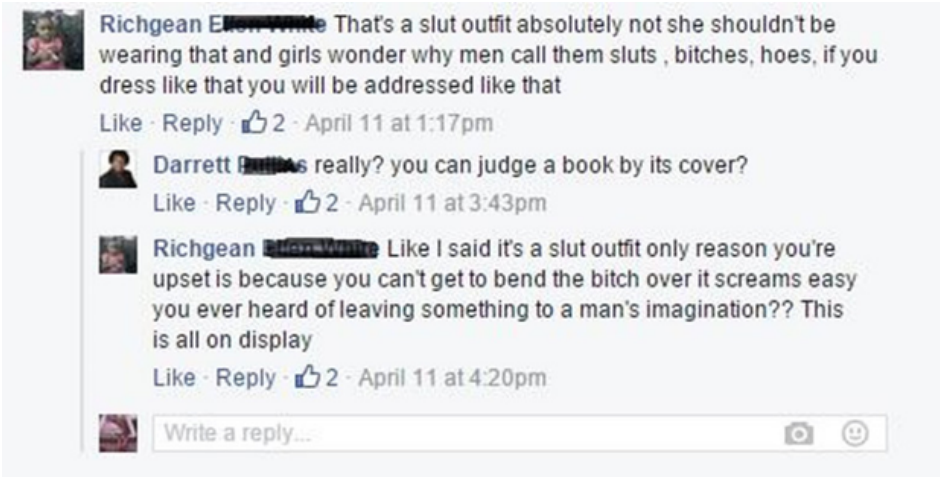
HANDOUT 1
Example 1.



HANDOUT 1
Example 2.



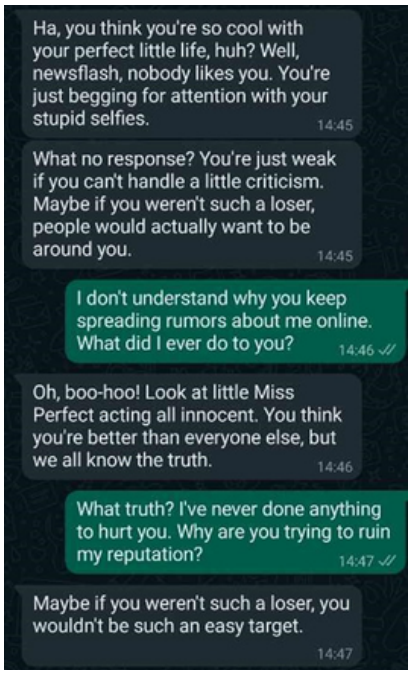
HANDOUT 1
Example 3.



HANDOUT 1
Example 4.



HANDOUT 1
Example 5.



HANDOUT 1
Example 6.



HANDOUT 1
Example 7.



HANDOUT 1
Example 8.



CYBER BULLYING

VERSION 2 - CYBER POLICE

TIME 60'

This activity is agame whichis designed to raise awareness about cyber bullying and improper speech online as well as positive comments need and power by improving creative writing and social skills.

Objectives:	• To make groups familiar with cyber bullying term • To discuss and analyse negative commenting online • To reverse the point of view on online commenting • To enhance creative writing and social interaction skills
Materials:	• Access to the internet • Paper and writing tools (pens, markers) • Handout 1 • Handout 2
Group size:	20-30
Preparation:	Facilitators should be ready for a discussion about cyber bullying and negative comment issues, find some online articles or posts on socially "sensitive" issues (e. g. body positivism, feminism, political or religious events) with a lot of comments.

INSTRUCTIONS

1. At the beginning of the workshop, facilitators introduce the topic of the workshop and starts the discussion about cyber bullying. Participants all together discuss the issue of cyber bullying and its negative aspects on young people. More attention is dedicated to negative commenting online and how it affects people. Participants are asked to share their personal experience too. Initial discussion should be up to 10 minutes.

2. Facilitators divides group into a couple of small groups with 4-5 people per group. The groups of cyber police are formed. They all get the task to analyse posts or articles at the social networks with socially "sensitive" topics. In this activity main focus of analysis should be put on the comment section than the article itself. Also, participants may use their own personal experience (their own posts or posts of their friends) if preferred. Groups of cyber police should review comments and pay attention to how many of them are good and supporting,

how many are negative. They should decide which comments they would block and why. Also, cyber police should suggest how to rewrite negative comments making them sound...positive! Time for this activity is up to 30 minutes.

3. If workshops might be extended, cyber police might create a wall of positive comments. In this case, they should write some of the best and most inspiring comments they found or, even better, create their own nice and positive comments and write them on this wall of comments.

DEBRIEFING AND EVALUATION

At the end of activity, all cyber police groups should present their results and discuss how easy was it to find positive comments, what is the balance between negative and positive comments, what kind of comments they would choose to block and why and also how they rewrote negative comments into positive ones, if it was easy or not and why. The facilitators can finish the workshop by pointing out major questions and answers provided by UNICEF on the topic of cyberbullying such as:

1. Am I being bullied online? How do you tell the difference between a joke and bullying?
2. What are the effects of cyberbullying?
3. Who should I talk to if someone is bullying me online? Why is reporting important?
4. I'm experiencing cyberbullying, but I'm afraid to talk to my parents about it. How can I approach them?
5. How can I help my friends report a case of cyberbullying especially if they don't want to do it?
6. How do we stop cyberbullying without giving up access to the internet?
7. How do I prevent my personal information from being used to manipulate or humiliate me on social media?
8. Is there a punishment for cyberbullying?
9. Internet companies don't seem to care about online bullying and harassment. Are they being held responsible?
10. Are there any online anti-bullying tools for children or young people?

At the end of the workshop, facilitators provide Handout 2 to the participants. Time for the activity is up to 20 min.

TIPS FOR FACILITATOR

These workshops might be combined with other topics too by selecting specific articles or posts; also different types of posts might be given to groups to see which social topics get more negative comments than others or comments differ from topic to topic (this discussion should be included in debriefing).

HANDOUT 1

Examples of socially sensitive articles or posts might be prepared if requested, the instructions are indicated above.

1. Am I being bullied online? How do you tell the difference between a joke and bullying?

UNICEF:

All friends joke around with each other, but sometimes it is hard to tell if someone is just having fun or trying to hurt you, especially online. Sometimes they will laugh it off with a "just kidding," or "don't take it so seriously.". But if you feel hurt or think others are laughing at you instead of with you, then the joke has gone too far. If it continues even after you have asked the person to stop and you are still feeling upset about it, then this could be bullying. And when the bullying takes place online, it can result in unwanted attention from a wide range of people including strangers. Wherever it may happen, if you are not happy about it, you should not have to stand for it. Call it what you will – if you feel bad and it does not stop, then it is worth getting help. Stopping cyberbullying is not just about calling out bullies, it is also about recognizing that everyone deserves respect – online and in real life.

2. What are the effects of cyberbullying?

UNICEF:

When bullying happens online it can feel as if you are being attacked everywhere, even inside your own home. It can seem like there is no escape. The effects can last a long time and affect a person in many ways:

- **Mentally** — feeling upset, embarrassed, stupid, even angry
- **Emotionally** — feeling ashamed or losing interest in the things you love
- **Physically** — tired (loss of sleep) or experiencing symptoms like stomach aches and headaches.

The feeling of being laughed at or harassed by others, can prevent people from speaking up or trying to deal with the problem. In extreme cases, cyberbullying can even lead to people taking their own lives. Cyberbullying can affect us in many ways. But these can be overcome, and people can regain their confidence and health.

3. Who should I talk to if someone is bullying me online? Why is reporting imp or tant?

UNICEF:
If you think you are being bullied, the first step is to seek help from someone you trust such as your parents, a close family member or another trusted adult. In your school you can reach out to a counsellor, the sports coach or your favorite teacher. And if you are not comfortable talking to someone you know, search for a helpline in your country to talk to a professional counsellor.
If the bullying is happening on a social platform, consider blocking the bully and formally reporting their behavior on the platform itself. Social media companies are obligated to keep their users safe. It can be helpful to collect evidence – text messages and screen shots of social media posts – to show what has been going on.
For bullying to stop, it needs to be identified and reporting it is key. It can also help to show the bully that their behavior is unacceptable. If you are in immediate danger, then you should contact the police or emergency services in your country.

Facebook/Instagram:
If you are being bullied online, we encourage you to talk to a parent, teacher, or someone else you can trust -- you have a right to be safe. We also make it easy to report any bullying directly within Facebook or Instagram. You can always send our team an anonymous report from a post, comment or story on Facebook or Instagram. We have a team who reviews these reports 24/7 around the world in 50+ languages, and we will remove anything that's abusive or bullying. These reports are always anonymous. We have a guide on Facebook that can help lead you through the process of dealing with bullying -- or what to do if you see someone else being bullied. On Instagram, we also have a Parent's Guide that provides recommendations for parents, guardians and trusted adults on how to navigate cyberbullying, and a central hub where you can learn about our safety tools.

Twitter:
If you think that you are being cyberbullied, the most important thing is to ensure you are safe. It is essential to have someone to talk to about what you are going through. This may be a teacher, another trusted adult, or a parent. Talk to your parents and friends about what to do if you or a friend are being cyberbullied. We encourage people to report accounts to us that may break our rules. You can do this through the support pages on our Help Center or through the in-Tweet reporting mechanism by clicking on the "Report a Tweet" option.

4. I'm experiencing cyberbullying, but I'm afraid to talk to my parents about it. How can I approach them?

UNICEF:
If you are experiencing cyberbullying, speaking to a trusted adult – someone you feel safe talking to – is one of the most important first steps you can take. Talking to parents is not easy for everyone. But there are things you can do to help the conversation. Choose a time to talk when you know you have their full attention. Explain how serious the problem is for you. Remember, they might not be as familiar with technology as you are, so you might need to help them to understand what is happening.
They might not have instant answers for you, but they are likely to want to help and together you can find a solution. Two heads are always better than one! If you are still unsure about what to do, consider reaching out to other trusted people. There are often more people who care about you and are willing to help than you might think!

5. How can I help my friends report a case of cyberbullying especially if they don't want to do it?

UNICEF:
Anyone can become a victim of cyberbullying. If you see this happening to someone you know, try to offer support. It is important to listen to your friend. Why don't they want to report being cyberbullied? How are they feeling? Let them know that they do not have to formally report anything, but it is crucial to talk to someone who might be able to help. Remember, your friend may be feeling fragile. Be kind to them. Help them think through what they might say and to whom. Offer to go with them if they decide to report. Most importantly, remind them that you are there for them and you want to help.
If your friend still does not want to report the incident, then support them in finding a trusted adult who can help them deal with the situation. Remember that in certain situations the consequences of cyberbullying can be life threatening. Doing nothing can leave the person feeling that everyone is against them or that nobody cares. Your words can make a difference.

Facebook/Instagram:
We know that it can be hard to report someone. But it is never OK to bully anyone. Reporting content to Facebook or Instagram can help us better keep you safe on our platforms. Bullying and harassment are highly personal by nature, so in many instances, we need a person to report this behavior to us before we can identify or remove it. Reporting a case of cyberbullying is always anonymous on Instagram and Facebook, and no one will ever know you let us know about this behavior. You can report something you experience yourself, but it is also just as easy to report for one of your friends using the tools available directly in the app. More information on how to report something is included in Instagram's Help Center and on Facebook's Help Center. You could also let your friend know about a tool on Instagram called Restrict, where you can discreetly protect your account without having to block someone -- which can seem harsh for some people.

Twitter:
We enabled bystander reporting which means that you can make a report on behalf of another person. This can now be done for reports of private information and impersonation as well.

6. How do we stop cyberbullying without giving up access to the Internet?

UNICEF:
Being online has so many benefits. However, like many things in life, it comes with risks that you need to protect against. If you experience cyberbullying, you may want to delete certain apps or stay offline for a while to give yourself time to recover. But getting off the Internet is not a long-term solution. You did nothing wrong, so why should you be disadvantaged? It may even send the bullies the wrong signal — encouraging their unacceptable behavior.
We all want cyberbullying to stop, which is one of the reasons reporting cyberbullying is so important. But creating the Internet we want goes beyond calling out bullying. We need to be thoughtful about what we share or say that may hurt others. We need to be kind to one another online and in real life. It is up to all of us! We need to be thoughtful about what we share or say that may hurt others.

Facebook/Instagram:
Keeping Instagram and Facebook safe and positive places for self-expression is important to us -- people will only be comfortable sharing if they feel safe. But we know that cyberbullying can get in the way and create negative experiences. That is why at Instagram and Facebook, we are committed to leading the fight against cyberbullying. We are doing this in two main ways. First, by using technology to prevent people from experiencing and seeing bullying. For example, people can turn on a setting that uses artificial intelligence technology to automatically filter and hide bullying comments intended to harass or upset people. Second, we are working to encourage positive behavior and interactions by giving people tools to customize their experience on Facebook and Instagram. Restrict is one tool designed to empower you to discreetly protect your account while still keeping an eye on a bully.

Twitter:
Since hundreds of millions of people share ideas on Twitter, it is no surprise that we do not all agree. That is one of the benefits because we can all learn from respectful disagreements and discussions. But sometimes, after you have listened to someone for a while, you may not want to hear them anymore. Their right to express themselves does not mean you are required to listen.

7. How do I prevent my personal information from being used to manipulate or humiliate me on social media?

UNICEF:
Think twice before posting or sharing anything online – it may stay online forever and could be used to harm you later. Do not give out personal details such as your address, telephone number or the name of your school. Learn about the privacy settings of your favorite social media apps. Here are some actions you can take on many of them:

- You can decide who can see your profile, send you direct messages or comment on your posts by adjusting your account privacy settings.
- You can report hurtful comments, messages and photos and request they be removed.
- Besides 'unfriending', you can completely block people to stop them from seeing your profile or contacting you.
- You can also choose to have comments by certain people to appear only to them without completely blocking them.
- You can delete posts on your profile or hide them from specific people.
- On most of your favorite social media, people are not notified when you block, restrict or report them.

8. Is there a punishment for cyberbullying?

UNICEF:
Most schools take bullying seriously and will take action against it. If you are being cyberbullied by other students, report it to your school. People who are victims of any form of violence, including bullying and cyberbullying, have a right to justice and to have the offender held accountable. Laws against bullying, particularly on cyberbullying, are relatively new and still do not exist everywhere. This is why many countries rely on other relevant laws, such as ones against harassment, to punish c y b erbullies.
In countries that have specific laws on cyberbullying, online behavior that deliberately causes serious emotional distress is seen as criminal activity. In some of these countries, victims of cyberbullying can seek protection, prohibit communication from a specified person and restrict the use of electronic devices used by that person for cyberbullying, temporarily or permanently. However, it is important to remember that punishment is not always the most effective way to change the behavior of bullies. It is often better to focus on repairing the harm and mending the relationship.

Facebook/Instagram:
On Facebook, we have a set of Community Standards, and on Instagram, we have Community Guidelines that we ask our community to follow. If we find content that violates these policies, like in the case of bullying or harassment, we will remove it. If you think content has been removed incorrectly, we also allow for appeals. On Instagram, you can appeal content or account removal through our Help Center. On Facebook, you can also go through the same process on the Help Center.

Twitter:
We strongly enforce our rules to ensure all people can participate in the public conversation freely and safely. These rules specifically cover a number of areas including topics such as:
• Violence
• Child sexual exploitation
• Abuse/harassment
• Hateful conduct
• Suicide or self-harm
• Sensitive media, including graphic violence and adult content.
As part of these rules, we take a number of different enforcement actions when content is in violation. When we take enforcement actions, we may do so either on a specific piece of content (e.g., an individual Tweet or Direct Message) or on an account

9. Internet companies don't seem to care about online bullying and harassment. Are they being held responsible?

UNICEF:
Internet companies are increasingly paying attention to the issue of online bullying. Many of them are introducing ways to address it and better protect their users with new tools, guidance and ways to report online abuse. But it is true that even more is needed. Many young people experience cyberbullying every day. Some face extreme forms of online abuse. Some have taken their own lives as a result. Technology companies have a responsibility to protect their users especially children and young people. It is up to all of us to hold them accountable when they are not living up to these responsibilities.

10. Are there any online anti-bullying tools for children or young people?

UNICEF:
Each social platform offers different tools (see available ones below) that allow you to restrict who can comment on or view your posts or who can connect automatically as a friend, and to report cases of bullying. Many of them involve simple steps to block, mute or report cyberbullying. We encourage you to explore them. Social media companies also provide educational tools and guidance for children, parents, and teachers to learn about risks and ways to stay safe online. Also, the first line of defense against cyberbullying could be you. Think about where cyberbullying happens in your community and ways you can help – by raising your voice, calling out bullies, reaching out to trusted adults or by creating awareness of the issue. Even a simple act of kindness can go a long way.
If you are worried about your safety or something that has happened to you online, urgently speak to an adult you trust. Many countries have a special helpline you can call for free and talk to someone anonymously. Visit Child Helpline International to find help in your country. The first line of defense against cyberbullying could be you.

Facebook/Instagram:
We have a number of tools to help keep young people safe:
• You can opt to ignore all messages from a bully or use our Restrict tool to discreetly protect your account without that person being notified.
• You can moderate comments on your own posts.
• You can modify your settings so that only people you follow can send you a direct message.
And on Instagram, we send you a notification you're about to post something that might cross the line, encouraging you to reconsider. For more tips on how to protect yourself and others from cyberbullying, check out our resources on Facebook or Instagram.

Twitter:
If people on Twitter become annoying or negative, we have tools that can help you, and the following list is linked to instructions on how to set these up.
• Mute - removing an account's Tweets from your timeline without unfollowing or blocking that account.
• Block - restricting specific accounts from contacting you, seeing your Tweets, and following you.
• Report - filing a report about abusive behavior.

CYBER BULLYING

TIME 45'

INSTAGRAM VS. REALITY

Participants will have theopportunity to discuss how much social media isaffecting their personalitiesand theirself-esteem and self-image which will allow them to better understand consequences of hateful and offensive comments.

Objectives:	• To encourage participants to think about influence of social media networks on their personal lives • To encourage critical thinking among participants • To understand what the terms are "beauty standards", "body positivity", "Self-absorption"
Materials:	• Two drawings of Instagram feeds on two flip-chart papers, • Sticky notes • Markers
Group size:	20-30
Preparation:	Draw two Instagram feed posts, one should have at least 2 thousand likes and a lot of comments, and the other one only 10 likes, everything else needs to be the same, leave the space where the picture normally goes empty.

INSTRUCTIONS

Ask participants if they have Instagram accounts, whether they are private or business accounts, ask them how much time they spend on this app, and ask those who do not use Instagram to explain why they do not use this app. After this, reveal two drawings of Instagram posts and ask them to notice the differences, after the big difference in the number of likes is recognized give each participants few sticky notes and give them the instruction to describe what can be on these two posts that resulted in so many / so few likes and to put their ideas on appropriate flipchart. Encourage them to write as many ideas as they want. After everyone finished, read each sticky note out loud and ask for the comments from the group (if they agree, if not why; if that is happening in reality, if they would like those posts, how many of those comments are negative, etc.). After this, facilitator should lead the discussion with following questions:

• Were your answers based on real examples, stereotypes or prejudices?

• In your opinion, who is more likely to be exposed to cyber bullying – a person with 2 thousand likes or 10 likes?

• What are the beauty standards?
• How much do those beauty standards influence young people, are there any differences based on gender? Who is more affected by this, boys or girls? Why?
• What is a self-image? Do we form our self-image based on external or internal influences? Explain?
• Can you really know someone only through their Instagram (or any other social media)?
• Why do people tend to embellish their lives and reality on social media?
• Who is more likely to receive offensive comments and messages on Instagram, famous person or non-famous person? Why?
• Is it easier for influencers or famous people to cope with negativity and cyberbullying? Explain?

After the discussion is over, ask them how they feel and tell them that they will now focus on the positive sides of Instagram (and other social media networks). Each participant should come up with at least one example of the benefits of Instagram or some other similar social media networks. Advise them to be concrete when giving examples, to use their personal experience or close examples in order to achieve diversity in responses.

DEBRIEFING AND EVALUATION

To conclude the workshop and to summarize lessons learned start up the conversation with following questions:
• Which part of this session was the most interesting to you, why?
• Were you surprised by some opinions and attitudes during the discussion?
• Will you use Instagram differently after this session? How?

TIPS FOR FACILITATOR

Keep in mind that some of the participants can be triggered by this session, or they can feel attacked by other participants during the discussions, try to relax the group prior to the discussion, remind them that this is a safe place where everyone can express themselves freely but without hurting someone else's feelings.

CYBER BULLYING

TIME 45'

CHALLENGE THE CHALLENGERS

Participants should develop skillsto recognizepotentially harmful anddangeroustrendsonsocial media andto usetheir imagination, creativity and critical thinking to counter those negative phenomena.

Objectives:	• To understand the negative consequences and safety risks of popular challenges on social media networks • To motivate participants to counter dangerous trends on internet and to promote safety on internet • To create new and alternative challenges while promoting safe behavior of young people
Materials:	• Internet connection • Papers • Markers
Group size:	20-30
Preparation:	Prepare some of the popular TikTok challenges in advance in case that participants aren't able to find or decide on one example.

INSTRUCTIONS

Ask participants how many of them have accounts on TikTok, start the conversation with them about the content they follow on this network, and ask those who do not use this social network to share their reasons for that. Ask them if they heard or participated in some of the popular challenges and to describe the challenge in question. After this short conversation, divide them into 5 groups and explain to them that in the first part of this session they will find one potentially dangerous challenge or trend which leads to young people being hurt in some way. Keep in mind that all groups should have different cases, so facilitators should monitor this part of the session carefully in order to avoid overlapping between groups. When all groups have their examples, invite them to analyze the challenge, who is the target group, why it is harmful / dangerous, if there are any victims or tragic outcomes, who is responsible for that, etc. The second part of the session will be to come up with alternative challenges or trends which will essentially promote safe behavior, healthy lifestyles, or creativity among young people. When all groups are finished, they will present the short review of the negative example they used as inspiration for their new challenge.

DEBRIEFING AND EVALUATION

Ask participants to sit back in their groups and ask them following questions:
- Did you know about all of the examples presented today?
- Were you surprised to hear about one specific challenge, why?
- Which positive challenge you liked the most? Why?
- If you think about the beginning of this session and the conversation we had, are there more positive or negative sides to the new social media like TikTok?
- Would you join in on some of the positive challenges presented today?

TIPS FOR FACILITATORS

Developed ideas can be used in real life and promoted on social media, so facilitators should encourage participants who are familiar with the topic to launch those ideas and put them to use.

MATERIAL FOR FACILITATORS

In case that participants, for some reason are not able to find appropriate examples, here is the link with some of the challenges from past and also current TikTok trends.

(https://www.distractify.com/p/most-dangerous-tiktok-challenges?fbclid=IwAR15-eIhRMZ5_2CV1dzOdRGAoHN78kupxJKn0HBy6A9_3GXcAG2D1dPziCQ) 11th of July 2021

CYBER BULLYING

THE SCREENSHOT CLOCK

TIME 90'

This workshop follows the first 24 hours after a harmful online post, message or image starts spreading. Participants explore how cyberbullying moves across platforms, how fast the harm grows, why screenshots and shares matter, and what realistic response can protect the targeted person. The workshop does not demonize technology; it teaches participants how to slow down harm, preserve evidence and choose safer digital behaviour.

Objectives:

- To recognise different forms of cyberbullying, including harassment, impersonation, exclusion, doxing, image-based abuse, hate speech and repeated humiliation.
- To understand the speed and scale of online harm and the role of sharing, liking, forwarding and commenting.
- To practise decision-making in the first 24 hours after a cyberbullying incident.
- To learn the basic response steps: do not engage in public conflict, save evidence, block or restrict, report to the platform, inform a trusted adult, and seek support.
- To develop empathy for the targeted person and responsibility among bystanders.

Materials:

- Printed timeline sheets: 0-1 hour, 1-6 hours, 6-12 hours, 12-24 hours
- Printed scenario cards
- Markers
- Sticky notes
- Flipchart paper
- Pens
- Optional: projector for showing a blank social media post template, not real harmful content

Group size: 20-30

Preparation: Before the workshop, prepare four large timeline sheets titled 0–1 hour, 1–6 hours, 6–12 hours and 12–24 hours and place them on the wall. Print and cut the scenario cards and prepare red and green sticky notes for each group. Review the reporting, blocking and safety tools available on the digital platforms most commonly used by the participants, but do not use real abusive posts, screenshots or private messages as examples. Prepare a short list of local helplines and reporting channels available through schools, youth centres or other relevant services. At the beginning of the session, make it clear that participants should not name real people, show real screenshots or reveal identifiable incidents from their own lives.

INSTRUCTIONS

Start the workshop by asking participants: 'When online violence happens, what causes the harm: the first post, the first share, the first comment, or the silence around it?' Invite several quick responses and write the main ideas on flipchart paper. Use their answers to explain that cyberbullying rarely consists of one isolated click. Harm often grows through a chain of actions in which people post, forward, comment, record, exclude, encourage or remain silent. Explain that the activity will examine how that chain can develop during the first 24 hours and where it can be interrupted.

Continue with a brief explanation of cyberbullying as repeated or serious harmful behaviour carried out through digital technologies. Mention that online and offline peer violence often overlap and may include spreading false information, sharing humiliating images, threats, impersonation, exclusion from group chats, revealing private information, hateful comments or pressure to send private content. Keep this input practical and avoid detailed legal statements unless the applicable local rules have been checked in advance. Emphasise that the workshop is not intended to identify or discuss real cases from the group.

Divide participants into four groups and give each group one scenario and one of the prepared time periods. Ask them to imagine what may happen during that part of the first 24 hours if nobody responds. On red sticky notes, they should record actions that may increase the harm, including who shares, comments, screenshots, jokes, warns the targeted person or remains silent. On green sticky notes, they should record actions that could slow down, interrupt or prevent further harm during the same period. Encourage the groups to think about the targeted person, friends, bystanders, adults and the platform itself rather than focusing only on the person who posted first. Give them approximately 15 minutes for the first round.

When the groups have completed their first timeline, ask them to rotate to the next sheet. They should read what is already there and add missing developments or protective actions without repeating the same ideas. Continue until every group has contributed to each timeline. Bring the participants back together and read the main patterns aloud. Ask what made the harm spread more quickly and which actions reduced its reach. Use the discussion to distinguish an immediate reaction, which may be emotional and public, from a planned response that protects privacy, preserves useful evidence and connects the targeted person with support.

Keep the same groups and assign each one a complete scenario. Explain that they are now a response team responsible for deciding what should happen during the next hour. They should prepare a short action plan for five roles: the targeted person, a close friend, a classmate who has the screenshot, a youth worker, teacher or coach, and the relevant platform or reporting channel. For each role, they should decide what to do, what not to do and who else may need to be involved. Ask the groups to present their plan as a brief news update using the structure: 'This is what we know. This is what we will not do. These are the next steps.' After each presentation, invite the whole group to identify one action that protects the targeted person and one action that could unintentionally spread the harm further.

Conclude the activity by giving each participant a small piece of paper and asking them to complete the sentence: 'Before I share, comment or forward, I will...' Participants may keep their sentence or place it on a common wall titled 'Before you tap'. Remind them that a screenshot can be useful as evidence when it is kept privately and shared only with someone who can help, but it becomes part of the abuse when it is circulated for entertainment, gossip or public confrontation.

DEBRIEFING AND EVALUATION

Use the following questions for the final reflection:

- What made the online harm grow fastest in the timelines?
- Which bystander action was easiest to do, and which one was hardest?
- Why can public defending sometimes make things worse for the targeted person?
- What is the difference between collecting evidence and spreading the harm again?
- Why do some young people avoid reporting cyberbullying?
- Which adults or services would young people actually trust in your community?
- What should be the group rule about screenshots of humiliating content?

For the evaluation, ask participants to form a line from 'not confident' to 'very confident' in response to three statements: 'I can recognise cyberbullying', 'I know what not to do', and 'I know at least two safe actions I can take'. After each statement, invite one participant from different parts of the line to explain their position. Finish with a one-word check-out describing how they feel after the workshop.

TIPS FOR FACILITATORS

Do not use real screenshots supplied by participants, as this may expose or re-victimise someone and can spread the harmful content further. If participants say that an incident is 'only online', ask what happens when the targeted person returns to school, training or home after other people have seen the content. Approach image-based abuse carefully, avoid explicit descriptions and focus on consent, privacy, evidence and support. Do not promise complete confidentiality when someone may be in immediate danger; explain clearly that the facilitator may need to involve a responsible adult or service to protect them. Encourage the use of platform reporting tools, but do not present technical reporting as a complete solution, because young people usually also need practical and emotional support from trusted people.

MATERIAL FOR FACILITATORS

- UNICEF - Cyberbullying: what is it and how to stop it (https://www.unicef.org/stories/how-to-stop-cyberbullying)
- UNICEF Europe and Central Asia - Cyberbullying: what it is and how to stop it (https://www.unicef.org/eca/cyberbullying-what-it-and-how-stop-it)
- Council of Europe - Digital Citizenship Education (https://www.coe.int/en/web/digital-citizenship-education)
- EU Better Internet for Kids (https://better-internet-for-kids.europa.eu/)

HANDOUT 1 - 24-HOUR RESPONSE CARD

If harmful content appears online:

1. Pause. Do not comment, insult back or share the content.

2. Save evidence safely: screenshot, date, username, link, messages. Do not forward it to friends.

3. Support the targeted person privately. Ask what they need and do not pressure them to react publicly.

4. Block, mute, restrict or report the account, depending on the platform and the situation.

5. Inform a trusted adult or responsible person: parent, teacher, youth worker, coach, school counsellor or platform safety team.

6. If there are threats, blackmail, sexual content involving minors, stalking or risk of physical harm, seek immediate adult and institutional support.

7. Follow up after the first day. Online harm does not end when the post is deleted.

HANDOUT 2 - SCENARIO CARDS

Scenario A - The fake profile: Someone creates a fake account using a participant's name and photo. The account sends rude messages to classmates. Some people believe it is real.

Scenario B - The private screenshot: A private message sent during an argument is screenshotted, taken out of context and shared in a group chat. People start adding insults and laughing reactions.

Scenario C - The edited photo: A photo from a youth event is edited to make one participant look ridiculous. It becomes a meme in several chats.

Scenario D - The exclusion group: A group chat is created with almost everyone from the class except one person. The chat is used to plan jokes, rumours and social exclusion.

Scenario E - The pressure message: A young person receives repeated messages asking for private photos. When they refuse, the sender threatens to spread rumours about them.

HANDOUT 3 - QUESTIONS FOR RESPONSE TEAM

What should be done in the first hour?

What should not be done?

Who needs emotional support?

What evidence should be saved?

Who should be informed?

What should happen tomorrow?

CHAPTER 3.3

THEMATIC WORKSHOPS
DISCRIMINATION

DISCRIMI-NATION

DIVERSITY CAFÉ

TIME 45'

Participants will have the opportunity to discuss some of the important social issues such as discrimination, they will understand better the position of marginalized groups and those who are at risk of social exclusion, they will focus on concrete examples to try to find the root of the problem and ways to fight it.

Objectives:	• To provide participants with opportunity to share their opinions and experiences about the discrimination • To motivate participants to use their critical thinking skills in order to better understand social problems which surround them
Materials:	• Handouts • Papers and markers • Tables
Group size:	20-30
Preparation:	Prior to the session put 3 tables in different corners of the room and chairs around them. Put one story on each table (Handout 1, 2, 3). Try to create café atmosphere and scenography. Facilitator can wear an apron and tray, when all groups go to their tables, the facilitator will serve them with conversation starters.

INSTRUCTIONS

Divide participants into 3 big groups and tell them the number of their table. They are supposed to choose one person who will lead the discussion (moderator) and one participant who will take the notes. They should read their story carefully and the moderator should start by asking some questions related to the story. Facilitator will "serve" previously prepared questions or "conversation starters" to each table which they should use in case that they need additional help to start up the conversation. Both, moderator, and participant who is taking notes should participate in the discussion, and the rest of the group should help them to create a short presentation about their case. Facilitators should monitor work in groups and help them to stay invested in that story, but also to encourage them to use some other similar examples to better understand why discrimination is happening. Ask them to think about stereotypes or prejudices which lead to the discrimination, to analyze the environment in which discrimination happened, could there be any legal justification for discrimination, etc. Give them at least 20 minutes for this. Each group will present conclusions of their discussions.

After the presentation participants should go back to the half circle in order to do debriefing and evaluation of this session

DEBRIEFING AND EVALUATION

Ask participants following question and allow them to ask questions as well:
- Were there any conflicts and / or disagreements within your groups, if so what was it about? Did you resolve it and how?
- How hard was it for you to imagine these situations happening in real life? What does that tell us?
- How do you feel about everything you heard during this session? (Each participant should answer this question)

TIPS FOR FACILITATOR

Facilitator can change stories, adapt them, or add more stories if they feel like the group will work better with less members, or if the whole group is bigger than 30 participants. Keep in mind that it is best to have different examples of discrimination in each story so that more topics can be covered.

HANDOUT - TABLE 1

Mark phoned a travel agency to book a holiday cottage for the first week in June. They said it was available for desired dates. After that he explained that he is coming for honeymoon with his husband and that they are very much looking forward to this trip. The agency then said that he cannot rent the cottage. On the same day his friend Zelda, phones the same agency and they allow her to book the cottage for the first week in June. The travel agency has refused a service to Mark because of his sexual orientation.

HANDOUT - TABLE 2

Susan applied for her dream job in one law firm. According to the candidate profile she is perfect for the job. Interview went smoothly and she was confident. She was not nervous; all the questions were easy for her and both parties seemed to enjoy the conversation. They asked her to wait in the lobby for some papers to sing and that she will be notified about the final decision. While she was waiting, an assistant came to her, gave her the papers, and started a friendly chat with her. Assistant "noticed" that Susan was wearing an engagement ring and asked her about her fiancé, when is the wedding, are they planning to have a big family, etc. Susan started to feel a little uncomfortable, but the women seemed friendly, so she answered, she said that the wedding is soon and that they plan a family but not a big one. She did not get the job; her friend from Law school called her to tell her that all the women who were interviewed for the job were asked about their plans for having kids and that at the end they hired a man.

HANDOUT - TABLE 3

Lisa is transgender person, and she just recently started her transition and she decided to move out of her parent's house and start her independent life. She found several apartments that were in her budget, and she applied for all. She was asked to come in person to meet the landlord of the apartment she liked the most. She was nervous because she experienced some unpleasant situations because of her gender but she decided to be confident since this was supposed to be the new beginning for her. As soon as she arrived at the place, the landlord looked at her and after uncomfortable silence he told her that he cannot rent her the apartment. Lisa asked for the reason, and he told her that in this building traditional values are respected and that they do not allow freaks to live next to the normal families and children.

HANDOUT - CONVERSATION STARTERS:

- Who is the victim?
- What type of discrimination is this?
- Why is this happening?
- Is this something that occurs only in less developed societies?
- Who is responsible for this type of discrimination?
- How would you react if you were the victim in this case?

HANDOUT

STEREOTYPES – *simplified and generalized opinions about certain group of people, assumptions that all members of the certain group have the same characteristics (they can be negative and positive). For example, "Roma people are thieves" or "All African-American are great basketball players"*

PREJUDICES – *negative feelings and attitudes towards an individual or certain social group, not based on reasonable and balanced knowledge and experience about that individual or group; unlike stereotypes, prejudices involve emotions and evaluation in reasoning. For example, "Chinese people are dirty, they are disgusting".*

DISCRIMINATION - *in all its possible forms and expressions – is one of the most common forms of human rights violations and abuse. It affects millions of people every day and it is one of the most difficult to recognize. It occurs when people are treated less favorably than other people are in a comparable situation only because they belong or are perceived to belong to a certain group or category of people. People may be discriminated against because of their age, disability, ethnicity, origin, political belief, race, religion, sex or gender, sexual orientation, language, culture and on many other grounds. Discrimination, which is often the result of prejudices, makes people powerless, impedes them from becoming active citizens, restricts them from developing their skills and, in many situations, from accessing work, health services, education and other areas of life. Prejudices + action = discrimination*

DISCRIMI-NATION

VERSION 2

TIME 60'

Increasing the social awareness of young people about discrimination by analyzing several discrimination types, their cause and effects

Objectives:	• To increase young people awareness on several discrimination types • To bring attention of young people on possible social solutions for preventing and combating discrimination
Materials:	• Flipchart • Papers • Writing tools • Handouts about discrimination types • Tables
Group size:	20-30
Preparation:	Prepare Handouts for each table.

INSTRUCTIONS

Facilitators should divide participants into 6 groups. Each group will be assigned a table with different discrimination types. Participants should explore what are the causes, consequences, and some possible solutions to the problems of discrimination types they were assigned. Facilitators will "serve" previously prepared questions or "conversation starters' to each table which they should use in case that they need additional help to start up the conversation. Participants will be given around 25 minutes to discuss and analyze concrete types of discrimination and they will be allowed to use internet for some definitions, statistics, or articles. Their presentations will be prepared on a flipchart paper which will be split into two parts, in the first part they will write about Causes (context and stereotypes and prejudice that are leading to this type of discrimination in the first place) and in the second part they will write about Effects (consequences). They will also include some concrete recommendations for preventing and combating discrimination.

DEBRIEFING AND EVALUATION

Facilitators should lead the discussion, but participants should be motivated and encouraged to take the lead and ask questions to other groups. Start with following questions:

- Were you aware of all these different types of discrimination?
- What did you learn in this activity?
- How hard was it to find relevant data on the internet about your topics?
- Can you give some examples of the discrimination your group had?
- How do you feel about everything you heard during this session? (Each participant should answer this question, if there is time)

TIPS FOR FACILITATORS

Monitor participants' work in groups and help them overcome difficulties if they have some. Keep in mind that some of the participants could have personal connections to the discrimination and support them additionally, allowed them to share their story if they are willing to do so.

HANDOUT

STEREOTYPES – *simplified and generalized opinions about certain group of people, assumptions that all members of the certain group have the same characteristics (they can be negative and positive). For example, "Roma people are thieves" or "All African-American are great basketball players"*

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HANDOUT

Table 1. Discrimination based on age
Table 2. Discrimination based on disability
Table 3. Discrimination based on sex
Table 4. Discrimination based on sexual orientation and gender identity
Table 5. Discrimination based on religion
Table 6. Discrimination based on race including color, nationality, ethnic or national origin

HANDOUT 2 - CONVERSATION STARTERS

1. Who are the victims of this type of discrimination?
2. What are the short term and long-term consequences of discrimination?
3. What are the main differences between those who are discriminating and those who are discriminated against?
4. How is this type of discrimination actualized?

DISCRIMI-NATION

SOCIAL RESPONSIBILITY

TIME 45'

Participants will explore all areas of society where discrimination is present mostly and they will analyze those areas through case studies so that they can better understand what needs to be done to combat and prevent discrimination in our societies.

Objectives:	• To understand how much discrimination prevents some people to have decent and dignified lives • To explore and identify the level of responsibility of individuals and institutions when it comes to the discrimination of certain groups of people • To propose and recommend some measures and actions for combat against discrimination
Materials:	• Projector • Projector screen • Internet connection • Mobile phones • Flip chart papers and markers
Group size:	20-30
Preparation:	Prior to the workshop, facilitator should create interactive presentation (Mentimeter) for the brainstorming with question: In which areas of society does discrimination exist?

INSTRUCTIONS

Invite participants to use their phones for this part of the session. They need to open the Mentimeter platform and enter the code you give them. When all participants join the presentation, they will have a few minutes to type in all the answers they think of for the question written on the screen - In which areas of society discrimination exists?. While they are typing, answers will pop up on the big screen, and those answers which are shown in the biggest fonts are the ones that are repeated and were entered several times by participants. When they are done, shortly discuss all the answers visible on the big screen. Explain to them that 4 biggest words (for example: employment, health care, social life, media) represent the areas of society they all think as the most exposed to discrimination and that they will be divided into these 4 groups. When groups are formed tell them that they will explore the topic of

discrimination based on real life cases. Each group, according to the area they got, will find one real case which will be the subject of their analysis. After the cases are defined, they will divide their groups in two, one part of the group will analyze specific case from the victim's point of view and other part of the group from the point of view of person/company/institution where discrimination is happening. Emphasize that the person in charge, company or institution does not necessarily have to be the guilty party but that they need to mitigate and respond to the discrimination which happened. Both subgroups will need to come up with recommendations and proposals for solving the concrete problem. After they are finished, each group will present their recommendation. Remind them that they can all refer to already established and existing measures and some possible ways how these measures can be improved.

DEBRIEFING AND EVALUATION

Ask participants to sit in a closed circle and to say one word to describe their emotions. After this ask them following questions:

- Who had more difficult job, groups which analyzed situation form the perspective of the victim or those who represented the person/company/institution where discrimination is happening? Why?
- How difficult was it to come up with solutions for already existing problems?
- Did you notice similarities between opposing group's solutions, why is that?
- Do you think your recommendation could be implemented in real life?

TIPS FOR FACILITATOR

Before the brainstorming, make sure that participants understand the concept of areas of society, if necessary, give them examples: social and health care, law, media, education, cultural life, etc.

DISCRIMI-NATION

WHO WILL NOT SIT NEXT TO YOU?

TIME 45'

This activity is meant to discuss discrimination, different types and levels of discrimination, participants will go deeper into the problems of discrimination, cause of discrimination and they will analyze which social groups are most exposed to the discrimination.

Objectives:	• To discuss and analyze different types of discrimination • To raise awareness about problems caused by discrimination • To find out which groups of individuals are discriminated the most and why
Materials:	• Papers and writing tools • The list of imaginary characters who fall into potential groups of discrimination on a flipchart paper
Group size:	20-30
Preparation:	Facilitators should prepare the list of imaginary characters that may face discrimination (Handout), choose six characters from the handout and write them on flip chart paper (in one vertical row) and leave place for red and green sticker dots

INSTRUCTIONS

Facilitators should start this session with the sound of a train stopping. After this they should say to the group that they will now go on a very long trip on the train that just arrived at the station. In each coupe there are four places, one for participants and three for other passengers. Participants will have the opportunity to choose their travel companions from the list of passengers, this is the time where facilitators reveal flipchart with the list of imaginary characters. They will work individually, and they will have to choose three people with whom they will share a coupe and three they would avoid. Facilitators should remind participants that they are not allowed to choose more than three passengers from the list for each category. For this they will have 10 minutes. After everyone is finished, they will read out loud their results and facilitators will note their answers, green sticker dots or pluses will be put next to the names of those passengers who are chosen while red sticker dots or minuses will be put next to the name of those who are not chosen by participants. After everyone is done write down the score list of all characters, first should be the person with least green or plus signs and last person

who has the greenest and plus signs. Facilitators should give a few minutes to the participants to observe the list and to think about the results. Then the debriefing part will start.

DEBRIEFING AND EVALUATION

Facilitator should ask following questions:
- What do you think about the results?
- Do you think these results are fair?
- Was it difficult for you to choose between these characters? Why?
- Why did you choose certain characters over the others?
- How do you feel about the fact that you had to choose?
- How did you form your decisions? / On what basis did you make these decisions?
- Do you know what stereotypes are? Prejudice?
- What is the main difference between these two terms?
- If we were doing this workshop in a different cultural environment would the results be the same?
- Invite them to discuss the first three characters on the list, why are they discriminated against, what are the consequences of their exclusion?

Conclude the workshop with some of the participants' recommendations for combating and preventing discrimination.

TIPS FOR FACILITATOR

When choosing, keep in mind the profiles of the participants and the topic of your activity. Handouts can be adjusted additionally by the facilitators if they recognize the need for it. After you give instructions, remind participants that they should approach this activity objectively and that they will not be judged based on their decisions, explain to them that this workshop will help determine roots of the problem which can provide them with additional knowledge and tools for combat against it.

HANDOUT 2 - CONVERSATION STARTERS

Illegal immigrant with vision impairment Homeless drug addict

Muslim man with briefcase

Roma girl in the wheelchair

70-year-old man with dementia Transgender prostitute

Gay police officer

Single mother with Down syndrome PhD student with schizophrenia Young

Roma girl with newborn baby Muslim immigrant with PTSD

Young guy with tattoos on whole body, including his face

Young black man

War veteran who lost his legs in a combat Single mother with bipolar disorder

Young Roma man with heroin addiction

A politician in his 60', with far-right views

DISCRIMI-NATION

UTOPIA

TIME 90'

Participants will have the opportunity to use their creativity and imagination and to create utopian societies and to use those new systems to combat against all negative phenomena such as discrimination.

Objectives:	• To stimulate the imagination and creative problem solving among participants • To encourage participants to think outside of the box in order to come up with ideas • To better understand how much discrimination is present and how far it goes
Materials:	• Papers • Markers • Flip-chart papers • Laptops • Projector and screen
Group size:	20-30
Preparation:	Prepare all necessary materials, feel free to add even more materials if you deem necessary for better dramatization. Print 3 words: racism, misogyny, islamophobia and fold them so that they are not visible and place them in a hat or a box.

INSTRUCTIONS

At the beginning of the workshop do a short brainstorming on the question: What is wrong with our society? Brainstorming will be done to remind participants about all existing areas of modern society, to think about culprits and systems which allow discrimination, for example: police, politicians, stereotypes, consumerism, media, distribution of wealth, etc. After the brainstorming, ask them if they know what Utopia means. After a few participants answer, give a similar definition to round up the first part of the workshop (see Handout).

Separate the group into 3 big groups and tell them that they got a unique opportunity to create their own social systems, their own personal Utopias where everything is exactly like they want it to be. Instruct them to create presentations for the promotion of their society in order to gather more people under their ideas. Remind them about their answers on brainstorming. Tell them to focus on the political system, ideology, social behaviors, education, health care,

technology, economy, etc. Encourage them to be creative and to think outside of the box, tell them that everything is allowed. For this they will need approximately 25 minutes. After that, each group will present their work. Facilitators will together with other participants give them short feedback. Ask them following questions:

- Did they enjoy this task?
- How difficult was it to create a whole system in such a short time?
- How hard was it to come to an agreement inside of the group?
- Which Utopia is the best?
- Do you think this is it, that we are done with our new societies?

After this use the element of surprise and play dramatic music and if possible, dim the lights. Give them a few moments to calm down. Tell them that you just received the news that something bad happened. Have another facilitator hand you a piece of paper and tell the group that they accidentally traveled in time. 500 years have passed since they created their societies and some problems resurfaced. Dramatize this part especially.

Tell them that they are not able to find out exactly what the problem is because they are too close to the problem, luckily other groups noticed those problems and they can help them to find out. But this will require some time.

Take the hat / box with words and tell them that each group will draw one term/word based on which they will create a scenario for the other group. Those scenarios should be based on the word they got but also on the presentations from the previous session. Participants should try to create very convincing problems, to come up with the number of people and/ or communities affected with the problem, for how long this problem exists, who is the guilty side, why it happened, etc.

Group 1 will give bad news to Group 2, Group 2 to Group 3 and Group 3 to Group 1. Give them 15 minutes for this. The task of each group, once they receive bad news, will be to come up with a solution based on their principles and rules of their societies and they will have 15 minutes to find the best outcome for this. Remind them that they should not use or include anything they did not include in the original story of their Utopia.

After all groups are finished with presenting the solutions, sit in a circle with the group and start the debriefing and evaluation. Keep in mind that some groups will not be able to find a solution, but that is ok and that can also be used as one of the conclusions. Participants should understand, at the end of these sessions, that even the most perfect societies have flaws and that no one is immune to problems but that only means that everyone needs to be included in promotion of tolerance, diversity, and protection of human rights.

DEBRIEFING AND EVALUATION

Ask them the following questions:
- How are you feeling?
- How did you feel while you were kept in the dark about the problems in your society?
- How difficult was it to think about the story for other groups?
- How difficult was it to find a solution, did you find the solution?
- Why does Utopia not exist?
- How come all societies have flaws?
- If you knew the outcome of this workshop, would you create a different Utopia? How?

TIPS FOR FACILITATORS

Because of the short time and so many requirements, participants can get nervous. Working under pressure is the point of this session because it represents just the first part. They need to focus on creating the best idea without thinking what will happen after they finish this. You need to monitor work in groups to mitigate and resolve any possible conflict. Feel free to give them guidance and inspiration but only regarding topics which cannot be directly linked to discrimination. After the last question during the debriefing, announce the second part of this workshop which will start after the break. Try to dramatize as much as you can this session, involve participants in the role play and acting. During the first part of this session encourage each group to remember the details of each society and tell them to create a realistic example, but they also can use a lot of imagination to make their story convincing.

HANDOUT 1

Definition of utopia:
- A place of ideal perfection especially in laws, government, and social conditions
- An impractical scheme for social improvement
- An imaginary and indefinitely remote place

HANDOUT 2

“Bad news”
For Group 1: Misogyny
For Group 2: Racism
For Group 3: Islamophobia

CHAPTER 3.4

THEMATIC WORKSHOPS
PSYCHOACTIVE SUBSTANCES

PSYCHO-ACTIVE SUB-STANCES

CHANGE THE METHOD

TIME 60'

This activity uses discussion and group work to show participants the negative effects of psychoactive substances and to examine their opinion about positive and negative effects of psychoactive substances.

Objectives:	• To learn more about negative effects of psychoactive substances • To recognize positive and negative effects of psychoactive substances • To get familiarized with activities which provide positive feelings
Materials:	• Flip chart papers • Markers
Group size:	20-30
Preparation:	On one flip chart paper write with capital letters PSYCHOACTIVE SUB-STANCES so that each participant can see what is written on the paper. Prepare 5 or 6 flip chart papers (depends on the group number, 1 flip chart paper per 5-6 participants). Divide each flip chart into 2 columns where POSITIVE is written from the left side and NEGATIVE is written from the right side of the paper.

INSTRUCTIONS

Ask participants if they are familiarized with any kind of psychoactive substances. Create a safe and relaxed atmosphere in order for them not to feel uncomfortable speaking about the topic. Tell them that you will examine different effects that psychoactive substances have on the mental and physical condition of abusers and how psychoactive substances change our general condition. Since the workshops is created for 20-30 participants, divide them in smaller groups of 5-6 participants per group and give them already prepared flip chart papers with 2 separate columns POSITIVE/NEGATIVE and give them instruction do discuss among themselves within smaller groups what the positive and what the negative effects of psychoactive substances are. Tell participants to choose any psychoactive substances they are familiar with, either that they know personally, or they read somewhere, or their peers shared experience with them. Tell them that after short discussion within the small groups, they should write down POSITIVE/ NEGATIVE effects of psychoactive substances on the flip charts. For this part of the activity participants will have 15 minutes.

Once they finish with writing, invite groups by group to present their conclusions and have a short discussion with the whole group about their conclusions. The groups will have 10-15 minutes for the presentation. When every group finishes with presentation of their conclusions on flip chart papers, ask participants to think about the POSITIVE effects of psychoactive substances and tell them to think about the ALTERNATIVE things that we can do to feel and experience these conditions and feelings, but without using psychoactive substance. For example, we can feel excitement because of some success we made or achieved, or we can be happy and pleased because of some situation etc. Offer them 1 or 2 examples and tell them to return to their previous groups and to have a short discussion, and then to write their conclusion on flip chart paper. Give participants 10-15 minutes for this part of the workshop. When they finish with writing of the things that make us feel different (happy, excited, satisfied, smiling), ask them to present their conclusions and to have discussion all together within the big group. For this last activity give participants 15 minutes.

DEBRIEFING AND EVALUATION

Ask participants to comment on the activity and to express their personal feelings and attitudes toward psychoactive substances. Ask them if psychoactive substances are good for our mental and physical conditions, although sometimes we can have feelings that they are affecting us. Provoke them to come to the conclusion that psychoactive substances are not good for our body, not even in controlled and small amounts. Explain to them that the excitement that we feel is truly short but has an extremely negative effect on the mental and physical condition of our body and mind and can have very negative consequences. Discuss together with them what activities can provide us with happiness, excitement, and pleasure and how we can experience these feelings and conditions without the use of psychoactive substances.

TIPS FOR FACILITATOR

Facilitators for this session should be informed more about different psychoactive substances and their effect on users' mental and physical condition. Facilitators should create a safe and relaxed atmosphere in order for participants to feel free to discuss abuse of psychoactive substances. Facilitators should tell participants that there will be no judging for those who share their personal experiences and to encourage participants to be as open and honest as they can. Facilitators finish the workshop with the conclusion that many alternative activities were listed for providing us with pleasant feelings and that psychoactive substances are always negative with dangerous consequences for us and for our local community.

PSYCHO-ACTIVE SUB-STANCES

LET'S PLAY THE GAME

TIME 45'

This workshop uses playing a game(quiz) as a method in work with young people and provides young people with new knowledge about different types of psychoactive substances and their negative effects on mental and psychical condition of the body.

Objectives:	• To recognize the type of the psychoactive substances and to learn more about their negative effects • To be aware of negative effects of psychoactive substances • To learn to connect the type of psychoactive substances and their effects on people's conditions
Materials:	• Flips chart • Markers • Handout
Group size:	20-30
Preparation:	Facilitators should write questions with correct answers on the paper for reading during the workshop. The flip chart should be ready for writing the scores of the groups.

INSTRUCTIONS

One of the facilitators explains that the group will play a quiz about psychoactive substances. The whole group is divided into smaller groups of 5-6 participants (5 to 6 groups should be created, depending on the total number of participants) and the facilitator gives instructions that the participants should sit within their groups. Once participants are gathered into smaller groups, facilitators ask them if they are ready for the quiz. Two facilitators read the questions alternately and comment after answers, and one co-facilitator writes scores on the flipchart. One facilitator reads one question, and groups answer one by one until they get the correct answer. The group with the correct answer gets one point which is written on the flipchart. After every answer facilitators comment shortly with the whole group what the question and answer were about.

The concept of the questions is created to examine the effects of specific psychoactive substances and to provide participants with information about what effects different psychoactive substances have on the mental and psychical condition of a person's body. During the quiz

participants can link different psychoactive substances with their effects and to realize and understand better which consequences psychoactive substances have on our neuro and motoric system. Every psychoactive substance has at least 2 or more effects and explanations. In order to give every group a chance to participate, facilitators will read one row for each group and that group will have a certain time to answer (up to 20'). If the group guesses the psychoactive substance, the facilitator will read all the effects and explanations until the end for that particular psychoactive substance. If the group cannot guess after reading one effect or explanation, then the facilitator reads another effect or explanation for another group. If there is no correct answer from any of the groups, the facilitator will tell the groups the correct answer with additional explanation of that psychoactive substance. The point of the quiz for participants is not to have more points, but to have the opportunity to learn more about different psychoactive substances and their negative effects.

DEBRIEFING AND EVALUATION

Facilitators ask participants to comment how they felt during the activity and if they understood different effects of particular psychoactive substances. Together with participants, facilitators provide explanations once again about the link between effects and specific psychoactive substances and how different psychoactive substances can have short-term and long-term effects on our body.

TIPS FOR FACILITATOR

Facilitators should create a suitable atmosphere for participants not only to compete during the quiz, but to have the opportunity to learn something new, to respect everyone's opinion and not to make fun of those who answer wrong questions.

HANDOUT - EXPLANATION OF PSYCHOACTIVE SUBSTANCES AND THEIR EFFECTS, DURATION OF EFFECT AND CONSEQUENCES THEY HAVE FOR A PERSON'S BODY

Alcohol (Booze, drink)	The abuse of this psychoactive substance is widely spread in our country. Constant abuse of this psychoactive substance can lead to damaged liver, brain and other important organs and systems. Mixing of this psychoactive substance with other psychoactive substances is very dangerous. People who abuse this psychoactive substance more often have traffic accidents, participate in fights etc. Abuse of this psychoactive substance influences potency. Advice: Never drive if you are under the influence of this psychoactive substance. Remember: Your reactions are slower.
Marijuana (grass, green, weed)	The effect of this psychoactive substance depends on how a person feels before consumption, the amount of the psychoactive substance and how much is strong. The effects usually start after 2-5 minutes and last between 1-5 hours. Active substance of this psychoactive substance can cause dementia, problems with learning or problems at work. Do not forget, this psychoactive substance leads to tension growth and even paranoia. Following effects are dry mouth, dilated pupils, redness around the eyes, arrhythmia, uncontrolled laugh and hallucinations.
Hashish (skank)	The effects of this psychoactive substance depend on how a person feels before consumption, the amount of psychoactive substance and how much is strong. The effects usually start after 2-5 minutes and last between 1-5 hours. Active substance of this psychoactive substance can cause dementia, problems with learning or problems at work. Do not forget, this psychoactive substance leads to tension growth and even paranoia. Following effects are dry mouth, dilated pupils, redness around the eyes, arrhythmia (faster heart rate), uncontrolled laugh and hallucinations.

Speed, Amphetamine	Abuse of this psychoactive substance speeds up the work of the heart, affects blood pressure and gives a feeling of increased energ y. The effects usually start after 40 minutes and last for 6-8 hours, followed by a collapse. Fatigue, panic attacks, then depression can occur, and infections and colds are more common. Mixing these psychoactive substances and antidepressants can be deadly. Taking this psychoactive substance with other drugs, such as alcohol, is extremely hard for the body and dangerous.
Hallucinogenic LSD and mushrooms (acid, trip, picture, hits, instant zen, lens, mellow yellow, Lucy in the sky with diamonds)	These psychoactive substances are enormously powerful hallucinogens. They act in such a way that under their influence the environment is seen very strangely. They influence what is thought of oneself and one's surroundings. Because of them, familiar objects, people, and music can seem strange. The effects can last from 8 to 12 hours, and even longer and they are accompanied by trips. Trips are always risky. They often end up as horror trips, which makes them paranoid and depressed. Also, flashbacks can occur in users, which means that the same effect is felt even weeks after taking the hallucinogen, even if nothing is re-taken
Cocaine (snow, sniff, white rock, crack, coke)	This psychoactive substance accelerates the work of the heart and increases blood pressure. The effect is reflected in an intense feeling of euphoria that lasts about 2 minutes, followed by a slightly less intense feeling that lasts 20-30 minutes. May cause nausea, nervousness, or aggression. These psychoactive substances quickly become addictive, and many abusers need them more and more to constantly have that feeling of euphoria. Consequences of abuse: incontinence, paranoia, insomnia, loss of motivation, depression, "bugs of this psychoactive substance" - a feeling of tingling under the skin, heart disease, damage to the nose and mucous membranes.

Heroin (dope, smack, horse, brown, beast, hero)	This psychoactive substance is extremely fast and easily addictive, no matter how it is used. The same goes for any other opioid substance, such as opium, morphine, etc. This psychoactive substance cause the effect immediately when taken, and last for 4 to 5 hours. Addiction to this psychoactive substance is expensive. Poverty accompanies this addiction. Using the same needles and syringes among users causes hepatitis-C and HIV / AIDS infections. Additional explanation: Heroin is one of the most dangerous drugs, often causing death. Heroin is a white or brown crystalline powder that can be sniffed, smoked or injected into a vein.
Ecstasy (MDMA) (Molly, E, XTC, X, Adam, hug, lover's speed, love drug)	This psychoactive substance is of different shape and size, different colors (in our country they are usually blue and white), with very numerous and different signs imprinted on the surface (smileys, mercedes, dolphin, cougar, ..) or in the form of powder. This psychoactive substance is a synthetic drug that has a combined stimulating and hallucinogenic effect. The first effects begin 20-90 minutes after consummation and last for 4-6 hours. This psychoactive substance speeds up the work of the heart, raises blood pressure, body temperature, causes tingling and sweating, blurred vision, a feeling of closeness with others, insomnia, tension, hallucinations, paranoia.
Inhalants (glee, solvents)	Abuse of these psychoactive substances can quickly lead to brain damage, and their effect on the heart and lungs can be lethal. Prolonged abuse leads to damage of the liver, kidneys, lungs and nervous system. Inhalants cause aggressive behavior.

PSYCHO-ACTIVE SUB-STANCES

SAFE LIFESTYLES

TIME 45'

This workshop enables participants to debate about certain statements from real life situations and to learn more about safe lifestyles and how to act responsible. The participants will learn more about different life situations, who is safe and not safe for them, and what kind of situations they should avoid.

Objectives:	• To examine the attitudes of young people when it comes to certain social behavior • To provide participants with knowledge about safe lifestyles and responsible behavior • To give participants enough space to express themselves and come out of their comfort zone
Materials:	• A4 color papers • Duct tape • Markers • List of possible life situation
Group size:	20-30
Preparation:	Print on 3 different color A4 papers next statements: SAFE BEHAVIOR, NOT SAFE BEHAVIOR and CAN'T DECIDE and put them on three different sides of the working room. Print the list of possible life situations for reading.

INSTRUCTIONS

Gather the participants in the half circle and tell them that through this workshop their attitudes and opinions will be questioned, but in a different way than usual discussion. Divide them in three groups and tell them to sit with their assigned group. Once they are within their groups, explain to them that from the beginning to the end of the workshop they will be representatives of three different opinions: SAFE BEHAVIOR, NOT SAFE BEHAVIOR and CAN'T DECIDE. Group 1 should stand up in front of the color paper with SAFE BEHAVIOR, group number 2 in front of NOT SAFE BEHAVIOR and third group in front of CAN'T DECIDE color paper. Each group will remain in front of the appointed sign and stay there from the beginning till the end of the workshop. The facilitator will give further instructions that certain statements from real life will be read, and participants should discuss every statement according to the sign they are standing in front of. Appointed color paper means that participants are defending this kind of opinion. So, after every statement read by facilitator participants from each group

should comment and discuss like that this is their personal opinion. The workshop ends with sitting in the half circle like in the beginning and short discussion about the whole activity. The point of putting the participants in front of particular paper with SAFE BEHAVIOR, NOT SAFE BEHAVIOR and CAN'T DECIDE is to provoke critical thinking of participants and to put them in situation when they have to defend an opinion which is not personally theirs. This kind of work helps young people to debate with each other and to compare opinions even when they disagree sometimes. Combination of debate and presentation of critical thinking is good because it involves the whole group and not just individuals who are often active in discussions.

DEBRIEFING AND EVALUATION

The point of the workshop is to question and provoke young people's opinion about abuse of psychoactive substances and alcohol and if certain life situations are safe or not safe for them, their friends, families and their surroundings. Ask participants how the activity was for them personally and how they felt when they got a certain opinion to defend, although they do not think like that personally. Ask participants how they would react if they had the option to choose their answers. Tell them to share some of their personal stories if they have them or stories from their peers familiar to them.

TIPS FOR FACILITATOR

Facilitators should prepare suitable statements and life situations in order that all three options are represented. Facilitators should create a safe atmosphere for participants to feel comfortable sharing their opinion. The facilitator should explain that this is just exercise and that this does not represent the opinion of each participant and ask participants if they understand that. Facilitator should provide participants with enough space to express themselves and that participants do not mock each other, but to be supportive.

HANDOUT - STATEMENTS

1. I ordered draft beer with my friends in a bar.

2. An unknown beautiful girl gives me a pill at a party, and she tells me to take it because it will make me feel better.

3. I like to drink cocktails because they consist of several alcoholic drinks.

4. I went out in the night club, and when I wanted to go to the toilet, I saw several guys sniffing white powder. I will call the police.

5. I am hanging constantly with friends who smoke weed.

6. I take ecstasy at every festival I visit, because in that way I have a better time.

7. I will call a drug dealer and order a few grams of marijuana.

8. Youngsters from my neighborhood, who are minors, asked me to buy vodka in the store in front of the buildings for them.

9. Every time I go out to the bar, I mix different alcoholic drinks.

10. My best friend asked me to take a small box to the unknown address and told me that they will give me something in return.

11. My friend, who was drinking alcohol, will drive me to my house.

12. My friend asked me to take care of him when he tries LSD.

13. I am driving my friend who is extremely drunk and drugged in the front seat of my car.

14. I will call a drug dealer and order several "movies".

PSYCHO-ACTIVE SUB-STANCES

WATCHING FROM ANOTHER ANGLE

TIME 60'

The point of this session is to provide participants with the opportunity to observe abuse of psychoactive substances from different perspectives and not only from the angle of young people. The session should encourage young people to think open-minded and to be responsible for their own actions.

Objectives:	• To provide participants the opportunity to observe abuse of psychoactive substances from different perspectives • To give participants the opportunity to exit their comfort zone and to realize how abuse of psychoactive substances and alcohol affects all society categories
Materials:	• Flip chart papers • Markers • A4 papers • Pens
Group size:	20-30
Preparation:	Prepare six flip chart papers and on each paper write a different social category: decision makers (public authorities), police, psychologists, sociologists, parents, young people.

INSTRUCTIONS

Explain to participants that they will have an activity with role play and that today the discussion will be about the position of abuse of psychoactive substances and alcohol in society and how different social categories observe this topic. Divide the whole group into 6 smaller groups and tell participants to sit with the number they got. When participants are gathered in smaller groups, give each group one flip chart paper with previously written social category so that every group represents one social category. Explain to participants that they should discuss among themselves within the small groups what is the opinion and attitude of the social category they got on the flip chart paper about the abuse of psychoactive substances and alcohol. Participants will have 20 minutes to discuss and to write down on the flip chart the conclusions they got through the discussion. When every group finishes with writing of conclusions, they will present everything they wrote to other participants and discuss at the end of each presentation. Presentation of the conclusions together with discussions should not

exceed 30 minutes.

DEBRIEFING AND EVALUATION

The point of the workshop is that participants realize that there is not only one point of view and that abuse of psychoactive substances and alcohol in society is a very serious problem which affects almost every social category and every aspect of society. It is a general problem for everyone, and it is important that participants realize the position of abuse of psychoactive substances and alcohol in society from every aspect. Ask participants how they felt during the activity and encourage them if they would like to share some personal story or experience. Ask participants what can be done in order to lower down the abuse of psychoactive substances and alcohol in society, what would they suggest and what is their opinion about the current situation in their societies.

TIPS FOR FACILITATOR

Facilitators should support participants for them to feel included and accepted. It is not easy to think like someone else and to present that kind of opinion in front of others, and facilitators should support participants throughout all activities. These topics are sensitive, and facilitators should provide an atmosphere where participants will also support each other and not make fun and laugh at each other. Facilitators should give all necessary support to participants during their discussion and presentation of their conclusions.

HANDOUT - DETAILED EXPLANATION OF ROLES OF SOCIAL CATEGORIES: DECISION MAKERS (PUBLIC AUTHORITIES), POLICE, PSYCHOLOGISTS, SOCIOLOGISTS, PARENTS, YOUNG PEOPLE IN SOCIETY.

Decision makers (public authorities)	How does the law recognize and criminalize the abuse of psychoactive substances in your country? For what acts within the abuse of psychoactive substances does the law punish individuals and groups? How would you change the laws if you think that they are not strict enough?
Police	What is the attitude of police toward the abuse of psychoactive substances? How do police punish persons they catch with some kind of psychoactive substances? Do police punish everyone? How does police work on decreasing the level of psychoactive substances abuse as well as the amount of them on the streets and their availability?
Psychologist	What are the efficient support programs for young people who abuse psychoactive substances? How do psychologists work actively on decreasing psychoactive substance abuse among young people? Who do they involve in the work with psychoactive substances users (other experts / institutions)?
Sociologists	What is the role of sociologists? How do they observe psychoactive substances abuse? What concrete solution do they offer for decreasing the psychoactive substance abuse? How do they involve parents of young people who use psychoactive substances?
Parents	Do parents report children who abuse psychoactive substances or they try to keep everything as a secret within the family? How are parents supportive to the addiction of their children who abuse psychoactive substances? How do parents act towards the friends of their children for whom they know that they use psychoactive substances?

Young people	What is the attitude of young people toward psychoactive substances? Do young people easily try psychoactive substances? What is the need and reason for abusing the psychoactive substances?

PSYCHO-ACTIVE SUB-STANCES

THE OFFER BEHIND THE OFFER

TIME 90'

Substance use is rarely presented to young people as a risk. More often it comes as a promise: relax, belong, be brave, perform better, forget the stress. This session examines the pressure behind those promises and the possible price that follows. Participants work with realistic situations, challenge myths, practise refusal language and learn how to support a friend without shame or cover-up.

Objectives:

- To identify common social situations where young people may be pressured or tempted to use psychoactive substances.
- To separate myths, promises and social pressure from real short-term and long-term risks.
- To practise refusal and exit strategies that protect dignity and reduce peer conflict.
- To recognise signs that a person may need urgent help because of substance use or intoxication.
- To promote support-seeking and non-judgemental conversations instead of shame and silence.

Materials:

- Printed scenario cards
- Printed myth cards
- Printed refusal cards
- Flipchart paper
- Markers
- Sticky notes
- Pens
- A box or envelope named "Pressure box"
- Optional: local referral list for counselling, health services or addiction support

Group size: 20-30

Preparation: Before the workshop, prepare accurate local information about emergency services, counselling, health care and substance-use support. Print and cut the myth cards, scenario cards and refusal sentences, and prepare a box or envelope labelled 'Pressure box'. Do not bring real substances, realistic drug props or material that demonstrates how substances are prepared or used. Review the safeguarding procedure for disclosures involving immediate danger, dependency, coercion, trafficking or a minor at risk. The session should strengthen critical thinking, refusal skills and supportive responses without asking participants to disclose personal experience or relying only on frightening images and extreme outcomes.

INSTRUCTIONS

Start the workshop by giving participants sticky notes and asking them to write one sentence that a young person might hear when someone wants them to drink, smoke, take a pill, use a vape or try an unknown substance. Examples may include ‘Do not be boring’, ‘Everyone does it’, ‘It is natural’, ‘It will help you relax’ or ‘One time is nothing’. Ask participants to place their notes in the Pressure box. Read several examples aloud without identifying the authors and ask what makes these sentences persuasive.

Write the words PRESSURE, PROMISE and PRICE in three columns on flipchart paper. Together with the group, place the sentences from the box under pressure or promise and then ask what possible price may be hidden behind each one. Participants may identify loss of control, unsafe decisions, panic, conflict, dependency, overdose, legal problems, broken trust or increased anxiety. Keep the discussion factual and avoid exaggeration. Emphasise that the contents and strength of a pill, powder, vape or drink may be unknown even when another person claims to know exactly what it contains.

Divide participants into small groups and give each group a set of myth cards. Ask them to decide whether each statement is a myth, partly true or impossible to assess without more information. They should then rewrite it as a safer and more accurate message. Move between the groups and ask what evidence they are using, what information is missing and whether the statement could encourage a risky decision. Correct misinformation clearly, but do not provide detailed descriptions of effects, combinations, quantities or methods of use that could facilitate experimentation.

Give each group one scenario card and ask them to identify the decision point: the moment when the young person still has a choice or when a friend can still reduce the risk. They should discuss what pressure is being used, what promise is being offered, what the possible price may be, who could help, what realistic exit sentence could be used and what follow-up may be needed the next day. Encourage the groups to consider social belonging, curiosity, stress, attraction, fear and the wish to avoid embarrassment rather than assuming that information alone determines the decision.

Ask participants to practise refusal strategies in pairs. They may use a direct refusal, humour, an excuse followed by leaving, changing the plan, calling a friend, staying close to a trusted person or naming a boundary clearly. They should practise the language and body position only and should not imitate intoxication or substance use. After two rounds, invite participants to identify which sentences sounded realistic, which sounded artificial and how a friend could support the refusal without drawing unwanted attention to the person.

Conclude by asking what a supportive friend should do if someone has already used a substance and becomes unwell, frightened, confused or unable to remain in control. Summarise the essential actions: stay with the person, seek responsible adult or medical help when needed, do not leave them alone, do not shame them, do not take or post photographs and give truthful information to emergency professionals. Make clear that serious symptoms, loss of consciousness, breathing problems, seizures, extreme agitation or immediate danger require urgent professional help.

DEBRIEFING AND EVALUATION:

Use the following questions for the final reflection:

- Which pressure sentence from the box sounded most realistic?
- Why do promises connected to substances work so strongly with young people?
- What makes refusal difficult: fear, belonging, curiosity, stress, attraction or something else?
- Which refusal strategy would actually work in your peer group?
- How can friends support someone without judging them or covering up danger?
- What information about substances do young people usually receive from unreliable sources?
- Where can young people in your community obtain confidential and professional support?

For the evaluation, conduct three quick verbal rounds. In the first round, each participant names one myth they can challenge. In the second, they offer one refusal sentence they could realistically use. In the third, they name one safe support action to take if a friend is in trouble. Listen for practical and safe responses, and clarify any answer that could increase risk before ending the session.

TIPS FOR FACILITATOR

Do not turn the workshop into a confession circle, and never pressure participants to say whether they have used alcohol or other substances. Avoid relying only on fear-based messages, as exaggerated claims may reduce trust and make accurate information less convincing. Use the phrase ‘unknown substance’ regularly to remind participants that the contents of a pill, vape, powder or drink may not match what they have been told. When participants ask detailed questions about effects, combinations or use, refer them to qualified health professionals and reliable information rather than providing operational guidance. Follow a clear safeguarding protocol whenever a disclosure involves immediate danger, dependency, trafficking, coercion or a minor at risk.

MATERIAL FOR FACILITATORS:

- UNODC/WHO - International Standards on Drug Use Prevention (https://www.unodc.org/unodc/en/prevention/prevention-standards.html)
- UNODC/WHO - International Standards on Drug Use Prevention, second updated edition PDF (https://www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf)
- European Union Drugs Agency - Young people and drugs (https://www.euda.europa.eu/topics/young-people_en)
- European Drug Report 2025: Trends and Developments (https://www.euda.europa.eu/publications/european-drug-report/2025_en)

HANDOUT 1 - MYTH CARDS

Myth 1: If it is natural, it is safe.
Safer message: Natural does not automatically mean safe. Effects depend on the substance, amount, person, context and unknown ingredients.

Myth 2: If my friends took it and were fine, I will be fine too.
Safer message: People react differently. Unknown substances and combinations can be dangerous.

Myth 3: Alcohol is not a drug because it is legal.
Safer message: Alcohol is a psychoactive substance. Legal status does not remove health and safety risks.

Myth 4: I can always stop when I want.
Safer message: Some substances and patterns of use can reduce control over time. Asking for help early is safer than waiting.

Myth 5: Refusing will destroy my friendships.
Safer message: Real friends may joke or pressure, but they should respect a clear no. A friendship that depends on use is not safe.

HANDOUT 2 - SCENARIO CARDS

Scenario A - The party drink: At a birthday party, someone keeps refilling a participant's cup. They are not sure how much alcohol is in it, but everyone laughs when they refuse.

Scenario B - The exam pill: A friend offers pills before exams and says they help with concentration. The pills are not prescribed to the participant.

Scenario C - The festival: A group is at a music event. Someone offers a small pill and says it is "clean" and "tested". Nobody knows where it came from.

Scenario D - The bad week: A participant has been anxious and sleeping badly. A friend suggests smoking cannabis because "therapy is useless and this works faster".

Scenario E - The team celebration: After winning a match, older players pressure the younger ones to drink heavily as part of becoming "real members" of the team.

HANDOUT 3 - REFUSAL SENTENCES

Direct: "No. I'm not taking it."
Boundary: "I said no. Don't ask me again."
Exit: "I'm going outside for a bit."
Humour: "I'm already chaotic enough without help."
Support: "Come with me. I don't want to stay here."
Alternative: "Let's get food / water / fresh air instead."
Delay: "Not now."
Truth: "I don't feel safe with this."

HANDOUT 4 - WHEN SOMEONE MAY NEED URGENT HELP

Seek adult or medical help if a person is unconscious, cannot stay awake, has difficulty breathing, has chest pain, has a seizure, is extremely confused, becomes very aggressive or frightened, has taken an unknown substance, has mixed substances, or you are simply scared that something is seriously wrong. Do not leave the person alone. Do not post photos or videos. Tell professionals what you know.

CHAPTER 3.5

THEMATIC WORKSHOPS
MENTAL HEALTH

MENTAL HEALTH

A LETTER TO REMEMBER

TIME 60'

This activity is designed to raise awareness about mental health issues in the time of COVID-19 and diverse difficult times a person faces, and increase empathy by writing a support letter for people who suffer from mental issues.The activity will provide participants with knowledge about different kinds of people who struggle in various ways.

Objectives:	• To raise the awareness about mental health in the time of COVID-19 • To discuss mental issues of people during the COVID-19 • To increase the empathy for people who suffer during COVID-19 • To develop social skills and ability to comfort and support verbally
Materials:	• List of characters to whom letters will be written • Papers • Pencils • Markers
Group size:	20-30
Preparation:	Facilitators should prepare short character descriptions about the people who suffer from mental health issues (Handout)

INSTRUCTIONS

Facilitators introduce the topic of the workshop, pointing out that the pandemic affected all of us in different ways, but some people suffered serious psychological issues due to everything that happened (isolation, fear, lockdown, inability to socialize and similar). Besides this, people suffer difficult moments (losing someone due to illness, being bullied, losing a job, suffering bad family situation). The participants sit in the circle. Facilitators explain that every participant will get a certain character. Every participant picks a random sheet with character description. Participants individually write a comforting letter for a fictional character they picked, making this character more familiar "giving him or her name, living place etc.". Several letters are read out loud before presenting the characters they dedicated letters to. Group discusses what might be added to the letter, what they consider as the main issue the person experiences, and what could comfort him or her best. In addition, a letter to participants themselves might be written and then compared with letters they wrote to others.

DEBRIEFING AND EVALUATION:

The workshop will end with the discussion in which the mental issues will be mentioned and profound analysis of them will be done. Furthermore, participants with facilitators will discuss comforting ways and words that could be used to make others feel better. All will review if it was hard or easy to try to feel what this character might experience. Facilitators could ask the following questions: “How did you feel when writing the letters?”, “Was it easy/difficult to feel empathy for the characters?” “Did you learn anything new about emotions or empathy?” “What did you learn about mental health in difficult times?” “Did you ever think how many people were hit mentally by the pandemic and/or other difficult life events?”

TIPS FOR FACILITATOR

Facilitators should be supportive since this can turn out to be a highly emotional workshop. If some of the participants do not want to write a comforting letter to the character, he/she got, the facilitator can help them to pick someone else, to create the character on their own.

HANDOUT - LIST OF FICTIONAL CHARACTERS

1. 80 years old grandma who suffers from loneliness and abandonment, has not seen her family since the beginning of the pandemic.
2. 40 years old woman who lost her mother due to COVID-19 and now suffers from depression.
3.Student who was asocial before pandemic and suffered even more during the lockdown.
4.Woman who suffers domestic violence on a daily basis and does not know who to turn to
5. 26 years old girl who lives abroad due to financial difficulties in her home country but feels completely alone without her family.
6. 22 years old athlete from a small place who plays professionally football for a famous and his favorite European club but broke his leg and is unable to play and his club wants to sell him.
7. Student who studies abroad and cannot return home due to an armed conflict that started in the country where he studies.
8. Young single mother of 2 children who lost her job due to less work in the store she was working in and is constantly being rejected for the new job.
9. The owner of the Chinese store, who does not feel safe in the city he lives in because people show open hate because of COVID-19.
10. Young psychoactive substances addict who cannot clean himself.
11. Young artist who is stuck for 4 months several thousand miles from home because flights are cancelled, and borders are closed.
12. Young student from another small city who lost his part time job and cannot pay rent of the apartment because of insufficient finances.
13. Retired man who cannot walk, was not going out for days, because he didn't have assistance for walking.
14. 32 years old woman, whose several neighbors in the building died due to COVID-19, is now very scared to go outside and suffer from agoraphobia.
15. 16 years old girl who was a witness to the shooting in her school where a couple of her friends died and is afraid to go back to the same school.
16. 56 years old high school teacher who was forced to start using the online platforms for distance learning and never used IT before
17. 17 years old girl who is bullied online and has suicidal thoughts.
18. 27 years old woman who is stuck in the foreign country due to war and cannot return home.
19. 21 years old girl who is sexually harassed on her job by her boss, and who is afraid to report him to the police due to his connections in the society.
20. 32 years old Roma who is constantly rejected when applying for job although he has a master's degree in economy.

21. A 30-year-old with a physical disability who struggles to access public spaces and transportation, limiting his independence.
22. A 23-year-old individual recovering from substance addiction, who faces stigma and judgment from his community, impeding his recovery journey.
23. 19-year-old college student facing extreme academic pressure and social anxiety, making it challenging to cope with the demands of college life.
24. A 28-year-old single parent with two children who is overwhelmed by the responsibilities of parenting and work, with limited support.
25. A 14-year-old high school student who is the target of bullying and harassment both in school and online, impacting her mental and emotional safety.
26. A 15-year-old who lives in an area prone to natural disasters, experiencing anxiety about the safety of his home and family.
27. A 22-year-old young woman who faces workplace harassment and feels unsafe in her job.
28. A 18-year-old girl who witness shooting in a local coffee place, where her best friend died and who is afraid to go to public places.
29. A 26-year-old young woman who is afraid to commit to relationship because of lack of trust in men; she was a victim of revenge porn – her ex-boyfriend published online her nude photos.
30. A high school girl who is constantly bullied and ridiculed through Tic-Toc videos.

MENTAL HEALTH

NEGATIVITY TRANSFORMATION

TIME 45'

This activity will use the technique of positive affirmations to motivate participants to take a more positive attitude towards life. The participants will acquire new abilities and skills on how to transform negative situations and sentences into positive and affirmative ones and learn how to find the bright side of every situation.

Objectives:	• To adopt new tools for overcoming negative and anxious thoughts • To learn how to be more positive and use this positivity in traumatic situations
Materials:	• Small papers (size of stickers) • Pencils • Box
Group size:	20-30
Preparation:	Prepare enough small papers for all participants (each participant should be given at least 2 papers) and one box for collecting the papers.

INSTRUCTIONS

Explain to participants that in this session they will explore different ways for overcoming negative and anxious thoughts during challenging times. Give participants material for work and ask them to think about some concrete negative thoughts and to write them down. Emphasize that this part is anonymous and that they should be honest. After they are finished, collect all answers in one box and divide participants in groups and explain to them that they will have to create positive affirmations for each negative thought. For context, give them the example for transformation of negative thought in positive affirmation. Time for group work should be between 15-20 minutes. After all groups are finished, they should present their work.

DEBRIEFING AND EVALUATION

Ask participants the following questions:
- How did you feel while writing negative thoughts?
- Was it difficult for you to find affirmations for negative thoughts?
- What negative thought was the most difficult for you to transform?
- Do you apply this in your everyday life?

- Has your opinion changed about the problems you wrote down?

TIPS FOR FACILITATOR

Facilitators who are implementing this workshop for the first time are advised to do this transformation themselves and to think about possible problems and negative thoughts young people could be facing to be prepared for possible scenarios. Facilitators should support participants and encourage them to be very honest and to participate actively in order to have a high number of negative thoughts which will be transformed during the workshop.

HANDOUT - EXAMPLE OF TRANSFORMATION:

NEGATIVE THOUGHTS	POSITIVE THOUGHTS
This is unbearable.	I can learn to cope better with this.
I feel less valuable in comparison to other people.	I will let people do what they do. I will follow my own path of inner development and transformation that is of equalworth. Finding peacewithin may also be a gift to others
What if this never ends?	I will work on this step by step. I do not have to predict.

MENTAL HEALTH

STRESS RELIEF THROUGH VISUALIZATION

TIME 45'

This activity will use the method of visualization to provide participants with new ways of stress relief. Participants will learn how to overcome stressful situations with simple methods of visualization and imagination.

Objectives:	• To adopt new tools for stress relief • To recognize symptoms of stress • To lift the spirit of participants and build a positive attitude for future overcoming of the stress
Materials:	• Computer • Mobile phones • Projector • Handouts
Group size:	20-30
Preparation:	Prepare the Mentimeter presentation. Prepare handouts and put them in the small box, put chairs in half circle and one chair in front of them.

INSTRUCTIONS

Tell participants that the online platform "Mentimeter" will be used at the beginning of the workshop. Invite participants to join the Mentimeter platform for this session by using their mobile phones. Mentimeter platform will be visible on a projector screen on the wall in front of the participants. One of the co-facilitators will manage the Mentimeter from the laptop attached to the projector. Invite participants to do brainstorming on the word "stress" through this interactive platform. Participants will use their mobile phones to write down all their associations on the assigned word and words will appear on the projector's screen. The words which are written the most time will appear bigger than the rest and they should be shortly discussed. After the brainstorm participants will stay on the Mentimeter platform and they will do a short survey about symptoms of stress, they will vote on all symptoms they experienced, or think are the most often symptoms of stress and after the voting is finished facilitator will invite one participant to be the first volunteer for the second part of this session. Volunteer will sit on the chair in front of the group, and he/she will pick one paper with one "happy place" –

happy places are in the Handout 1 (e.g., Island in Caribbean, Top of the beautiful mountain, Deep in rain forest etc.). Facilitator prepares the happy places in advance by cutting the cards and giving to volunteers to choose 1.

Facilitator will give the following instructions to the volunteer and the rest of the group: all participants should close their eyes and listen to the volunteer which will lead the group through the visualization. He/she will use the "happy place" as a starting point in their story and continue to describe in as many details as possible the stress-free situation they should all imagine. Facilitator will encourage volunteers to use their imagination and humor to create a more positive atmosphere for all participants. This exercise should be repeated several times, and it should not be longer than 20 minutes.

DEBRIEFING AND EVALUATION

Ask participants to describe how they felt during this session, if they were comfortable, if they were able to really imagine those situations and how it affected them. Ask them if they think this could help them in stressful situations and if they would use this method in the future. The facilitator should close the workshop by explaining that this kind of simple tool can be highly effective in stressful situations and that they can use it as many times as they need to.

TIPS FOR FACILITATOR

Facilitators of this workshop should be prepared to be the first to lead the visualization in case there are no volunteers. Facilitators should be careful when visualizations start and control the level of laughter of participants in order not to lose the course of the workshop and to maintain control of the discussion.

HANDOUT

Island in Caribbean
Top of the beautiful mountain
Deep in rain forest
Beautiful garden in spring
Wooden log with a fireplace in the winter
Spa with beautiful scent and oil

MENTAL HEALTH

FEARLESS FRIEND

TIME 45'

This activity will allow participants to express their fears anonymously and to learn how other people would face these fears to overcome them. Participants will gain new skills in overcoming personal fears by observing them from different perspectives.

Objectives:	• To learn about personal fears from different perspective • To distance ourselves from our fears and to find out the solution to overcome them • To adopt skills for racialization of the fears and their overcoming
Materials:	• Small papers • Pencils • Box • Flip chart paper
Group size:	20-30
Preparation:	Prepare small paper for each participant and one box for putting small papers in it. Write on the flipchart paper following questions which should be hidden until the facilitator reveal them to participants. - How realistic is that fear? - What will happen if the fear comes true? - Can I prevent that fear from coming true? - If yes – how? - If not – what can I do to deal with the consequences of that fear coming true?

INSTRUCTIONS

Explain to the participants that in this session they will learn how to cope with their personal fears with the help of their friends. Tell them that they will take on other persons' fears to help each other. Invite them to write down their one concrete fear and to put the paper in the box, next they should take one paper from the box (in case they choose their own paper they will take another one) and give them some time to think about that fear and to put themselves in the place of the person who is afraid of what is written down on the paper. Revel to the participants flip chart paper with following questions:
- How realistic is that fear?
- What will happen if the fear comes true?

- Can I prevent that fear from coming true?
- If yes – how?
- If not – what can I do to deal with the consequences of that fear coming true?

Give participants a few minutes to answer these questions and invite them to present their thoughts.

After this, when everyone is finished, form small groups of 3-4 persons whose tasks will be to discuss the fear they selected and come up with strategies / actions / advice to cope with this fear. Give the groups 10-15 minutes for this. When all the groups are finished, they should present what they did: a person who picked up the fears, reads it out loud, responds to the questions and presents the strategies for coping with this fear that group come up with. Next in the group reads the next fear till whole group presents the fears and strategies. The activity is finished when all the groups present their work.

DEBRIEFING AND EVALUATION

Ask participants how they felt while writing down their fears and how they felt while other participants presented their fears. Ask them if their opinions about their fears have changed and if yes, will they apply suggested strategies in their lives.

TIPS FOR FACILITATOR

Keep in mind that some of the fears could trigger negative and sad emotions for some participants and be careful during both presentation and debriefing. Emphasize that this is a safe place for participants to share their emotions, but that they are not obliged to share personal fears and feelings publicly. Encourage them to be honest and to express themselves as much as they can to have quality discussions and to have the opportunity to observe solutions and suggestions for overcoming their fears from another perspective.

MENTAL HEALTH

BEFORE IT BECOMES A CRISIS

TIME 90'

This activity will allow participants to express their fears anonymously and to learn how other people would face these fears to overcome them. Participants will gain new skills in overcoming personal fears by observing them from different perspectives.

Objectives:

- To normalize talking about mental health as part of youth safety and wellbeing.
- To help participants recognise common signals that someone may be struggling, without diagnosing them.
- To practise supportive peer conversations based on listening, respect and referral to trusted adults or professionals.
- To identify the difference between everyday stress, ongoing distress and urgent risk.
- To create a personal and group support map for seeking help.

Materials:

- Printed signal cards
- Printed conversation cards
- Flipchart paper
- Markers
- Sticky notes
- Pens
- Large paper for support map
- Optional: calming objects for grounding exercise, such as small stones, paper clips or cards

Group size: 20-30

Preparation: Before the workshop, prepare accurate local information about mental-health services, school or youth-centre support, crisis contacts and emergency procedures. Clarify the safeguarding steps that must be followed if a participant mentions self-harm, suicidal thoughts, violence, abuse or immediate danger. Arrange the room in a circle or semi-circle and print the signal cards and conversation cards. The activity should focus on recognising signs, offering basic peer support and connecting a person with appropriate help; it is not intended to diagnose mental-health conditions or provide treatment. Avoid clinical terminology unless the facilitator is qualified to explain it accurately, and ensure that a co-facilitator or another responsible adult is available if someone needs to leave the room for support.

INSTRUCTIONS

Start the workshop by inviting participants to describe their current mood as a type of weather, such as sunny, cloudy, stormy, foggy, windy or calm. They may answer with one word or choose to pass. Explain that the exercise is not a request for personal disclosure; it simply shows how metaphors can make it easier to begin talking about emotions and wellbeing without immediately using clinical labels.

Continue by explaining that mental health is not only relevant when a crisis occurs. It includes emotions, thoughts, relationships, stress, sleep, self-esteem, coping and the ability to ask for help. A person may have a difficult day without having a mental-health disorder, while distress that continues, becomes intense or interferes with everyday life may still require support. Make it clear that participants should not diagnose one another and that one sign alone rarely explains the whole situation.

Divide participants into small groups and give each group a set of signal cards. Ask them to sort the cards into three columns: EVERYDAY STRESS, NEEDS SUPPORT SOON and URGENT HELP. Encourage them to discuss the context, duration, intensity, changes in behaviour and level of danger before deciding. When the groups finish, invite each one to present one card that was difficult to place and explain what additional information would be needed. Do not treat the activity as a test. Clarify, however, that statements or behaviours suggesting self-harm, suicide, abuse, severe disorientation or immediate danger should never be managed only by peers.

Introduce the four-step approach NOTICE, ASK, LISTEN and LINK. Explain that a supportive person first notices a change, asks privately and calmly, listens without trying to solve everything, and then links the person with a trusted adult or professional service when needed. Ask participants to work in pairs using the conversation cards. One person should practise an opening sentence and the other should respond from the situation described on the card. After approximately two minutes, they should exchange roles. Keep the scenarios serious but not extreme, and remind participants that the aim is to practise language rather than perform a crisis.

Bring the group together and draw four circles on a large sheet of paper titled SELF-CARE, PEERS, TRUSTED ADULTS and PROFESSIONAL OR EMERGENCY SUPPORT. Ask participants to add concrete examples to each circle. Review the completed map and explain that some situations should not be handled only through self-care or friendship, including risk of self-harm or suicide, violence, abuse, severe panic, psychosis-like experiences, dangerous intoxication or a threat to another person. Add the local support contacts prepared before the session and explain how a young person can reach them.

Conclude by asking participants to name phrases that are often offered with good intentions but may dismiss or isolate someone, such as ‘others have it worse’, ‘just relax’, ‘you are overreacting’, ‘be positive’ or ‘do not tell anyone’. Write the phrases on flipchart paper and invite the group to replace them with supportive alternatives, such as ‘I am listening’, ‘I am glad you told me’, ‘Do you want me to stay with you?’, ‘Let us find someone who can help’ and ‘You do not have to handle this alone’. Reinforce that supportive language is useful, but it does not replace professional or emergency intervention when safety is at risk.

DEBRIEFING AND EVALUATION

Use the following questions for the final reflection:

- Which signals were hardest to place in a category?
- Why is it risky to diagnose friends or explain their feelings for them?
- What makes it difficult to ask someone directly whether they are okay?
- Which supportive sentence felt realistic to say?
- What is the difference between keeping someone's trust and keeping a dangerous secret?
- Where can young people in your community receive serious help without being mocked or dismissed?
- What can youth organisations do to make mental-health support visible before a crisis?

For the evaluation, use a three-card check-out. Ask participants to write one signal they will pay attention to, one supportive sentence they could use and one support contact or trusted adult they could approach. They may keep the cards or submit them anonymously. Review any anonymous cards after the session to check whether participants have identified realistic support pathways and understood when peer support is not enough.

TIPS FOR FACILITATOR

Begin with clear boundaries: the workshop is not therapy and nobody is required to share personal experiences. Use calm, non-dramatic language, because extreme stories may distress participants and move the session away from practical recognition and support. Never promise secrecy when a participant may be at risk; explain that another responsible person may need to be involved to protect them. If someone becomes distressed, arrange for a co-facilitator or responsible adult to accompany them outside and follow the established safeguarding procedure. Encourage participants to support friends, but repeat that friends are not therapists, crisis workers or emergency services and should not carry serious risk alone.

MATERIAL FOR FACILITATORS:

- WHO - Mental health of adolescents (https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health)
- WHO - Guidelines on mental health promotive and preventive interventions for adolescents (https://www.who.int/publications/i/item/9789240011854)
- UNICEF - Mental health and psychosocial support (https://www.unicef.org/mental-health)
- NIMH - Child and adolescent mental health (https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health)

HANDOUT 1 - SIGNAL CARDS

Possible everyday stress signals: being tired after exams; feeling nervous before a presentation; needing quiet time; temporary irritability; worrying about a specific event.

Possible signs that support is needed soon: withdrawing from friends for a long time; losing interest in things previously enjoyed; big changes in sleep or appetite; constant worry; frequent panic; regular hopeless comments; sudden drop in school or activity participation; using alcohol or substances to cope; feeling numb or disconnected.

Possible urgent risk signals: talking about wanting to die; self-harm or threats of self-harm; being unsafe at home; experiencing violence or abuse; not being able to stay awake because of substances; severe confusion; hearing or seeing things others do not; immediate danger to self or others.

HANDOUT 2 - NOTICE, ASK, LISTEN, LINK

Notice: "I noticed you have been very quiet lately and stopped coming to training."
Ask: "Do you want to talk about what is going on?"
Listen: "That sounds heavy. I'm not here to judge you."
Link: "Let's speak with someone who can help. I can come with you if you want."
Helpful sentences:
"I'm glad you told me."
"You do not have to explain everything now."
"I can stay with you while we find help."
"What would feel useful right now?"
"I cannot keep this secret if you are in danger, but I will not leave you alone with it."
Unhelpful sentences:
"Just think positive."
"Others have worse problems."
"You are doing this for attention."
"Promise me you will never tell an adult."
"You are crazy."

HANDOUT 3 - CONVERSATION CARDS

Card A: A friend who was active in the group has stopped replying to messages and says they are "just tired" every time.

Card B: A participant gets very nervous before every public activity and has started avoiding workshops.

Card C: A young person says they cannot sleep and feels pressure from school, family and social media all the time.

Card D: A teammate jokes about disappearing and says everyone would be better without them.

Card E: A volunteer had a conflict online and now refuses to come to the youth centre because they feel everyone is watching them.

CHAPTER 3.6

THEMATIC WORKSHOPS
REPRODUCTIVE HEALTH

REPRO-DUCTIVE HEALTH

MIND THE GAP

TIME 90'

This workshop introduces participants to the historical and systemic inequalities that have influenced the development of knowledge, treatments and services related to women's reproductive health. Through a short quiz, guided discussion and independent group research, participants explore how some important developments in women's health appeared considerably later than major scientific and technological achievements. They then examine how limited research, social stigma, insufficient education and gender stereotypes can create or reinforce myths about reproductive health. The workshop does not aim to present reproductive health as an issue that concerns women only. Instead, it uses women's reproductive health as an example of how unequal research priorities and social attitudes can affect what society knows about the human body, whose health concerns are treated as important and how easily misinformation can spread.

Objectives:

- To introduce participants to historical and systemic inequalities in the development of women's reproductive healthcare.
- To encourage participants to recognise the consequences of insufficient research and knowledge about women's bodies and reproductive health.
- To help participants understand the connection between knowledge gaps, gender stereotypes and reproductive health myths.
- To develop participants' ability to find, assess and communicate reliable reproductive health information.

Materials:

- Flipchart paper, markers, printed or projected quiz questions, one set of answer cards marked A and B for each group, printed copies of the Myth Investigation handout, pens, smartphones, tablets or computers with internet access, with at least one device per group.

Group size: 20-30

Preparation: Before the workshop, the facilitator should prepare the eight questions included in Handout 1. The questions can be shown in a presentation, printed on separate cards or read aloud. Each question should clearly present two options, marked as A and B. Prepare one pair of answer cards for each group so that all groups can show their answer at the same time.

The facilitator should become familiar with the correct answers and brief explanations provided in the Material for Facilitators. The quiz is intended to be dynamic, so the facilitator should be able to explain each answer clearly in no more than one or two minutes.

INSTRUCTIONS

Start the workshop by asking participants what they first associate with the term reproductive health and whether they primarily think about women, men or everyone. Invite several participants to briefly explain their answers. Continue by asking whether they believe that women's and men's reproductive health have received equal attention in medicine, science and society, and whether discrimination against women can also exist within reproductive healthcare. After hearing several opinions, explain that the workshop will explore inequalities in women's reproductive health, their consequences for medical knowledge and healthcare, and the way gaps in knowledge affect everyone's understanding of reproductive health.

Divide participants into four or five smaller groups and introduce the quiz "What is older?" Give each group two cards marked A and B. Explain that every question compares two scientific, technological or medical developments and that the groups should decide which happened first. After a short discussion, all groups should raise their answers at the same time. Reveal the correct answer, present the relevant years and briefly explain the significance of the comparison before moving to the next question. The facilitator may award one point for each correct answer, but should emphasise that the purpose is to recognise the pattern that emerges from the examples. Participants may notice the pattern after several questions, but this does not reduce the value of the activity, as the repeated delay is part of its message. After completing the quiz, ask participants what pattern they noticed, which comparison surprised them the most and what the examples suggest about the priorities of medicine, science and society. Discuss why some issues related to women's bodies and reproductive health may have received less attention and how stigma, shame and the belief that reproductive health is a private matter may have influenced the development and sharing of knowledge.

Write the question "What happens when reproductive health is not sufficiently researched, discussed or understood?" on flipchart paper and record participants' answers. Encourage them to consider consequences such as delayed diagnoses, limited treatment options, pain and symptoms not being taken seriously, insufficient information about medicines and procedures, stigma, fear and difficulties in finding reliable information. Point out that, when clear and accessible knowledge is missing, people may rely on family traditions, social media, influencers, rumours or anonymous online sources.

Use the discussion to introduce the connection between gaps in knowledge and reproductive health myths. Explain that insufficient research and education can create space for false or misleading beliefs, while existing myths and stereotypes can also prevent certain health concerns from being taken seriously.

Tell participants that they will now become Myth investigators. Ask each group to identify one myth connected to reproductive health. It may concern menstruation, fertility, contraception, pregnancy, reproductive anatomy, sexually transmitted infections, reproductive healthcare, men's reproductive health or another relevant topic. Encourage them to consider statements they have heard from friends, family members, social media, films or advertisements. They may choose something they believe is false or a claim they are unsure about. Give each group the Myth investigation handout and ask them to examine where the myth may come from, why it sounds believable, who it affects, what harm it can cause and what reliable sources say about it. They should prepare a short presentation and finish with one clear, evidence-based sentence that corrects the myth.

Move between the groups during their work, check the myths and sources they have selected and help them reformulate claims that are too broad or unclear. If several groups choose the same myth, ask some of them to select another topic. Do not provide the complete answer unless participants encounter dangerous or seriously misleading information that must be corrected. Invite the groups to present their findings. After each presentation, allow a short question or comment from the other participants. Confirm the correct information, clarify any uncertainty and repeat the corrected message before moving to the next group. Write the myths and their corrections on flipchart paper.

When all groups have presented, ask participants what the myths have in common and whether they are connected to shame, fear, gender stereotypes, insufficient education, silence within families and communities or misleading online content. Conclude by reminding them that medical progress does not depend only on available technology, but also on which questions are treated as important, whose experiences are taken seriously and whether accurate information is accessible to those who need it.

DEBRIEFING AND EVALUATION

Invite participants to reflect on the workshop through the following questions:

- What was the most surprising thing you learned during the workshop?
- How did the historical comparisons change the way you think about medical progress?
- Which idea or message from the workshop will stay with you the longest, and why?
- What did you notice about your own previous knowledge or assumptions about reproductive health?
- How do you feel at the end of the workshop compared with how you felt at the beginning?
- What topic or question would you now like to explore further?
- How would you summarise the main message of the workshop in one sentence?
- For a short verbal evaluation, ask each participant to complete one of the following sentences:
- One thing I am taking away from this workshop is...
- One thing that made me think differently is...
- One question I still have is...

TIPS FOR FACILITATOR

Create a respectful atmosphere and remind participants that they are not expected to share personal experiences or health information. Although the workshop focuses on inequalities affecting women, emphasise that reproductive health concerns everyone.

Keep the quiz explanations short and allow the discussion to develop through participants' observations. During the group task, check that participants use reliable health or research sources and clearly correct any harmful misinformation. The questions in the Myth Investigation handout can be simplified according to participants' age, knowledge and research skills.

MATERIAL FOR FACILITATORS:

16 Alarming Facts About the Women's Health Research Gap

Why we know so little about women's health | AAMC

HANDOUT 1	FACILITATOR QUIZ: WHAT IS OLDER?

Read each question, ask groups to choose A or B, then reveal the answer and short explanation.

1 WHAT IS OLDER?

What is older: X-ray imaging or epidural pain relief during childbirth?

A **X-ray imaging**	**VS**	**B** **Epidural pain relief during childbirth**

CORRECT ANSWER: A – X-ray imaging

X-rays discovered: **1895**	Epidural catheter described for childbirth: **1931**

Doctors could see inside the human body with X-rays decades before an epidural catheter was used to relieve pain during childbirth

2	WHAT IS OLDER?

What is older: the first artificial satellite or the birth control pill?

A **The birth control pill**	**VS**	**B** The first artificial satellite

CORRECT ANSWER: B - The first artificial satellite

Sputnik 1 launched: 1957	First contraceptive pill approved in the US: 1960

Humanity sent an artificial object into orbit before the first oral contraceptive pill was approved for contraceptive use.

3 WHAT IS OLDER?

What is older: the Moon landing or the home pregnancy test?

A **The home pregnancy test**	**VS**	**B** The Moon landing

CORRECT ANSWER: B - The Moon landing

Apollo 11 Moon landing: 1969	First home pregnancy test sold in the US: 1977

Humans reached the Moon eight years before women in the United States could test for pregnancy in the privacy of their homes.

4 WHAT IS OLDER?

What is older: the World Wide Web or the legal inclusion of women in NIH-funded clinical research?

A **The World Wide Web**	**VS**	**B** The US legal requirement

CORRECT ANSWER: A - The World Wide Web

World Wide Web invented: 1989	US legal requirement introduced: 1993

The Web existed before the inclusion of women in NIH-funded clinical research was written into United States federal law.

5 WHAT IS OLDER?

What is older: the iPhone or the first medicine specifically approved for postpartum depression?

A **The postpartum depression medicine**	**VS**	**B** The iPhone

CORRECT ANSWER: B – The iPhone

First iPhone introduced: 2007	First specific medicine approved in the US: 2019

The iPhone had existed for twelve years before the first medicine specifically approved to treat postpartum depression became available.

6	WHAT IS OLDER?

What is older: Dolly the sheep or medication abortion in the United States?

A **Dolly the sheep**	**VS**	**B** Medication abortion approved in the US

CORRECT ANSWER: A – Dolly the sheep

Dolly born: 1996	Mifepristone approved by the FDA: 2000

Scientists cloned a mammal from an adult cell before medication abortion was approved in the United States.

7 WHAT IS OLDER?

What is older: ChatGPT or the first published study testing modern menstrual products with human red blood cells?

A **The menstrual-product study**	**VS**	**B** ChatGPT

CORRECT ANSWER: B – ChatGPT

ChatGPT released: November 2022	Comparative study published online: 2023

A public generative AI chatbot existed before researchers published the first comparative study using human red blood cells to test modern menstrual products.

8 WHAT IS OLDER?

What is older: Google or the first HPV vaccine?

A	VS	B
The first HPV vaccine		Google

CORRECT ANSWER: B – Google

Google founded: 1998	First HPV vaccine licensed: 2006

People could search the internet with Google eight years before the first vaccine against human papillomavirus was licensed.

HANDOUT 2	A AND B ANSWER CARDS

A

- CUT HERE -

B

HANDOUT 3	MYTH INVESTIGATORS

Choose one myth about reproductive health, discuss it and prepare a short presentation.

1. WHAT IS THE MYTH?
Write it as one clear statement.

2. WHY DO PEOPLE BELIEVE IT?

3. WHAT HARM CAN IT CAUSE?

4. WHAT IS THE CORRECT INFORMATION?

5. OUR ONE-SENTENCE CORRECTION
Make it clear, accurate and easy for other young people to remember.

REPRO-DUCTIVE HEALTH

MY BODY, MY MAP

TIME 90'

This workshop invites young people and youth workers to explore body autonomy and consent through creative mapping and storytelling. Participants draw personal 'body maps' that reflect what they know, feel, and have been taught about their own bodies, then examine how culture, gender norms, and social pressure shape those narratives. By the end, participants will have reframed reproductive health as a matter of rights and dignity rather than shame or secrecy, and will leave with practical language for setting and respecting boundaries.

Objectives:	• To identify and articulate personal boundaries in relation to body and health. • To recognise how cultural norms and gender expectations influence knowledge and attitudes about reproductive health. • To practise using clear, non-judgmental language around consent. • To gain a replicable methodology for opening conversations about body autonomy in diverse cultural contexts.
Materials:	• Large sheets of white paper (A2 or flip-chart size), 1 per participant • Coloured markers, crayons or pencils (wide selection) • Sticky notes (two different colours) • Printed Handout 1-A: 'Body Map Prompts' (one per participant) • Printed Handout 1-B: 'Consent Vocabulary Cards' (one set per small group) • A ball of string or yarn • Flip chart and marker for facilitator • Optional: soft background music during the drawing phase
Group size:	20-30
Preparation:	Arrange the room so participants can move freely: tables pushed to the sides, floor space or low-tables available for drawing. Pre-cut string into 50 cm lengths, one per person. Write the three discussion questions (see Debriefing) on the flip chart, covered until needed. Set out materials on a central table before participants arrive.

INSTRUCTIONS

Welcome participants and set ground rules: respect, confidentiality, the right to pass. Explain that today's session is about getting to know our own bodies as sources of knowledge and rights. Hand each person a piece of string. Ask them to hold it and think silently: "What is one word you have been taught at home, school, or in your community about your body?" After 30 seconds, invite anyone who wishes to share their word aloud. Facilitator notes words on flip chart. Expect a mix of medical terms, slang, silence, and emotion. Acknowledge all contributions equally, without discussions, yet. This introductory activity should last between 10-15 minutes.

After the introduction, distribute large paper and art materials. Give each participant a copy of Handout 1-A. Explain that they are going to draw their own body map, with their personal conception of their hands, or silhouettes, or a general free-hand drawing that in their idea is representative of their own personal vision of their body map. Then, using the prompts on the handout, they will had colours, words, and symbols to mark:

- Places or parts of their body that feel strong or safe
- Parts of their body where they have felt shame, confusion, or curiosity
- A boundary they have (something others should always ask before doing)
- One thing they wish they had learned earlier about your body

Play soft music. Allow 20 to 25 minutes. Circulate quietly, offering encouragement but not direction. Participants do not have to share their maps as this is personal. Reassure them.
When they finished with the map, ask participants to sit in a circle. Distribute Handout 1-B (Consent Vocabulary Cards) in one set of cards per group of 4-5. Each card has a word or phrase (e.g. “enthusiastic consent”, “coercion”, “body autonomy”, “reproductive rights”, “peer pressure”, “gender norm”).
Groups have 8 minutes to: (a) sort cards into “I know this well” / “I've heard this” / “New to me”, and (b) agree on a one-sentence explanation for each card they know.
Facilitator then leads a brief plenary: one word per group is shared and explained. Facilitator fills in gaps and corrects misconceptions without judgment. Emphasise that knowing this vocabulary is a form of safety.
Invite any participants who wish to display their body map on the wall to do so. No one is required to. Those who display can add a sticky note with one insight from today. Participants walk the gallery silently for 3 to 4 minutes.

DEBRIEFING AND EVALUATION

Bring the group back to a circle. Uncover the flip chart with three questions:

1. What surprised you during the body mapping exercise? Did anything feel uncomfortable? and why might that be?
2. How do the words we use (or avoid) about our bodies affect how we feel about our rights?
3. What is one thing from today you want to remember or share with someone you trust?
4. Allow open discussion for 8-10 minutes. Ask participants to write one anonymous takeaway on a sticky note and place it on the flip chart as they leave (evaluation).

TIPS FOR FACILITATOR

Cultural sensitivity is critical. In some contexts, drawing one's body may feel taboo, so frame it as 'your own map, in any style you choose' and model with a simple abstract shape. Never require participants to expose personal content.
If a participant discloses abuse or a safeguarding concern during the session, follow your organisation's safeguarding protocol. Do not address it publicly. Signal quietly that you will speak to them after.
In mixed-gender groups, consider whether single-gender breakout groups would allow more open discussion, decide based on your knowledge of the group.

MATERIAL FOR FACILITATORS

Body autonomy is recognised as a fundamental human right by the UN Population Fund (UNFPA). Yet globally, millions of young people, disproportionately young women and girls, report having no say over their own health decisions. Research shows that comprehensive sexuality education (CSE) that includes consent and body autonomy reduces gender-based violence, improves mental health outcomes, and delays risky sexual behaviour (UNESCO, 2018).

Gender norms (cultural expectations about how boys, girls, and non-binary people 'should' behave) play a powerful role in shaping young people's relationship to their own bodies. In many contexts, girls are taught to be modest and deferential about their bodies, while boys are encouraged to distance themselves from emotional or physical vulnerability. These norms can prevent both from seeking help or information.

KEY CONCEPTS TO MASTER

- The difference between biological sex, gender identity, and gender expression
- The FRIES model of consent: Freely given, Reversible, Informed, Enthusiastic, Specific
- The concept of intersectionality: how race, disability, poverty, and other factors compound reproductive health inequalities

RECOMMENDED SOURCES

- UNFPA, 'My Body Is My Own' (2021): https://www.unfpa.org/sites/default/files/pub-pdf/SoWP2021_Report_-_EN_web.3.21_0.pdf
- UNESCO, 'International Technical Guidance on Sexuality Education' (2018): https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf
- WHO, 'Reproductive Health' fact sheets: https://www.who.int/southeastasia/health-topics/reproductive-health

Handout 1-A: Body Map Prompts

Instructions: Use the prompts below to add to your body map. You can use colours, words, symbols, or drawings. This is your private map — no one needs to see it unless you choose.

- 🟢 Green: A part of your body or health you feel confident and proud of
- 🔵 Blue: Something you feel curious or unsure about
- 🟡 Yellow: Something you wish someone had explained to you earlier
- 🔴 Red: A line or boundary others should always ask before crossing
- ⭐ Star: A strength you didn't know you had until today

Remember: there are no wrong answers. This map belongs to you.

Handout 1-B: Consent Vocabulary Cards
(Print and cut into individual cards. One set per group of 4-5 participants.)
BODY AUTONOMY = Your right to make decisions about your own body, without pressure or coercion from others.
CONSENT = A freely given, reversible, informed, enthusiastic, and specific agreement to engage in any activity with another person.
COERCION = Pressure, manipulation, or threats used to make someone do something they have not freely agreed to.
REPRODUCTIVE RIGHTS = The rights of individuals to decide freely and responsibly whether, when, and how often to have children, and to access information and services to do so.
GENDER NORM = A social rule or expectation about how people of a certain gender 'should' behave, look, or feel.
PEER PRESSURE = Influence from people your own age that pushes you to act in ways you might not choose on your own.
BOUNDARIES = Personal limits you set about what you are comfortable with physically, emotionally, or sexually.
SEXUAL HEALTH = A state of physical, emotional, mental, and social well-being related to sexuality.

REPRO-DUCTIVE HEALTH

RISK RADAR

TIME 90'

This workshop helps participants recognise situations and behaviours that may increase reproductive-health risks, those that do not represent a direct risk, and those that can only be assessed when the wider context is known. Through a group card-sorting activity, participants discuss contraception, sexually transmitted infections, consent, menstruation, personal hygiene, reproductive-health myths and sources of information. The workshop emphasises that reproductive-health risks should be assessed through facts rather than moral judgement. A person's sexual orientation, the number of partners, a first date or menstruation do not automatically determine the level of risk. Protection, consent, communication, timing, hygiene and reliable information often make the essential difference.

Objectives:	• To recognise behaviours and situations that may negatively affect reproductive health. • To distinguish actual reproductive-health risks from common myths and misconceptions and to encourage informed and responsible reproductive-health decisions. • To develop participants' confidence in discussing sensitive health topics without judgement.
Materials:	• Flipchart paper and markers, printed and cut cards from Handout, Flipchart paper with RISK, NO RISK and IT DEPENDS columns, adhesive tape, pens, papers for each group.
Group size:	20-30
Preparation:	Print and cut the 48 cards from Handout 1. Before the workshop, divide them into four or five sets, depending on the number of groups. Each set should contain a combination of sexual behaviour, contraception, sexually transmitted infections, menstruation, hygiene and general reproductive-health information. Avoid placing several very similar cards in the same set. Each group should also receive examples that belong to different categories so that their discussion is not focused only on obviously risky or obviously safe behaviour. Prepare one flip chart paper with 3 columns titled: RISKY, NO RISK and IT DEPENDS. Review the suggested classification and explanations in the Material for Facilitators. The key is intended to support the discussion, but some cards can reasonably be placed differently when participants identify circumstances that change the level of risk.

INSTRUCTIONS

Start the workshop by writing the word RISK on flipchart paper and asking participants to share their first associations. Write down their answers and ask how people usually decide whether something is risky. Encourage them to consider whether risk means that a negative consequence will definitely happen or only that the possibility of harm is increased. Explain that the workshop will focus on situations connected to reproductive health, including sexual behaviour, relationships, contraception, sexually transmitted infections, menstruation, personal hygiene and health information. Emphasise that the activity is not intended to judge people or their personal choices. Its purpose is to recognise actual risks, challenge common misconceptions and understand why some situations cannot be assessed without knowing more about the circumstances.

Divide participants into four or five groups and give each group one prepared set of cards. Explain that RISKY should be used for behaviours that increase the possibility of an unintended pregnancy, infection, physical or emotional harm, or delayed healthcare. NO RISK should be used when the situation does not create a direct reproductive-health risk. IT DEPENDS should be used when the answer changes according to protection, consent, communication, timing, hygiene, health conditions or another important part of the situation.

Ask the groups to read all their cards, discuss them and agree where each one should be placed. They should not decide according to whether they personally approve of the behaviour, but according to whether it creates an actual reproductive-health risk. Encourage them to identify what additional information they would need when they choose IT DEPENDS. Move between the groups while they work and listen to their reasoning. Do not immediately correct their choices. Instead, ask questions such as: What exactly creates the risk here? Would the answer change if protection were used? Is this an actual health risk or something people are often taught to fear? What additional information is missing? Give them approximately 20 minutes for this.

When the groups have completed their classification, invite them to come forward one by one and place their cards on a flipchart divided into three columns: RISKY, NO RISK and IT DEPENDS. After each group places its cards, read them aloud and ask the whole group whether they agree with the chosen category. If everyone agrees, continue with the next card. If someone has a different opinion, invite them to explain their reasoning and open a short discussion with the whole group. Encourage participants to focus on the actual health risk and the circumstances that may increase or reduce it, rather than on personal approval or moral judgement. If the discussion leads to a shared conclusion that another category is more appropriate, move the card to the new column. The facilitator should allow participants to reconsider their first answers and should not treat the activity as a test. However, when a card is clearly misplaced because of harmful or medically inaccurate information, the facilitator should intervene, provide a brief explanation and ensure that the correct information is understood before moving on. Pay particular attention to cards that may attract moral judgement, such as having sex on a first date, having more than one partner or having a same-sex partner. These situations do not determine reproductive-health risk by themselves; the discussion should focus on consent, protection, communication and possible exposure to infection or pregnancy.

When all groups have presented, ask participants what they noticed about the three categories. Point out that some behaviours clearly increase risk, while others are surrounded by myths despite presenting no direct risk. A third group of situations cannot be assessed from one detail alone. Their level of risk changes according to what people know, choose and do within the situation.

DEBRIEFING AND EVALUATION

- Which card was the most difficult to place, and what made the decision difficult?
- Which answer surprised you the most?
- What belief or assumption did you reconsider during the activity?
- What did you learn about the importance of context when assessing risk?
- What information from the workshop could be useful in everyday life?
- How do you feel about your ability to recognise reproductive-health risks after the workshop?
- How would you summarise the main message of the workshop in one sentence?

TIPS FOR FACILITATOR

Create a respectful atmosphere and remind participants that they are not expected to share personal sexual experiences or medical information. Focus on behaviours and circumstances rather than judging people. Sexual orientation, relationship status and number of partners are not risks by themselves. Allow participants to disagree and change their answers. The discussion is more important than immediately finding the expected category. Adapt the number of cards to participants' age, knowledge and available time. Correct harmful misinformation, but do not provide individual diagnoses or personal medical advice.

HANDOUT

1. Having sex on the first date	2. Having more than one sexual partner in one year	3. Having sex with a same-sex partner
4. Having a partner who is more than ten years older	5. Changing your mind after sex has started	6. Agreeing to sex because you are afraid your partner will leave
7. Having sex when both people have been drinking heavily	8. Having sex during menstruation	9. Having unprotected sex during menstruation because pregnancy seems impossible
10. Having unprotected sex the first time because pregnancy seems impossible	11. Putting on a condom only before ejaculation	12. Using two external condoms at the same time
13. Using baby oil or body lotion with a latex condom	14. Keeping condoms in a wallet for several months	15. Using the pull-out method as the main form of contraception
16. Using only a period-tracking app to prevent pregnancy	17. Using hormonal contraception without condoms with a new partner	18. Using emergency contraception after a condom breaks
19. Using emergency contraception more than once	20. Having oral sex	21. Having anal sex
22. Assuming someone has no STI because they have no symptoms	23. Stopping condom use after both partners have been tested for STIs	24. Stopping condom use without discussing testing or exclusivity

25. Sharing sex toys	26. Taking a bath during menstruation	27. Using leftover antibiotics for itching or unusual discharge
28. Waiting for unusual discharge, sores, itching or pain to disappear	29. Washing the external genital area several times a day with regular soap	30. Using scented intimate sprays or wipes every day
31. Removing pubic hair	32. Sharing a razor used on the genital area	33. Staying in wet swimwear for several hours
34. Using a public toilet	35. Swimming in a public pool	36. Taking a shower after sex to prevent pregnancy or STIs
37. Leaving a tampon in for more than eight hours	38. Using a tampon before ever having sex	39. Exercising during menstruation
40. Swimming during menstruation	41. Ignoring severe period pain because “periods are supposed to hurt”	42. Getting the HPV vaccine as a boy
43. Getting the HPV vaccine after becoming sexually active	44. Believing that the HPV vaccine removes the need for cervical screening	45. Buying “hormone balance” or fertility supplements from an unknown website
46. Using anabolic steroids to build muscle	47. Relying only on breastfeeding to prevent pregnancy	48. Masturbating often

MATERIAL FOR FACILITATORS

SUGGESTED CLASSIFICATION

Risky	No risk	It depends
6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 22, 24, 27, 28, 29, 30, 32, 36, 37, 41, 44, 45, 46	5, 18, 19, 26, 34, 35, 38, 39, 40, 42, 43	1, 2, 3, 4, 8, 20, 21, 23, 25, 31, 33, 47, 48

The classification should not be shown to participants before the discussion. Some cards under IT DEPENDS may be moved when a group provides enough additional information to assess the situation.

Cards 1–8: relationships, consent and context

Having sex on a first date, having more than one partner or having a same-sex partner does not automatically create a particular level of risk. Risk depends on consent, protection, communication and the type of sexual contact. A large age difference may also involve legal questions, unequal power or pressure, especially when one person is a minor.
A person can change their mind at any point. Agreeing because of fear or having sex while heavily intoxicated creates serious concerns about whether consent is freely and clearly given.
Sex during menstruation belongs under IT DEPENDS. Menstruation does not prevent the transmission of STIs, and pregnancy is still possible because ovulation varies and sperm can survive in the reproductive tract for several days.

Cards 9–19: pregnancy prevention and condoms

Pregnancy is possible during someone's first sexual intercourse and may also occur following sex during menstruation. Putting on a condom only shortly before ejaculation leaves earlier genital contact unprotected.
Using two external condoms can increase friction. Oil-based products can damage latex, while heat and friction can damage condoms kept in a wallet.
Withdrawal and a period-tracking app used alone are less reliable than established contraceptive methods. A full fertility-awareness method involves monitoring several fertility signs and usually requires specific instruction; it is not the same as simply checking dates in an app.
Hormonal contraception may protect against pregnancy but does not protect against STIs. Condoms reduce the risk of both unintended pregnancy and most sexually transmitted infections when used correctly and consistently.
Using emergency contraception after a condom breaks is an appropriate protective response. Emergency contraceptive pills may be used more than once when needed. Repeated use may cause temporary menstrual irregularities, but it poses no known general health risk; however, it is less effective as an ongoing strategy than a regular contraceptive method.

Cards 20–25: STIs and sexual contact

Oral and anal sex belong under IT DEPENDS because the level of risk changes according to the type of contact, use of condoms or other barriers, possible sores, lubrication and the infection concerned. Many STIs can be transmitted through oral sex, although the level of risk is not identical for every infection or activity.
A person may have an STI without any visible symptoms. Appearance and absence of symptoms cannot confirm someone's STI status.
Stopping condom use after both partners have been tested belongs under IT DEPENDS. The group should consider when the tests were taken, which infections were included, whether either person had a later exposure, whether the relationship is mutually exclusive and whether another method is being used to prevent pregnancy.
Sharing sex toys also depends on whether they are cleaned, whether a new condom is used between people or body areas, and whether bodily fluids can be transferred.

Cards 26–41: menstruation, hygiene and symptoms

Taking a bath, exercising or swimming during an ordinary menstrual period does not present a reproductive-health risk. Physical activity may help some people manage menstrual discomfort.
Using leftover antibiotics for itching or unusual discharge is risky because these symptoms can have different causes and may not require antibiotics. Waiting for persistent or unusual symptoms to disappear may also delay appropriate assessment.
The vagina does not need to be cleaned internally. Frequent washing with regular soap, vaginal douching and scented products can cause irritation or disturb the natural vaginal environment.
Removing pubic hair belongs under IT DEPENDS because it is a personal choice rather than a reproductive-health requirement. The discussion should consider the method used, skin irritation, cuts and sharing of razors.
Public toilets and swimming pools are not ordinary routes for the transmission of common STIs. Showering after sex does not prevent pregnancy or remove an STI.
A tampon should not be worn for more than eight hours. Using a tampon does not prove or disprove whether someone has had sex, and the appearance of the hymen cannot establish a person's sexual history.
Severe menstrual pain that repeatedly interrupts school, sleep or everyday activities should not automatically be dismissed as something that must be tolerated.

Cards 42–48: HPV, online products, breastfeeding and fertility

HPV vaccination is recommended for boys as well as girls. Vaccination is most effective before exposure to HPV, but a person who has already become sexually active may still benefit because they may not have been exposed to all HPV types covered by the vaccine. National age and catch-up recommendations should always be followed.
HPV vaccination does not replace future cervical screening because it does not protect against every cancer-causing HPV type.

Supplements advertised as “hormone balancing”, fertility-enhancing or detoxifying should not be assumed to be effective or safe simply because they are described as natural. Participants should consider who sells the product, what evidence supports it and whether the seller is discouraging professional healthcare.

Anabolic-steroid misuse can affect reproductive health and cause other serious adverse effects.

Breastfeeding can function as contraception only when specific conditions are met: the baby is younger than six months, menstruation has not returned and breastfeeding is full or nearly full without long gaps between feeds.

Masturbation does not cause infertility or pregnancy and does not transmit an STI when it is performed alone. The word often is deliberately unclear, so participants may discuss whether any behaviour causes pain, injury or begins to interfere seriously with everyday life.

REPRO-DUCTIVE HEALTH

RIGHTS IN REAL LIFE

TIME 90'

This session moves from the personal to the practical. Using a collaborative "Scenario Clinic" methodology, participants work through real-life situations that young people commonly face around contraception, sexually transmitted infections, unplanned pregnancy, and access to reproductive health services. The workshop dismantles myths, builds practical knowledge, and empowers participants to know where and how to seek help.

Objectives:

- To distinguish fact from myth regarding contraception and STI transmission.
- To identify at least three concrete pathways to accessing reproductive health services in the local context.
- To practise non-judgmental peer support and know when to refer someone to a professional.
- To develop confidence in facilitating sensitive reproductive health conversations using scenario-based methods.

Materials:

- Printed Handout 2-A: "Scenario Cards" printed and cut into individual cards (8 scenarios)
- Printed Handout 2-B: "Myth or Fact?" quiz sheets, 1 per participant
- Printed Handout 2-C: "Where to Go for Help" template (blank, 1 per participant)
- Red, orange, and green sticky dots (3 of each per participant) for myth-busting activity
- Flip chart and markers
- Timer (phone is fine)
- Optional: a "question box" (sealed box with a slot) for anonymous questions

Group size: 20-30

Preparation: Print and cut Handout 2-A scenario cards. Place each scenario in an envelope and label A through H. Prepare a "question box" by sealing a small cardboard box with a slot and place it at the entrance so participants can drop questions before the session starts. On the flip chart, write: "There are no stupid questions about your health." Review all scenarios in advance and prepare accurate, evidence-based answers. Familiarize yourself with reproductive health services available in the local context where the workshop is taking place (this will vary by partner country).

INSTRUCTIONS

At the beginning of the workshop, distribute Handout 2-B. Explain that reproductive health is surrounded by myths, some harmful, some just wrong, and that clearing these up is a form of safety. Participants individually mark each statement on the quiz: TRUE / FALSE / IT DEPENDS. (2 minutes solo.) Facilitator reads each statement aloud and asks for a show of hands. For each one, reveal the accurate answer with a brief explanation. Key statements include:

- “You can't get pregnant the first time.” FALSE
- “Emergency contraception causes abortion.” FALSE (it prevents fertilization)
- “STIs always show symptoms.” FALSE (many are asymptomatic)
- “Condoms are 100% effective.” IT DEPENDS (effective when used consistently and correctly)
- “If someone is pregnant, it's their fault.” FALSE (shared responsibility; structural factors apply)
- “You need your parents' permission to access reproductive health services.” IT DEPENDS (varies by country/law)

After each answer, allow 30 seconds for brief reactions. Keep this phase energetic and fast-paced.
After the statements are discussed, divide participants into groups of 4-5. Give each group one scenario envelope (A-H). Groups rotate to a new scenario every 7 minutes (4 rounds; facilitator keeps time and signals rotation). For each scenario, groups must agree on three things:

1. What is the key reproductive health issue in this situation?
2. What should the person in the scenario know or do?
3. Where or who should they turn to for help?

After four rounds, each group briefly reports back (1 minute per group) on the scenario they found most challenging. Facilitator adds key information where needed and corrects any misinformation without shaming the group. See Handout 2-A for the 8 scenario cards.

When the group is finished with the task, distribute Handout 2-C (“Where to Go for Help”). Ask each participant to fill in the template for their own community:

- Name one health center, clinic, or hotline that offers reproductive health services nearby
- Name one trusted adult (not a parent, if not safe) they could speak to about reproductive health
- Name one online resource in their language they can access privately

Facilitator first models this with local examples they have prepared in advance. Then participants fill in their own copy. This handout is theirs to keep. Open the question box. Read anonymous questions aloud and answer them honestly. Defer any question that requires clinical expertise with: “That's a great question for a health professional, here's how you'd find one.”

DEBRIEFING AND EVALUATION

Return to a full circle. Ask the following questions, allowing 2 to 3 minutes of discussion each:

1. Which myth from today surprised you most and why do you think it exists?
2. In the scenario clinic, what made it hard to give advice? What made it easier?
3. What is one thing you can do differently after today when it comes to your own reproductive health?

Close by inviting participants to name one word that describes how they feel leaving this session. Facilitator charts the words without comment. This also serves as an informal evaluation of the emotional climate.
Distribute a brief 3-question written exit survey (on the back of Handout 2-C): (1) I learned something new today. YES / PARTLY / NO. (2) I feel more confident finding reproductive health support. YES / PARTLY / NO. (3) One thing I would change about this workshop: [open line].

TIPS FOR FACILITATOR

The scenario clinic works best when groups are genuinely mixed, as different genders, backgrounds, and confidence levels push each other to think. If the group is very homogeneous, introduce variation by assigning roles within each group (e.g. “the friend”, “the parent”, “the health worker”). Some scenarios touch on abortion, sexual violence, and LGBTQ+ identities. Be prepared. Know the legal framework in your country. Never suggest illegal options. Always center the dignity and agency of the person in the scenario.
In contexts where reproductive health is highly stigmatized, open the session with a clear norm-setting statement: “In this room, health information is neutral. We are here to learn, not to judge.”
The question box is one of the most powerful tools in this workshop because it equalizes voice. Check it between phases, not just at the end, in case urgent questions need addressing.
Adjust “Where to Go for Help” thoroughly before each delivery. Generic resources feel distant; local, named resources feel actionable. Ask a local health worker or NGO contact to help you populate this in advance.

MATERIAL FOR FACILITATORS

Contraception: Key Facts
There are many forms of contraception: hormonal (pill, patch, injection, implant, hormonal IUD), barrier (condoms both for male and female; diaphragm), emergency (morning-after pill, copper IUD), and long-acting reversible (IUD, implant). The most effective methods for young people who do not want pregnancy are LARC (long-acting reversible contraception). Condoms are the ONLY method that also protects against STIs. Dual protection (condom + another method) is gold standard.

STIs: Key Facts
Common STIs include chlamydia, gonorrhea, syphilis, herpes (HSV-1 and HSV-2), HPV, and HIV. Many STIs are asymptomatic, meaning you can have one and not know it. Early treatment prevents complications. HIV is manageable with antiretroviral therapy (ART). HPV vaccines (recommended before sexual debut) prevent the majority of cervical cancer cases. Encourage regular testing as part of routine health care, not just when something seems wrong.

Pregnancy Options
Where legal and accessible, pregnancy options include: continuing the pregnancy and parenting, adoption or foster care, and abortion. Young people deserve accurate information about all legal options available to them in their country, and non-judgmental support whatever they choose. The facilitator's role is to inform and support, not to direct or impose.

Access to Services - Legal Context
Laws regarding minors' access to reproductive health services without parental consent vary significantly between project countries (Serbia, Italy, Bulgaria, Cabo Verde, South Africa, Tanzania). In South Africa, young people aged 12 and over can consent to their own medical treatment including contraception (Children's Act, 2005). In Tanzania, laws are more restrictive, so always contextualize advice with local legal realities. Refer to WHO's country health profiles and local NGO contacts for up-to-date guidance.

RECOMMENDED SOURCES

- WHO, 'Family Planning. A Global Handbook for Providers' (2022): https://cdn.who.int/media/docs/default-source/reproductive-health/contraception-family-planning/family-planning-a-global-handbook-for-providers-2022.pdf
- IPPF, 'Healthy, Happy and Hot' young person's guide: https://www.ippf.org/sites/default/files/healthy_happy_hot.pdf
- UNFPA, 'Contraceptive Commodity Gap Report' (2023): https://www.unfpa.org/sites/default/files/pub-pdf/Web_UNFPA%20Supplies%20Impact%20Report%202023.pdf
- Planned Parenthood resource library: https://www.plannedparenthood.org/learn

Handout 2-A: Scenario Cards
(Print and cut. Place each in a labelled envelope A-H. One per group per round.)

SCENARIO A
Amara, 17, missed two periods. She is scared to go to a clinic alone because her family would find out. What should she know? Where can she go?

SCENARIO B
Joao, 19, and his partner want to start using contraception but do not know which method is right for them. They have heard conflicting information from friends. What key questions should they ask a health provider?

SCENARIO C
Fatou, 16, has heard she may have been exposed to an STI. She is embarrassed and worried about confidentiality at the local clinic. What are her rights? What steps should she take?

SCENARIO D
Marco, 20, thinks his girlfriend may be experiencing a pregnancy she does not want. He wants to support her but doesn't know how or where to get information. What should he know about his role and her rights?

SCENARIO E
A group of girls at school are pressuring their friend to stop taking contraception because 'it makes you infertile.' Your friend asks you whether this is true. What do you say?

SCENARIO F
Thandi, 18, went to a clinic for reproductive health services and was refused because the staff said she was 'too young to be doing these things.' What are her rights? What can she do?

SCENARIO G
David, 22, has never been tested for STIs and is not sure what testing involves or where to go. His partner is asking him to get tested. What information does he need?

SCENARIO H
Nina, 19, is pregnant and considering her options. She comes to you, her peer educator, for information. She says she does not know what her options are or who to trust. How do you support her without imposing your own views?

Handout 2-B: Myth or Fact?
Instructions: For each statement, circle TRUE, FALSE, or IT DEPENDS. We'll discuss as a group.
1. You cannot get pregnant the first time you have sex. TRUE / FALSE / IT DEPENDS
2. Emergency contraception (morning-after pill) causes an abortion. TRUE / FALSE / IT DEPENDS
3. You always know if you have an STI because you will have symptoms. TRUE / FALSE / IT DEPENDS
4. Condoms are 100% effective against STIs and pregnancy. TRUE / FALSE / IT DEPENDS
5. Only people who have many partners get STIs. TRUE / FALSE / IT DEPENDS
6. A young person must have a parent or guardian's permission to access reproductive health services. TRUE / FALSE / IT DEPENDS
7. Hormonal contraception always causes weight gain and reduced fertility. TRUE / FALSE / IT DEPENDS
8. If someone is pregnant, it is primarily the woman's responsibility. TRUE / FALSE / IT DEPENDS

Handout 2-C: Where to Go for Help
This is your personal resource card. Fill it in for YOUR community. Keep it somewhere safe and private.

A reproductive health clinic or health center I can access:
Name: _____
Address / How to get there: _____
Opening hours: _____

A trusted adult (not a parent, if not safe to tell them) I could talk to:
Name / Role: _____

A confidential online resource in my language:
Website or app: _____

A hotline or text service I can reach anonymously:
Number / Name: _____

Exit Survey (for facilitator - please hand back before you leave):
1. I learned something new today. YES / PARTLY / NO
2. I feel more confident finding reproductive health support. YES / PARTLY / NO
3. One thing I would change about this workshop: _____

REPRO-DUCTIVE HEALTH

TIME 90'

THE SILENCE BETWEEN US

Most reproductive health crises among young people are not caused by lack of information but by the inability to speak about what they already know. This workshop tackles the communication gap: why it is so hard to talk about reproductive health with partners, parents, and health providers, and how to do it anyway. Using adapted Forum Theatre methodology (based on Augusto Boal's Theatre of the Oppressed), participants rehearse three common 'communication walls' in a safe space before they encounter them in real life.

Objectives:

- To identify at least three situations in which communication barriers prevent young people from protecting their reproductive health.
- To practice for negotiating contraception, requesting STI testing, and asking for help from a health provider through roleplay and Forum Theatre language.
- To analyze how power dynamics (gender, age, authority) shape reproductive health conversations.
- To gain a replicable Forum Theatre methodology for opening sensitive conversations in any cultural context.

Materials:

- Three sealed envelopes labelled A, B, C (each containing a blank sheet of paper used in the opening ritual)
- Printed Handout 3-A: "The Three Walls" description cards, 1 per participant
- Printed Handout 3-B: "Scene Scripts" for facilitators and scene performers (2 scenes)
- Index cards (1 per participant) and pens
- Masking tape to mark a simple stage area on the floor
- Flip chart and markers
- Optional: a small bell or chime for signaling "Stop!" in Forum Theatre

Group size: 20-30

Preparation: Recruit one or two co-facilitators or willing participants to pre-rehearse the two scenes in Handout 3-B; scenes should feel natural and unresolved, not theatrical or exaggerated. Arrange the room in a horseshoe or circle around a small open stage space marked with masking tape. Prepare the three sealed envelopes. On the flip chart write: "You can call STOP at any moment and step in." Brief any co-facilitators on safeguarding protocol, as this session can surface real personal disclosures.

INSTRUCTIONS

Place three sealed envelopes on a table at the front labelled A, B, C. Ask participants to close their eyes and raise their hand silently if they recognize themselves in each question as you read it aloud:

- Envelope A: “Have you ever needed to say something about your health but couldn't?”
- Envelope B: “Has someone else's silence ever put your health at risk?”
- Envelope C: “Have you ever left a health appointment without getting what you needed?”

After each, pause. Then open the envelopes one by one: each contains a blank sheet of paper. Distribute Handout 3-A. Briefly introduce the concept of “The Three Walls”, the three most common communication barriers young people face around reproductive health (Wall 1: talking to a partner; Wall 2: talking to a parent or trusted adult; Wall 3: talking to a health provider). Ask participants to read for 2 minutes.

Introduce Forum Theatre in one sentence: “We will watch a short, unresolved scene. When you see a moment where something could go differently, call STOP and step in.” Scene A is performed by the pre-rehearsed pair (see Handout 3-B): a young woman trying to ask her partner to use a condom; he dismisses her concern and the conversation collapses. The scene ends at the moment of failure. The facilitator asks: “What just happened? What made it hard?” and collect brief reactions (2 minutes). Then ask the participants to run the scene again with trying something different. Again, participants can call the STOP at any time they think it is needed.

Run the scene again. When someone calls stop, they step in. The scene replays from that point. Discuss after each intervention: Did that work? Why or why not? What did the protagonist need, emotionally or practically, to say that? Run at least 3 to 4 interventions, mentioning that there is no correct ending as the goal is to surface strategies and name why some work better than others.

Scene B (see Handout 3-B): a young person at a health center who is told by a nurse that they are too young to be asking for contraception and is sent away without information or referral. The scene ends as they leave the clinic, alone. Same Forum Theatre structure as Scene A. This time, push participants to think about rights, not just communication style: What does this person have the right to demand? Who else could they involve? What would change if they knew the law? After interventions, facilitator names what the group discovered: strategies, language, rights. Write the most useful phrases from participant interventions on the flip chart as they become shared tools.

Give each participant an index card. Ask them to write anonymously one sentence they wish they had been able to say in a real situation related to their reproductive health. Collect cards, shuffle, and read them aloud without comment. The room hears itself. Then, pairs spend 8 minutes developing a short script with two or three real sentences they could actually use for one of the Three Walls. Pairs share with the group. Facilitator adds the ones the all team is agreeing upon to the flip chart. Close by asking each participant to write on the back of their index card one thing they will say to someone, about their health in the next two weeks.

DEBRIEFING AND EVALUATION

Bring the group to a full circle. Ask:

1.Which moment in the scenes felt most familiar to you and why?
2.What made it easier to speak up when you could see someone else trying first?
3.What is one real conversation about your reproductive health that you have been avoiding? What would you need to have it?

Allow few minutes of open discussion. Close with the affirmation that knowing their rights and having practiced words is a form of protection. Ask participants to complete a brief exit evaluation on the back of their index card: (1) I feel more confident having a difficult reproductive health conversation: YES / PARTLY / NO. (2) The Forum Theatre method helped me think differently: YES / PARTLY / NO. (3) One thing I would add or change in this workshop: [open line].

TIPS FOR FACILITATOR

Forum Theatre requires comfort with ambiguity. Scenes must not be resolved by the facilitator but only by participants. Resist the urge to reward correct interventions or gently redirect wrong ones. All attempts are valid data about what feels possible in the room.
A participant may step into a scene and replay something that genuinely happened to them. This is the method working correctly. Have a co-facilitator ready to quietly step out with that person if needed, and know your safeguarding referral pathway in advance.
Adapt scenes carefully for each context. A scene depicting contraception negotiation plays very differently in Serbia than in Tanzania, meaning the underlying dynamic is the same, but the language, relationship structures, and available options are not. Rewrite character names, settings, and specific dialogue to feel locally familiar.
If Forum Theatre feels too complex for a first delivery, a simplified version works: participants roleplay the Three Walls in pairs, then debrief in small groups. The core learning (rehearsing difficult conversations) survives simplification. The theatrical format adds depth and distance (it is easier to try something risky as a character) but is not essential.

MATERIAL FOR FACILITATORS

Forum Theatre was developed by Brazilian theatre practitioner Augusto Boal as part of his Theatre of the Oppressed methodology. It is used globally in education, health, and human rights contexts. The fundamental principle: rehearsing liberation. Participants are not passive spectators but spect-actors who intervene in scenes of oppression or difficulty and experiment with alternatives. The facilitator in here plays the role of the Joker, and does not direct or judge interventions but facilitates reflection: “Did that work? Why? What would the protagonist need to make that choice in real life?” Forum Theatre is particularly effective for reproductive health education because it creates distance: it is easier to try something “risky” like saying no, asserting a right, asking for help as a character than as yourself. Once participants have done it as a character, the language exists. It can migrate into real life.

The Three Walls

Wall 1 (Partner): In contexts of high gender inequality, direct negotiation strategies frequently fail. Research supports indirect framing ("I want us both to be healthy") and offering choice ("Which method would work for you?") as more effective than direct assertion in high-power-disparity relationships, while acknowledging that the need for indirect framing is itself a symptom of inequality worth naming.

Wall 2 (Parent/Trusted Adult): Even partial disclosure, like "I have a health question" rather than "I need contraception", significantly increases likelihood of a young person accessing services. Facilitators should help participants identify the lowest-risk version of the conversation they need to have, not the ideal one.

Wall 3 (Provider): Young people have the right to confidential reproductive health services in most jurisdictions. Knowing this right and knowing how to assert it measurably increases clinic attendance among adolescents (Guttmacher Institute, 2019).

RECOMMENDED SOURCES

- Boal, A., 'Theatre of the Oppressed' (1979/2008): https://revolutionary-socialism.com/wp-content/uploads/2015/05/Augusto-Boal-Theatre-of-the-Oppressed-20081.pdf
- WHO, 'Adolescent Sexual and Reproductive Health' fact sheets: https://www.who.int/southeastasia/activities/adolescent-sexual-reproductive-health
- Guttmacher Institute, 'Adolescent Sexual and Reproductive Health' (2019): https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf
- IPPF, 'Healthy, Happy and Hot' (young people's guide): https://www.ippf.org/sites/default/files/healthy_happy_hot.pdf

Handout 3-A: The Three Walls

WALL 1 - TALKING TO A PARTNER

Negotiating contraception. Discussing STI testing. Saying no. Asking for consent. Young people often know what they should say but lack the words or confidence to say it, especially when there is a power imbalance: an age gap, economic dependence, fear of rejection or conflict.

WALL 2 - TALKING TO A PARENT OR TRUSTED ADULT

In many communities, approaching a parent about sexual or reproductive health feels impossible or genuinely unsafe. Yet young people with at least one trusted adult they can speak to make safer, more informed decisions. This wall is about finding the conversation that IS possible, even when the full one is not.

WALL 3 - TALKING TO A HEALTH PROVIDER

Shame, fear of judgment, uncertainty about confidentiality, cost, and distance all block access to services. Knowing what to say when you get there, how to ask for exactly what you need, what your rights are, how to push back if you are dismissed or judged, is a skill. It can be practised.

Handout 3-B: Scene Scripts (For Facilitators and Performers)
SCENE A: Just this once
Characters: SARA (19) and LUCA (21), a couple of 6 months. Setting: Luca's room.
SARA: I wanted to talk to you about something. About us using protection.
LUCA: We've been together for months. I thought we were past that.
SARA: I just think it would be safer. For both of us.
LUCA: [sighs] Are you saying you don't trust me? That's kind of insulting.
SARA: No, it's not about trust, it's just...
LUCA: Sara. Come on. It's fine. [moves closer]
[SARA hesitates. Then says nothing. Scene ends.]

SCENE B : Come back when you're older
Characters: AMARA (17) and a CLINIC NURSE. Setting: a health centre reception desk.
AMARA: Hi. I'd like to speak to someone about contraception, please.
NURSE: [looks up] How old are you?
AMARA: Seventeen.
NURSE: You need to come back with a parent or guardian.
AMARA: I... I can't really do that. Is there someone else I could-
NURSE: That's our policy. Next, please.
[AMARA picks up her bag and walks out of the clinic alone. Scene ends.]

Facilitator note: Both scenes must feel real and unhurried, not theatrical. Perform them once without interruption to establish the situation, then invite Forum Theatre interventions. Do not signal where the wrong moment is, let participants identify it.

REPRO-DUCTIVE HEALTH

TIME 90'

FOLLOW THE MONEY, FIND THE POWER

This workshop asks the structural question: why do some young people have so much less access to reproductive health than others, and what can be done about it? Using participatory mapping, the Iceberg Model of social change, and a case study rotation, participants move from personal experience to collective analysis. The session closes with an Advocacy Sprint: each participant drafts one concrete, directed demand for change. This workshop is designed for older participants and youth workers ready to move from personal empowerment to collective action.

Objectives:	• To identify at least three structural barriers (economic, legal, geographic, cultural) that prevent young people from accessing reproductive health services. • To apply the Iceberg Model to analyse how visible reproductive health problems are produced by invisible structural causes. • To practise translating lived experience into a targeted advocacy statement directed at a specific institution or decision-maker. • To develop a methodology for facilitating structural analysis that is grounded in participants' own knowledge rather than expert instruction.
Materials:	• A large blank map drawn on flip chart paper - can be a rough outline of a neighbourhood, region, or country (facilitator prepares in advance) • Sticky dots in three colors: green, yellow, red, at least 3 of each per participant • Flip chart paper and markers • Printed Handout 4-A: "The Iceberg Model" worksheet (1 per participant) • Printed Handout 4-B: "Case Study Cards" printed and cut, 4 case studies posted around the room on large paper • Printed Handout 4-C: "My Advocacy Statement" template (1 per participant) • Pens and sticky notes
Group size:	20-30
Preparation:	Draw the large map on flip chart paper before the session - it does not need to be accurate, just recognizable as a geographic space participants can relate to. Print and post the four Case Study Cards (Handout 4-B) on the walls before participants arrive. Familiarize yourself with the local reproductive health landscape: which services exist, how much they cost, what the legal framework is for minors' access. This workshop works best as the final session in the SAFEBOOK reproductive health sequence but can also stand alone with a brief framing introduction.

INSTRUCTIONS

Place or post the large map where all participants can reach it. Give each participant green, yellow, and red sticky dots (3 of each). Explain:

- Green dot: I can access this easily
- Yellow dot: I know it exists but cannot always reach it
- Red dot: This does not exist for me or people I know

Ask participants to place dots on the map for each of the following, one at a time (facilitator calls them out with 30 seconds between each):

1. A reproductive health clinic or doctor they could visit privately
2. Free or affordable contraception
3. A safe space, person or place, to discuss reproductive health without judgment
4. Accurate, private information about reproductive health in their language

The map fills unevenly. Facilitator steps back and asks the group: “Look at where the red dots are. Who placed them? What do those people have in common?” Allow 4-5 minutes of open observation. Do not rush to explanation: let the group name the patterns: geography, gender, income, age, disability, documentation status. Write the patterns they name on the flip chart.
After this, distribute Handout 4-A. Draw a large iceberg on a new sheet of flip chart paper. Label: above the waterline = “What We See”; below = “What Produces It.” Ask participants what the visible reproductive health problems in their communities are. Collect answers and write them above the waterline: teen pregnancy, STI rates, young people not accessing services, unsafe abortion, young mothers dropping out of school. Then ask: “What produces these? What is underneath?”
Guide the group to fill in below the waterline together. Push beyond the obvious:

- Poverty and cost of services
- Gender norms that silence girls and exclude boys
- Inadequate or absent sex education in schools
- Healthcare funding cuts and staff shortages
- Legal barriers to minors accessing services independently
- Geographic isolation(clinics are too far, transport is too expensive)
- Stigma that prevents seeking help
- Lack of youth-friendly services

Key question for discussion (5 minutes): “If we only address what is above the waterline - only do workshops, only share information - what happens over time?” The answer the group should reach: the same problems return in the same communities, because the structures producing them have not changed. This is the argument for structural advocacy.

Four Case Study Cards (Handout 4-B) are posted around the room. Participants move in groups of 4-5, spending 5 minutes at each case. Each group annotates the posted case with sticky notes answering three questions written at the top of each sheet:

5. What is the structural barrier here?
6. Who has the power to change it?
7. What would change for this young person if that power were used differently?

After four rotations, each group reports back in a couple of minutes on the case they found most urgent or closest to their own experience. Facilitator listens for patterns: which barriers appear across multiple cases? Which institutions are named most frequently as having the power to act? These answers set up Phase 4.

When this part of the workshop is finished, distribute Handout 4-C. Explain: "Now we translate what we have learned into a demand, directed at a specific person or institution, backed by something we know to be true." Each participant fills in the advocacy statement template:
"I am calling on [institution or decision-maker] to [specific, concrete change] because [one piece of evidence or lived experience]. Young people in [our community] deserve [the outcome this change would produce]."
Facilitator circulates and helps participants make statements specific and achievable. After 10 minutes of writing, participants read their statements aloud. The facilitator notes on the flip chart: which institutions are targeted most often? Which specific changes appear more than once? This becomes a collective advocacy map the group has built together.

DEBRIEFING AND EVALUATION

Return to a full circle. Ask:

1. Before today, did you think of reproductive health as a personal issue, a structural issue, or both? Has that changed?
2. Which case study felt closest to a reality you know? What did it show you about where power sits?
3. What would it take for you to actually send or say aloud the advocacy statement you wrote today?

Allow 8-10 minutes. Close by naming what the group has done: "You built a collective analysis and a collective demand. That is the beginning of advocacy." Ask participants to keep their Handout 4-C as a first draft.
Exit evaluation (written, on back of Handout 4-C): (1) I now understand at least one structural cause of reproductive health inequality I had not considered before: YES / PARTLY / NO. (2) I feel the advocacy statement I wrote is something I could actually use: YES / PARTLY / NO. (3) One thing I would change about this workshop: [open line].

TIPS FOR FACILITATOR

This workshop is political in the correct sense: it deals with power, resources, and decisions that affect people's lives. Facilitators must be comfortable holding that frame without neutralizing it. The goal is not to make participants angry (though some may become so, and that is valid) but to make them analytical. The Iceberg Model works best when the facilitator genuinely believes that structures matter, and communicates that without preaching. If the facilitator frames structural analysis as just one perspective among many, participants will sense the retreat and disengage. The Advocacy Sprint must be grounded in local reality. Before the session, research: which institution is actually responsible for sex education funding in this country? Which law governs minors' access to contraception? Who specifically has the power to change a clinic's policy on confidentiality? Generic targets produce generic demands. End with action: the Iceberg Model can feel crushing if the session closes on the weight of what is below the waterline. The Advocacy Sprint is the structural antidote, meaning it returns agency to participants. The last thing they do in the session is name something they can demand. That sequencing is intentional and should not be reversed or cut for time.

MATERIAL FOR FACILITATORS

Structural Inequality and Reproductive Health. Key Facts

Globally, adolescent girls from the poorest households are four times more likely to have an unmet need for contraception than those from the wealthiest (UNFPA, 2023). In Sub-Saharan Africa, geographic distance is the single most commonly cited barrier to reproductive health services among young women aged 15 to 24 (WHO, 2022). In Eastern Europe, LGBTQIA+ young people report avoiding reproductive and sexual health services at rates two to three times higher than their peers due to fear of discrimination (ECDC, 2021). In every project partner country, the gap between what the law provides and what young people actually experience in clinics is significant, since it is not primarily a legal gap but a gap in implementation, funding, and staff training.

The Iceberg Model

The Iceberg Model originates in systems thinking (Donella Meadows, 'Thinking in Systems,' 2008) and is widely used in social change education. It distinguishes between events (what we observe), patterns (recurring trends), structures (the systems that produce patterns), and mental models (the beliefs and norms that maintain structures). Most education, including most health education, operates at the event level. Structural change requires intervening at the level of patterns, structures, and mental models. This workshop introduces that distinction accessibly, without requiring participants to read theory.

Country-Specific Legal Context
South Africa: Children's Act (2005) allows those aged 12+ to consent to their own medical treatment including contraception and STI testing, without parental consent.
Serbia: minors under 16 require parental consent for most medical procedures; reproductive health services are accessible but youth-friendly services are limited.
Italy: migrants have the right to access essential health services regardless of documentation status (Legislative Decree 286/1998, Article 35), widely unknown among migrants themselves and sometimes unenforced by providers.
Bulgaria: comprehensive sex education is not mandated in schools; access to contraception is not restricted by age but cost and stigma are significant barriers.
Cabo Verde and Tanzania: legal and service landscapes are more restrictive, always verify current national guidance before delivering this session in these contexts.

RECOMMENDED SOURCES

- Meadows, D., 'Thinking in Systems' (2008), Iceberg Model background
- UNFPA, 'State of World Population 2023: 8 Billion Lives, Infinite Possibilities': unfpa.org
- WHO, 'Adolescent Health' country data: who.int/data/gho
- Guttmacher Institute, 'Adding It Up: Investing in Sexual and Reproductive Health' (2022): guttmacher.org
- Oxfam, 'Youth Advocacy Toolkit' (2020): oxfam.org

Handout 4-A: The Iceberg Model
The Iceberg Model is a tool for understanding how social problems are produced. Most of what we see (the events and outcomes) are above the waterline. Most of what produces them is invisible, below the surface.

ABOVE THE WATERLINE. What We See:
(These are the visible outcomes: teen pregnancy, STI rates, young people not accessing services, unsafe abortion, school dropout linked to pregnancy.)

BELOW THE WATERLINE. What Produces It:
(Fill in during the group discussion: economic barriers, legal restrictions, cultural norms, education gaps, geographic isolation, stigma, funding cuts, absent youth-friendly services, gender inequality...)

Key question: If we only address what is above the waterline, what happens?
Key insight: Addressing structural causes and not just individual behaviours is what produces lasting change.

Handout 4-B: Case Study Cards
(Print and post on four separate large sheets around the room. Write at the top of each sheet: What is the structural barrier? / Who has the power to change it? / What would change for this young person if they did?)

CASE STUDY 1. Neema, Tanzania
Neema is 17 and lives in a rural area. The nearest clinic that offers contraception is a 3-hour journey away and costs the equivalent of a week's household income in transport and fees. She has no income of her own. She knows she needs contraception but cannot access it. She becomes pregnant at 17 and leaves school.

CASE STUDY 2 . Stefan, Bulgaria
Stefan is 20 and gay. He knows he should get tested for STIs regularly but has twice been met with dismissive or hostile responses from clinic staff when they discovered he has sex with men. He now avoids the clinic entirely and has not been tested in two years. He does not know his current STI status.

CASE STUDY 3. Inês, Cabo Verde
Inês is 18. She became pregnant after relying on information about contraception that she received from peers, as her school does not provide sex education. She did not know how to access contraception independently or that she had the right to do so. She is now raising a child while trying to complete her studies, with very limited support.

CASE STUDY 4. Daniela, Italy
Daniela is 22 and recently arrived in Italy from another country. She does not know that she has the legal right to access reproductive health services regardless of her documentation status. She has been afraid to go to a clinic. She has been living with an untreated gynaecological condition for eight months because she believes she will be turned away or reported.

Handout 4-C: My Advocacy Statement
Use this template to write one advocacy statement: a directed, specific demand for structural change. Keep it real. Keep it targeted. This is your first draft.

I am calling on:
[Name the institution, policy-maker, school, ministry, clinic, or organisation with the power to make this change]
_____

To:
[Describe the specific, concrete action or change you are demanding as precise as possible]
_____
_____

Because:
[Name one piece of evidence, data, or lived experience that supports this demand]
_____
_____

Young people in [our community] deserve:
[The outcome this change would produce: the right, access, or dignity it would restore]
_____

Exit Evaluation (please return to facilitator):
1. I now understand at least one structural cause of reproductive health inequality I had not considered before: YES / PARTLY / NO
2. I feel the advocacy statement I wrote is something I could actually use: YES / PARTLY / NO
3. One thing I would change about this workshop: _____

REPRO-DUCTIVE HEALTH

TIME 90'

NO PRESSURE, NO GUESSING

Consent and boundaries are part of reproductive health because they shape safety, dignity, privacy and relationships. This session avoids personal disclosure and works through fictional situations where pressure, silence, fear, intoxication or manipulation make consent unclear or absent. Participants practise simple language for setting boundaries, accepting "no", checking in and finding support.

Objectives:

- To understand consent as clear, informed, voluntary, specific and reversible agreement.
- To recognise pressure, coercion, manipulation, silence and fear as signs that consent is not present.
- To practise respectful communication around boundaries in relationships and peer situations.
- To connect reproductive health with dignity, safety, privacy and access to reliable information.
- To identify trusted adults, health professionals or services participants can approach with reproductive health questions.

Materials:

- Printed consent cards
- Printed scenario cards
- Three signs: clear consent, unclear/pressure, no consent
- Flipchart paper
- Markers
- Pens
- Sticky notes
- Envelope for anonymous questions

Group size: 20-30

Preparation: Before the workshop, review the applicable age-of-consent rules, safeguarding duties and local referral pathways. Prepare enough space for participants to move between three signs titled CLEAR CONSENT, UNCLEAR OR PRESSURE and NO CONSENT. Print and cut the consent cards and scenario cards, prepare the useful-sentences handout and place an envelope in the room for anonymous questions. At the beginning of the session, explain that the activity concerns respect, communication, health and safety and that nobody will be asked to share private experience. Use inclusive language and avoid assumptions about gender, sexual orientation, relationship status or sexual experience.

INSTRUCTIONS

Start the workshop by agreeing on rules for discussing a sensitive subject. These should include the right to pass, no pressure to disclose personal experience, no naming of real people, no laughing at questions, respectful language and confidentiality with clear limits when someone may be unsafe. Introduce the anonymous question envelope and explain that participants may use it at any point. Clarify that reproductive health includes bodies, relationships, choices, boundaries, services and reliable information, and that the session will focus on recognising respectful communication rather than judging anyone's personal life.

Present the five elements of consent: it should be clear, informed, voluntary, specific and reversible. Ask participants to explain each word in everyday language and add practical examples. Clarify that reversible means a person can change their mind at any time, even after agreeing earlier, and that specific means agreeing to one action does not mean agreeing to every action. Emphasise that consent cannot be assumed from silence, a previous relationship, earlier consent, gifts, clothing or the absence of physical resistance.

Place the three prepared signs in different parts of the room and read the consent cards from Handout 1 one at a time. Ask participants to move to the sign that best describes each situation. After every card, invite people from at least two positions to explain their reasoning and ask what information may be missing. Allow participants to reconsider and move when the discussion changes their view. Do not treat the exercise as a competition, but intervene when an explanation excuses coercion or presents silence, fear, intoxication, threats, dependence or manipulation as valid agreement. Make clear that the central question is whether participation is freely and clearly chosen.

Divide participants into five groups and give each group one scenario card. Ask them to identify what is happening, where pressure appears, who has greater power, which boundary is being ignored and what a respectful person should say or do instead. Each group should then rewrite the situation so that communication is clear, voluntary and safe. Move between the groups and ask whether the person can realistically refuse, leave or change their mind without punishment, humiliation or fear. Invite the groups to present both the original problem and the revised version.

Ask participants to practise short boundary and respect statements in pairs using the examples from Handout 4. They do not need to perform romantic or sexual scenes; they should practise language only. Include saying no, accepting no without argument, asking without pressure, checking whether the other person is comfortable, changing the subject and leaving a situation. Encourage short, calm sentences rather than long explanations. After each round, ask what made a sentence sound respectful and which responses still contained pressure, guilt or negotiation after a boundary had been stated.

Read several anonymous questions if time allows and respond only at a general educational level. When a question requires medical, legal or crisis support, explain clearly where professional help can be obtained. Create a quick support map with participants that includes a trusted adult, health professional, youth worker, school counsellor, helpline and emergency support. Before moving to the final reflection, remind participants that respecting a boundary means stopping without demanding justification and that helping a person who has been pressured should strengthen their safety and choices rather than take control away from them.

DEBRIEFING AND EVALUATION:

Use the following questions for the final reflection:

- Which consent cards were hardest to place, and why?
- Why do people sometimes describe pressure as romance or loyalty?
- What can make it difficult to say no clearly?
- What does a respectful reaction to 'no' sound like?
- How can friends help someone who is being pressured without taking control away from them?
- Why is privacy important when discussing reproductive health?
- Where can young people ask serious questions without being judged?

For the evaluation, ask participants to complete three sentences aloud or anonymously: 'Consent is not present when...', 'A respectful response to no is...' and 'One place where I can obtain reliable help is...'. Check that the answers recognise pressure, fear, intoxication, manipulation and the right to change one's mind. Correct any response that treats the absence of a spoken refusal as automatic consent.

TIPS FOR FACILITATOR

Keep the content age-appropriate and avoid unnecessary explicit detail. Focus on consent, boundaries, communication, safety and access to help. State clearly that consent cannot be pressured, bought, forced or assumed and that silence is not a reliable yes. Do not allow the discussion to become a debate that excuses coercion; when someone says that a person 'did not say no', return to whether the agreement was clear, informed and voluntary. Use gender-neutral examples whenever possible, because pressure and boundary violations can affect people of any gender or sexual orientation. Have a safeguarding plan ready, as the topic may lead to disclosures of abuse, harassment or exploitation.

MATERIAL FOR FACILITATORS:

- WHO - Comprehensive sexuality education fact sheet (https://www.who.int/news-room/fact-sheets/detail/comprehensive-sexuality-education)
- UNESCO - International technical guidance on sexuality education (https://www.unesco.org/en/articles/international-technical-guidance-sexuality-education-evidence-informed-approach)
- UNFPA - Comprehensive sexuality education (https://www.unfpa.org/comprehensive-sexuality-education)
- Council of Europe - Compass human rights education manual (https://www.coe.int/en/web/compass)

HANDOUT:

HANDOUT 1 - CONSENT CARDS

Card 1: A person says yes clearly, without pressure, and understands what they are agreeing to.
Card 2: A person says, “I’m not sure,” and the other person keeps asking until they agree.
Card 3: A person agreed yesterday but says today they changed their mind.
Card 4: Someone shares a private photo because their partner says, “If you love me, prove it.”
Card 5: A person is drunk and confused, and someone tries to get agreement from them.
Card 6: One person says no and the other person stops, without arguing or making fun of them.
Card 7: Someone says yes because they are afraid their partner will spread rumours.
Card 8: A couple agreed to hug, but one person tries to go further without asking.

HANDOUT 2 - CONSENT DEFINITIONS

Clear: The agreement is understandable and not guessed.
Informed: The person knows what they are agreeing to.
Voluntary: There is no pressure, threat, manipulation or fear.
Specific: Agreement to one thing does not mean agreement to everything.
Reversible: A person can change their mind at any time.

HANDOUT 3 - SCENARIO CARDS

Scenario A - The proof: A partner asks for a private photo and says it is the only way to prove trust.
Scenario B - The party: One person is clearly drunk. Another person says, “They are relaxed, so it is fine.”
Scenario C - The group joke: Friends pressure a boy to kiss someone at a party because “everyone is watching”.
Scenario D - The old yes: A person agreed to something before but now feels uncomfortable. Their partner says, “You already said yes last time.”
Scenario E - The rumour: Someone refuses a date. The other person threatens to tell people they are “easy” or “cold” if they do not change their mind.

HANDOUT 4 - USEFUL SENTENCES

Saying no: “No. I do not want that.”
Changing your mind: “I changed my mind. Stop.”
Asking respectfully: “Is this okay for you?”
Checking in: “Do you still want this?”
Accepting no: “Okay. Thanks for telling me.”
Ending pressure: “I am not discussing this again.”
Helping a friend: “You do not have to do anything to prove yourself.”
Seeking support: “I need to talk to someone I trust about this.”

REPRO-DUCTIVE HEALTH

TIME 90'

MASCULINITIES, CO-RESPONSIBLE PARENTING, AND PREVENTIVE CARE

The facilitator should review the data from Cape Verde (2026), which indicates that sexual orientation and social pressure appear across the board even in other areas, and that institutional prejudice discourages young people from seeking STI screening. Arrange the chairs in small circles of 4 to 5 people.

Objectives:	• To analyze the impact of sexism and traditional gender roles on the sharing of contraceptive and parenting responsibility. • To demystify prejudices about diversity and sexual orientation, reducing the taboos that hinder the search for clinical screenings. • To co-create strategies to demand confidentiality and humane treatment in public health services.
Materials:	• Dilemma cards, flipchart sheets, markers, tape, pens.
Group size:	20-30
Preparation:	The facilitator should review the data from Cape Verde (2026), which indicates that sexual orientation and social pressure appear across the board even in other areas, and that institutional prejudice discourages young people from seeking STI screening. Arrange the chairs in small circles of 4 to 5 people.

INSTRUCTIONS

1. The Web of Expectations: A quick activity using a ball of yarn. The facilitator throws the ball of yarn to a participant while stating a stereotype (e.g., "Condoms are the woman's responsibility"; "Men don't go to family planning appointments"). The person who receives the ball of yarn deconstructs the myth and passes it on to another participant. This creates a "web" that illustrates how social taboos bind young people's choices.

2.The Court of Dilemmas: Divide into small groups. Each group receives a dilemma card focused on sociocultural and institutional barriers (Dilemma 1: A young boy who wants to get tested for STIs but fears judgment from local hospital staff; Dilemma 2: A young university couple dealing with gender pressures where only the girl is blamed for academic failure after a pregnancy). The groups must debate and present a defense of the rights of those involved, proposing how to break down the barrier of technical and family judgment.

3. Mapping Rights and Resources: In plenary session, a collective poster is created entitled "What we have the right to demand in the consultation". The facilitator details the legal concepts of confidentiality and medical privacy for young people, regardless of sexual orientation or gender identity.

4. Closing: Introduction to debriefing and commitment to mutual protection.

DEBRIEFING AND EVALUATION

How do stereotypes about what it means to "be a man" directly harm reproductive health and family planning?
When a healthcare professional adopts a judgmental stance, what tools does a young person have to avoid being alienated from the prevention system?
How does discrimination based on sexual orientation undermine the fundamental right to access healthcare?
Verbal Assessment:Each participant indicates a behavior they will change in their next interaction with partners or friends to ensure a fair sharing of sexual and reproductive responsibilities.

TIPS FOR FACILITATOR

Since this workshop directly addresses masculinity and sexual orientation, defensive reactions based on traditional norms may arise. Keep the discussion focused on technical health data: the lack of male involvement results in higher rates of female school dropout and late diagnoses of STIs, which harms the entire community.

MATERIAL FOR FACILITATORS

Reproductive Co-responsibility: Active involvement of men in contraceptive choices and family planning, combating the historical burden placed on women.
Right to Confidentiality: Legal guarantee that any citizen (even a young one) has the right to medical confidentiality in their family planning consultations and screenings, with any act of moral judgment or breach of confidentiality by technicians or administrative staff constituting a deontological infraction.

HANDOUT

Dilemma 1:Ricardo wants to accompany his girlfriend to her appointment and get preventative tests done, but his friends say "that's women's business," and the health center employee made sarcastic comments about his presence.

Dilemma 2:In a university community, a couple faces an unplanned pregnancy. The young woman is advised to suspend her enrollment due to social pressure and family taboos, while the young man's academic path continues unchanged and without judgment.

CHAPTER 4

CREATIVE WORKSHOPS

CHAPTER 4.1

CONCEPT PHOTOGRAPHY

CONCEPT PHOTOG-RAPHY

TIME 180'

CONCEPT PHOTOGRAPHY 1

Concept photography workshops consist of 4 separate workshops in which participants are introduced gradually to the topics we are dealing with and the way in which they would present this topic through photo content. The first workshop in this set is dedicated to presenting the project, getting to know the participants, and presenting the topics we are working on.

Theme:	It applies to all safetysegments: peer violence, cyberbullying, abuse of psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Flipchart paper • Markers
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Before the workshop starts, prepare flipchart paper and markers.

INSTRUCTIONS

The creative methods in youth work can be organized in 2 ways:

1. **Creative workshops as a part of a training**
2. **Independent creative workshops**

SITUATION 1: CREATIVE WORKSHOPS AS PART OF THE TRAINING

If the facilitators organize creative workshops as a part of the training, thematic workshops on certain segments of youth safety have already been implemented and participants gain knowledge on the respective segment. Moreover, participants know each other, but it is possible that they do not know facilitator (s).

For this reason, the facilitators start the first workshop by presenting himself/herself and that his/her role will be to transfer them the skills and competences on using photography as a concept tool for promotion of youth safety regarding, for example, protection of mental health.

The next activity is to get to know the participants, in which all participants should stand up and form a circle. Starting with the facilitator, each person should say their name and name the animal which name begins with the first letter of the name of the person being introduced. After saying their name and the adjective (e.g. Petar Positive), all participants should repeat the name and adjective of the person being introduced, after which the next person in the circle is introduced until everyone in the group introduces themselves.

After the introduction of facilitators and participants, the facilitators introduce the method of photography and how it can be used as a concept tool for promotion of youth safety regarding, for example, protection from peer violence. Facilitators explain in detail why photography is beneficial, why it is effective and point out the popularity photos have among young people. Facilitators also discuss with participants if they have any experience in the creation of concept photos and if yes what kind, what equipment they used, what type of photos they created and similar.

The next activity concerns the topic that will be covered during this set of workshops. Facilitators should do the brainstorming on the topic of youth safety, what participants first think of when they hear the term youth safety. Facilitators write down all the answers on flipchart paper and discuss their answers.

DEBRIEFING:

Ask following questions:
- What do you think about today's session?
- Were you aware of all the information you heard during this session?
- How do you feel, do you feel comfortable with each other in the group?

At the end of the session, facilitators should explain that from the next workshop onwards they will start with the creative process of making the Concept Photo products.

TIPS FOR FACILITATORS

Facilitators of creative workshops on photography should have knowledge and experience in using photography.

SITUATION 2: INDEPENDENT CREATIVE WORKSHOPS

If the creative workshops are not part of the training, but organized independently, for example as a regular work of the youth organization, facilitators start the first workshop by presenting the project to the participants, which topics the project covers, and which activities are planned by the project.

The next activity is to get to know the participants, in which all participants should stand up and form a circle. Starting with the facilitator, each person should say their name and name the animal which name begins with the first letter of the name of the person being introduced. After saying their name and the adjective (e.g. Petar Positive), all participants should repeat the name and adjective of the person being introduced, after which the next person in the circle is introduced until everyone in the group introduces himself/herself.

The next activity concerns the topic that will be covered during this set of workshops. Facilitators should do the brainstorming on the topic of youth safety, what participants first think of when they hear the term youth safety. Facilitators write down all the answers on flipchart paper and discuss their answers.

Next activity is getting to know more about topics that will be processed through creative workshops. If facilitators work on the topic of discrimination, they should choose one or two (depending on time they have) workshops from the manual in the section Segment: Discrimination. Facilitators implement selected workshop (s) so that participants gain basic knowledge and information about the topic they will cover through the creative workshops.

DEBRIEFING:

Ask them following questions:

- What do you think about today's session?
- Were you aware of all the information you heard during this session?
- How do you feel, do you feel comfortable with each other in the group?

At the end of the session, facilitators should explain that from the next workshop onwards they will start with the creative process of making the concept photos and should ask if there is anyone in the group having experience with this type of work.

TIPS FOR FACILITATORS:

Facilitators of creative workshops on photography should have knowledge and experience in using photography.

CONCEPT PHOTOG-RAPHY

TIME 240'

CONCEPT PHOTOGRAPHY 2

Through the second workshop the entire creative process of creating a concept photo and available photo equipment will be introduced to the participants. This workshop will cover the research of the participants about topics they want to use as a theme in their photos. They will come up with the storyboard and detail plan on creating their concept photos.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Blank papers • Pens • Markers • Photo equipment (cameras, lights, phones and similar) • Laptops / computers for editing
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Before workshop starts, prepare available photo recording equipment for presentation

INSTRUCTIONS

This workshop starts with the presentation of the creative process of creating a concept photography. Explain that this process has 5 steps:

1. **Vision and idea** – each participant should come up with idea for a photo, they should think

about the photo content, target audience, what emotions they want to evoke, which message they want to send with a photo

2. **Pick a favorite** – everyone shares his or her brainstorming ideas. This is the time where everyone as a group selects and elaborates the ideas that they found suitable for creating.

3. **Make a storyboard** – divided in pairs participants should create a full plan of making the concept photo they selected. Together with the help of facilitators they need to come up with a detailed appearance of photo scenes, every scene should be planned along with technical details like location of shooting, actors, post edit ideas (adding effects, slogans etc.).

4. **Taking photos** – creating a planned set and starting to shoot the photos. Together with facilitators participants will decide who will operate the camera, other participants can be actors in the photo scene and if they need some specific person for their photo, they are allowed to invite anyone who is willing to be a part of this process.

5. **Edit** – the final stage of creating a concept photo. Photo editing software will be introduced to participants, together with facilitators, they will first select the photos they want to edit and create the concept photos they planned.

After the presentation of the photo process, facilitators will present the photo equipment. Participants should be briefed about the cameras, lenses, lights, etc. so they have in mind what type of photos they are able to take with the available equipment. The concept products can be photographed with all available digital, analog, polaroid cameras etc. and mobile phones which the trainer has, as well as cameras and mobile phones of the participants if they brought them to the workshop for that purpose.

During this workshop, participants are going to work on the first three steps of the creative process: vision and idea, pick a favorite and the making of the photo scene.

Starting with “vision and idea”, each participant should receive a blank paper and a pen. They have 30 min to come up with ideas for a concept photo on different segments of youth safety. During the brainstorming, participants are allowed to use online platforms (such as Pinterest) to explore examples of concept photos on given topics. They should be reminded to think about the target audience, emotions and message they want to send with this concept photo product. Facilitators remind participants to write all ideas on the paper so they can present those easier without forgetting something. In case that participants do not have an idea for a photo product for a certain topic, the facilitator shows them additional examples of concept photos for a certain issue.

Moving to “pick a favorite”. One by one participants will present their ideas for photos and the other ones will comment on it. In this stage together they will elaborate each other’s ideas and even merge some of those. With the assistance of facilitators in this step they should pick and

come up with the ideas that are going to be produced later. In case of disagreement among the participants, the facilitators are obliged to allow a short discussion about the concept photos among the participants so that they can reach a concrete solution by themselves and direct them to the concept photography that contains ideas of both (or more) participants.

Now it is time to “make a storyboard”. Participants should be divided into pairs and each pair should pick the concepts which are going to be developed. Their task is to create a detailed plan of creating the concept photo. They need to come up with the entire appearance of photo scenes, the way of taking photos for each scene, location of shooting, costumes, props, actors, and postproduction. In this stage the facilitators should be in constant communication with each pair and advise them of all possible problems or technical limitations in their plan so it can be modified right away.

DEBRIEFING

In this part of the workshop, participants present their plans with the rest of the group. Facilitators should ask the others to give their opinion about presented ideas.
Ask them following questions:
- Are you satisfied with your work today?
- What was the hardest and what was the easiest?
- Was it difficult to develop a photo idea?
- Are you looking forward to photo shooting?

TIPS FOR FACILITATORS

In many cases, participants start with an ambitious idea and plan, and facilitators should draw attention to this and advise participants to be more concrete and choose simpler ways to convey a certain message through photos.

CONCEPT PHOTOG-RAPHY

TIME 240'

CONCEPT PHOTOGRAPHY 3

This workshop is all about organizing and executing the shooting of the photos according to the plans created in the previous workshop.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Photo equipment (cameras, lights, phones and similar) • Props
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Facilitators should make sure that batteries on all electronic equipment are fully charged, props for all photos should be ready

INSTRUCTIONS

The first activity in this workshop is the preparation of all the props and kits needed for photo shooting (for example - flour, a syringe with a needle, candies of different sizes reminiscent of drugs and such for a concept photo about the abuse of psychoactive substances; dark red, blue, green, and yellow makeup shades to paint bruises and facial injuries to address the topic of peer violence and so on). Participants together create all the necessary material and with the help of facilitators create the set and determine the position of the camera in relation to the space. Just before shooting there is a conversation with the participants who will be the actors in the photos through which it is defined what exactly is expected from them.
Depending on the structure of the participants in the group, photo shooting can be done

individually or simultaneously. If there are people in the group who have experience in photo shooting, they can take on the role of leader and simultaneously shoot multiple photos at the same time. The role of facilitators in this workshop is to logistically help each group, help organize the set and advise on how the photo shooting can be implemented as efficiently as possible. Care should be taken to ensure that each photo is taken in an adequate manner and that everything planned regarding the photo scene is done. Every photo should be shot with patience and repeated until it satisfies set criteria.

DEBRIEFING

Facilitators should invite participants to talk about their experience in photo shooting. Facilitators should ask them about the challenges they faced during the shooting, what their opinion about shooting was, if they thought that photo material was good enough to meet their needs to make concept photos they planned.

TIPS FOR FACILITATORS

Facilitators should encourage and support participants to shoot photos as they planned, repeating the shooting multiple times until they achieve planned results and photos they will be satisfied with.

CONCEPT PHOTOG-RAPHY

CONCEPT PHOTOGRAPHY 4

TIME 240'

The fourth workshop is covering the selection of created photo material, photo editing and presentation off concept photo products.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Laptops • Smartphones • Photo editing software
Group size:	5-8 (if the group is bigger, divide into smaller groups)

INSTRUCTIONS

At the beginning of this workshop participants will get all photo materials they created and their task is to select the best shots that will be used in final concept photography products. Once the best photo material is selected, participants, with the help of facilitators, can start with photo editing. Same like in the previous workshop, if there are participants in a group which have knowledge and experience in the process of editing photos, they can take the role of a leader and start with post production, simultaneously with facilitators.

Photo editing can be done on laptops or smartphones, depending on technical requirements of a concept photo itself. There are different photo editing softwares that can be used (Adobe Photoshop is proposed). Chosen software should be introduced to participants and facilitators should show to everyone the basics of photo editing (e.g. correcting the exposure, cropping, removing unwanted spots or elements, adding text, making color adjustments, playing with focus etc.) and all participants should take their part in photo editing process. For some complicated

tasks that require some proficient knowledge, facilitators or experienced participants will take over and the other participants' task is to monitor whether everything is going according to plan and lead the editors to the final products. If required by the visibility rules, the facilitator needs to remind participants that in the final concept product, it is necessary to put the logo of of the donor (according to the visibility rules), the logo of the organization implementing the project, logos of the project partner organizations and the logo of the project itself. When creating a concept photo, a slogan is added, which participants consider adequate for the concept photo product and connecting it to the visibility of the significance of certain problems (the concept photo can, for example, contain official statistics with a source). A slogan/official statistic is added to the concept photo so that a specific target group can recognize a clear and effective message.

After completing the edit of all concept photos, it is time for presentation. All produced photos should be collected at one place and presented to participants on some sort of a big screen like a video projector or bigger monitor. Every concept photo should be shown to participants and afterwards explained by the group who made it and discussed about it by the rest of the group. Participants should talk about their opinion on photos, if they like it or not, if the message that photo aimed to convey was clear or not.

DEBRIEFING

Facilitators should ask participants:
- How do you feel about photos you created?
- Are you satisfied and proud of them or not?
- What would you have done differently now when you see your photos on the screen?
- What new knowledge did you gain, and will you use it in future?
- How was your overall experience for this set of workshops?
- Did you have a good time?

TIPS FOR FACILITATORS

Facilitators should help participants through postproduction part as it requires technical knowledge about the software that is used. Ideas and inputs from the participants should be acknowledged. Facilitators should encourage participants in using this method and remind them that it is not always a requirement to have expensive equipment to create an effective concept photo and that smartphones that are available to everyone are particularly good tool for this.

Examples of creative tools developed through **Concept Photography Workshops**

CHAPTER 4.2

CONCEPT GRAPHICS

CONCEPT GRAPHICS

CONCEPT GRAPHICS 1

TIME 120'

Concept graphics workshops consist of 3 separate workshops in which participants are introduced gradually to the topics we are dealing with and the way in which they would present this topic through graphics content. The first workshop in this set is dedicated to presenting the project, getting to know the participants, and presenting the topics we are working on.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Flipchart paper • Markers
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Before the workshop starts, prepare flipchart paper and markers.

INSTRUCTIONS

If the facilitators organize creative workshops as a part of the training, thematic workshops on safety of young people have already been implemented and participants gain knowledge on the respective topics. Moreover, participants know each other, but it is possible that they do not know facilitator (s).

If this is the case, the facilitators start the first workshop by presenting himself/herself and that

his/her role will be to transfer them the skills and competences on using graphics as a concept tool for promotion of media literacy.

After the introduction of facilitators, the facilitators introduce the method of graphics and how it can be used as a concept tool for promotion of media literacy. Facilitators explain in detail why graphics is beneficial, why it is effective and point out the popularity graphics have among young people.

Facilitators then ask the participants to present themselves (name, something about themselves). Facilitators also discuss with participants if they have any experience in the creation of concept graphics and if yes what kind, what equipment they used, what type of graphics they created and similar.

The next activity concerns the topic that will be covered during this set of workshops. Facilitators should do the brainstorming on the topic of safety of young people, what participants first think of when they hear this term. Facilitators write down all the answers on flipchart paper and discuss their answers. Facilitators conclude this part with giving examples of how some of the things mentioned through brainstorming can be presented through graphics.

EVALUATION AND DEBRIEFING:

Facilitators finish the workshop with debriefing and evaluation. They ask following questions: -
What do you think about today's session?
- How do you feel, do you feel comfortable with each other in the group?
- How much were you aware of all the information you heard during this session?
- How can the graphics contribute to promotion of media literacy?
- How confident do you feel to develop concept graphics?

At the end of the session, facilitators should explain that from the next workshop onwards they will start with the creative process of making the Concept graphics products.

TIPS FOR FACILITATORS:

Facilitators of creative workshops on graphics should have knowledge and experience in using graphics.

CONCEPT GRAPHICS

TIME 180'

CONCEPT GRAPHICS 2

Through the second workshop the entire creative process of creating concept graphics and available material will be introduced to the participants. This workshop will cover the research of the participants about topics they want to use as a theme in their concept graphics. They will come up with the ideas and detailed plan on creating their concept graphics.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	Concept graphic methods can be collage, digital collage, drawing, painting, linocut, digital painting, etc. Depending on the concept graphic method facilitators want to do with the participants various kinds of material can be used
Fundamental Materials:	• Blank papers • Pens • Markers • Laptops / computers for editing • Graphics material
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Before workshop starts, prepare available graphics material for presentation

Table. **Graphics material** (*Depending on the group experience decide the graphics method*)

COLLAGE (difficulty: simple)	- Various types of paper for the base and collage elements - Printed newspaper and photographs that can be cut and arranged within the collage - Adhesive materials such as glue sticks, liquid glue, double-sided tape, or spray adhesive to attach collage elements to the base. - Scissors or Craft Knife - Paint and Markers for adding details to the collage - Cutting Mat - Scanner
DIGITAL COLLAGE (difficulty: simple)	- Laptops / computers - Image editing software (Adobe Photoshop, Adobe Illustrator, GIMP (GNU Image Manipulation Program), Procreate, Canva...) - Digital images (Free No Copyright Photos, personal images) - Free No Copyright photos can be downloaded from websites such as Pexels / Vecteezy / Freepik / Morguefile / Pixabay / Stockvault / Rawpixel
DRAWING (difficulty: complex)	- Graphite pencils of various grades (e.g., 2H, HB, 2B, 4B, 6B) for different levels of hardness and darkness in lines. - Pencil sharpener - Eraser - Drawing paper (e.g., smooth paper for pencil drawings, textured paper for charcoal or pastel drawings) - Coloured pencils - Soft or oil pastels - Alcohol-based markers or water-based markers for bold lines - Watercolour Pencils
PAINTING (difficulty: moderate)	- Paintbrushes (Various sizes and types of brushes for different techniques) - Palette - Painting surface (canvas panels/various kinds of painting paper) - Paint (acrylic paint / oil paint / watercolour paint / tempera etc.) - Drawing materials (pencils, eraser, pencil sharpener) - Masking tape -Water containers

LINOCUT (difficulty: simple)	- Linoleum block - Carving tools (linoleum cutters) - Printing ink - Ink roller - Paper - Palette - Protective gear
DIGITAL PAINTING (difficulty: moderate)	- Laptops / computers / graphics tablet - Digital painting software (Adobe Photoshop, Corel Painter, Clip Studio Paint, Procreate, Krita, Autodesk Sketchbook, Canva...)
GRAFFITTI ART / STENCILS (difficulty: simple)	- Printed stencils / Mylar for stencil drawing - Utility knives / Precision knives - Cutting surface - Spray paint - Masking tape - Stencil surface (Natural cotton, linen, paper)

INSTRUCTIONS

This workshop starts with the presentation of the creative process of creating a concept graphics. Explain that this process has 5 steps:

1. **Vision and idea** – each participant should come up with idea for a graphics, they should think about the graphics content, target audience, what emotions they want to evoke, which message they want to send with a graphics.
2. **Pick a favorite** – everyone shares his or her brainstorming ideas. This is the time where everyone as a group selects and elaborates the ideas that they found suitable for creating.
3. **Graphics session** – Facilitator explains the chosen concept graphic method and methods' techniques. Participants are doing their concept graphics with material provided.
4. **Edit** – the final stage of creating concept graphics. Graphics editing software will be introduced to participants, together with facilitators, they will first select the graphics they want to edit and create the concept graphics they planned.

After introducing the graphics process, facilitators will provide an overview of the equipment and material. Participants will receive information about pencils, canvases, types of paper, coloring equipment and other material.

Starting with "vision and idea", each participant should receive a blank paper and a pen, and they must come up with ideas for concept graphics on different segments of youth safety. During the brainstorming, participants are allowed to use online platforms (such as Pinterest)

to explore examples of concept graphics on given topics. They should be reminded to think about the target audience, emotions, and message they want to send with this concept graphics product. Facilitators remind participants to write all ideas on the paper so they can present those easier without forgetting something. In case participants do not have an idea for a graphics product for a certain topic, the facilitator shows them additional examples of concept photos for a certain issue.

Moving to “pick a favorite”. One by one participants will present their ideas for graphics and the other ones will comment on it. In this stage together they will elaborate each other’s ideas and even merge some of those. With the assistance of facilitators in this step they should pick and come up with the ideas that are going to be produced later. In case of disagreement among the participants, the facilitators are obliged to allow a short discussion about the concept graphics among the participants so that they can reach a concrete solution by themselves and direct them to the concept graphics that contains ideas of both (or more) participants.

Moving on to “Graphics session” participants will be provided with material for the concept graphics and start enjoying the creative process. Facilitators will maintain regular communication with each participant, offering guidance and addressing any technical challenges or limitations in their plans to ensure modifications can be made promptly. If any additional help is needed facilitator will guide them through concept graphics process (facilitator will provide knowledge on how to draw concrete details, how to properly cut stencils in order not to have holes, how to do linocut in a safe way or to send to the participants additional digital materials such as fonts/ brushes/icons for digital concept products).

EVALUATION AND DEBRIEFING:

During this phase of the workshop, participants will showcase their plans to the entire group. Facilitators will encourage others to share their thoughts on the presented ideas and ask them the following questions:

- How do you feel about your progress today?
- What challenges did you encounter, and what came naturally?
- How was the process of developing your graphics idea?
- Are you excited about the upcoming concept graphics process?

TIPS FOR FACILITATORS

Participants often think that high artistic knowledge is needed for concept graphics workshops. Facilitators should encourage participants to enjoy the creative process and should guide them to focus on clarity and simplicity.

CONCEPT GRAPHICS

TIME 180'

CONCEPT GRAPHICS 3

The third workshop covers the scanning created concept graphics, editing and presentation of final concept graphics products.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Laptops • Scanner • Photo editing software (Adobe Photoshop, Canva...)
Group size:	5-12 (if group is bigger, division into smaller groups)

INSTRUCTIONS

Participants will begin this workshop by receiving all the scanned graphics they created. Assisted by facilitators, participants can start the graphics editing process. If there are participants within the group with expertise in photo / graphics editing software, they can assume leadership roles and begin post-production work together with facilitators.

Concept graphics editing can be done on either laptops or smartphones, depending on the technical requirements of each concept graphic. Various photo editing software options exist, with Adobe Photoshop being a recommended choice. The selected software will be introduced to participants, and facilitators will explain basics such as colour correction, cropping, digital coloring, text addition. For tasks requiring advanced knowledge, facilitators or experienced participants will guide the editing process, while others monitor progress to ensure adherence

to the plan. As per visibility guidelines, facilitators will remind participants to include logos of the donor and the project itself in the final concept products. Additionally, a slogan relevant to the concept graphics and backed by official statistics may be integrated to convey a clear and impactful message to the target audience.

Upon completing the editing of all concept graphics, a presentation will follow. All produced graphics will be gathered and showcased on a large screen such as a video projector or monitor. Each concept graphic will be displayed to participants, with the group responsible for its creation explaining it, and the rest of the group engaging in discussion about its effectiveness and message clarity. Participants will share their opinions on the graphics, assessing whether the intended message was effectively conveyed. If possible small live exhibition will be organized during the digital presentation.

EVALUATION AND DEBRIEFING:

Facilitators can engage participants with the following questions:

- How do you feel about graphics you created?
- Reflecting on your work, what aspects are you satisfied with, and what would you change if you had the chance?
- In what ways has this workshop enhanced your skills or knowledge in concrete concept graphics method and editing, and how do you plan to apply these newfound insights in the future?
- What are your thoughts on the overall experience and the learning journey?
- Did you find this creative process enjoyable and fulfilling?

TIPS FOR FACILITATORS

Facilitators play a crucial role during the post-production phase by guiding participants through the technical aspects of the software being used. They should actively listen to participants' ideas and suggestions, incorporating them into the editing process. Encouraging participants to leverage available resources, reinforces the notion that effective concept graphics can be created without the need for expensive materials and previous knowledge.

CHAPTER 4.3

CONCEPT
VIDEO PRODUCTION

CONCEPT VIDEO

TIME 180'

CONCEPT VIDEO PRODUCTION 1

Concept video workshops consistof 4 separate workshops in which participants are introduced gradually to the topics we are dealing with and the way in which they would present this topic through video content. The first workshop in this set is dedicated to presenting the project, getting to know the participants, and presenting the topics we are working on.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Flipchart paper • Markers
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Before the workshop starts, prepare flipchart paper and markers

INSTRUCTIONS

The creative methods in youth work can be organized in 2 ways:

1. **Creative workshops as a part of a training**
2. **Independent creative workshops**

SITUATION 1: CREATIVE WORKSHOPS AS PART OF THE TRAINING

If the facilitators organize creative workshops as a part of the training, thematic workshops on certain segments of youth safety have already been implemented and participants gain knowledge on the respective segment. Moreover, participants know each other, but it is possible that they do not know facilitator (s).

For this reason, the facilitators start the first workshop by presenting himself/herself and that his/her role will be to transfer them the skills and competences on using photography as a concept tool for promotion of youth safety regarding, for example, protection of mental health.

The next activity is to get to know the participants, in which all participants should stand up and form a circle. Starting with the facilitator, each person should say their name and name the animal which name begins with the first letter of the name of the person being introduced. After saying their name and the adjective (e.g. Petar Positive), all participants should repeat the name and adjective of the person being introduced, after which the next person in the circle is introduced until everyone in the group introduces themselves.

After the introduction of facilitators and participants, the facilitators introduce the method of video production and how it can be used as a concept tool for promotion of youth safety regarding, for example, protection from peer violence. Facilitators explain in detail why video is beneficial, why it is effective and point out the popularity videos have among young people. Facilitators also discuss with participants if they have any experience in the creation of concept videos and if yes what kind, what equipment they used, what type of videos they created and similar.

The next activity concerns the topic that will be covered during this set of workshops. Facilitators should do the brainstorming on the topic of youth safety, what participants first think of when they hear the term youth safety. Facilitators write down all the answers on flipchart paper and discuss their answers.

DEBRIEFING AND EVALUATION:

Ask following questions:
- What do you think about today's session?
- How much were you aware of all the information you heard during this session?
- How do you feel, do you feel comfortable with each other in the group?

At the end of the session, facilitators should explain that from the next workshop onwards they will start with the creative process of making the Concept video material.

TIPS FOR FACILITATORS

Facilitators of creative workshops on video production should have knowledge and experience in producing the videos.

SITUATION 2: INDEPENDENT CREATIVE WORKSHOPS

If the creative workshops are not part of the training, but organized independently, for example as a regular work of the youth organization, facilitators start the first workshop by presenting the project to the participants, which topics the project covers, and which activities are planned by the project.

The next activity is to get to know the participants, in which all participants should stand up and form a circle. Starting with the facilitator, each person should say their name and name the animal which name begins with the first letter of the name of the person being introduced. After saying their name and the adjective (e.g. Petar Positive), all participants should repeat the name and adjective of the person being introduced, after which the next person in the circle is introduced until everyone in the group introduces himself/herself.

The next activity concerns the topic that will be covered during this set of workshops. Facilitators should do the brainstorming on the topic of youth safety, what participants first think of when they hear the term youth safety. Facilitators write down all the answers on flipchart paper and discuss their answers.

Next activity is getting to know more about topics that will be processed through creative workshops. If facilitators work on the topic of discrimination, they should choose one or two (depending on time they have) workshops from the manual in the section Segment: Discrimination. Facilitators implement selected workshop (s) so that participants gain basic knowledge and information about the topic they will cover through the creative workshops.

DEBRIEFING AND EVALUATION:

Ask following questions:

- What do you think about today's session?
- How much were you aware of all the information you heard during this session?
- How do you feel, do you feel comfortable with each other in the group?

At the end of the session, facilitators should explain that from the next workshop onwards they will start with the creative process of making the Concept video materials.

TIPS FOR FACILITATORS

Facilitators of creative workshops on video production should have knowledge and experience in producing the videos.

CONCEPT VIDEO

CONCEPT VIDEO PRODUCTION 2

TIME 240'

Through the second workshop the entire creative process of creating a concept video and available video recording equipment will be introduced to the participants. This workshop will cover the research of the participants about topics they want to use as a theme in their videos. They will come up with the storyboard and detail plan on creating their concept videos.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Blank papers • Pens • Markers • Video recording equipment (cameras, lights, gimbals and similar) • Laptops / computers for editing
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Before workshop starts, prepare available video recording equipment for presentation

INSTRUCTIONS

This workshop starts with the presentation of the creative process of creating a concept photography. Explain that this process has 5 steps:

1. **Vision and idea** – each participant should come up with an idea for a video, they should think about the video content, target audience, what emotions they want to evoke, which message they want to send with a video.

2. **Pick a favorite** – everyone shares his or her brainstorming ideas. This is the time where everyone as a group selects and elaborates the ideas that they found suitable for creating.

3. **Make a storyboard** – divided in pairs participants should create a full plan of making the concept video they selected. Together with the help of facilitators they need to come up with a detailed storyline of a video from the beginning to the end, every scene should be planned along with technical details like location of shooting, actors, post edit ideas (adding effects, titles etc.).

4. **Record** – creating a planned set and starting to record the videos. Together with facilitators participants will decide who will operate the camera, other participants can be actors in the video and if they need some specific person for their video, they are allowed to invite anyone who is willing to be a part of this process. All planned sequences of the video are recorded in this phase.

5. **Edit** – the final stage of creating a concept video. Video editing software will be introduced to participants, together with facilitators, they will put all recorded videos together and create the concept they planned.

After the presentation of the video production process, facilitators will present the video recording equipment. Participants should be briefed about the cameras, lenses, lights, etc. so they have in mind what type of videos they are able to take with the available equipment.

During this workshop, participants are going to work on the first three steps of the creative process: vision and idea, pick a favorite and the making of the storyboard.

Starting with “vision and idea”, each participant should receive a blank paper and a pen. They have 30 min to come up with ideas for a concept video on different segments of youth safety. During the brainstorming, participants are allowed to use online platforms to explore examples of concept photos on given topics. They should be reminded to think about the target audience, emotions and message they want to send with this concept video product. Facilitators remind participants to write all ideas on the paper so they can present those easier without forgetting something. In case that participants do not have an idea for a video product for a certain topic, the facilitator shows them additional examples of concept video for a certain issue.

Moving to “pick a favorite”. One by one participants will present their ideas for videos and the other ones will comment on them. In this stage together they will elaborate each other’s ideas and even merge some of those. With the assistance of facilitators in this step they should pick and come up with the ideas that are going to be produced later.

Now it is time to “make a storyboard”. Participants should be divided into pairs and each pair should pick the concepts which are going to be developed. Their task is to create a detailed plan of creating the concept video. They need to come up with the entire storyline from the beginning to the end, the way of recording each scene, location of shooting, costumes, props, actors – other participants, and postproduction. In this stage the facilitators should be in constant communication with each pair and advise them of all possible problems or technical limitations in their plan so it can be modified right away.

DEBRIEFING AND EVALUATION

In this part of the workshop, participants present their plans with the rest of the group. Facilitators should ask the others to give their opinion about presented ideas.
Ask them following questions:
- How are you satisfied with your work today?
- What was the hardest and what was the easiest?
- How difficult was it to develop a video idea?
- Are you looking forward to starting recording videos?

TIPS FOR FACILITATORS

In many cases, participants start with an ambitious idea and plan, and facilitators should draw attention to this and advise participants to be more concrete and choose simpler ways to convey a certain message through videos.

CONCEPT VIDEO

TIME 240'

CONCEPT VIDEO PRODUCTION 3

This workshop is all about organizing and executing the video shooting according to the plans created in the previous workshop.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Video recording equipment • Props
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Facilitators should make sure that batteries on all electronic equipment are fully charged, props for all videos should be ready

INSTRUCTIONS

The first activity in this workshop is the preparation of all the props and kits needed to record the video content. Participants together create all the necessary material and with the help of facilitators create the set and determine the position of the camera in relation to the space. Just before shooting there is a conversation with the "actors" who will appear in the videos through which it is defined what exactly is expected from them.

Depending on the structure of the participants in the group, video recording can be done individually or simultaneously. If there are people in the group who have experience in recording such video content, they can take on the role of leader and simultaneously record multiple videos at the same time. The role of facilitators in this workshop is to logistically help

each group, help organize the set and advise on how the recording can be implemented as efficiently as possible. Care should be taken to ensure that each shot is taken in an adequate manner and that everything planned on the storyboard is done. Every scene should be recorded with patience and repeated until it satisfies storyboard criteria.

DEBRIEFING AND EVALUATION

Facilitators should invite participants to talk about their experience in video recording. Facilitators should ask them about the challenges they faced during the recording, what their opinion about recording was, if they thought that video material was good enough to meet their needs to make concept videos they planned.

TIPS FOR FACILITATORS

Facilitators should encourage and support participants to record videos as they planned, repeating the recording multiple times until they achieve planned results and videos they will be satisfied with.

CONCEPT VIDEO

TIME 240'

CONCEPT VIDEO PRODUCTION 4

The fourth workshop covers the selection of created video material, post production video editing and presentation of final concept video products.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Laptops • Smartphones • Video editing software
Group size:	5-8 (if the group is bigger, divide into smaller groups)

INSTRUCTIONS

At the beginning of this workshop participants will get all video materials they created, and their task is to select the best shots that will be used in the final video (s).
Once the best video material is selected, participants, with the help of facilitators, can start with video editing and putting everything together. Same as in the previous workshop, if there are participants in a group which have knowledge and experience in the process of editing videos, they can take the role of a leader and start with postproduction, simultaneously with facilitators.

Postproduction of the videos can be done on laptops or smartphones, depending on technical requirements of the video itself. There is different video editing software that can be used.

• Proposed software for PC: - Adobe Premiere Pro - DaVinci Resolve - Sony Vegas.

• Proposed software for mobile phones: - Power Director - InShot – FilmoraGo.

Chosen software should be introduced to participants and facilitators should show to everyone the basics of video manipulation (e.g., cutting, cropping, time remapping, adding text, photos etc.) and all participants should take their part in post-production. For some complicated tasks that require some proficient knowledge trainer or experienced participant will take over and the other participants' task is to monitor whether everything is going according to plan and lead the editors to the final products.

After completing the editing of all concept videos, it is time for presentation. All produced videos should be collected at one place and presented to participants on some sort of a big screen like a video projector or bigger monitor. Every concept video product should be played to participants and afterwards explained by the group who made it and discussed about it by the rest of the group. Participants should talk about their opinion on videos, if they like it or not, if the message that video aimed to convey was clear or not.

DEBRIEFING AND EVALUATION

Facilitators should ask participants:
• How do you feel about the videos you created?
• Are you satisfied and proud of them or not?
• What would you do differently now when you see your videos on the screen?
• What new knowledge did you gain, and will you use it in future?
• How was your overall experience for this set of workshops?
• Did you have a good time

TIPS FOR FACILITATORS

Facilitators should help participants through postproduction part as it requires technical knowledge about the software that is used. Ideas and inputs from the participants should be acknowledged. Facilitators should encourage participants in using this method and remind them that it is not always a requirement to have expensive equipment to create an effective concept video and that smartphones that are available to everyone are particularly good tool for this.



Examples of creative tools developed through **Concept Video Workshops**

CHAPTER 4.4

CONCEPT
MUSIC PRODUCTION

CONCEPT MUSIC

CONCEPT MUSIC PRODUCTION 1

TIME 180'

Concept music workshops consist of 4 separate workshops in which participants are introduced gradually to the topics we are dealing with and the way in which they would present this topic through video content. The first workshop in this set is dedicated to presenting the project, getting to know the participants, and presenting the topics we are working on.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Flipchart paper • Markers
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Before the workshop starts, prepare flipchart paper and markers

INSTRUCTIONS

The creative methods in youth work can be organized in 2 ways:

1. **Creative workshops as a part of a training**
2. **Independent creative workshops**

SITUATION 1: CREATIVE WORKSHOPS AS PART OF

THE TRAINING

If the facilitators organize creative workshops as a part of the training, thematic workshops on certain segments of youth safety have already been implemented and participants gain knowledge on the respective segment. Moreover, participants know each other, but it is possible that they do not know facilitator (s).

For this reason, the facilitators start the first workshop by presenting himself/herself and that his/her role will be to transfer them the skills and competences on using photography as a concept tool for promotion of youth safety regarding, for example, protection of mental health.

The next activity is to get to know the participants, in which all participants should stand up and form a circle. Starting with the facilitator, each person should say their name and name the animal which name begins with the first letter of the name of the person being introduced. After saying their name and the adjective (e.g. Petar Positive), all participants should repeat the name and adjective of the person being introduced, after which the next person in the circle is introduced until everyone in the group introduces themselves.

After the introduction of facilitators and participants, facilitators introduce the method of music and how it can be used as a concept tool for promotion of youth safety regarding, for example, protection from cyber bullying. Facilitators explain in detail why music is beneficial, why it is effective and point out the popularity music has among young people. Facilitators also discuss with participants if they have any experience in the creation of concept music and if yes what kind, what type of music they created, if they write lyrics or sing and similar. Facilitators can also show the participants concepts songs developed through Safebook project:
https:// kom018.org.rs/en/safebook-concept-music/

The next activity concerns the topic that will be covered during this set of workshops. Facilitators should do the brainstorming on the topic of youth safety, what participants first think of when they hear the term youth safety. Facilitators write down all the answers on flipchart paper and discuss their answers.

DEBRIEFING

Ask following questions:
- What do you think about today's session?
- Were you aware of all the information you heard during this session?
- How do you feel, do you feel comfortable with each other in the group?

At the end of the session, facilitators should explain that from the next workshop onwards they will start with the creative process of making the Concept Music tool.

TIPS FOR FACILITATORS

Facilitators of creative workshops on music production should have knowledge and experience in producing the music.

SITUATION 2: INDEPENDENT CREATIVE WORKSHOPS

If the creative workshops are not part of the training, but organized independently, for example as a regular work of the youth organization, facilitators start the first workshop by presenting the project to the participants, which topics the project covers, and which activities are planned by the project.

The next activity is to get to know the participants, in which all participants should stand up and form a circle. Starting with the facilitator, each person should say their name and name the animal which name begins with the first letter of the name of the person being introduced. After saying their name and the adjective (e.g. Petar Positive), all participants should repeat the name and adjective of the person being introduced, after which the next person in the circle is introduced until everyone in the group introduces himself/herself.

The next activity concerns the topic that will be covered during this set of workshops. Facilitators should do the brainstorming on the topic of youth safety, what participants first think of when they hear the term youth safety. Facilitators write down all the answers on flipchart paper and discuss their answers.

Next activity is getting to know more about topics that will be processed through creative workshops. If facilitators work on the topic of discrimination, they should choose one or two (depending on time they have) workshops from the manual in the section Segment: Discrimination. Facilitators implement selected workshop (s) so that participants gain basic knowledge and information about the topic they will cover through the creative workshops.

DEBRIEFING:

Ask them following questions:

- What do you think about today's session?
- Were you aware of all the information you heard during this session?
- How do you feel, do you feel comfortable with each other in the group?

At the end of the session, facilitators should explain that from the next workshop onwards they will start with the creative process of making the concept music and should ask if there is anyone in the group having experience regarding music (singing, composing, writing lyrics and similar). Facilitators can also show the participants concepts songs developed through Safebook project: https://kom018.org.rs/en/safebook-concept-music/

TIPS FOR FACILITATORS

Facilitators of music creative workshops should have knowledge and experience in using music. Participants should be encouraged to fully participate no matter if they are experienced in music or not. If part of them can, for example sing or compose, while part cannot, the part that is not experienced should be encouraged to contribute with ideas, lyrics, singing / rapping, support for the song arrangement and similar. Point is that no one should be excluded.

CONCEPT MUSIC

CONCEPT MUSIC PRODUCTION 2

TIME 240’

Through the second workshop the entire creative process of creating a concept song will be introduced to the participants. Selection of beat / instrumental will be done, and lyrics will be developed.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Blank papers • Pens • Markers • Instrumentals • Music equipment (laptop, speakers, mics, recording programs and similar)
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Before workshop starts, prepare available video recording equipment for presentation.

INSTRUCTIONS

This workshop starts with the presentation of the creative process of the development of concept songs – Creative Session and Studio Session.

Explain that Creative Session has 4 steps:
1. **Beat Selection**
2. **Lyrics & Melody Writing**

3. **Lyrics Proofing**
4. **Choosing Interpreters**

Explain that Studio Session has 3 steps:
1. **Tracking & Editing** – recording of the vocals
2. **Song Arranging**
3. **Mixing & Mastering**

During this workshop, participants are going to work on the first 3 steps of the Creative Session: Beat Selection, Lyrics and Melody Writing and Lyrics Proofing.

Facilitators introduce Beat selection to the participants. Facilitators prepare in advance 5-6 different beats / instrumentals that can be used for the creation of the concept song. The participants are either given a pre-defined instrumental or they are given a group of instrumentals from which they must pick one by voting. They are given instructions to write down their impressions on the instrumental that is currently playing and formulate a top 3 pick list of their own which counts as voting. The instrumental with the most votes gets selected as the musical theme for the song that should be created. It is important that participants agree on instrumental as the main base for further development of the song, as this is going to be the main inspiration to guide them through the creative process.

Facilitators introduce the next step of creation of concept song - Lyrics & Melody Writing. Facilitators briefly brainstorm about the topic of the song out of which specific theme is selected. Facilitators instruct the participants that their task is to write down a certain number of verses for the song (4 lines, 8 lines, and similar) having in mind the topic of a song (for example, mental health of young people) and selected instrumental. Facilitators create an atmosphere for the participants where they can listen to chosen instrumental and write the lyrics on their own (it is individual work). Facilitators are all the time engaged at supporting the participants to develop ideas, find the right word, or to express themselves better. This is especially important when participants do this for the first time and have no experience. They should work in a supportive environment so as not to get discouraged. This part of the workshop requires a longer time and should be up to 1h and 30' minutes long to allow the participants enough time to express themselves and come up with lyrics they will be satisfied with. At the same time, facilitators with participants come up with vocal phrases – develop melodies for specific song parts (verses, chorus, bridge and similar).

The final step in this phase is Lyrics Proofing. Facilitators collect all the written lyrics. The whole group reads the lyrics produced by participants; the parts that participants like the most are selected and mashed up. In this way a multiple author collage of lyrics is created that best suits the given topic and where most of participants are involved. Facilitators pick a volunteer from the group who puts the selected lyrics in a Word document and this document is printed for every participant. Participants read through lyrics and developed melodies for specific song parts (verses, chorus, bridge and similar) are rehearsed by everyone.

DEBRIEFING

In this part of the workshop, participants present their plans with the rest of the group. Facilitators should ask the others to give their opinion about presented ideas.

Ask them following questions:
- How are you satisfied with your work today?
- What was the hardest and what was the easiest?
- How difficult was it to write lyrics?
- Are you looking forward to starting recording a song?

TIPS FOR FACILITATORS

Facilitators of creative workshops on music should have knowledge and experience in using music. Participants should be encouraged to fully participate no matter if they are experienced in music or not. If part of them can, for example sing or compose, while part cannot, the part that is not experienced should be encouraged to contribute with ideas, lyrics, singing / rapping, support for the song arrangement and similar. The point is that no one should be excluded. If this method is used for example in international trainings, facilitators can encourage participants to write in their native language. In this way even more effective songs can be produced, having multiple languages present.

CONCEPT MUSIC

TIME 240'

CONCEPT MUSIC PRODUCTION 3

This workshop is dedicated to the recording of the song.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Music recording equipment
Group size:	5-8 (if the group is bigger, divide into smaller groups)
Preparation:	Facilitators should prepare the equipment for music recording

INSTRUCTIONS

The first activity in this workshop is Tracking and Editing. This means that facilitators lead the discussion on the group level to select who of the participants will perform which part of the song. The selection of the interpreters is done by vocal performance or preference of the participants. Facilitators should pay attention to all participants and encourage everyone to participate in the song recording, even with a small part. The selection of the performer should be up to 30' long.

Next, facilitators record participants' parts of the song. The vocal performance parts are recorded digitally using studio quality digital audio interfaces (mics, preamp) in a DAW (Digital Audio Workstation) of your choosing (Suggested - Cubase, Logic, ProTools, Studio One). This segment of the workshop can be challenging for some participants, especially if they

record a song for the first time. Facilitators should show patience and support participants. They should repeat the recording as many times until every participant is satisfied with his/her recording. With shorter breaks, this session should be up to 2h and 30' long.

DEBRIEFING

Facilitators should invite participants to talk about their experience in song recording. Facilitators should ask them about the challenges they faced during the recording, what their opinion about song recording was, if they thought that recordings were good enough to meet their needs to make the concept song they planned.

TIPS FOR FACILITATORS

Facilitators of creative workshops on music should have knowledge and experience in using music. Participants should be encouraged to fully participate no matter if they are experienced in music or not. If part of them can, for example sing or compose, while part cannot, the part that is not experienced should be encouraged to contribute with ideas, lyrics, singing / rapping, support for the song arrangement and similar. Point is that no one should be excluded. If this method is used for example in international trainings, facilitators can encourage participants to write in their native language. In this way even more effective songs can be produced, having multiple languages present.

CONCEPT MUSIC

TIME 240'

CONCEPT MUSIC PRODUCTION 4

The fourth workshop is focused on the mixing and mastering of a song to get a final result.

Theme:	It applies to all safety segments: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young
Objectives:	• To educate participants in the fieldof youth safetywith focus on 6 segments of youth safety: peer violence, cyber bullying, abuseof psychoactive substances, discrimination, reproductive health and rights, and mental health of young people • To engage young people to contribute in promotion of safe behaviors through creative expression • To motivate young people to use their creative potential to express their views on youth safety • To raise the awareness among young people about the importance of youth safety in our society
Materials:	• Music recording equipment • Editing software
Group size:	5-8 (if the group is bigger, divide into smaller groups)

INSTRUCTIONS

Led by facilitators, participants work on the song arrangement. The song arrangement is done according to the vocal recordings. After that facilitators and participants work on mixing and mastering of the song. Audio Mixing is a process of blending individual things in a recording to come up with as good as a possible version of a song. The mixing process includes: Fine-tuning the sense or sound of each instrument using and EQ (equalization) Balancing pre-recorded track levels. Mastering is the term most commonly used to refer to the process of taking an audio mix and preparing it for distribution. There are several considerations in this process: unifying the sound of a record, maintaining consistency across an album, and preparing for distribution. The mix & mastering process should provide a broadcast quality 16bit 44100Hz WAV-e render of the song. Through this activity participants not only fully participate in the song development and production of the final result, but also gain new knowledge and competences on how the song is actually produced, how to mix the recording and get the

complete song.

After completing the edit of the song, it is time for presentation. Song is presented to the group. Participants should talk about their opinion on song, if they like it or not, if the message that song aimed to convey was clear or not.

DEBRIEFING

Facilitators should ask participants:
• How do you feel about the song you created?
• Are you satisfied and proud of it or not?
• How challenging was it for you to write lyrics or record a part of the song? How did you feel? • What would you have done differently now when you heard the song and yourself through the speakers?
• What new knowledge did you gain, and will you use it in future?
• How was your overall experience for this set of workshops?
• Did you have a good time?

TIPS FOR FACILITATORS

Facilitators of creative workshops on music should have knowledge and experience in using music. Participants should be encouraged to fully participate no matter if they are experienced in music or not. If part of them can, for example sing or compose, while part cannot, the part that is not experienced should be encouraged to contribute with ideas, lyrics, singing / rapping, support for the song arrangement and similar. Point is that no one should be excluded. If this method is used for example in international trainings, facilitators can encourage participants to write in their native language. In this way even more effective songs can be produced, having multiple languages present.



Examples of creative tools developed through **Concept Music Workshops**

CHAPTER 5

IMPLEMENTATION EXAMPLE

Training course – *Example 1*

1st Day	
00:00	Participants' arrival
2nd Day	
10:00-13:00	Introduction to the training course and participants / Expectations and fears / Rules Team building / Ice breaking games
13:00 –	Lunch break
15:00 15:00 – 18:00	Team building / Ice breaking games Debriefing Evaluation of the day
3rd Day	
10:00-13:00	Reflection of the previous day Thematic workshop – Labels Thematic workshop – Bitter reality
13:00 –	Lunch break
15:00 15:00 – 18:00	Thematic workshop – Instagram vs. Reality Thematic workshop – Who will not sit next to you? Debriefing Evaluation of the day
4th Day	
10:00-13:00	Reflection of the previous day Thematic workshop – Peer pressure Thematic workshop – Safe lifestyles
13:00 –	Lunch break
15:00 15:00 – 18:00	Thematic workshop – Stress relief through visualization Introduction to creative methods – Concept video, Concept photography and Music Debriefing Evaluation of the day
5th Day	
10:00-13:00	Reflection of the previous day Creative methods: Concept Video Production 1 Creative methods: Concept Photography 1 Creative methods: Concept Music 1
13:00 – 15:00	Lunch break

15:00 – 18:00	Creative methods: Concept Video Production 2 Creative methods: Concept Photography 2 Creative methods: Concept Music 2 Debriefing Evaluation of the day
6th Day	
10:00-13:00	Reflection of the previous day Creative methods: Concept Video Production 3 Creative methods: Concept Photography 3 Creative methods: Concept Music 3
13:00 –	Lunch break
15:00 15:00 – 18:00	Creative methods: Concept Video Production 4 Creative methods: Concept Photography 4 Creative methods: Concept Music 4 Debriefing Evaluation of the day
7th Day	
10:00-14:00	Reflection of the previous day Presentation of creative products Planning of the local activities Messages Final evaluation
8th Day	
00:00	Departure of participants

Training course – *Example 2*

1st Day	
00:00	Participants' arrival
2nd Day	
10:00-13:00	Introduction to the training course and participants / Expectations and fears / Rules Team building / Ice breaking games
13:00 –	Lunch break
15:00 15:00 – 18:00	Team building / Ice breaking games Debriefing Evaluation of the day
3rd Day	
10:00-13:00	Reflection of the previous day Thematic workshop – Labels Thematic workshop – Bitter reality
13:00 –	Lunch break
15:00 15:00 – 18:00	Thematic workshop – Anti-bullying actions Thematic workshop – Situation analyses Debriefing Evaluation of the day
4th Day	
10:00-13:00	Reflection of the previous day Thematic workshop – How did the pandemic changed our lives? Thematic workshop – Instagram vs. Reality
13:00 –	Lunch break
15:00 15:00 – 18:00	Thematic workshop – Challenge the challengers Introduction to creative methods – Concept video, Concept photography and Music Debriefing Evaluation of the day
5th Day	
10:00-13:00	Reflection of the previous day Creative methods: Concept Video Production 1 Creative methods: Concept Photography 1 Creative methods: Concept Music 1
13:00 – 15:00	Lunch break

15:00 – 18:00	Creative methods: Concept Video Production 2 Creative methods: Concept Photography 2 Creative methods: Concept Music 2 Debriefing Evaluation of the day
6th Day	
10:00-13:00	Reflection of the previous day Creative methods: Concept Video Production 3 Creative methods: Concept Photography 3 Creative methods: Concept Music 3
13:00 –	Lunch break
15:00 15:00 – 18:00	Creative methods: Concept Video Production 4 Creative methods: Concept Photography 4 Creative methods: Concept Music 4 Debriefing
7th Day	
10:00-14:00	Reflection of the previous day Presentation of creative products Planning of the local activities Messages Final evaluation
8th Day	
00:00	Departure of participants

CHAPTER 6

ERASMUS+ PROGRAMME

ERASMUS +

Erasmus+ is theEUProgrammein thefields of education, training, youth and sport. Education, training, youth and sport are key areas that support citizens in their personal and professional development. High quality, inclusive education and training, as well as informal and non-formal learning, ultimately equip young people and participants of all ages with the qualifications and skills needed for their meaningful participation in democratic society, intercultural understanding and successful transition in the labour market. Building on the success of the programme in the period 2014-2020, Erasmus+ strengthens its efforts to increase the opportunities offered to more participants and to a wider range of organisations, focusing on its qualitative impact and contributing to more inclusive and cohesive, greener and digitally fit societies.

GENERAL OBJECTIVE

The general objective of the Programme is to support, through lifelong learning, the educational, professional and personal development of people in education, training, youth and sport, in Europe and beyond, thereby contributing to sustainable growth, quality jobs and social cohesion, to driving innovation, and to strengthening European identity and active citizenship. As such, the Programme shall be a key instrument for building a European Education Area, supporting the implementation of the European strategic cooperation in the field of education and training, with its underlying sectoral agendas, advancing youth policy cooperation under the Union Youth Strategy 2019-2027 and developing the European dimension in sport.

SPECIFIC OBJECTIVE

The Programme has the following specific objectives:

- Promote learning mobility of individuals and groups, as well as cooperation, quality, inclusion and equity, excellence, creativity and innovation at the level of organisations and policies in the field of education and training;
- Promote non-formal and informal learning mobility and active participation among young people, as well as cooperation, quality, inclusion, creativity and innovation at the level of organisations and policies in the field of youth;
- Promote learning mobility of sport staff, as well as cooperation, quality, inclusion, creativity and innovation at the level of sport organisations and sport policies.

WHO IMPLEMENTS ERASMUS + PROGRAMME?

THE EUROPEAN COMMISSION

The European Commission is ultimately responsible for the running of the Erasmus+ Programme. It manages the budget and sets priorities, targets and criteria for the Programme on an on-going basis. Furthermore, it guides and monitors the general implementation, follow-up and evaluation of the Programme at European level. The European Commission also bears the overall responsibility for the supervision and coordination of the structures in charge of implementing the Programme at national level. At European level, the European Commission's European Education and Culture Executive Agency (EACEA) is responsible for the implementation of a number of actions of the Erasmus+ Programme.
More information about Erasmus + Program at https://www.eacea.ec.europa.eu/index_en

THE NATIONAL AGENCIES

The implementation of the Erasmus+ Programme is mainly implemented as Indirect Management, meaning that the European Commission entrusts budget implementation tasks to National Agencies; the rationale of this approach is to bring Erasmus+ as close as possible to its beneficiaries and to adapt to the diversity of national education, training and youth systems. National Agencies promote and implement the Programme at national level and act as the link between the European Commission and participating organisations at local, regional and national level. It is their task to:

- Provide appropriate information on the Erasmus+ Programme;
- Administer a fair and transparent selection process for project applications to be funded in their country;
- Monitor and evaluate the implementation of the Programme in their country;
- Provide support to project applicants and participating organisations throughout the project life-c ycle;
- Collaborate effectively with the network of all National Agencies and the European C ommission;
- Ensure the visibility of the Programme;
- Promote the dissemination and exploitation of the results of the Programme at local and national level.

More information about **Erasmus + Program** at https://www.eacea.ec.europa.eu/index_en

Taking into account opportunities that Erasmus + provides for young people, youth workers, youth organizations, educational institutions and similar, the manual "Safebook" can be used as non-formal education tools in many cases. Examples of this can be Mobility Projects for Young People – Youth Exchanges or Mobility Projects for Youth Workers.

MOBILITY PROJECTS FOR YOUNG PEOPLE - "YOUTH EXCHANGES"

Under this Action, organisations and informal groups of young people can receive support to carry out projects bringing together young people from different countries to exchange and learn outside their formal educational system.

OBJECTIVES OF THE ACTION

Erasmus+ supports non-formal learning mobility of young people in the form of Youth Exchanges, with the objective to engage and empower young people to become active citizens, connect them to the European project as well as to help them acquire and develop competences for life and their professional future.

More specifically, Youth Exchanges aim to:
• foster intercultural dialogue and learning and feeling of being European;
• develop skills and attitudes of young people;
• strengthen European values and breaking down prejudices and stereotypes;
• raise awareness about socially relevant topics and thus stimulate engagement in society and active participation.

The Action is open to all young people, with a special focus on those with fewer opportunities.

DESCRIPTION OF THE ACTIVITIES

Youth Exchanges are meetings of groups of young people from at least two different countries who gather for a short period to implement jointly a non-formal learning programme (a mix of workshops, exercises, debates, role-plays, simulations, outdoor activities, etc.) on a topic of their interest, seeking inspiration from the European Youth Goal. The learning period comprises preparation phase before as well as evaluation and follow-up after the exchange. The following activities are not eligible for grants under Youth Exchanges: academic study trips; exchange activities that aim to make financial profit; exchange activities that can be considered as tourism; festivals; holiday travel; performance tours, statutory meetings, training courses by adults for young people.

SETTING UP A PROJECT

A project is implemented by at least two organisations. Organisations involved in a project

should benefit from their participation; the project should therefore be in line with their objectives and fit their needs. Organisations involved assume the roles of "sending" participants and/or "receiving" i.e. hosting the activity. One of the organisations takes also the role of coordinator and applies for the whole project on behalf of the partnership.

A project consists of four stages: planning, preparation, implementation and follow-up. Participating organisations and young people involved in the activities should take an active role in all those stages enhancing thus their learning experience.

• Planning (define the needs, objectives, learning outcomes, activity formats, development of work programme, schedule of activities etc.)
• Preparation (practical arrangements, set up of agreements with partners, linguistic/ intercultural/learning- and task-related preparation of participants before departure etc.);
• Implementation of activities;
• Follow-up (evaluation of the activities, identification and documentation of the learning outcomes of participants, as well as dissemination and use of the project's outcomes).

A quality Youth Exchange:

• relies on the active involvement of young people and participating organisations, who should take an active role in all the stages of the project, enhancing in this way their learning and development experience;
• involves diverse groups of participants and builds on this diversity;
• is based on clearly identified needs of the young participants;
• ensures that the non-formal and informal learning outcomes of the participants are properly identified and documented;
• encourages the participants to reflect on European topics and values.

MOBILITY PROJECTS FOR YOUTH WORKERS

Under this Action, organisations can receive support to carry out projects comprising of one or more learning activities for the professional development of youth workers and their organisation.

OBJECTIVES OF THE ACTION

This Action supports the professional development of youth workers and thereby the development of quality youth work at local, regional, national, European and international level, through non-formal and informal learning experiences in mobility activities. The Action contributes to the objectives of the EU Youth Strategy 2019-2027, particularly to the European Youth Work Agenda82 for quality, innovation and recognition of youth work.

More specifically, Mobility projects for youth workers aim to:

• Provide non-formal and informal learning opportunities for educational and professional development of youth workers, contributing to high quality individual practice as well as to the evolution of youth work organisations and systems;
• Build a community of youth workers that can support the quality of projects and activities for young people in EU programmes and beyond.
• Develop local youth work practices and contribute to capacity building for quality youth work of the participants and their organisation, having a clear impact on the participating youth workers' regular work with young people.

DESCRIPTION OF THE ACTIVITIES

PROFESSIONAL DEVELOPMENT ACTIVITIES (PDA'S)

Professional development activities are transnational learning mobility activities supporting the professional development of youth workers. They can take the form of:

• Study visits and different types of assignments, such as job shadowing, youth worker exchanges and peer learning, in youth work organisations and organisations active in the youth field abroad.
• Networking and community building among youth workers taking part in the action and supporting its objectives.
• Training courses supporting the development of competences (e.g. based on relevant existing competence models), to implement quality youth work practices or address and test innovative methods (for instance related to digital and smart youth work).
• Seminars and workshops supporting in particular knowledge-building and best practices sharing linked to the objectives, values and priorities of the EU Youth Strategy and of the EU programmes contributing to its implementation.

The following activities are not eligible for grants under Mobility projects for Youth Workers: academic study trips; activities that aim to make financial profit; activities that can be considered as tourism; festivals; holiday travel; performance tours, statutory meetings. Additionally projects could also comprise of the below activities.

SYSTEM DEVELOPMENT AND OUTREACH ACTIVITIES

Mobility projects for Youth Workers may include system development and outreach activities, which are complementary activities aiming at enhancing the impact of the mobility project on the field. They include all those activities contributing to the European Youth Work Agenda for quality, innovation and recognition of youth work and bringing back lessons learnt and tools to the organizations involved in the projects and beyond. These complementary activities represent an opportunity for more experienced and resourceful beneficiaries to test innovative methods and responses to shared challenges, a sort of "European youth work lab" space stemming from the professional development activities implemented within the projects and

having a resonance beyond them.

Production of tools and sharing of practices contributing to the development and evolution of youth workers organisations and systems, outreach and community building activities and the introduction to innovative methods including the use of digital technologies through youth work are some examples. These activities go beyond the follow-up dissemination activities, which are part of the normal project Life-cycle, however more targeted and strategic dissemination activities can also fit under these complementary activities.
A System development and outreach activity can be carried out at transnational or national level.

SETTING UP A PROJECT

A project supported by this action must include one or more PDAs. Activities may be combined in a flexible manner, depending on the objectives of the project and the needs of the participating organisation(s) and participating youth workers.
A project is implemented by at least two organisations. All organisations involved need to be identified at application stage as a solid partnership is fundamental condition for high quality project delivery. Organisations involved assume the roles of "sending" participants and/or "receiving" i.e. hosting the activity. One of the organisations takes also the role of coordinator and applies for the whole project on behalf of the partnership.

A project consists of four stages: planning, preparation, implementation and follow-up.
• Planning (define the needs, objectives, learning outcomes, activity formats, development of work programme, schedule of activities, etc.)
• Preparation (practical arrangements, selection of participants, set up of agreements with partners, linguistic/intercultural/learning- and task-related preparation of participants before departure etc.);
• Implementation of activities;
• Follow-up (evaluation of the activities, identification and documentation of the learning outcomes of participants, as well as dissemination and exploitation of the project's outcomes).

A QUALITY MOBILITY PROJECT FOR YOUTH WORKERS:

• has a clear impact on the participating youth workers' regular work with young people and on their organization;
• relies on the active involvement of participating organisations and youth workers, who should take an active role in all the stages of the project, enhancing in this way their learning and development experience; is based on clearly identified youth worker educational and professional development86 needs notably around quality, innovation and recognition, and accompanied by appropriate selection, preparation and follow-up measures;
• ensures that the non-formal and informal learning outcomes of the participants are properly recognised and that the project outcomes, including any methods, materials and tools, are

transferable and used within the participating organisations, contributing to the evolution of youth work organisations, and further widely disseminated in the youth field;
• encourages the participants to reflect on European topics and values and provides youth workers with tools and methods to promote the respect and manage diversity in their daily work.
• promotes the usage of innovative practices and methods such as inclusion of digital youth work activities with a view to be an instrument for prevention of any forms of online disinformation and fake news.



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