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Training Guide

for multipliers

REACTING TO GENDER-BASED VIOLENCE AGAINST REFUGEES THROUGH COORDINATED HELP, ADVOCACY AND OUTREACH ACTIONS PLUS

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Multiplier training guide - MdM Germany

This guide is designed to train volunteers as community multipliers. The group consists of eight adults of diverse genders, backgrounds, and ages, all of whom have personal experiences of displacement and currently reside in various collective accommodation facilities across Upper Bavaria.
The training prepares participants to support asylum seekers who have experienced gender-based violence (GBV). Through group sessions, the community multipliers gain the knowledge and skills needed to act as trusted members within their communities, sharing information and experiences on equal footing. This approach strengthens both individual resilience and collective resources, fostering self-help structures.
By promoting low-threshold access to information and empowerment, the training enables individuals to exercise their rights—especially in contexts where formal support services are limited or difficult to access.
Volunteers working in the fields of health and GBV protection face complex challenges. However, there is a notable lack of targeted training materials to adequately prepare them for this vital work. This guide aims to fill that gap by providing a practical foundation of knowledge and tools for volunteers committed to promoting health and safety among those affected or at risk.

Key Objectives of the Training:

- Support volunteers' own health and self-care
- Provide essential knowledge about medical rights and protection from GBV
- Teach methods for community-based knowledge sharing and low-threshold advisory support

The training sessions build upon one another. Since the group of volunteers does not know each other prior to the training, and not all participants are familiar with the project team, the program begins with lighter topics. More sensitive, intimate, and potentially distressing content—such as forms of gender-based violence (GBV) or trauma—is addressed toward the end of the training block.
By that stage, a strong sense of team spirit, belonging, and trust among volunteers and the project team will have been established, creating a safer and more supportive environment for discussing challenging issues. Each training unit therefore also aims to foster trust and strengthen group cohesion.
All training sessions are designed as full-day workshops. It is recommended to schedule regular breaks (approximately every two hours) and to provide adequate snacks and lunch.
The training is structured into three main modules that build upon one another. Together, they offer the basis for responsible, informed, and empathetic volunteer engagement.

Overview: Multiplier Training Sessions according to the Training Modules

Module	Training Session
Module 1: Asylum and Healthcare System	1.1 Introduction
	1.2 Asylum Rights
	1.3 Medical Rights and Healthcare System Germany
Module 2: Mental Health	2.1 Psychiatric Support and Mental Health
	2.2 Psychoeducation and Trauma
Module 3: Sexual Health and rights of GBV survivors	3.1 Sexual Health and Sexual Self Determination
	3.2 Rights of GBV survivors
	3.3 Safety and Emergency help

Overview: Multiplier Training Sessions according to the Training Modules

Module 1: Asylum and Healthcare System

This introduction module marks the starting point of the training program for volunteers. It provides an essential orientation to the structure, values, and working principles of the organization, and introduces participants to the broader training context and their role within the support network. Additionally, the module offers basic knowledge about the asylum procedure in Germany and the German healthcare system, with a focus on access pathways, legal rights, and common challenges faced by refugees. The aim is to build a shared understanding and prepare participants for their meaningful engagement in supporting asylum seekers who have survived GBV or are at risk.

Module 2: Mental Health

This module equips volunteers with foundational knowledge about mental health in the context of flight and asylum. It introduces professional support systems and practical psychoeducational techniques that promote emotional stabilization and self-care. Participants will learn how to inform affected individuals about their rights, facilitate access to psychosocial services, and strengthen health-promoting strategies. The goal is to enhance volunteers' ability to provide sensitive, resource-oriented support and empower survivors of GBV in navigating their healing journey.

Module 3: Sexual Health and Rights of GBV Survivors

This module raises awareness among volunteers about sexual self-determination, sexual health, and the rights of GBV survivors. Participants are introduced to forms of GBV that are often experienced in the context of flight and asylum as well as to respective support structures. It also presents essential rights of vulnerable people and teaches how to respond appropriately in emergency situations using established guidelines. The goal is to foster a safe and empowering environment for GBV survivors and those at risk.

Training Number: 1
Topic of the Training: 1.1 Introduction (Module 1: Basic Module - Asylum and Healthcare System)

ICEBREAKER ACTIVITY: SPEED DATING

Setup and Procedure:
Chairs are arranged in two rows or concentric circles. Each person faces a partner
The facilitator reads one question at a time. Each pair discusses the question for 1 minute. After each round, one row or circle rotates to form new pairs.

Sample Questions:
1. Today will be a great day if...
2. If I had a superpower, it would be...
3. Choose one: Life is short / Life is long
4. What quality do you value most in a friendship?
5. Which item of clothing is most important to a person's look?
6. If you could invent a new holiday, what would it celebrate?

Objectives:

- ✔ Build connections among participants
- ✔ Energize the group
- ✔ Foster team spirit for collaborative training

Content Overview, including suggested methods for delivering the key messages

Key Messages	Methods [1]
Introduction to the Organization: Ärzte der Welt Ärzte der Welt is the German branch of the international humanitarian network Médecins du Monde/Doctors of the World. The organization works globally and in Germany to ensure that everyone can exercise their right to health.	**Informal Verbal Introduction** The facilitator shares background information and encourages spontaneous questions and interaction.

[1] The listed methods are flexible and may be adapted to suit the group's needs, available resources, and facilitation style. Content can be shared through informal conversations, presentations, visual aids, or interactive exercises, etc.

Introduction to the Project: reach.out plus

reach.out plus is a European initiative supporting survivors of gender-based violence (GBV), with a focus on refugee communities in Germany, Greece, and the Netherlands.
The project promotes low-threshold community empowerment through individual consultations, group workshops for women* in refugee centers, and outreach by trained multipliers. It also strengthens frontline professionals through capacity building and advocates for health rights and protection through evidence-based policy work.

Objectives:

- Introduce participants to the project environment
- Provide a clear understanding of the project's overall goals

Introduction to the Multiplier Role

Outreach activities are central to the project and reflected in its name. These activities are carried out by the project team as well as by trained volunteers referred to as multipliers. The group consists of eight adults from diverse backgrounds, all with lived experience of flight and asylum. After completing intensive training, multipliers engage with asylum seekers and GBV survivors in or near accommodation centres, supporting access to health rights and protection. Activities include group formats (e.g., health cafés) and individual consultations.

Timeline of Multiplier Role

- 01.06.2025 - 31.12.2026: Duration of multiplier engagement
- June - August 2025: Intensive training phase
- September 2025 - December 2026: Outreach phase with monthly group meetings and quarterly coaching (individual and group supervision)

Training Content

- Eight sessions covering: asylum and health rights, mental health, sexual health, focusing on GBV survivors and those at risk
- Delivered by project team and

Informal Verbal Introduction & Schedule Overview

The facilitator introduces the multiplier role through a free-form explanation, using the training schedule as visual support. This format encourages open questions and interaction.

Exercise: Expectations Analysis

Materials:

- 3 flipcharts (one per station)
- Markers (various colors)
- Sticky dots (min. 12 per participant, ideally in different colors)
- Printed list of training topics (for Station 3)
- Station labels

Setup and Procedure:

Participants are divided into three groups and rotate through three stations.

Station 1:
Question: What is your goal in joining the volunteer project?
→Answers are written on the flipchart.

Station 2:
Question: What are your expectations of the multiplier team and the project team?
→Answers are written on the flipchart.

external experts
- Includes training materials, service information, and outreach tools

Ongoing Support
- Monthly group meetings for methodological input, peer exchange, and reflection
- Additional sessions on safety, protection, and tailored training as needed

Multiplier Responsibilities
- Sign a volunteer agreement
- Attend all training sessions and follow-up meetings
- Actively participate in outreach activities
- Document outreach monthly
- Maintain regular communication with the project team
- Collaborate respectfully with team members and target groups

Rights within the Multiplier Role
- Volunteers may terminate the volunteer agreement at any time during the project
- Volunteers may choose outreach activities based on their strengths, interests, and availability

Station 3:
The training topics are listed on a flipchart. Participants use sticky dots to prioritize training topics.
After all groups complete the stations, results are discussed in plenary.

Objectives:
- Encourage active participation
- Strengthen self-efficacy
- Build team spirit
- Establish shared goals and a foundation for collaboration

Pre-Evaluation Survey
Before the training begins, volunteers complete an anonymous survey to assess their prior knowledge of the training topics. They rate their understanding on a scale from 1 to 4 (with 4 indicating full knowledge). The results will be compared with a post-training survey to measure learning progress.

Objectives:
- Assess participants' initial knowledge
- Adapt training content based on survey results
- Evaluate training effectiveness through comparison of pre- and post-surveys

Training Outcomes:
By the end of this training session, participants will:

- ✔ **Build trust and get to know one another**
- ✔ **Establish a positive group dynamic**
- ✔ **Clarify expectations and understand the training structure and goals**
- ✔ **Feel motivated to actively participate**
- ✔ **Reflect on their initial knowledge and commit to the learning process**

Training Number: 2
Topic of the Training: 1.2 Asylum Rights (Module 1: Basic Module - Asylum and Healthcare System)

ICEBREAKER ACTIVITY: FOUR CORNERS

Materials:
• Four paper cards: Strongly Agree, Agree, Disagree, Strongly Disagree

Setup and Procedure:
Place four signs in the room's corners. The facilitator reads a statement. Participants move to the corner that reflects their opinion. Some volunteers briefly explain their choice.

Sample Statements:
1. I enjoy working in the morning.
2. I trust my team to support me in challenging situations.
3. I feel confident discussing sensitive topics like gender-based violence.
4. Building trust with clients is more important than quick solutions.
5. I know my emotional limits and when to step back.
6. I understand the roles of authorities in the asylum and accommodation process.

Objectives:

- ✔ Energize participants
- ✔ Encourage openness and reflection
- ✔ Build a safe, inclusive group atmosphere

Content Overview, including suggested methods for delivering the key messages

Key Messages	Methods [1]
Understanding the Right to Asylum People who face serious human rights violations in their home country may be entitled to asylum. To qualify, they must show they were persecuted for reasons such as: • Race (as defined by the Geneva Refugee Convention)	**Question Prompt: Exploring Asylum** Facilitator starts with two open questions: 1. What does asylum mean to you? 2. Who is entitled to asylum? Participants share their thoughts. The facilitator collects responses and adds key points using a PowerPoint presentation.

[1] The listed methods are flexible and may be adapted to suit the group's needs, available resources, and facilitation style. Content can be shared through informal conversations, presentations, visual aids, or interactive exercises, etc.

• Nationality • Political opinion • Religious beliefs • Membership in a particular social group (including gender-based persecution, e.g. LGBTIQ* persons) They must also show that they cannot find protection or safety anywhere in their country of origin.	**Objectives:** • Build understanding of asylum • Encourage reflection and participation • Prepare for deeper discussion on asylum procedures
Key Authorities in the Asylum Process • BAMF (Federal Office for Migration and Refugees) decides whether a person qualifies for international protection. • In Upper Bavaria, the Regierung von Oberbayern (District Government) handles accommodation and transfers for asylum seekers.	**Recognizing Authorities and Their Roles** **Materials:** • Cards with logos of authorities • PowerPoint presentationr **Setup and Procedure:** The facilitator shows participants cards with logos of key authorities and asks them to name each authority and describe its role. After the discussion, the facilitator presents the correct answers using a PowerPoint. **Objective:** • Clarify the responsibilities of different authorities in the asylum process
Dublin III and the Asylum Hearing Process The Dublin III Regulation determines which EU country is responsible for processing an asylum application. Usually, it is the country of first entry. **Hearings:** • Dublin Hearing: Focuses on migration route. If necessary, applicants should explain why they cannot return to an other EU country (e.g. GBV) and present evidence • Main Hearing: Applicants explain reasons for fleeing and present evidence (e.g. social media, medical reports)	**Interactive Group Exercise + Video** **Materials:** • Moderation cards • Projector **Setup and Procedure:** Participants arrange cards showing asylum process stages in right order and explain different stages to each other. Facilitator adds missing info. To summarize the information, the following video is shown: https://www.asylindeutschland.de/en/film/ **Objectives:** • Deepen understanding of asylum stages • Clarify purpose of hearings • Encourage active participation

Interview Rights for GBV Survivors
GBV survivors can request gender-sensitive interviews (female interviewer/translator). BAMF must be informed beforehand in writing.
They may also request a specially trained interviewer („Sonderbeauftragter").
Support persons are allowed, but must not be asylum applicants themselves.

PowerPoint + Q&A Session
Objectives:
- Inform GBV survivors of their rights during interviews
- Explain how to request gender-sensitive and trauma-informed procedures

Possible Outcomes After the Main Interview
- Refugee Protection / Asylum Recognition: 3-year permit, work access, family reunification
- Subsidiary Protection: 1-year permit, work access
- National Ban on Deportation: 1-year permit, work possible with permission
- Outright Rejection, must be made within 2 weeks
- Rejection as „manifestly unfounded", appeal must be made within 1 week

The appeal must be made in written form at the court. Usually one month after notification, a written statement of the grounds for appeal must be handed in. For this, the support of a lawyer is recommended. After this, the applicant is invited to a personal hearing at the court.

Expert Talk: Understanding Asylum Outcomes and Appeals
A lawyer specialized in asylum law uses a power point presentation, followed by an open Q&A session.

Objectives:
- Understand the possible outcomes to an asylum application
- Learn how to appeal to negative outcomes

Support Services for GBV Survivors in the Asylum Process
Various organizations in Munich support GBV survivors (e.g. survivors of trafficking, honor-based violence, violence against LGBTIQ* persons).
Free asylum-related counseling is available.

Mapping Support – Identifying Helpful Organisations
Materials:
- Brochure with support organizations for GBV survivors

Setup and Procedure:
Facilitator asks:
- What organizations support GBV survivors?
- What are their target groups and services?

The brochure is handed out and explained.

	Objectives: • Gain an overview of available support structures • Understand how to access relevant support organisations
Accommodation in GBV Cases GBV survivors and those at risk can apply for protection shelter. Applications must include evidence (e.g. medical letters) and be submitted in writing to the Regierung von Oberbayern.	**Explanation: How to Apply** **Materials:** • Application form for protection shelter **Setup and Procedure:** Facilitator explains the application form and process **Objective:** • Understand how to apply for protective accommodation forms

Training Outcomes:
By the end of this training session, participants will:

- ✔ **Understand asylum eligibility criteria**
- ✔ **Be able to identify key authorities and their roles**
- ✔ **Know the steps of the asylum process in Germany**
- ✔ **Be aware of special rights for GBV survivors**
- ✔ **Know how to support GBV survivors in accessing their rights**

Training Number: 3
Topic of the Training: 1.3 Medical Rights and Healthcare System Germany (Module 1: Basic Module - Asylum and Healthcare System)

ICE BREAKER: "WHAT I LIKE TO DO FOR MY HEALTH"

Materials and Setup:
- Health statements on paper (e.g. I eat vegetables and fruit every day.)
- Chairs arranged in a circle (one fewer than participants)

Instructions: All participants sit in the circle. One chair remains empty. The facilitator introduces a statement regarding to health activities (e.g. "I do sports every day"). Participants move when a statement applies to them. One chair is removed each round until one person remains.

Objectives:
- ✔ Foster connection and engagement among participants
- ✔ Energize participants
- ✔ Encourage movement and laughter

Content Overview, including suggested methods for delivering the key messages

Key Messages	Methods [1]
• **Emergency numbers** • Police: 110 • Ambulance and fire brigade: 112 • Helpline violence against women: 116 016 • Medical on-call service (ärztlicher Bereitschaftsdienst): 116 117 • **Access to Healthcare for Asylum Seekers** • Limited coverage under the Asylum Seekers Benefits Act (Asylbewerberleistungsgesetz) • Mandatory health check upon arrival • In-house medical services in some	**Information Sharing via PowerPoint Presentation** **Materials:** • Emergency Contact Cards (business card size): For personal use and distribution to target groups • Printed sample of the Krankenbehandlungsschein: To illustrate formal procedures **Setup and Procedure:** A structured presentation on medical rights, featuring key terms and essential information visually displayed on slides.

[1] The listed methods are flexible and may be adapted to suit the group's needs, available resources, and facilitation style. Content can be shared through informal conversations, presentations, visual aids, or interactive exercises, etc.

reception centres
- Visits to doctors outside reception centres require a **Krankenbehandlungsschein**

- **Key information on Krankenbehandlungsschein**
- Must be obtained from the authority responsible for social benefits (Sozialamt or Landratsamt)
- Typically, valid for three months
- The original document remains with the doctor
- Generally applicable for visits to general practitioners, gynaecologists, ophthalmologists, and paediatricians
- For specialist doctors, a referral **(Überweisungsschein)** from a general practitioner is required. The specialist must receive both the referral and a copy of the Krankenbehandlungsschein.
- For dental treatment, a separate form (Zahnbehandlungsschein) must be requested.

- **Covered Medical Services**
- Emergency care (treatment and medication for pain and illness, treatment after accidents); pregnancy care; abortion; cancer screening; preventive medical examinations for children; all recommended vaccinations; psychiatric care)
- Children are entitled to regular and mandatory health screenings, known as U-Untersuchungen, which monitor the physical and mental development and overall well-being.
- Not covered: non-acute dental care, fertility treatments, chronic illness care unless acute
- Psychotherapy requires special request.

Healthcare after 36 months or after receiving a residence permit/regular employment
- Health card/health insurance replaces treatment slip.
- Regular insurance for people in employment subject to social security contributions

Objectives:
- Share essential information on medical rights and procedures
- Visualize theoretical concepts and formal processes
- Provide practical tools for emergency and medical support
- Empower participants to act effectively in urgent or health-related situations

Closing Game: "True or False"

Materials:
- Green and red cards for each participant

Setup and Procedure:
Participants receive a green card (true) and a red card (false). The facilitator reads statements based on the training content. Participants respond by showing the appropriate card.
Example Statement:
"A. is an asylum seeker with dental pain. He can visit a dentist without any documents. True or false?"

Objectives:
- Energize participants
- Review key training content
- Encourage active, critical thinking
- Assess understanding and clarify open questions

Training Outcomes:
By the end of this training session, participants will:

- **Understand key medical rights during and after the asylum process**
- **Know the procedures to access these rights**
- **Have a basic overview of the German healthcare system**
- **Be aware of local support services for migrants**
- **Reflect on and strengthen their own health and well-being**

Training Number: 4 and 5
Topic of the training: 2.1 Psychiatric Support and Mental Health & 2.2 Psychoeducation and Trauma (Module 2 - Mental health)

Given the broad scope and high importance of the topic among GBV survivors, the mental health training is delivered across two separate days. The first session is facilitated by a psychiatrist, while the second is led by two psychologists from a specialized support service for refugees and asylum seekers.

ICEBREAKER ACTIVITY: "ACTIVATING RESOURCES"

Setup and Procedure:
Participants sit in small groups (2–3 people). The facilitator reads reflective prompts focused on personal strengths. After three prompts, groups are reshuffled to encourage broader sharing.

Sample Prompts:
1. A place where I feel safe is...
2. One thing I'm proud of is...
3. Something that lifts my mood is...
4. A person who inspires me is...
5. When I need strength, I think of...
6. A resource I carry within me is...

Objectives:

- Foster a safe, open atmosphere
- Encourage reflection on inner strengths and coping strategies
- Build emotional awareness and group connection
- Set a positive tone and introduce mental health themes gently

Content Overview, including suggested methods for delivering the key messages

Key Messages	Methods [1]
Understanding Influences on Mental Well-Being Mental health is shaped by personal experiences, biological factors, social environments, and structural conditions - including the impact of displacement and asylum. Understanding these influences helps support affected individuals more effectively.	**Exercise: Mental Health Clustering & Personal Reflection** **Materials:** • Flash cards or picture cards depicting determinants of mental health (e.g. picture of a family, picture of an isolated person sitting alone) • Flipcharts or large paper • Markers in different colours **Setup and Procedure:** Participants work in small groups. Each group receives flash or picture cards and creates clusters of determinants of mental health. Afterwards, participants share personal reflections with plenum. Reflections are complemented by facilitator **Objectives:** • Foster awareness of diverse mental health perspectives • Promote empathy for those affected by forced migration • Encourage emotional and personal reflection
Psychiatrists and Psychotherapists: Different Roles and Benefits **Psychiatrists and psychotherapists provide distinct forms of support for individuals experiencing mental health challenges. Psychiatrists** are medical specialists in mental health. Consulting a psychiatrist should not be associated with stigma. They are qualified to assess psychological symptoms and, when appropriate, prescribe medication. Certain medications may assist with sleep	**Expert Input + Q&A: Understanding Mental Health Professions** **Materials:** • PowerPoint presentation • Printed psychoeducational handouts **Setup and Procedure:** A psychiatrist provides expert input through a PowerPoint presentation. The facilitator moderates a participatory Q&A session where participants can ask questions and express concerns.

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regulation, energy levels, or motivation. It is essential to follow the prescribed dosage and instructions. If no improvement is observed or symptoms worsen, it is important to consult the psychiatrist for further evaluation.

Psychotherapists and psychologists offer support through structured therapeutic conversations. Psychotherapy involves regular sessions in which individuals discuss their psychological concerns. The therapist provides confidential guidance and introduces methods and exercises to help process experiences and alleviate symptoms. Unlike psychiatrists, psychotherapists are not authorized to prescribe medication.

Psychoeducational materials/handouts are distributed to clarify the use of medication and therapy.

Objectives:
- Clarify the roles of mental health professionals
- Reduce fear and stigma around psychiatric care
- Encourage informed engagement with mental health services

Common Mental Health Disorders: Causes and Symptoms

Predisposition of mental disorders: especially depression and schizophrenia are found to be passed on genetically.

Many persons who have made traumatic experiences and additionally suffer from the uncertainty, lack of self-determination, and negative stress related to the asylum process, face mental health challenges. Common illnesses are anxiety, depression, post-traumatic stress disorder (PTSD).

Symptoms of anxiety disorder:
- panic attacks with physical symptoms like short of breath, heart racing, sweating, dizziness
- constant feeling of threat, anxiety, tension

Symptoms of depression:
- main symptoms: feeling of hopelessness, sadness, joylessness, exhaustion, loss of interest and drive
- further symptoms (optional): Lack of concentration and awareness, reduced self-confidence, feeling of guilt and shame, negative perspective of future, sleeping problems, alteration of appetite

Deductive Teaching by Psychiatrist and Emotional Safety through Team Contact Person

Materials:
- Projector for the presentation
- Printed psychoeducational handouts

Setup and Procedure:
Prior to the presentation, the facilitator informs participants that they may leave the room at any time and introduces a designated contact person from the project team, available throughout the training for private conversations. This individual does not participate in the presentation and discreetly observes participants during the session.
If necessary—for example, if a participant exhibits signs of psychological distress—the contact person will intervene and provide appropriate support.
The session is delivered in a structured, didactic format to ensure emotional safety and minimize potential distress. Following the presentation, participants receive a handout summarizing the key points.

(more/less), inner tension, restlessness, inactivity, suicidial thoughts or tendencies

Symptoms of PTSD:
- Re-experiencing symptoms: intrusive memories, flashbacks, nightmares, intense distress, physical reactions
- Avoidance symptoms: avoiding thoughts and feelings, avoiding reminders, numbing, limited future
- Negative changes in thoughts and mood: negative thoughts, feelings of guilt, shame, or blame, loss of interest, feeling alienated
- Increased arousal and reactivity: difficulty sleeping, irritability and anger, difficulty concentrating, hypervigilance, reckless behavior: Engaging in risky or self-destructive behaviours
- Additional symptoms/dissociations: In the course of reexperiencing traumatic memories, it can happen that people loose contact to reality, orientation or consciousness

These symptoms may indicate the need for psychiatric treatment. However, such treatment is only appropriate if the individual wishes to receive it.
A diagnosis can help those affected in understanding their feelings, mood, and behaviour.

Objectives:
- Acquire knowledge of symptoms associated with common mental health conditions
- Facilitate the identification of individuals experiencing mental health disorders
- Promote normalization and reduce stigma related to mental health symptoms

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Understanding Stress and Trauma Responses
Stress and trauma are natural responses to adversity—recognizing symptoms and understanding their origins is essential for healing and resilience.

There is positive stress (eustress) and negative stress (distress). Eustress helps you thrive, while **distress** makes you **struggle**.

Eustress
- Effects: Improves performance, focus, and resilience
- Examples: Preparing for a presentation,

Interactive Presentation + Body Awareness: Understanding Stress and Trauma

Materials:
- Flipcharts or posters with key concepts (e.g. eustress vs. distress)
- Markers in different colours
- Facilitation cards

Setup and Procedure:
The facilitator conducts an interactive presentation on stress and trauma, using visual aids such as flipcharts.
Participants are asked to write examples

starting a new job, training for a marathon
- Characteristics: Short-term, feels manageable, linked to growth and achievement

Distress
- **Effects:** Causes anxiety, fatigue, and can lead to physical or mental health issues
- **Examples:** Chronic work overload, financial problems, relationship conflicts, traumatic experiences
- **Characteristics:** Often long-term, feels uncontrollable, linked to burnout or illness

A **flashback** is a sudden, involuntary, and often vivid recollection of traumatic past experience. It feels as though the person is reliving the event rather than just re-membering it. Flashbacks can involve:
- **Sensory details** (images, sounds, smells, physical sensations)
- **Emotions** associated with the original event
- A sense of being "transported" back in time

They are commonly linked to traumatic experiences and are a key symptom of conditions like Post-Traumatic Stress Disorder (PTSD). Flashbacks can be triggered by reminders of the event (e.g., certain sounds, places, or smells) or occur unexpectedly.

for eustress and distress on facilitation cards. The answers are clustered on a blackboard and complemented by the facilitator.

Objectives:
- Normalize stress responses
- Provide strategies for recognizing and managing trauma-related symptoms
- Promote reflective practice and self-awareness
- Enhance emotional regulation through somatic awareness

Self-Help Strategies for Everyday Mental Health

Empowering individuals with self-help strategies and resource activation builds resilience and supports symptom

management in everyday life.

When experiencing flashbacks, it is im-portant to stay grounded in the present moment. Using items that engage your senses—such as those with distinct tastes or smells—can help bring the focus back

Self-Help Kits + Grounding Practice

Materials:
- "Self-help kits" for coping with stressful memories
- Mats or chairs for grounding exercises
- Pens and paper for reflection tasks

Setup and Procedure:
A "Self-help kit" for coping with distressing memories and flashbacks is introduced and distributed to participants. The kit in-cludes lavender-scented cushions, strong

to the here and now.

Deep breathing exercises can be highly effective in managing stressful situations. Additionally, setting incremental steps and goals for both the near and distant future is essential. Regularly reminding oneself of individual strengths and available resources can further support resilience and well-being.

chewing gum, fluorescent star stickers (to help return to the here and now after nightmares), rubber bands and rings (to create sensory stimuli on the skin), and small massage balls.
Grounding techniques such as breathing exercises are demonstrated and practiced collectively. Participants are guided through reflection exercises to identify personal strengths and recall joyful experiences, reinforcing positive coping mechanisms.

Objectives:
- Strengthen self-efficacy
- Foster proactive mental health practices
- Promote self-reflection and positive orientation

Learning Outcomes
By the end of this training session, participants will:

- ✔ **Develop a deeper understanding of mental health, stress, and trauma**
- ✔ **Reduce stigma around psychiatric care and medication**
- ✔ **Gain awareness of symptoms related to anxiety, depression, and PTSD**
- ✔ **Receive practical self-help tools**
- ✔ **Reflect on personal coping strategies**
- ✔ **Share experiences that foster peer support**
- ✔ **Be able to identify challenges linked to flight and asylum that impact mental well-being**

Training Number: 6
Topic of the Training: 3.1 Sexual Health and Sexual Self Determination (Module 3: Sexual Health and Rights of GBV Survivors)

ICEBREAKER ACTIVITY: "RESONANCE THROUGH IMAGERY"

Materials:
• Selection of symbolic or abstract image cards
(e.g. nature scenes, colours, metaphors, emotions)

Setup and Procedure:
Participants select an image card that reflects their personal experience of sexuality or sexual health. They briefly reflect on their choice and share insights in pairs or small groups, guided by questions such as:
• What does this image represent for you?
• How does it relate to your experience or beliefs?

Objectives:

- ✔ Establish emotional safety and openness
- ✔ Promote self-reflection and personal engagement
- ✔ Acknowledge diversity of perspectives
- ✔ Build trust and set an inclusive tone

Content Overview, including suggested methods for delivering the key messages

Key Messages	Methods [1]
Sexual Health, Contraception, Abortion & Pregnancy Care **Sexual Health** Sexual health is part of overall well-being and includes the right to self-determination, access to medical care and contraception, and informed choices about pregnancy and abortion. Sexual health – just as health in general – is a human right. **Medical Consultations** • Women: See a gynecologist promptly for symptoms like menstrual pain, pain	**Thematic Input + Group Reflection: Sexual Health & Bodily Autonomy** **Materials:** • PowerPoint presentation • Contraception samples (e.g., condom, IUD) and anatomical models • Printed handouts **Setup and Procedure:** The facilitator introduces sexual health topics through an interactive PowerPoint. Contraceptive methods are explained and demonstrated using the provided

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during intercourse, itching, unusual discharge, bleeding, incontinence, or menopausal issues. Annual exams from age 20 are recommended (also accessible for asylum seekers). Regular breast self-checks are important.

- Men: Common issues include STIs, erectile dysfunction, and prostate disorders. Consult a urologist for symptoms. Men 45+ are entitled to yearly prostate exams (also accessible for asylum seekers).

Contraception

- Methods: Pills, IUDs (hormonal/copper), implants, patches, etc.
- Financial aid: Available in many districts for low-income individuals (apply before procedure)
- Counseling: Pregnancy counseling centers provide guidance

Abortion in Germany

- Abortion is possible within the first 14 weeks of pregnancy (12 weeks after conception) in three cases:
  - **Medical Indication**
  At any stage of pregnancy, if the pregnant person's **life or physical/mental health is seriously endangered**, and this cannot be prevented by other means
  - Criminological Indication
  If the pregnancy resulted from a criminal act (e.g., rape)
  - After counselling
  Mandatory session with state certified pregnancy counselling service plus 3-day waiting period

- Methods: Surgical (vacuum aspiration) or medical (pill)
- Costs: Can be covered by state insurance for low-income individuals (also asylum seekers without health insurance)
- Support: 24/7 anonymous and free helpline with language mediation: 0800 40 40 020
- No shame: Abortion is a personal decision

materials.
After the presentation, participants discuss the legal and cultural situation concerning abortion in their countries of origin in small groups (2–3 people). Beforehand, the facilitator emphasizes respect for differing opinions and values—disrespectful comments are not allowed.

Objectives:

- Promote understanding of sexual health as a human right
- Explain German laws and procedures related to sexual health
- Empower participants to make informed decisions about their bodies
- Foster reflection and knowledge-based empowerment

Influence of Cultural and Social Norms on Sexuality and Sexual Identity

Cultural and societal norms shape how individuals understand and express their sexuality by prescribing what is considered acceptable or taboo within a given community. These norms influence everything from gender roles and sexual orientation to relationship dynamics and expressions of desire. For example, in some cultures, open discussions about sexuality are encouraged, while in others, they are stigmatized or suppressed. Recognizing these influences helps us understand that sexual identity and behavior are not solely personal choices but are also responses to external pressures and expectations. This awareness fosters empathy by allowing us to see others' experiences in context, and it reduces stigma by challenging rigid or judgmental views about what is „normal" or „acceptable" in matters of sexuality

In some societies, there is a widespread misconception that virginity can be determined by examining the hymen or by bleeding during sexual intercourse. These beliefs are incorrect and harmful.

Facts:

- **The hymen is not a barrier**. It is a thin, elastic tissue with natural openings; it does not "break" during first intercourse.
- **Bleeding is not proof of virginity**. Many do not bleed at all; if bleeding occurs, it is usually due to tissue tears or lack of lubrication.
- **Virginity cannot be medically tested**. Hymenal appearance varies and does not indicate sexual history. Virginity testing is unscientific and harmful.
- **Tampons and sports do not affect virginity**. Physical activities may change hymen shape but do not signify sexual activity.
- **Virginity is a social concept**, not biological. It reflects cultural norms, not anatomy.

Storytelling + Role Play: Exploring Cultural Narratives on Sexuality

Materials:

- Storytelling prompts (optional)
- Role-play scenario cards
- Flipchart or whiteboard for key points

Setup and Procedure:

Participants reflect on cultural narratives about sexuality from personal experience or known stories. The trainer facilitates a storytelling round where volunteers share stories illustrating how cultural norms shape sexuality. If not mentioned by participants, facilitator presents information on myths about virginity and the hymen. Next, participants engage in role play using prepared scenarios that explore diverse sexual identities and experiences, followed by short group discussions. The session ends with a guided conversation on how societal expectations influence sexual behaviour, identity, and self-expression.

Objectives:

- Raise awareness of cultural influences on sexuality
- Dispel myths about virginity and hymen
- Encourage respectful dialogue across differences
- Foster group connection through shared reflection

Sexual Health Rights & Inclusive Access to Care

Knowledge on own sexual health rights and communication skills are vital for healthy relationships and personal safety.

Preventive Sexual Health Rights

- Contraception: Everyone should have access and support in choosing suitable methods.
- Regular Care: Includes check-ups, STI screenings, and counseling for physical and emotional well-being.
- Equal Education: Men and women have the same right to information on consent, pleasure, and reproductive choices.
- Autonomy: Being informed empowers individuals to make decisions about their bodies and relationships.
- Support Services: Available for all, including those affected by traumatic experiences and/or FGM/C

Materials

- Prepared case study (e.g., a young woman faces barriers to contraception; a man faces stigma when trying to access STI screening)

Setup and Procedure:

The facilitator introduces sexual health rights and presents the case study. Participants work in two groups to identify:

- Relevant rights
- Barriers to inclusive care
- Possible interventions and communication strategies

The groups share findings; the facilitator summarizes best practices and links discussion to the sexual health rights framework.

Objectives

- Foster critical thinking and problem-solving
- Strengthen understanding of sexual health rights and inclusive care
- Develop practical strategies for overcoming barriers
- Encourage collaborative learning and ethical reflection
- Improve communication skills for sensitive topics

Understanding STIs: Facts, Prevention and Care

Knowing about sexually transmitted infections (STIs) and accessing healthcare helps prevent transmission and reduces stigma:

- STIs can affect anyone—risk is not limited by age, gender, or orientation.
- Prevention works: Use condoms, get tested regularly, and communicate openly with partners.
- Early detection is vital: Many STIs are treatable if diagnosed promptly.
- STIs are medical conditions, not moral failings.
- Stigma harms: Shame and misinformation stop people from seeking

Expert Input & Myth-Busting: Understanding STIs

Materials:

- PowerPoint presentation
- Printed brochures on STI prevention and testing

Setup and Procedure:

The facilitator presents information on common STIs, transmission, and prevention using a PowerPoint. A Q&A session follows, and brochures are distributed. To close, participants share myths they have heard about STIs and work together to debunk them, with facilitator support as needed.

help—education and empathy matter.
- Symptoms aren't always visible: Regular testing is essential.
- Access to care is a right: Everyone deserves STI testing, treatment, and education without discrimination.

Objectives:
- Provide accurate knowledge about STIs
- Encourage proactive health-seeking behavior
- Reduce stigma and misinformation
- Create space for open dialogue

Training Outcomes:
By the end of this training session, participants will:

- ✔ **Understand sexual health as a human right and feel empowered to make informed choices**
- ✔ **Gain essential knowledge on sexual and reproductive health and STIs**
- ✔ **Recognize cultural influences on sexuality and engage respectfully in dialogue**
- ✔ **Develop communication skills for discussing sexual health and safety**
- ✔ **Know how to access healthcare resources for prevention and care**

Training Number: 7
Topic of the Training: 3.2 Rights of GBV Survivors (Module 3: Sexual Health and Rights of GBV Survivors)

Content Overview, including suggested methods for delivering the key messages

Key Messages	Methods [1]
Understanding Sexual Self-Determination Every individual possesses the fundamental right to sexual self-determination. This principle encompasses the following rights: • The right to decide whether or not to engage in sexual activity • The right to choose with whom to engage in sexual activity • The right to determine the types of sexual activities in which to participate	**Partner Work & Group Presentation** **Materials:** • Facilitation cards **Setup and Procedure:** Each pair receives facilitation cards to discuss the concept of sexual self-determination. They note their interpretations and later present their findings to the group, fostering shared reflection and dialogue. **Objective:** • Encourage critical reflection on sexual self-determination.
Gender-Based Violence as a Human Rights Violation Gender Based Violence (GBV) is the worst violation of the right to sexual self-determination. It is a violation of human rights.	**Emotional Safety and Support** **Setup and Procedure:** Before introducing the topic of GBV, the facilitator issues a trigger warning and informs participants that they may leave the room at any time. A designated contact person from the project team is introduced as available throughout the training for confidential support. This person observes participants and intervenes if signs of distress appear, offering appropriate assistance. **Objectives:** • Highlight GBV as a violation of fundamental human rights • Ensure emotional safety during

[1] The listed methods are flexible and may be adapted to suit the group's needs, available resources, and facilitation style. Content can be shared through informal conversations, presentations, visual aids, or interactive exercises, etc.

	sensitive discussions • Provide access to confidential support throughout the session
Gender Roles and GBV Gender roles are socially prescribed behaviors considered desirable or obligatory based on sex assigned at birth, typically determined by physical characteristics. These roles are shaped by influences such as family, peers, cultural and religious institutions, education, workplaces, media, and advertising. They both reflect and reinforce differences in social status, economic opportunities, and political power between women and men, making them deeply connected to gender-based violence.	**Group Activity: Creative Drawing & Discussion on Gender Roles** **Materials:** • Two large posters per group • Colored markers **Setup and Procedure:** Participants work in small groups (2–3 people). The facilitator introduces the concept of gender roles and asks: "From which sources do we develop ideas and expectations about gender and gender roles?" The groups create two posters illustrating the "ideal" man and woman based on their upbringing, using drawings, colours, and words. Afterward, participants view other groups' posters and engage in a discussion about common themes, differences, and significant observations. **Objectives:** • Reflect on personal and cultural perspectives on gender roles • Encourage dialogue on societal expectations • Raise awareness of how gender norms are shaped
What is Gender-Based Violence? GBV refers to any harm inflicted on a person or group due to their actual or perceived sex, gender, sexual orientation, or gender identity (see Istanbul Convention, 2011). It includes, but is not limited to: • **Physical violence:** hitting, beating, bodily harm • **Sexual violence:** rape, assault, coercion,	**Activity: Categorizing Forms of GBV** **Materials:** • Large board or wall • Four labeled cards: Sexual, Physical, Psychological/Emotional, Economic • Blank cards and markers **Setup and Procedure:** The four category cards are placed in the corners of the blackboard or wall. After a trigger warning, participants are asked to

exploitation, harassment
- **Psychological violence:** intimidation, threats, humiliation, controlling behavior, isolation
- **Economic violence:** restricting access to resources, employment, education; financial exploitation

Many forms of GBV combine multiple types of violence, such as intimate partner violence or violence against LGBTIQ* persons.

name different forms of GBV (e.g., intimate partner violence, FGM/C, human trafficking). Each form is written on a card. The participants are asked to place the cards under the category it fits best—or between categories if it spans multiple types. The facilitator supports placement and encourages brief reflections.

Objectives:
- Show that GBV often involves overlapping forms of violence
- Promote active participation and discussion
- Create a visual overview the complexity of GBV experiences

Who Is at Risk? Understanding GBV and Power Structures

Gender-based violence is an issue involving power relations. It is based on a **feeling of superiority**, and an **intention to assert that superiority** in the family, at school, at work, in the community or in society as a whole.

Persons in **lower power position** (e.g., women, children, people with disabilities), especially when they are dependent on others, as well as **persons who do not fulfil strict gender norms** (e.g. LGBTIQ*, women who are sexually active outside marriage) are especially **at risk of experiencing GBV.**

Visualizing Gender Norms: Group Reflection

Materials:
- Drawings of the "ideal" man and woman (from previous activity)

Setup and Procedure:
The facilitator displays the drawings so all participants can see them, and initiates a group discussion on how gender roles and power dynamics are represented in the drawings. Participants are encouraged to share observations about posture, clothing, facial expressions, and symbols of status or strength. The facilitator highlights recurring patterns—such as men depicted as powerful or financially dominant and women as passive or dependent—and broadens the conversation to societal expectations and the marginalization of individuals who do not conform to traditional norms (e.g., LGBTIQ*, women sexually active outside marriage).

Objectives:
- Explore root causes of GBV
- Reflect on how norms and power structures create vulnerability
- Encourage critical thinking about gender expectations and inequality

Forms and Indicators of GBV

GBV can be perpetrated by anyone—partners (current or former), family members, colleagues, acquaintances, strangers, or individuals acting on behalf of cultural, religious, or state institutions.
Different forms of GBV exist, each with possible indicators. These signs may suggest that someone is affected by GBV. However, these indicators are not definitive, as individuals respond differently.

Common Forms of GBV:

- **Sexualized violence**: Any non-consensual sexual act or behaviour, including attempts or threats, targeting a person's sex or gender identity.
- **Intimate partner violence:** Physical, sexual, or psychological harm within an intimate relationship.
- **Female Genital Mutilation/Cutting (FGM/C):** Partial or total removal of external female genitalia or other injury for non-medical reasons.
- **Human trafficking and forced prostitution:** Recruitment or transport of persons through coercion or fraud for exploitation, including sexual exploitation and forced labour.
- **Violence "in the name of honour":** Acts intended to protect or restore perceived family honour, such as forced marriage or control of women's sexuality.
- **Violence against LGBTIQ persons:** Targeted harm based on sexual orientation or gender identity.

Deductive teaching: Protected GBV Presentation Format

Materials:

- PowerPoint presentation
- Printed list of local support organisations

Setup and Procedure:
The session is delivered in a didactic format to ensure emotional safety and minimize distress. A trigger warning is issued before the session begins. Participants remain seated in a calm and focused setting. The facilitator ensures that the presentation space is quiet and respectful. Participants are asked not to share detailed personal stories or ask questions that could be triggering for others. Key messages are presented via PowerPoint, and a brochure with local support services is distributed at the end.

Objectives:

- Provide a clear, safe overview of GBV
- Raise awareness of forms and indicators
- Inform about available support services
- Protect participants' emotional well-being

Key Principles on GBV

Gender-based violence is never justifiable and never the survivor's fault. GBV can affect anyone. Survivors should not feel shame or guilt for a crime committed against them. They have the right to professional support, including legal advice, social services, and psychological care.

Communicating Support Messages to GBV Survivors

Materials:

- PowerPoint presentation

Setup and Procedure:
The facilitator presents supportive messages one by one, displayed on slides and

	read aloud. Participants may ask general questions but are reminded not to share personal stories or triggering details. **Objectives:** • Empower survivors through validating messages • Promote empathy and respectful communication • Raise awareness of available support services
GBV Risks and Rights in the Asylum Process Refugees – especially women, children, and LGBTIQ* persons – face high GBV risk, often experiencing a continuum of violence: before flight, during migration, and after arrival (e.g., in refugee centers lacking violence protection and prevention). Reporting GBV in camps, including harassment by staff, does not affect asylum decisions. It is very important to talk about GBV experiences during the asylum interviews. GBV survivors have special rights in the asylum process, including access to protection shelters for women at risk and LGBTIQ* persons.	**Didactic Teaching: GBV in the Context of Flight and Asylum** **Materials:** • PowerPoint on GBV risks during flight and asylum • Printed overview of special rights for GBV survivors (optional) **Setup and Procedure:** Due to the sensitivity of the topic, the facilitator delivers a structured presentation using PowerPoint. **Objectives:** • Raise awareness of GBV risks in the asylum context • Encourage survivors to speak up and assert their rights
You have the right to choose who you want to be	**Activity: Drawing Your Ideal Self** **Materials:** • Cardstock or thick paper (one per participant) • Coloured pencils, markers, or crayons **Setup and Procedure:** Participants draw an "ideal version" of themselves, e.g., depicting a moment when they feel strong, confident, or empowered. The facilitator informs participants beforehand that drawings will be shared. Afterward, participants

may present their work. Each participant writes a short, positive message on the back of each drawing — highlighting a pleasant or empowering characteristic of the respective person. The drawings, now containing affirming messages, are returned to their creators.

Objectives:
- End the session on a positive, empowering note
- Encourage self-reflection and self-worth
- Affirm the right to define one's identity beyond cultural norms

Training Outcomes:
By the end of this training session, participants will:

- ✔ **Explain the concept of sexual self-determination**
- ✔ **Summarize dominant societal messages about the "ideal" woman and man**
- ✔ **Discuss common expectations regarding male and female sexuality**
- ✔ **Reflect on the root causes of gender-based violence**
- ✔ **Identify different forms of GBV and possible indicators**
- ✔ **Recognize available regional support services**
- ✔ **Understand the rights of GBV survivors within the asylum process**

Training Number: 8
Topic of the Training: 3.3 Safety and Emergency Help (Module 3: Sexual Health and Rights of GBV Survivors)

Content Overview, including suggested methods for delivering the key messages

Key Messages	Methods [1]
Emergency Response Guidelines **General Principle** Personal safety of volunteers and clients is paramount in all emergency situations. The following emergency situations may occur during volunteer activities (see guideline): **1. Self-Endangerment (Suicidal Tendencies / Self-Harm)** **Prevention** • Identify coping resources and activities • Provide emergency tools (e.g., sensory stimuli) • Teach breathing techniques • Refer to mental health services; arrange appointments if needed • Contact reach.out team for support or client takeover **Critical Situations** • Flashback/Dissociation: Stay calm, speak gently, avoid touch, use grounding techniques • Severe Distress: Call Psychiatric Crisis Service 0800 655 3000 (24/7) https://www.krisendienste.bayern/mental-health-support-in-over-120-languages • Suicidal Intent: Do not leave client alone; alert social services/security; contact crisis service and reach.out team; assist with clinic admission; involve police (110) if necessary; consult reach.out team afterward	**Realistic Scenario-Based Training** **Material:** • Guideline for volunteers reach.out: Dealing with emergency situations (attached) **Setup and Procedure:** The facilitator distributes the volunteer guidelines to all participants. Each scenario, based on real-life situations, is presented by the facilitator and discussed collectively in an open dialogue format. Participants are encouraged to share perspectives, raise questions, and reflect on appropriate intervention and communication strategies. **Objectives:** • Ensure volunteers can respond promptly and safely under pressure • Prepare volunteers for appropriate and effective responses • Build confidence in managing sensitive and high-risk scenarios • Ensure volunteers are aware and know how to reach out to emergency services

[1] The listed methods are flexible and may be adapted to suit the group's needs, available resources, and facilitation style. Content can be shared through informal conversations, presentations, visual aids, or interactive exercises, etc.

2. Danger to Others (Aggression / Threats)

Prevention

- Keep security contacts accessible; carry phone; maintain distance and escape route

Response

- Latent Threat: Trust intuition; request distance; alert security; avoid confrontation
- Acute Threat: Maintain distance; do not intervene; notify security; if escalation occurs, call 110
- Post-Incident: Counseling optional; prioritize self-protection; consult reach.out team

3. Child Welfare Endangerment

Prevention

- Enable disclosure; monitor warning signs; provide information on counselling services

Response

- Violence by Caregivers: Contact staff or reach.out team; explain legal prohibition; suggest counselling centers (e.g., ProFamilia, Refugio)
- Suspected Abuse/Neglect: Document evidence; consult staff; seek anonymous advice:
  - Child Protection Hotline 0800 19 210 00
    https://kinderschutzhotline.de

4. Gender-Based Violence

Prevention

- Create safe disclosure opportunities; monitor warning signs; provide info on rights/support

Response

- Assess medical needs (call 112 if urgent); ensure safety; involve staff or reach.out team; call 110 if threat persists
- Refer to emergency hotlines:
  - For women*: 116016 (24//)
  - For men*: 0800 1239900
- Emphasize safety, absence of blame, and voluntary action

- Document injuries; advise forensic care at emergency departments
- For mental health crisis: Psychiatric Crisis Service 0800 655 3000 (24/7)
- Post-incident: consult reach.out team; practice self-care

Act Professionally and Compassionately

Volunteers should act with compassion while maintaining professional boundaries and self-care.

Incidents must be documented and reported to the project team. In emergency situations, the project team must be contacted immediately, including options for anonymous reporting.

Role-Playing and Interactive Discussions

Materials:
- Prepared scenario prompts for role-play
- Flipchart and markers (optional for group reflections)

Setup and Procedure:
Participants engage in role-play exercises simulating emergency situations (e.g., a suicidal client). The trainer assumes the role of the client, while volunteers act as responders. Through these simulations, participants practice de-escalation and boundary-setting. Each exercise is followed by a guided group discussion to reflect on emotional responses, ethical considerations, and communication strategies. The facilitator ensures constructive dialogue and promotes professional awareness in high-stress contexts.

Objectives:
- Enhance communication competence
- Foster emotional resilience
- Encourage ethical reflection
- Strengthen confidence in managing challenging interactions

Training Outcomes:
By the end of this training session, participants will:

- **Recognize and respond appropriately to emergencies involving self-harm, aggression, child endangerment, and gender-based violence**
- **Communicate effectively during crises using de-escalation techniques and empathetic approaches**
- **Access and refer clients to appropriate internal and external emergency services**
- **Maintain professional boundaries and prioritize personal mental and emotional well-being**
- **Apply reach.out protocols and determine when to escalate cases to internal teams or external authorities**

Reach.Out Plus is a collaborative European initiative dedicated to supporting survivors of gender-based violence (GBV), with a particular focus on refugee communities in Germany, Greece, and The Netherlands. The project is grounded in the belief that empowerment begins with access to information, support systems, and community engagement

reach.out plus

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