

A prevention model against addiction for migrant youth: Bavul

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Abstract

Migration-related stress, discrimination, and disrupted support systems increase vulnerability to addictive behaviors among youth. Despite this, few prevention programs address the intersection of migration, trauma, and identity development in culturally responsive ways. This article presents a prevention model against addiction for migrant youth, Bavul, grounded in a trauma-informed, rights-based, and youth-centered approach and built on a strengths-based framework. Designed to be low in language demand and high in experiential participation, the model integrates resilience-building, the normalization of stress responses, life skills development, identity formation, critical thinking, and well-being through accessible, youth-friendly coping and decision-making strategies. Structured in eight modules, the model combines interactive learning, reflective storytelling, and creative group activities. Core principles include non-judgmental facilitation, cultural sensitivity, and empowerment through agency. The article discusses Bavul model's contribution to preventive practice within multicultural contexts and its potential to inform future prevention and mental health frameworks targeting migrant youth.

Keywords: adolescent, migrants, addiction, prevention, psychological resilience, youth empowerment

Main points

- Bavul is a culturally responsive addiction prevention model designed specifically for migrant youth aged 13–18.
- The model aims to enhance well-being by leveraging the inherent resilience and agency of migrant youth.
- The program normalizes stress responses as adaptive mechanisms and aims to foster emotional regulation through experiential activities.
- The eight-module structure is intended to allow for flexible implementation across both formal and non-formal environments.
- The model integrates life skills and rights-based advocacy to empower youth in navigating complex social and structural challenges.

Introduction

The past decade has witnessed one of the largest displacement crises in modern history, with the Syrian civil war forcing over 14 million people to flee their homes since 2011. Türkiye currently hosts one of the world's largest populations of forced migrants, with nearly 2.4 million Syrians residing under "temporary protection status" as of March 2026 (Presidency of Migration Management, 2026). This migration movement marks an unprecedented demographic transformation, with nearly half of the population under 18, carrying profound

developmental and psychosocial implications. Although the temporary protection framework provides access to education and health services, its provisional and politically contingent nature perpetuates uncertainty and insecurity among families. Within this landscape, migrant youth in Türkiye grow up amidst structural instability, linguistic and cultural barriers, and experiences of marginalization that deeply shape their sense of safety and belonging (Yaylacı & Karali, 2024).

These complex conditions significantly increase the risk of mental health problems and maladaptive coping among

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migrant youth. Pre-migration exposure to war and violence, compounded by post-migration stressors such as poverty, discrimination, and child labor, heightens vulnerability to trauma-related disorders, depression, anxiety, and addictions. Family-level factors—including parental distress, shifts in parenting practices, and child parentification—further undermine emotional regulation and resilience processes in children. At the same time, migrant youth demonstrate notable adaptive capacities, drawing on protective factors such as social support, cultural continuity, and a strong sense of ethnic identity. This coexistence of vulnerability and resilience underscores the need for preventive interventions that address both psychosocial risks and existing strengths in culturally responsive ways (Yaylacı, 2018; Yaylacı & Karali, 2024).

Despite increasing recognition of these needs, few prevention initiatives adequately address the intertwined realities of migration-related stress, trauma exposure, and identity development among youth. Existing mental health and addiction prevention programs often rely on language-heavy, Western-centric frameworks that overlook the lived experiences of displaced populations and the sociocultural meanings of coping, belonging, and resilience. Moreover, interventions targeting migrant youth frequently emphasize clinical treatment rather than prevention or community-based empowerment.

To bridge this gap, *Bavul*¹ model was conceived as a culturally responsive, trauma-informed, and strengths-based framework. By prioritizing the normalization of stress responses, creative reflection, and collective resilience-building, the model aims to enhance well-being, reduce vulnerability to addictive behaviors, and foster a sense of agency among migrant youth navigating complex cultural transitions. In this article, we first focus on how addiction looks in the context of migration, especially presenting the challenges faced by migrant youth as potential risk factors for the development of addiction. Second, we turn to discussing the prevention of addictions among migrant youth and the limitations of existing addiction prevention models. Third, we present the framework, purpose, and scope of *Bavul* model. Finally, we discuss this model in more detail, including its theoretical and methodological foundations, the general structure and design, and core values and principles.

Migration and addiction

Addiction is an important public health issue that is becoming increasingly visible among migrant communities. Studies show a significant relationship between migration and addiction, with migrants who often experience family separation, forced migration, and social difficulties being at high risk of addiction. However, this relationship is influenced by cultural, social, and individual factors, and not all migrant groups are

affected equally. Migration increases vulnerability, particularly to addictions. Migrants often face stressors such as discrimination, social exclusion, and adverse living conditions, which can increase their tendency to turn to chemical and behavioral addictions as coping mechanisms (Alessi et al., 2021; Jesline et al., 2021). The uncertainty, traumatic experiences, social integration problems, and economic difficulties that accompany the migration process increase vulnerability to mental health issues and the associated risk of addiction compared to that of citizens of the host country (López-Atanes et al., 2025).

A global systematic review reported wide-ranging rates of hazardous alcohol use (4%–36%), alcohol dependence (1%–42%), and drug dependence (1%–20%) among migrant groups, underscoring that displacement itself constitutes a significant risk factor (Horyniak et al., 2016; United Nations Office on Drugs and Crime [UNODC], 2023). National data align with these findings; for example, a large epidemiological study in Türkiye showed that lifetime use of tobacco, alcohol, and illicit substances varies considerably between refugee camps and urban districts, with cannabis emerging as the most frequently used substance (İlhan et al., 2020).

Migrant youth are particularly vulnerable due to limited awareness of prevention strategies and unfamiliarity with professional support services. Research focusing on adolescents indicates similarly heightened vulnerability, with studies reporting early exposure to tobacco, hookah, and illicit drugs among Syrian migrant youth, and problematic smartphone use emerging as a behavioral addiction associated with emotional distress, along with significant social, psychological, and health-related problems (Aleer et al., 2023; Rizk et al., 2023). Long-term consequences include disrupted family and social relationships, school dropout, involvement with the justice system, mental health issues, and serious physical health problems (Aleer et al., 2023).

Challenges faced by migrant youth

The high prevalence of addiction among migrant youth needs to be understood in the context of their experience of intertwined psychosocial and structural challenges that shape their developmental, educational, and mental health trajectories. Among these challenges, one of the most salient is language, which governs access to education, services, and peer belonging. Research across multilingual and migration contexts shows that limited host-language proficiency hinders academic achievement, participation, and emotional adjustment, especially when language support programs are fragmented or unevenly implemented (Özel & Erdur-Baker, 2023). In Türkiye, counselors working in schools with high migrant density describe how communication barriers restrict both instruction and psychosocial care, leaving many

¹ “*Bavul*” (Turkish for “suitcase”) serves as a central metaphor for the deeply personal journey of migration. Beyond material goods, migrants pack their culture, memories, and aspirations (Adıgüzel, 2017; Gülerce & Duman, 2021), effectively carrying their past, present, and future (Löfgren, 2016). The suitcase embodies both their rooted identity and the mobility of new beginnings. Ultimately, the *bavul* metaphor holistically captures how migrant youth transport their past to construct meaning in new environments.

adolescents unable to express distress or fully engage with their peers (Özel & Erdur-Baker, 2023).

These linguistic and institutional barriers intersect with trauma histories and ongoing uncertainty. Systematic reviews across Europe and other regions reveal high prevalence rates of post-traumatic stress, depression, and anxiety among forced migrant and asylum-seeking youth, particularly in the absence of stable and supportive resettlement environments (Daniel-Calveras et al., 2022). Many studies also demonstrate that exposure to violence, loss, and deprivation during migration contributes to high levels of post-traumatic stress disorder (PTSD) among these individuals (Bustamante et al., 2017; Ren & Jiang, 2021). A global meta-analysis found that nearly one-third of displaced children exhibit clinically significant mental health symptoms (Blackmore et al., 2020). Building on this, subsequent research has shown that acculturative stress is associated with internalizing symptoms such as anxiety and depression, especially among those facing rejection, racism, or discrimination in host societies (Thibeault et al., 2017). Such findings underscore what Fazel et al. (2012) term a “multilayered ecology of risk,” where pre-migration adversity, displacement, and post-migration discrimination compound vulnerabilities. Despite formal protection frameworks, unmet psychosocial needs remain widespread, reflecting a mismatch between migrant youth’s lived experiences and the institutional systems meant to support them.

Discrimination and social exclusion further undermine adaptation. Immigrant adolescents often report marginalization in schools and communities, contributing to diminished motivation, loneliness, and fragmented identity development (Plenty & Jonsson, 2017; Yükeker & Celer, 2024). Exposure to perceived discrimination has well-established negative effects on health and well-being (Pascoe & Smart Richman, 2009). Qualitative research on European reception systems similarly highlights how educators and youth workers struggle in resource-constrained settings, resulting in fragmented and inconsistent support structures (Tachtler et al., 2020). Collectively, these findings indicate that the challenges faced by migrant youth are not merely individual vulnerabilities but products of broader structural conditions such as language policy, educational access, discrimination, and social recognition that interact dynamically across contexts. Recognizing these intersections provides the groundwork for assessing existing prevention frameworks.

Preventing addictions among migrant youth in multicultural contexts

Addiction reduction fundamentally relies on prevention, which promotes healthy behaviors, delays substance use, and lessens harm. Early prevention is consistently more cost-effective than treatment. While school initiatives are common globally, a comprehensive, unified model addressing multiple addictions (alcohol, tobacco, drugs, gambling, and technology) is still missing.

Research indicates that primary prevention efforts for migrant children and adolescents are limited, lacking truly universal programs and sufficient focus on social and emotional development (Beelmann et al., 2021). Existing models rarely address the everyday challenges migrant youth face, including issues of belonging, peer relationships, and emotional regulation. Heyeres et al. (2021) highlight that interventions for migrant youth that primarily focus on promoting well-being through social and creative activities strengthen social connections and foster a sense of belonging. Life skills programs targeting migrant populations have positive effects on depression, anxiety, stress reduction, coping skills, and social support, particularly when designed to reflect cultural needs and incorporate family or community participation (Eboime et al., 2024; Yankey & Biswas, 2019).

Frameworks that decrease access to drugs, counter delinquent peer influence, and strengthen academic engagement, family support, and prosocial peer relations have yielded meaningful outcomes (Kempf et al., 2017; Murray & Belenco, 2005). Positive Youth Development (PYD) approaches similarly emphasize cultivating developmental assets across family, school, and community settings (Lerner et al., 2015; Roth & Brooks-Gunn, 2003). School-based initiatives are a central component of global prevention efforts. Programs such as Project ALERT (Ellickson et al., 2003) and Project Towards No Drug Abuse (Sun et al., 2006) employ structured, multi-session curricula to build resistance to social pressures, increase knowledge, and strengthen decision-making skills. Interactive and skills-based models, including All Stars (Gottfredson et al., 2010) and Life Skills Training (Griffin & Botvin, 2004), further demonstrate that prevention is most effective when adolescents actively develop competencies such as communication, assertiveness, conflict resolution, and emotional regulation.

Despite their strengths, these widely implemented models were not originally designed for multicultural or migrant contexts. As a result, significant limitations emerge when they are transferred to culturally diverse populations. Many programs implicitly assume homogeneity in family dynamics, communication patterns, and help-seeking behaviors, reducing their adaptability in settings where migration-related stress, identity negotiation, and shifting family roles shape adolescents’ daily experiences. Language barriers may further hinder the extent to which migrant youth and their families understand or engage with program content, reducing perceived relevance and ownership. Research shows that identity formation among immigrant youth is shaped by the interaction of individual, familial, and societal influences (Schwartz et al., 2018), yet most prevention models do not incorporate mechanisms that support bicultural or multicultural identity development, thereby limiting cultural fit. Socioeconomic strain and the complexities of resettlement may also reduce families’ capacity to participate consistently, further constraining program impact (Ryzin et al., 2016).

School-based prevention models illustrate these limitations in similar ways. While school environments remain a critical

and effective avenue for reaching the 13–18 age group, the success of many global initiatives depends heavily on conditions—such as stable school attendance and readily accessible, culturally responsive content—that may not hold for many migrant adolescents. The Young People’s Gambling Harm Prevention initiative (YGAM & GamCare, 2025), for example, has successfully reached large numbers of youth, yet its implementation presupposes uninterrupted school access and linguistic accessibility. The Turkish Green Crescent Society’s Addiction Prevention Training Program (Türkiye Bağımlılıkla Mücadele Programı – TBM) presents a parallel case. Developed and implemented nationwide by the Turkish Green Crescent, TBM delivers structured, information-focused content addressing multiple forms of addiction; however, it is insufficiently adapted for migrant populations. Many Syrian adolescents have limited access to formal schooling, hindering their exposure to TBM. Moreover, while TBM effectively increases knowledge, it does not systematically incorporate skills-building components essential for migrant youth, such as stress management, trauma coping strategies, sociocultural adaptation, or emotional regulation.

Taken together, existing addiction prevention models, while effective for general youth, fail to address the unique psychosocial risks, linguistic, and cultural barriers of migrant adolescents. There is a critical need for culturally responsive, participatory models that integrate migration experiences, identity development, and life-skills training to deliver effective, accessible interventions in multicultural and non-formal settings.

With these considerations in mind, the flexible, modular Suitcase model is a preventive intervention designed to meet this need in both formal (schools) and non-formal (NGOs, community centers) settings, maximizing reach to diverse youth, including those with limited access to formal education. Bavul model uses a well-being perspective, integrating life skills training to build young people’s capacity and coping skills. Its culturally sensitive and participatory approach is vital for enhancing migrant adolescents’ well-being and improving mental health, resilience, and social communication.

Bavul model

The core aim of Bavul is to enhance the holistic well-being (socially, mentally, and physically) of migrant young people aged 13–18 by creating a targeted, culturally and trauma-informed, and comprehensive addiction prevention model. The intervention is built on contributions from a unique consortium designed to integrate diverse expertise and operational capacities across academic research, civil society action, and public service delivery, bringing together multifaceted,

complementary expertise in addiction prevention and migrant youth².

Bavul shifts the focus from problems or deficits to potentials, coping, and empowerment, as strengths-based approaches suggest (Lind et al., 2019). The content is designed around protective factors and emphasizes risk awareness, capacity building, resilience, problem-solving, self-determination, and empowerment. The model is designed to either leverage existing protective factors or proactively bolster them through resource-oriented modules. By de-centering the deficit-based narrative of addiction, the content fosters a sense of self-determination and empowers participants to exercise their agency in high-risk contexts. Instead of talking solely about the negative effects of addiction on health and well-being, the content shows how young people can effectively gain positive habits that replace or prevent risky behaviors.

The intervention modules contain life skills-building exercises that are considered protective against addictions. Also, informed by the unique strengths of migrant youth, the modules encourage exploring the richness of diverse experiences and identities (Pak et al., 2023). Instead of providing normative guidance, Bavul prioritizes the development of critical inquiry and evidence-based decision-making through youth-centric engagement. Accordingly, all activities in the modules are based on experiential and participatory learning. While learning about types of psychological trauma, young people discover their inner and outer support systems. As preventive measures are more effective when they address broader systems (Wanke et al., 2020), a separate module on advocacy and self-empowerment is included.

Bavul is designed in a developmentally sensitive way, tailored towards the target group aged 13 to 18. As suggested in youth addiction prevention literature (Kaminer, 2020), adolescence is a unique developmental period, and taking into account the biopsychosocial aspects of adolescent development is essential. During this period, a young person’s brain and body are still developing, which can lead to challenges in emotion regulation and heightened sensation seeking (Bernheim et al., 2013), as well as increased sleep needs and changes in sleep patterns (Logan et al., 2018). Adolescents’ social skills also require support, particularly to facilitate healthy peer relationships. Their identities remain in flux, continuously negotiated in relation to their immediate environments, particularly within peer networks and the complex dynamics of their migrant backgrounds. All these unique characteristics are viewed as developmental assets rather than deficits. Moreover, their cognitive abilities are advancing rapidly, underscoring the importance of supporting critical thinking. Developmentally, young people value autonomy and

² The Turkish Green Crescent Society contributes national civil society expertise in addiction prevention. Marmara University Institute of Population and Social Research provides a strong theoretical foundation through its research on the socio-cultural structure and demography of migrants in Türkiye, developmental psychopathology, and youth mental health. The Agency for Social and Welfare Services of the City of Oslo contributes field-based experience in reaching migrant youth and delivering local public services in Norway. The University Medical Center Hamburg-Eppendorf (UKE) provides academic expertise in trauma, addiction science, public health, intervention development, and research methodology. Together, this collaboration ensures that the addiction prevention model developed for migrant youth is scientifically grounded, locally relevant, and informed by practical field experience.

independence, which should be nurtured through life skills education and rights-based empowerment approaches.

Bavul is also trauma-informed. For young people coming from adverse life circumstances such as war and migration, trauma and stress might be natural human responses to overwhelming experiences rather than personal weaknesses or disorders (Olff et al., 2025). In the modules, young people learn that reactions such as intrusive thoughts, heightened alertness, or avoidance are part of the brain's survival system and are especially common in contexts shaped by loss, displacement, and uncertainty. Using simple metaphors and interactive activities, the module helps participants recognize how trauma affects the body, emotions, and behavior in everyday life. In the *Understanding Trauma and Stress* module, reactions are normalized and framed as adaptive responses that once served a protective function. At the same time, the intervention highlights that these responses are not permanent and can change as safety, skills, and supportive relationships improve. This understanding creates a foundation for the following *Building Resilience and Coping Skills* module, which focuses on strengthening young people's internal resources, social support, and sense of agency.

Guiding principles and core values

Bavul model is also guided by a set of pedagogical and ethical principles that shape facilitation style, language use, and youth engagement. These include cultural sensitivity, participatory facilitation, the use of accessible and non-clinical language, and the promotion of hope, resilience, and agency.

Cultural sensitivity and inclusivity

For young people navigating migration, culture becomes both a source of identity and a protective resource against the instability of displacement. Effective interventions should move beyond deficit-based perspectives that view migrant youth solely through the lens of vulnerability and instead emphasize their cultural strengths, community networks, and sense of agency, which support their adaptation and healing (Causadias et al., 2022).

In Bavul model, cultural sensitivity is embedded as a foundational ethic rather than a supplementary feature. Session design and facilitation actively accommodate participants' cultural, linguistic, and religious frameworks. Facilitators are expected to adopt cultural humility, avoid assumptions, and adapt metaphors, examples, and interactional norms to participants' lived contexts. This inclusive posture aligns with intercultural education frameworks that view diversity as a resource for collective learning rather than an obstacle to be managed.

Non-hierarchical and participatory facilitation style

A key premise of the model is that prevention is more effective when implemented with young people rather than imposed on them. Accordingly, facilitators are conceptualized not as authoritative experts but as collaborative guides who cultivate

participatory learning environments. This non-hierarchical orientation draws on community psychology traditions that emphasize agency, trust, and shared knowledge-building (see, e.g., Miller et al., 2019). In contexts of migration and displacement, where youth may have experienced reduced agency or institutional marginalization, fostering co-agency and mutual reflection becomes particularly salient.

Use of accessible, non-clinical language and normalization of stress responses

The model deliberately employs accessible, non-pathologizing language. Emotional and behavioral reactions are framed not as diagnostic symptoms but as adaptive responses to adversity, displacement, or trauma. The trauma-informed care literature emphasizes the use of normalized language (e.g., "You are not broken; your body is protecting you") as a key strategy to reduce stigma, support engagement, and promote self-compassion (Miller et al., 2019). Moreover, lower linguistic demand facilitates inclusivity across heterogeneous linguistic backgrounds.

Promotion of hope, growth, resilience, and agency

The model emphasizes hope and agency as key protective factors, shifting from risk reduction to the enhancement of personal and social assets (Bonell et al., 2015). Integrating cultural identity and collective narratives builds dignity and self-efficacy, transforming vulnerability into resilience. Drawing on a strengths-based approach, activities cultivate competence through reflection on past successes. Resilience is viewed as dynamic adaptation supported by resources, not invulnerability (Gatt et al., 2020). This growth-oriented focus empowers youth toward constructive life paths.

By integrating these guiding principles, the model translates theoretical commitments—including trauma-informed care, rights-based participation, and strengths-oriented practice—into concrete pedagogical strategies, thereby offering a replicable, culturally responsive framework for promoting resilience among migrant youth within the field of prevention science.

Structure and modules

Adaptability was identified as a key design principle to ensure effective implementation across diverse contexts. In line with this, Bavul intervention's modular design allows professionals and practitioners to flexibly select and apply relevant components according to the specific needs and contexts of the groups they work with. When implemented with groups that can engage over an extended period, the modules can be delivered sequentially, allowing the model to evolve into a sustained preventive intervention that potentially promotes engagement and skill retention.

To address potential language barriers and maintain participants' engagement, the intervention was developed

using participatory and experiential learning methods, transforming sessions from lecture-style instruction into interactive, expressive, and co-creative activities that encourage active involvement and shared meaning-making. These activities also function as tools to strengthen group cohesion and foster solidarity among participants, creating a safe and supportive environment that facilitates both learning and mutual trust. In this sense, the interactive and relational nature of the sessions provides a containing space for migrant youth, offering psychological safety and a sense of belonging. Through the re-experiencing of group cohesion and collective identity, a micro-level, community-based dynamic can be fostered within the sessions, enabling participants to internalize the experience of belonging to a supportive social unit.

Here, we present an overview of the intervention modules (see Table 1). In each module, facilitators receive comprehensive guidance, ensuring consistent, high-quality implementation. This guidance offers detailed tips on group dynamics, adapting content for diverse needs, and handling sensitive topics.

The *Introduction to Addictions* module provides general information about addiction. It facilitates knowledge acquisition through participatory learning methods, enabling participants to engage actively and reflect on the topic rather than passively receive information. Using a social-ecological model of risk, the module addresses the environmental stressors and lack of support systems that shape vulnerability in migrant contexts rather than framing addiction as an individual failure. As a result, participants gain knowledge about addiction, develop awareness of environmental risk factors, and are better equipped to make informed choices that reduce engagement in maladaptive behaviors.

The *Understanding Trauma and Stress* module combines psychoeducational activities that introduce the concept of trauma and its psychological and physiological manifestations with experiential exercises that provide space for participants to share, process, and reflect on their own experiences. Using a trauma-informed approach, these activities aim to foster awareness of individual stress responses, promote emotional regulation, depathologize trauma responses, and create a

Table 1. Bavul intervention framework

Module	Core content	Theoretical approach	Expected outcomes	Intended long-term outcomes
1. Introduction to Addictions	Fundamental understanding of chemical and behavioral addictions; identifying personal and environmental risk factors	Social-Ecological Model of Risk	Knowledge about addiction and risk awareness; recognition of environmental risk factors	Reduced risk of maladaptive behaviors
2. Understanding Trauma and Stress	Normalizing trauma responses (hyperarousal, intrusion, avoidance); understanding impact on mind and body	Trauma-Informed Approach	Awareness of trauma & stress responses; improved emotional regulation	Trauma responses normalized; safer coping strategies
3. Building Resilience and Coping Skills	Strengthening inner and outer resources; practicing sensory-based grounding and healthy stress release strategies	Strengths-Based Approach	Identification of internal capacities and external resources; adaptive coping strategies used	Increased resilience and self-efficacy
4. Supporting Identity Development through Cultural Transition	Exploring the multidimensional nature of identity; normalizing adolescent identity-in-the-making; repositioning biculturalism as an asset	Developmental Identity Theory	Awareness of personal & cultural identity; positive identity integration	Enhanced self-confidence, adaptability, and empathy
5. Critical Thinking - Making Informed Decisions	Analyzing peer pressure and media influence; strengthening refusal skills and autonomous decision-making	Empowerment & Self-Advocacy Approach	Ability to evaluate information and options; deliberate, reflective decision-making	Reduced impulsivity; informed choices in risk-related situations
6. Health and Well-being	Connecting physical/mental health habits (sleep, digital balance, exercise) to overall resilience	Holistic Well-being Perspective	Awareness of holistic well-being and lifestyle patterns; adoption of healthier daily habits	Improved physical, mental, and social well-being
7. Life Skills	Developing executive functions: problem-solving, time management, assertive communication	Cognitive-behavioral approaches & Developmental Theory	Recognition of cognitive biases and emotional triggers; better self-regulation and social negotiation skills	Constructive problem-solving; improved social functioning
8. Knowing Your Rights	Understanding basic rights (CRC), recognizing discrimination, and advocating for fair treatment	Rights-Based Approach	Knowledge of rights and assertive strategies; self-advocacy in daily life	Empowerment; protection of self and others

supportive environment in which trauma narratives can be safely explored and normalized. Through these activities, participants increase their awareness of trauma and stress responses, strengthen emotional regulation skills, and develop adaptive coping strategies for managing the effects of adversity.

The *Building Resilience and Coping Skills* module focuses on strengthening participants' capacity to recognize and regulate emotional distress in adaptive ways. Through participatory activities, participants develop awareness of how intense emotions manifest in the body and explore strategies that help regulate these experiences before they escalate into impulsive or risk-related behaviors. By encouraging participants to identify their internal capacities and external resources through various activities, the module promotes a more flexible, resource-oriented approach to coping with stress and adversity. As a result, participants enhance their ability to use internal and external resources effectively, apply adaptive coping strategies, and build greater resilience in the face of stress and challenging situations.

The *Supporting Identity Development through Cultural Transition* module encourages participants to explore and express different aspects of their identity through creative and reflective activities. Drawing on a developmental perspective, these exercises invite youth to examine how cultural influences shape their personal identity, values, and behavior, while helping them reframe cross-cultural identity as a source of strength, adaptability, and empathy. Through this process, participants are supported in developing greater self-awareness and confidence as they navigate the dynamic and evolving nature of identity during adolescence and migration. Consequently, participants strengthen their self-awareness, integrate multiple cultural identities positively, and develop confidence, adaptability, and empathy as they navigate adolescence and migration.

The *Critical Thinking – Making Informed Decisions* module, grounded in empowerment and self-advocacy approaches, aims to strengthen participants' ability to evaluate information, reflect on potential consequences, and make informed decisions in situations involving addictive or risk-related behaviors. Through participatory activities, participants are encouraged to question assumptions, weigh potential benefits and harms, and recognize how external influences—such as peer pressure or persuasive media messages and advertisements—may shape their decisions. By developing practical critical thinking skills, the module supports young people in making more deliberate decisions and protecting their well-being. The expected outcomes of the module include enhanced critical thinking and decision-making skills, enabling participants to evaluate influences effectively, make deliberate choices, and safeguard their well-being in risk-related situations.

The *Health and Well-being* module encourages participants to view well-being holistically and to reflect on how everyday

habits, particularly those related to technology use, influence their physical and psychological well-being. Through brief participatory activities, participants explore both the positive and negative aspects of digital technologies and become more aware of how their daily routines shape their energy levels, mood, and overall functioning. In addition, group-based movement and discussion activities highlight the connection between bodily states, rest, and well-being, while also encouraging participants to reflect on habits that support healthier sleep routines. Overall, the module promotes greater awareness of lifestyle patterns and supports participants in developing small, practical changes that contribute to healthier digital and daily habits. The expected outcomes of the module include increased awareness of holistic well-being, improved understanding of how daily habits and technology use affect physical and psychological health, and the adoption of practical strategies that support healthier routines and overall functioning.

The *Life Skills* module, grounded in cognitive behavioral approaches and developmental theory, integrates psychoeducation on the adolescent brain with practical strategies for self-regulation and decision-making. By employing metaphors such as 'brain superpowers,' the curriculum highlights cognitive potential and adaptability while addressing the developmental tendency toward novelty-seeking. Participants learn to identify common cognitive biases and impulsive 'automatic thoughts' through scenario-based discussions, thereby shifting toward more reflective decision-making. The module introduces structured tools, such as priority matrices and spending plans, to illustrate the long-term consequences of emotionally driven behaviors. Furthermore, collaborative tasks and reflective communication exercises strengthen negotiation skills by emphasizing clarity, a respectful tone, and cooperative problem-solving. This approach enables youth to navigate complex social environments by balancing emotional awareness with assertive and constructive communication. Consequently, participants enhance their self-regulation, decision-making, and negotiation skills, enabling them to respond thoughtfully in complex social situations and apply practical strategies for constructive problem-solving.

The *Knowing Your Rights* module empowers participants to recognize and address rights violations through participatory activities and role-play. By practicing 'calling in' and 'calling out' strategies, youth develop assertive responses to bullying, discrimination, and peer pressure, guided by a rights-based approach. The curriculum integrates key legal frameworks, such as the UN Convention on the Rights of the Child (CRC), and applies them to everyday contexts. Through scenario-based reflections, the module fosters critical thinking and self-advocacy, enabling participants to protect their own well-being and stand up for the rights of others in real-world situations. As a result, participants strengthen their knowledge of rights, develop assertive self-advocacy skills, and are empowered to recognize, respond to, and prevent rights violations in everyday situations.

Conclusion and implications

This article introduced Bavul model, a culturally responsive and trauma-informed addiction prevention framework designed to enhance the resilience and holistic well-being of migrant youth aged 13-18. The model has several innovative aspects. First, it is designed specifically for migrant youth and explicitly incorporates migration-related risks while adopting a strengths-based approach. Similar to other preventive interventions, it focuses on well-being and life skills; however, it also directly addresses migrant youths' identity, potential trauma, and the specific multi-level challenges they face across individual, relational, and structural contexts. Second, unlike most preventive models, this model can be applied flexibly both in and out of school settings. By following the facilitator guidelines, modules can be selected and implemented based on the needs of the target group. Bavul is trauma-informed, developmentally sensitive, and attentive to the specific family and cultural contexts of migrant youth. A large part of the model aims to resource and empower young people through resilience-building, empowerment, and rights advocacy. Simple, accessible language is used throughout, and migrant youth identity development is approached holistically.

Bavul model also demonstrates significant scalability potential across diverse geographical and institutional contexts. The model's primary strength lies in its modular and flexible structure, which allows practitioners to adapt the intervention to varying time constraints and setting requirements. Unlike rigid curricula, the model can be implemented in non-formal learning settings, as a comprehensive semester-long course in schools, or as intensive workshops in youth centers and NGOs working with migrant youth. This adaptability addresses the structural fragmentation often observed in services for migrant youth. The open-access trainer materials further enhance scalability, enabling cost-effective dissemination and standardizing facilitator training.

From a policy perspective, this model fills a critical gap in public health and youth work strategies by shifting the focus from reactive clinical treatment to preventive, awareness-raising, and community-based empowerment. Policymakers are encouraged to integrate such trauma-informed, migrant-inclusive, and rights-based frameworks into national education and social integration policies. Institutionalizing this model within public youth services can provide a sustainable solution to the risk factors faced by migrant adolescents, transforming vulnerable transitions into opportunities for resilience and social cohesion (Gülerce et al., 2022).

Limitations and Future Directions

While the current manuscript establishes the theoretical framework and structural design of Bavul Model, it also identifies empirical benchmarks for subsequent research. For instance, as this phase focuses on program conceptualization, the empirical outcomes and longitudinal efficacy metrics are yet to be investigated. Similarly, while detailed feedback was received from migrant youth during the program development phase, further work is still needed to demonstrate the model's

scalability and cross-cultural adaptability at a larger scale. These elements need to be addressed in the next phases of the project, which involve broader implementation across diverse linguistic groups to test the model's effectiveness and institutional sustainability in real-world settings.

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Author contributions

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Data availability statement

Data sharing is not applicable to this article as no new datasets were generated or analyzed during this study.

Conflict of interest

The authors declare that this study was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Generative AI statement

The authors declare that during the preparation of this study, the following AI-assisted technology was used: Grammarly, Gemini and ChatGPT on March & April 2026. Extent of Use: During the preparation of this study (March–April 2026), the authors utilized Grammarly, Gemini, and ChatGPT for linguistic

editing, translation assistance, and the structural formatting of the Theory of Change table. The authors maintained full control over the editorial process; all AI-assisted outputs were verified for accuracy, and the final manuscript reflects the authors' original work and judgment. The authors confirm that they have critically reviewed and edited any AI-generated content and take full responsibility for the integrity, accuracy, and originality of the publication. The authors certify that the original human contribution is maintained and that AI-assisted tools are not listed or cited as authors.

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