

Supporting Young People After Trauma: Building Safer Connections

Foundations of Psychological First Aid
and Trauma-Informed Practice

— • A Mini Guide • —





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Table of Contents



Introduction	4
Section 1: Trauma and Its Effects	5
Section 2: The Teen Brain	6
Section 3: Trauma-Informed Approach	8
Section 4: Psychological First Aid (PFA): Purpose and Function	10
Section 5: Core Principles of PFA	12
Section 6: Steps for Implementing PFA	17
Section 7: When Is Professional Support Needed?	18
Section 8: Communicating with Families	20
Section 9: Self-care: Compassion Fatigue and Secondary Trauma	21
Section 10: Getting Help: Emergency and Support Services	22
References	24
Appendix: What to Do in a Crisis: A Quick Guide	25



INTRODUCTION

Who is this guide for? This guide is intended for teachers, school counselors, social workers, youth workers, service providers, outreach staff, and all supportive adults in contact with young people.

What approach does this guide draw on? This guide is grounded in a trauma-informed perspective. A trauma-informed approach is a health and social services framework that recognizes the impact of trauma on people's lives while also acknowledging survivors' resilience, strengths, and capacity for recovery.

Why is it important to understand these concepts? The human brain responds to trauma differently in the short and long term, and across different stages of life. These responses can shape how we provide support to survivors. Having a basic understanding of how the brain processes traumatic experiences can play a crucial role in helping service providers better understand young people and support them more effectively.



While this guide aims to create a supportive space for young people in the aftermath of sexual violence, the principles of a trauma-informed approach—grounded in trust, calmness, and a survivor-centered perspective—can also be applied in disasters, accidents, loss, and other crises. For this reason, you may also consider this guide as a reference resource for different types of crises.

When using the information in this guide, it is important to remember that, particularly in cases of sexual violence involving young people, support and referral processes may involve components related to sexual health, as well as legal reporting obligations. If you are unsure, we encourage you to seek guidance from specialized institutions.

1



Trauma and Its Effects

Like all other animal species, humans exhibit automatic physiological and psychological responses in moments of stress or danger to protect themselves and ensure survival. **These are not conscious choices, but survival mechanisms.**

During a life-threatening event:

- ✿ The body automatically begins to alter its functioning
- ✿ The brain temporarily deprioritizes logical decision-making processes
- ✿ Hormones such as adrenaline, cortisol, and oxytocin are released to support energy production and reduce pain

These hormones influence the responses both during and after the event.

Typically, the body reacts by **fighting** (resisting), **fleeing**, or **freezing**.

These are known as the “fight-flight and freeze” responses.

None of these responses is “wrong”; they are all automatic reactions developed by the body to ensure survival.

≧ FIGHT ≦



≧ FLIGHT ≦



≧ FREEZE ≦



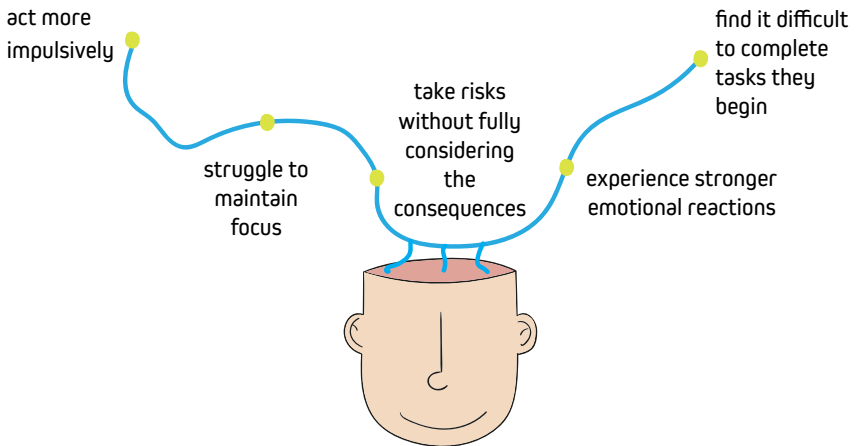
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The Teen Brain



The human brain continues to develop into the mid-twenties. During adolescence and young adulthood, the regions responsible for emotion regulation, impulse control, and planning are still maturing. This can help explain some of the behaviours commonly observed in young people.

Because their brains are still developing, young people may:



For this reason, a young person's response to trauma or distressing experiences may differ from that of an adult. Some young people may turn to coping strategies that may not support their long-term well-being to manage overwhelming emotions. For example, they may engage in behaviors such as:

- ✿ alcohol or substance use,
- ✿ excessive gaming, gambling, or constant online engagement,
- ✿ irregular eating patterns,
- ✿ self-harm.

These behaviors are often not personality traits, but rather signs that the young person may need support in coping with distressing emotions.

At the same time, the teen brain is highly **adaptable**; its **capacity to learn healthier ways of coping** with stress and distressing emotions is significantly greater than that of adults. During this period, young people can develop **resilient coping strategies** that they will draw on throughout their lives.

As adults, we can strengthen young people's capacity to cope with the effects of trauma and support their overall well-being by helping them to:

- ✚ strengthen supportive peer relationships
- ✚ get adequate rest and have time for breaks
- ✚ establish daily routines
- ✚ identify activities that promote their well-being

Resilience

Resilience is the ability **to cope with** the effects of trauma or adverse life events while continuing to develop and grow. It is not a fixed trait that a person either has or does not have. Rather, resilience involves behaviors, thoughts, and actions that can be **learned and strengthened** by anyone.

(American Psychological Association, APA)



3

Trauma-Informed Approach

A trauma-informed approach in human-centered work is based on the understanding that individuals may have experienced trauma. It therefore entails adapting every aspect of the setting—from the physical space and materials to language, rules, activity flow, and closing practices—to reflect this awareness. In doing so, it creates a **protective environment** in which individuals can feel **safe, seen, and empowered**.

The aim is to support emotional and physical regulation, strengthen agency, choice, and control, foster healthy connections, and cultivate self-efficacy and hope.

A trauma-informed approach is an ongoing commitment rather than a one-time intervention. It requires not only individual awareness but also organization-wide commitment and transformation. The design of physical spaces, the development of processes and protocols, institutional culture, language policies, participatory decision-making, transparency, institutional partnerships, referral networks, accessibility, and ongoing efforts toward inclusion and improvement are all visible manifestations of a trauma-informed organization.

It is not a diagnosis or a form of treatment.

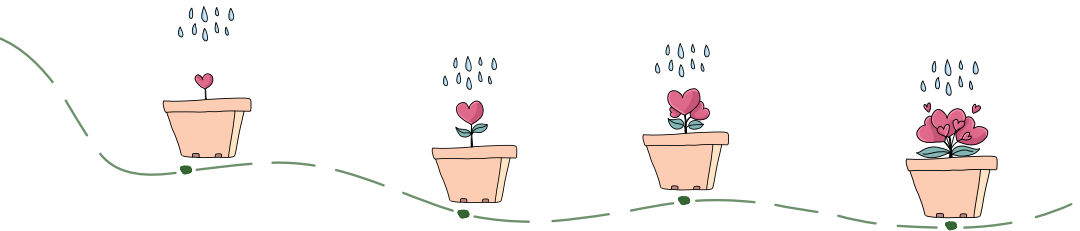
It is not a one-time training or a label.

It is a holistic, supportive, and ongoing approach to creating safer environments.

It seeks to reduce the risk of re-traumatization.

This perspective:

- ✚ Takes the **impact of trauma** into account when understanding young people’s behaviors.
- ✚ **Instead of judging or labeling** responses that may be perceived as challenging, it recognizes that these responses may be communicating a need.
- ✚ Shifts the question from “Why is this young person behaving like this?” to “**What might this young person need?**”



How does this approach translate into support and counseling practice?

Creating a sense of safety and reassurance: Ensuring both physical and emotional safety, using calm, non-threatening body language.

Sharing control and fostering agency: Offering the young person choices whenever possible (for example: “Would you like to stay here or move somewhere else?”), and supporting their capacity to make their own decisions.

Understanding rather than judging: Rather than viewing a young person’s reactions as excessive or inappropriate, consider that these responses may reflect their experiences and personal history.

Building supportive relationships: Trauma often occurs within relationships, and healing can also take place through relationships. A warm, sincere, and respectful connection can be an important step in healing.

Being responsive to cultural and individual diversities: Support and counseling should be responsive to the young person’s background, culture, language, age, developmental characteristics, gender identity, sexual orientation, and other aspects of their identity and lived experience.

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Psychological First Aid (PFA): Purpose and Function

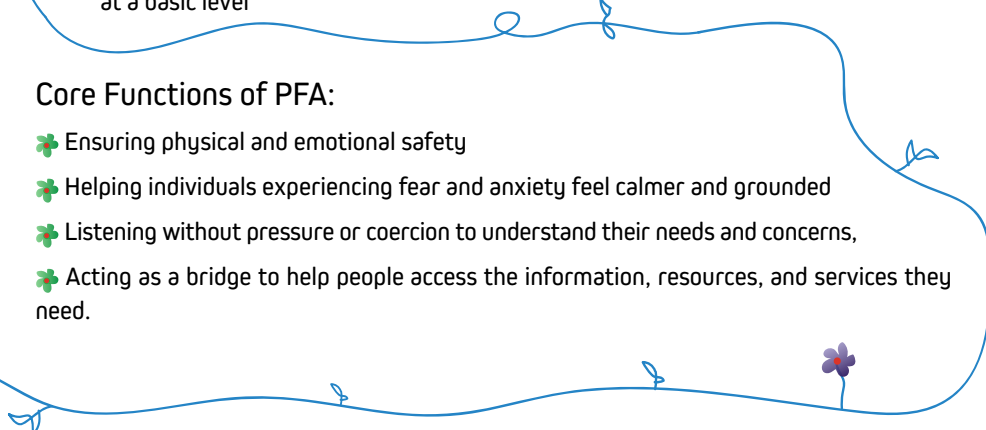
Psychological First Aid (PFA) is a short-term support approach provided immediately after a crisis —within the first hours, days, and up to the first few weeks. It aims to help the person feel safe again and as calm and grounded as possible, support access to basic needs, and remind them that they are not alone.



PFA:

- ✦ It is the initial psychological support provided after crises, trauma, and distressing life events
- ✦ It is similar to medical first aid; it is not intended to diagnose or provide therapy
- ✦ Its primary purpose is to bring attention back to the “here and now” and support a sense of safety, calmness, connection, self-efficacy, and hope
- ✦ It is a skill that any professional working with young people can learn and apply at a basic level

Core Functions of PFA:

- ✦ Ensuring physical and emotional safety
 - ✦ Helping individuals experiencing fear and anxiety feel calmer and grounded
 - ✦ Listening without pressure or coercion to understand their needs and concerns,
 - ✦ Acting as a bridge to help people access the information, resources, and services they need.
- 



PFA includes:

- ✦ Establishing contact with the young person
- ✦ Providing safety and comfort
- ✦ Supporting short-term stabilization when necessary
- ✦ Asking about and clarifying the young person's needs
- ✦ Offering practical assistance where possible
- ✦ Connecting the young person with social support networks
- ✦ Providing basic coping information
- ✦ Acting as a bridge to appropriate services when needed

In this respect, PFA is an evidence-based early intervention approach, meaning that its effectiveness has been supported by research. However, it is not therapy, does not involve diagnosis, and does not require individuals to recount the event in detail. In other words, it does not include forced or compulsory psychological debriefing.

With a basic understanding of PFA, teachers, school counselors, social workers, youth workers, and practitioners working with young people can be present as supportive adults who help young people stay grounded in the “here and now” following a crisis or distressing event.

5



Five Core Principles of PFA

PFA is based on five core principles:

Safety, Calm, Connectedness, Self-Efficacy, and Hope

1) Safety



Aim: To ensure that the person feels physically and psychologically safe while maintaining privacy and a sense of control.

Do	Do not
<ul style="list-style-type: none"> • Provide a quiet, safe space and an appropriate seating arrangement 	<ul style="list-style-type: none"> • Rush to collect a detailed narrative or ask “why” questions that may feel interrogative
<ul style="list-style-type: none"> • Ask a safety and privacy question: “Do you feel safe talking right now?” 	<ul style="list-style-type: none"> • Use unclear or inconsistent confidentiality or documentation processes
<ul style="list-style-type: none"> • Explain confidentiality and consent clearly and briefly; respect the person’s pace 	<ul style="list-style-type: none"> • Take control away from the person or use coercive instructions
<ul style="list-style-type: none"> • In case of immediate risk, collaboratively develop a brief safety plan, including a safe person or place, transportation, and communication options 	



Example Statements

“You are in control of the pace and content of this conversation. You do not have to share any details you are not comfortable sharing.”

“Do you feel at immediate risk right now? If needed, we can create a brief safety plan.”

Self-Check (Mini Checklist)

- Privacy ensured Consent obtained Safety question asked Brief planning options offered

2) Calm

Aim: To reduce hyperarousal and support emotional and physiological regulation.

Do	Do not
<ul style="list-style-type: none"> Use 2-5 minute micro-regulation techniques, such as 4-4 breathing or 5-4-3-2-1 sensory grounding 	<ul style="list-style-type: none"> Use directive phrases such as “Calm down!” or “You’re fine.”
<ul style="list-style-type: none"> Speak slowly and clearly, and use summarising and reflective statements to check understanding and validate the person’s experience 	<ul style="list-style-type: none"> Force the person to go into details or create a risk of re-traumatization
<ul style="list-style-type: none"> In moments of distress or triggering, offer a break and the option to pause or continue 	<ul style="list-style-type: none"> Offer excessive reassurance or positivity, such as “Don’t cry, it will pass.”



Example Statements:

“Let’s take three slow breaths together. Try to notice the contact between your feet and the ground.”





“We can pause here. Would you like to continue?”

Self-Check (Mini Checklist)

- Tone and pace of voice
 - Brief grounding exercise offered
 - Option to take a break provided
-

Supporting Physical Stabilization and Regulation



-  Explain that physical reactions, such as palpitations, trembling, or difficulty breathing steadily can be natural responses to trauma
-  Guide slow, deep breathing, for example: inhale for 4 seconds, hold for 4 seconds, exhale for 4 seconds.
 -  If needed, use grounding exercises such as:
 - “Can you name five things you can see around you?”
 - “What do you notice about the contact between your feet and the ground?”
-  Light movement, such as stretching or drinking water, can also be suggested.

For more exercises:

QR grounding techniques:



QR here and now:



3) Connectedness



Aim: To strengthen access to social support and service networks, and reduce feelings of loneliness and isolation.

Do	Do not
<ul style="list-style-type: none">• Provide a support map that includes trusted people and institutions, 24/7 helplines, and accompaniment options	<ul style="list-style-type: none">• Use directive statements such as “You must tell your family.”
<ul style="list-style-type: none">• Facilitate access by making appointments, calling together, and planning routes or transportation	<ul style="list-style-type: none">• Direct the person toward connections that may put them at risk of contact with the perpetrator
<ul style="list-style-type: none">• Ensure all connections are safe and consent-based, and only contact others with the person’s consent	<ul style="list-style-type: none">• Say that you will report or file a complaint on the person’s behalf without their consent



Example Statements:

“Who do you think might be a safe and supportive person for you?”

“If you’d like, we can make an appointment together; I can also wait with you.”

Self-Check (Mini Checklist)

- List of trusted people and institutions
 - Facilitating access to support and services
 - Consent obtained and respected
-

4) Self-Efficacy

Aim: To strengthen the person’s sense of agency and choice, and make small, concrete steps visible.

Do	Do not
<ul style="list-style-type: none"> • Offer options while ensuring that the decision-making remains with the person 	<ul style="list-style-type: none"> • Take control or use directive language such as “you must/you should”
<ul style="list-style-type: none"> • Identify a single, concrete step for today or tomorrow through micro-planning 	<ul style="list-style-type: none"> • Act in ways that could make the person feel inadequate or incapable
<ul style="list-style-type: none"> • Reflect the person’s strengths and recall previous coping strategies or examples 	



Example Statements:

“Shall we look at the options together? Which one feels more doable for you today?”

“What has worked for you before? Can we start from there?”

Self-Check (Mini Checklist)

Options presented Micro-plan identified Strengths reflected

You can also support the young person in developing a safety plan if needed.

safety plan QR:



5) Hope

Aim: To foster a grounded and realistic sense that recovery is possible, and to provide direction and accompaniment.

Do	Do not
• Normalize that most reactions are common and temporary	• Engage in toxic positivity, such as “Everything will be fine, just be strong.”
• Set small, future-oriented goals	• Provide false reassurance or make unfounded promises
• Clarify follow-up channels and share available contact hours	



Example Statements:

“What you are going through is difficult right now, but with support and time, the intensity can decrease. We can take small steps together.”

“When you feel ready, we can talk again. Our door is open.”

Self-Check (Mini Checklist)

- Normalization Concrete pathway offered Follow-up channel clarified
-

6



Steps for Implementing PFA

A simple framework for implementing PFA:
Look – Listen – Link (3Ls)

Preparation:

**Check your own sense of calm before engaging
Be familiar with your organization's crisis procedures and referral pathways**

Look: Assess safety, basic needs, and the overall environment.

Physical and emotional safety is always the priority.

- ✚ What physical, emotional, or other risks in this setting might threaten the young person's safety?
- ✚ Does anyone require immediate medical attention?
- ✚ Is the crisis affecting access to basic needs such as water, shelter, or transportation?
- ✚ What practical conditions, information, and resources are needed to access appropriate services?
- ✚ Apart from you, who or what else in the environment could provide support?

Listen: Build connection, support calm, and understand the person's concerns and needs.

The young person may not want to talk, and this should be respected. Ask open-ended questions. Do not force them to speak. Accept their feelings without judgment.

Link: Help the young person connect first with their internal resources, and then with social support systems.

Support the young person in identifying their internal resources, such as strengths and previous coping experiences. Then help them connect with external support systems, including family, school counseling services, social services, and professional help. Provide simple, accurate, and age-appropriate information.

7



When Is Professional Support Needed?

After a crisis or traumatic event, young people may experience a range of physical, emotional, cognitive, and behavioral reactions.

The table below presents commonly observed responses, particularly within the first hours, days, and the first few weeks that follow:

Physical

- Heart palpitations
- Muscle tension
- Nausea
- Headache
- Trembling
- Shortness of breath

Emotional

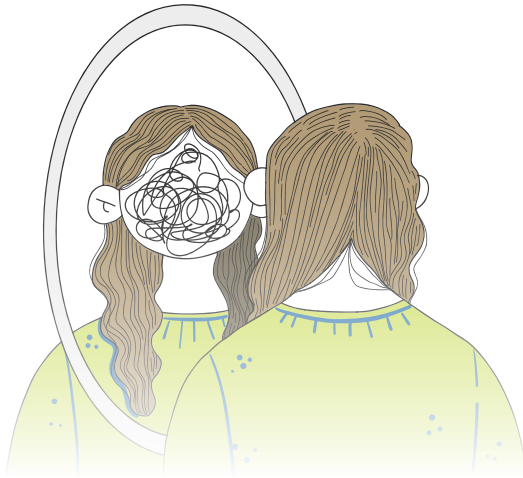
- Fear
- Irritability
- Anxiety
- Anger
- Shame
- Guilt
- Sadness
- Hopelessness

Cognitive

- Difficulty concentrating / forgetfulness
- Repetitive thoughts about the event
- Difficulty making decisions
- Intrusive memories of the event
- Mental blankness or zoning out

Behavioral

- Avoidance, withdrawal, or social isolation
- Overworking or excessive focus on school or work
- Changes in sleep and appetite patterns
- Substance use or attempts to use substances
- Sudden crying episodes or anger outbursts



A significant proportion of these reactions are part of the body's survival response to threat and do not, on their own, indicate a psychiatric diagnosis. Acute stress responses are generally **common** in the initial period and are usually **temporary**.

However, professional support is needed if:

- ✚ symptoms persist for more than four weeks following the traumatic event,
- ✚ the young person's functioning is significantly impaired (e.g., school, daily life, or social relationships),
- ✚ the young person experiences intense feelings of fear, hopelessness, or thoughts or behaviors of self-harm.

In such cases, it is important to seek appropriate professional support together with the young person, such as support from school counselors, psychologists, psychiatrists, or another qualified professional.

8



Communicating with Families

!! Respect the young person's privacy

- ✿ Do not share personal details with family members without first speaking with the young person.
- ✿ Before any communication, you can ask: “What would you like me to share with your family about you?”
- ✿ Any information shared with the family should be guided by the institution's confidentiality policy and the conversations held with the young person.

!! Avoid judgmental or blaming language

- ✿ Statements such as “You haven't cared enough” can undermine trust.
- ✿ Instead, use open-ended questions such as “How have you been feeling during this process? What would you like to do?”

!! Provide simple, clear, and solution-focused information

- ✿ Communicate the situation to the family as it is, without exaggeration or dramatization.
- ✿ If needed, suggest taking steps toward professional support together.
“Your child is currently going through a difficult period. We have noticed some signs that may indicate they need additional support, and it may be helpful to address this together.”

!! Make referrals when necessary

- ✿ Families may often feel anxious, guilty, or helpless about what their child is going through. Remember that families may also need support.
- ✿ Invite them to be partners in the solution without judgment.
- ✿ You can guide them toward family counseling, psychological support lines, or school or institutional psychological services.
“You may also be experiencing difficulties in this process. By working together, we can better support your child.”

9



Self-Care: Compassion Fatigue and Secondary Trauma

It is essential for those providing support to maintain their emotional resilience and establish support mechanisms for themselves.



Remember:
Your ability to support others depends on your own well-being.

Secondary Trauma: A state in which a person experiences emotional, cognitive, or physical reactions resulting from exposure to another person's traumatic experiences, even though they have not directly experienced the traumatic event themselves.

Compassion Fatigue: Emotional and physical exhaustion that can result from repeatedly supporting others in distress and drawing on one's own emotional resources to provide care and assistance.

Burnout: A state of physical, emotional, and mental exhaustion that arises from prolonged exposure to work-related stress and an imbalance between job demands and available resources, often resulting in feelings of inadequacy, detachment, and hopelessness.

✿ After a difficult incident or support encounter, take time to acknowledge your own emotional load and **pay attention to how you are feeling**. You may ask yourself: "How has this situation affected me?" "Do I need support?"

✿ If needed, seek **supervision** or **peer support** within your institution.

✿ Make time for **self-care**, including breaks, sleep, movement, breathing exercises, and rest.

10



Getting Help: Emergency and Support Services

Psychological support lines, youth counseling centers, and free or low-cost therapy services (such as those provided by public institutions, municipalities, university centers) may be available options.

Together with the young person, it is also important to explore local support networks in their city, such as feminist and queer organizations, bar association legal aid offices, social service centers, or youth centers. Access to these resources can help strengthen longer-term support and recovery processes.

In situations involving immediate risk to life or safety, emergency services should be contacted without delay. This may include situations involving self-harm, risk of harm to others, sexual violence or assault, urgent sexual health concerns following violence, serious injury, medical emergencies, severe suicidal ideation, or loss of consciousness.

The services listed below are Türkiye-based emergency and official support services.

1) Emergency and Official Support Services

✿ 112 Emergency Call Center: In Türkiye, this is the single number for all emergency services, including ambulance, police, gendarmerie, and disaster and emergency management. In situations involving life-threatening risks, such as self-harm or risk of harming others, serious injury, or loss of consciousness, calling 112 together with the young person is the priority.

✿ 183 Social Support Line – Ministry of Family and Social Services: This is a free, 24/7 counseling and referral line in Türkiye. It can be used to report violence and abuse and to receive referrals to Social Service Centers, Violence Prevention and Monitoring Centers (ŞÖNİM), and other official mechanisms.





2) Civil society organizations for sexual violence and psychosocial support

The resources listed below are Türkiye-based civil society support resources. Practitioners working in other contexts are encouraged to identify local organizations and referral pathways that provide youth-centered, survivor-centered, psychosocial, legal, and protection-related support.

- ✿ **Association for Struggle Against Sexual Violence – Referral and Counseling Line:** Provides psychosocial support and referral services for individuals aged 18 and over who have been subjected to sexual violence or believe they may have been subjected to it.

Seeking Support Is My Right



If you are experiencing issues related to sexual violence, or if you want to talk about what you have gone through or simply share it with someone, you can meet with our expert team in a safe and confidential setting.

Support Line: +90 549 599 15 19

Consultation hours: Monday – Tuesday – Wednesday, 11:00 - 17:00

Language of support: Turkish

Email: basvuru@cinselsiddetlemucadele.org

- Anyone over the age of 18, of any gender identity or sexual orientation, can apply.
- All our support services are free of charge.

- ✿ **Nirengi Association - Abuse Support Line (+90 850 216 53 67):** A free helpline providing legal counseling and psychosocial support for children and adolescents under 18 and their caregivers.

- ✿ **csdestek.org – “Emergency Support Situations” page:** The csdestek.org website of the Association for Struggle Against Sexual Violence provides an up-to-date list of rights after sexual violence, reporting pathways, and various violence-related hotlines and institutions available across Türkiye.



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APPENDIX



What to Do in a Crisis: A Quick Guide

This guide is intended to support your initial response in moments of crisis. Always take into account your institution's crisis procedures, safeguarding protocols, and ethical principles.



1 Assess the Situation Calmly but Quickly

- Is the young person **physically safe** right now?
- Is there any **immediate risk of harm to themselves or others**?
- First, ground yourself and maintain your own calmness**, then observe the environment and assess the situation

Ask yourself:

- "Is there an immediate threat to life or safety?"
- "Does this situation require urgent intervention?"

2 Ensure a Safe Environment

- If possible, move the young person to a quieter and calmer space.
- Reduce exposure to crowds, noise, and other potentially triggering stimuli.
- Support the young person's sense of safety and security through your presence, tone, and actions.



A simple statement that can be used:

"Right now, you are safe. I am here with you."



3 Communicate in a Simple and Calm Way

- ✔ Use simple, clear sentences and avoid lengthy or complex explanations.
- ✔ If the young person wants to talk, **listen**. If they don't, **remain present without pressure**.
- ✔ Allow them to express their feelings, and **respond with curiosity, empathy, and understanding rather than advice, judgment or interpretation**.

Avoid statements such as:

- ✘ “You’re overreacting.”, “Calm down!”, “It’s not a big deal.”, “Don’t cry, it will pass.”, “Why are you so upset about this?”, “Just try not to think about it.”

What you can say:

- ✔ “I’m trying to understand how this feels for you.”
- ✔ “What happened sounds very difficult.”
- ✔ “This is not your fault.”
- ✔ “We can just sit here quietly if you prefer.”

These are example phrases. You do not need to use these exact words. What matters most is communicating with empathy, respect, and a non-judgmental attitude.

4 Guide to Support Resources

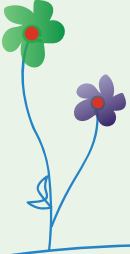
- ✔ Help the young person connect with a trusted adult or the school psychological counselor.

If you think **professional support** is needed,

- ✔ Inform the school guidance/counseling service,
- ✔ Support communication with the family in line with the institutional ethical principles and safeguarding protocols.

If there is a risk of self-harm or harm to others,


- Ensure referral to a healthcare facility for urgent mental health support if necessary.
- In situations of emergency (e.g., immediate risk to life or safety, sexual violence or assault, severe suicidal ideation, or other life-threatening conditions), act in accordance with your institution's crisis protocol and contact Emergency Services and other relevant authorized services.






Association for
Struggle against
Sexual Violence



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