

SESSION 2: SUPPORTING CAREGIVERS AFFECTED BY GENDER-BASED VIOLENCE



LEARNING OBJECTIVES

1. Apply a survivor-centered approach while receiving a gender-based violence (GBV) disclosure
2. Identify safe and appropriate ways to support recommended IYCF-E practices for GBV survivors
3. Practice self-care as a counselor working in an emergency



COUNSELING SKILLS FOCUS*

ASSESS and the 3 skills:

- Use helpful non-verbal communication.
- Accept what a mother or caregiver thinks and feels.
- Avoid using words that sound judgmental.

**Reminder: The full 3A process and counseling skill set remain essential. The focus on these particular three skills is for practice and learning purposes.*

STEP 1: Set the Scene

Important to remember

- This session may bring up strong feelings. **Take care of yourself.**
- You will not ever be asked to share personal experiences.
- You may **step out at any time** without explanation if you need a break.

Definitions: Gender-Based Violence and Intimate Partner Violence

Gender-Based Violence (GBV) refers to **harmful acts directed at someone because of their actual or perceived gender**. GBV is rooted in **power imbalances and harmful social and gender norms**. It can happen to anyone, but **women, girls, and people with diverse genders are disproportionately affected**.

The term “**survivor**” is preferred over “**victim**” as it emphasizes strength, dignity, and recovery. It recognizes each person’s resilience and right to make choices about their care and safety. When translating into local languages, use words that convey this same sense of empowerment and endurance.

Intimate Partner Violence (IPV) is a pattern of abusive behavior in an intimate relationship, used by one person to gain or maintain control over the other.

Figure: Types of GBV in emergencies

Sexual Violence	Physical Violence	Emotional / Psychological Violence	Social / Economic Violence
Any sexual act against a person's will or without permission (e.g., rape, sexual assault, child sexual abuse, sexual exploitation).	Non-sexual acts that cause physical pain or injury (e.g., hitting, slapping, choking, burning).	Non-physical harm causing mental or emotional pain (e.g., verbal harassment, intimidation, controlling behavior).	Harm through denial of resources, opportunities, or rights (e.g., education, income, property, social participation).

Why are we focusing on caregivers affected by GBV?

- Emergencies increase the risk of GBV.
- GBV is almost always underreported.
- GBV affects infant and young child feeding practices.
- You may be **the first person** a GBV survivor talks to, but you are not a GBV case worker.
 - **Disclosures are more likely** in private, sensitive counseling spaces.
 - Your role is to listen **with empathy** and only **refer if the survivor wishes**.

Scenario: Leyla's first hours after birth

An extended drought has caused widespread displacement, food insecurity, and economic disruption. Families are crowded into temporary settlements, with limited access to services.

Leyla has just given birth six hours ago. She declines skin-to-skin contact, breastfeeding, and hand expression.

Despite support from several IYCF-E counsellors. Leyla seems uncomfortable to accept the help that is being offered and unable to adopt any of the small recommended behavior changes. She avoids discussing her support at home and does not mention the father.

When she speaks with you during the counseling session, Leyla begins to share that she is experiencing violence at home. This helps to explain some of her distress and the difficulties she is having with feeding her newborn.

Questions:

Have you ever heard or seen situations like this in your work?

If you were the counselor in this situation, what would you find most challenging?

Write key points from the group discussion below:

STEP 2: Strengthen key knowledge, concepts, and skills

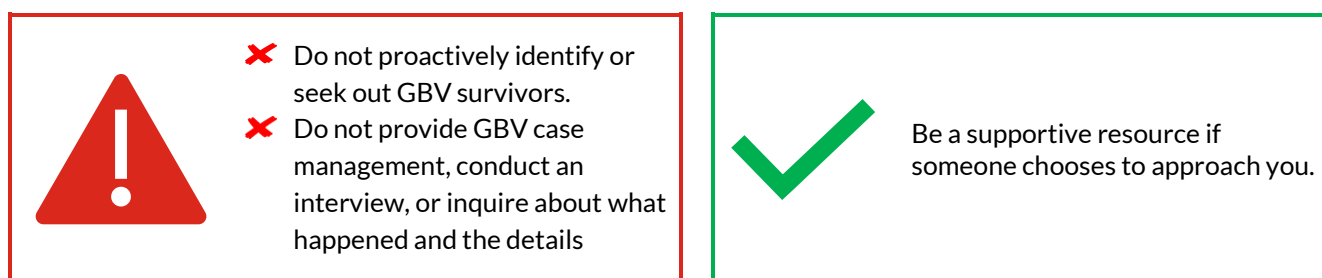


LEARNING OBJECTIVE 1:

Apply a survivor-centered approach while receiving a gender-based violence (GBV) disclosure

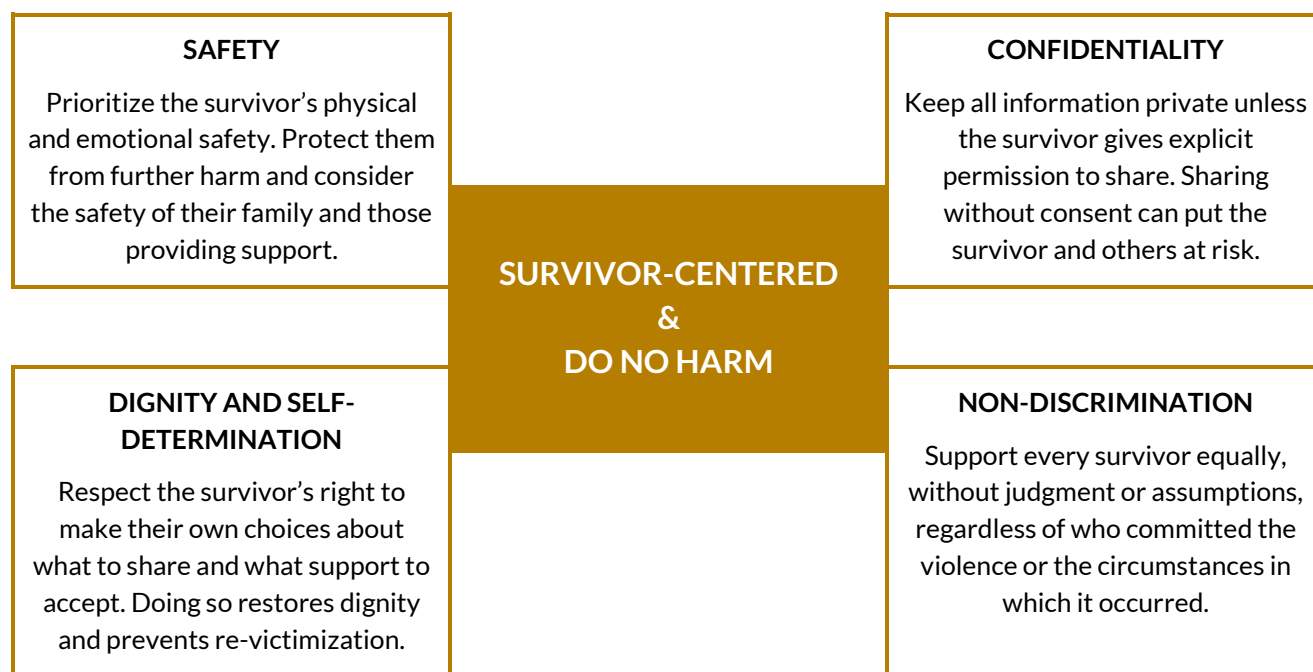
This content is adapted from the *GBV Pocket Guide (GBV Area of Responsibility, Global Protection Cluster)*, a practical, field-tested tool for frontline workers. See the *Resources* section at the end of this session to access the guide and download the Pocket Guide App.

Your role in GBV disclosures



Guiding principles: Survivor-centered and Do No Harm

Figure: Key guiding principles to ensure we do no harm to survivors of GBV



These principles ensure that any disclosure is met with respect, safety, and appropriate support, and that no further harm is caused. If a caregiver discloses GBV and the counselor responds insensitively or fails to provide appropriate support, the survivor may lose trust and never return for IYCF-E or other essential services. A poor response can therefore close the door to both nutrition and protection support.

Trauma-Informed Care

GBV often results in trauma but not always. Trauma can also stem from other experiences such as displacement, loss, or fear. Because we cannot always know what a caregiver has been through, applying trauma-informed care (TIC) as a universal precaution, creates a safe, respectful environment for every caregiver, whether or not GBV and trauma are disclosed.

Think of it like wearing gloves in a health care setting. They are worn not because you know every patient has an infection, but because you assume there could be a risk and want to ensure everyone's safety and dignity.

Table: How Trauma-Informed Care and Survivor-Centered Approach work together

Trauma-Informed Care	Survivor-Centered Approach
An approach that recognizes the widespread impact of trauma and seeks to avoid re-traumatization. Applies to everyone: used in all counselling, whether or not GBV is disclosed. Guides how support is delivered: focuses on creating <i>safety, trust, and empowerment</i> in every interaction. Assumes anyone may carry trauma; aims to prevent further harm and promote healing.	An approach that places the survivor's rights, dignity, and agency at the center of all actions and decisions. Applies when GBV is disclosed: used to guide response and follow-up. Guides what support prioritizes: upholds <i>safety, dignity, choice, and confidentiality</i>, placing the survivor's rights and agency at the core. Responds to a known survivor's experience, ensuring all actions respect their decisions and pace.

In practice: These two approaches overlap and complement each other. Together, they help counselors support caregivers in ways that **promote healing, restore trust, and avoid harm.**

Check your own biases and assumptions

Activity: Decode your attitudes



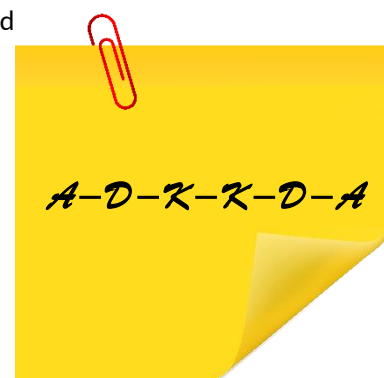
Timing: 5 minutes

This exercise will be completed anonymously. Read each statement below and truly consider how you feel about them. Perhaps think about what you have heard from others, and how it might make you feel towards a survivor of GBV.

For each one, write your response as:

- A = Agree
- D = Disagree
- K = I don't know / not sure

Write your own letter responses on a sticky note. As we go through this session, continue to refer to these letters and think of how our internal bias might influence how we respond to and support survivors of GBV.



Statement 1: A woman causes her husband's violence because of her own behavior.

Statement 2: Intimate partner violence is a family matter and should be handled within the family.

Statement 3: A GBV survivor should always report their case to the police or other justice authorities.

Statement 4: A man cannot rape his wife.

Statement 5: Gender-based violence only happens to women and girls.

Statement 6: Sexual assault usually occurs between strangers.

Refer to *Job Aid 2.1: Survivor-Centered Attitudes* for more examples of GBV-related attitudes.

LOOK, LISTEN, LINK

There are three steps to follow when a caregiver approaches you: LOOK, LISTEN, and LINK. Each step will guide you in responding safely and respectfully.



What it means: Observing the survivor and their situation to

- Address urgent basic needs
- Ensure safety

Important: Prioritize urgent needs and safety first before any discussion or questions.

Examples:

- Is the survivor injured or in physical danger?
- Is the survivor in a safe and private space to talk?
- Are there immediate needs like water, clothing, or access to a bathroom?
- Are there cultural or gender considerations (e.g., female staff needed for a woman or girl)?

Follow these key Do No Harm principles while observing the survivor:

 DO	 DONT
• DO allow the survivor to approach you. Listen to their needs. • DO ask the survivor if they feel comfortable talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person. • DO ask how you can support any basic urgent needs first. Some survivors may need immediate medical care or clothing. • DO provide practical support, like offering water, a private place to sit, a tissue, etc.	• DO NOT ignore someone who approaches you and shares that they have experienced something bad, something uncomfortable, something wrong, and/or violence. • DO NOT make assumptions based on what you are seeing. • DO NOT force help on people by being intrusive or pushy. • DO NOT overreact. Stay calm.

What to say

- “You seem to be in a lot of pain right now. Would you like to go to the health clinic?”
- “Does this place feel OK for you? Is there another place where you would feel better? Do you feel comfortable having a conversation here?”
- “Would you like some water or tea?”



LISTEN

What it means: Actively hearing the survivor’s words, emotions, and concerns without judgment or interruption.

1. Listen actively to what the survivor tells you about their experience, feelings, and needs
2. Validate their feelings

Important: All survivors have different needs, so the key is listening and ensuring they are the ones making all decisions, while we provide supportive information that they can use or not, depending on their wishes.

Follow these key Do No Harm principles while listening to the survivor:

 DO	 DONT
• DO treat any information shared with confidentiality. • DO listen more than you speak. • DO say some statements of comfort and support; reinforce that what happened to them was not their fault. • DO understand that trauma may affect their communication or memory.	• DO NOT write anything down, take photos of the survivor, record the conversation on your phone or other device, or inform others including the media. • DO NOT push for details. • DO NOT judge, blame, or minimize the survivor’s experience. • DO NOT doubt or contradict what someone tells you.

What to say

- “How can I support you?”
- “You have every right to be upset.”
- “It’s okay to cry. I will sit with you until you’re ready.”
- “Please share with me whatever you want to share. You do not need to tell me about your experience in order for me to provide you with information or support available to you.”

Definition: Healing statements

Healing statements are things that helpers can say to a survivor immediately after they tell us what happened and throughout the helping process, in order to promote their healing and recovery.

- “I believe you.”
- “I am glad you told me.”
- “I am sorry this happened to you.”
- “This is not your fault.”
- “You are very brave to talk with me.”



What it means: Providing accurate information and support to help the survivor access available services safely, while respecting their dignity and choices.

1. Ensure the survivor knows what services exist and how to access them safely.
2. Support their autonomy to decide the next steps.

Important: Provide information, not advice. Respect the survivor’s right to choose whether or not to seek services.

Use *Job Aid 2.2: Service mapping sheet* to record and update key referral contacts for your area.

Follow these key Do No Harm principles while observing the survivor:

DO	DONT
• DO respect the rights of the survivor to make their own decisions. • DO prepare in advance by knowing the local referral pathways. Ensure this information is visible and accessible at the nutrition point. • DO share information on all services that may be available, even if not GBV specialized services. • DO ask if there is someone, a friend, family member, caregiver or anyone else who the survivor trusts to provide support. • DO ask for permission from the survivor before taking any action.	• DO NOT exaggerate your skills, make false promises, or provide false information. • DO NOT assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm. • DO NOT try to make peace, reconcile or resolve the situation between someone who experienced GBV and anyone else (such as the perpetrator, or any third person such as a family member, community committee member, community leader etc.)

What to say

- “Our conversation will stay between us.”
- “There are some people/organizations that may be able to provide some support to you and/or your family. Would you like to know about them?”
- “Is there anyone that you trust that you can go to for support outside of this clinic, maybe a family member or a friend? Would you like to use my phone to call anyone that you need at this moment?”
- “Do not feel pressure to make any decisions now. You can think about things and always change your mind in the future.”

**Key learning points – Objective 1**

- Your role is to provide a listening ear, respect confidentiality, and share accurate information. You are not an investigator or a case manager.
- Prioritize safety and urgent needs first; always observe the environment and context before engaging in discussion.
- Listen without judgment, validate feelings, and provide information (not advice).
- Survivors must make their own decisions about next steps; your role is to empower and support these choices.
- Be aware of available services and referral pathways; know who the GBV focal point is in your area.
- Always protect confidentiality and maintain professional boundaries.
- Even when you cannot resolve a situation, your empathetic presence and careful response create safety, trust, and dignity.

**LEARNING OBJECTIVE 2:**

Identify safe and appropriate ways to support IYCF-E for GBV survivors

Activity: Feeding challenges faced by GBV survivors

Timing: 4 minutes

Work in pairs. In the table below, the first column lists some consequences of GBV. In the second column, write what kinds of feeding challenges might occur, due to the various GBV consequences. Think of challenges that may come with breastfeeding practices, while also considering the feeding needs of older infants such as complementary feeding practices and responsive feeding.

	GBV consequences	Feeding challenges
1	Psychological distress: Trauma, anxiety, depression, extreme stress.	

2	Physical injuries: Pain, restricted movement, or other physical injury from violence.	
3	Fear and safety concerns: Constant stress from danger or threats to the survivor's safety.	
4	Negative body image: Discomfort or disconnection from one's own body.	
5	Lack of support / isolation and control: Emotional or psychological abuse may isolate survivors or restrict their access to family, friends, and essential services, increasing vulnerability and stress.	
6	Cultural and social stigma: Shame, judgment, or community-level stigma linked to GBV or feeding choices.	

Evidence Box: GBV and recommended IYCF-E practices **Reduced exclusive breastfeeding among GBV survivors**

According to UNICEF's 2022 evidence brief, women who experience IPV are less likely to engage in recommended breastfeeding practices, including exclusive breastfeeding. The brief highlights that maternal exposure to IPV negatively affects breastfeeding practices, making early initiation and exclusive breastfeeding less likely.

UNICEF. (2022, September). *Intimate partner violence and breastfeeding: A summary of the evidence base*. New York: UNICEF. Retrieved from https://www.unicef.org/media/128256/file/UNICEF_GBVIE_Breastfeeding_Brief_September_2022.pdf

 GBV and delays in complementary feeding

A study published in *Public Health Nutrition* found that IPV during pregnancy negatively influences early complementary feeding practices. Specifically, IPV exposure was associated with delays in introducing appropriate complementary foods to infants, which can lead to nutritional deficiencies and developmental delays.

Caprara, G. L., Bernardi, J. R., Bosa, V. L., da Silva, C. H., & Goldani, M. Z. (2020). Does domestic violence during pregnancy influence the beginning of complementary feeding? *BMC Pregnancy and Childbirth*, 20(1), 447. Retrieved from <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-03144-y>

Focus: Babies born as a result of sexual assault and rape

- A mother who has survived sexual assault may experience mental health issues, like depression, anxiety, trauma, and extreme stress, which can significantly hinder the bonding process between a mother and her child.
- Husbands, male partners, or family members may be absent, unsupportive, or themselves struggling with distress related to the circumstances of conception, increasing the mother's isolation and reducing emotional and material support.
- The baby might be a constant reminder of the sexual assault, complicating the mother's feelings towards the child and creating emotional distance or abandonment.
- Social stigma and isolation related to the circumstances of conception can further limit support for both mother and baby, adding stress and negatively impacting the mother-child bond.

IYCF-E counseling challenges for GBV survivors**What it means:**

GBV can affect how mothers, fathers, and caregivers engage with counseling, share information, and follow feeding guidance. Stress, trauma, stigma and fear of judgement can influence participation and responsiveness.

Examples of challenges:

- Survivors of GBV might not attend or accept IYCF-E services or support.
- Survivors of GBV might not allow IYCF-E counselors into the home.
- Survivors of GBV might not be able to pay attention or may appear disengaged.
- Survivors of GBV might reject advice for reasons that are difficult to understand.
- Assessment may be more challenging due to trauma-related symptoms such as hypervigilance, hypersensitivity to pain or touch, avoidance, emotional numbing, or difficulty recalling events. Survivors may also struggle to verbalize concerns, withhold information, or find it hard to name and express bodily sensations or symptoms, which can affect how they respond to questions, touch, or routine assessments.

Key point:

Behaviors that might seem unusual or hard to understand from the outside often serve as ways for a survivor to protect themselves or cope with their situation. As IYCF-E counselors, your role is to meet them where they are, respect their pace, and focus on providing practical, supportive guidance without pressuring them to disclose or take actions they aren't ready for.

Adapting IYCF-E counseling for GBV survivors

Think back to the scenario: Leyla's first hours after birth.

Discussion:**How could you support Leyla?**

Write key points from the group discussion below:

Key points

- Apply TIC for EVERYONE to whom you provide support or services. Disclosure is not required.
- Create a safe, private, and predictable space for counseling.
- Respect personal boundaries and let the mother guide physical interaction.
- Focus on flexible, realistic feeding solutions that preserve safety and dignity.
- Support connection and bonding through small, responsive caregiving acts.
- Believe what a survivor of GBV tells you about what they can manage.

Remember: Each survivor's experience and challenges are unique. Use what you have learned to think about how GBV can affect feeding and bonding, and how you can support the survivor in ways that are safe, practical, and respectful. The goal is to support recommended feeding practices and bonding, while respecting the GBV survivor's choices, privacy, and pace.

GBV as an acceptable indication for BMS use

According to the World Health Organization (WHO) and the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE), GBV resulting in the inability or unwillingness to breastfeed is considered an acceptable indication for the use of BMS.

In such cases:

- BMS provision should occur only as part of a coordinated, sustained, comprehensive, and supported feeding plan, aligned with IYCF-E standards.
- Support should include ongoing, confidential counseling, hygienic preparation guidance, and follow-up to ensure the baby's ongoing nutritional and emotional needs are met.
- Decisions should be made with sensitivity, confidentiality, and informed choice, respecting the mother's or caregiver's rights and circumstances.

Key point:

Survivors of sexual violence or GBV must never be pressured to breastfeed. When breastfeeding is not possible or appropriate, ethical and well-supported BMS use is a legitimate, life-saving option under WHO and IYCF-E guidance.

**Key learning points – Objective 2**

- Not all survivors disclose when they have experienced GBV. Use a trauma-informed approach with every person who you interact with.
- GBV can affect how a mother, father, or caregiver feeds and bonds with a child. Survivors may find physical contact difficult, have trouble concentrating, or seem unresponsive.
- IYCF-E counselors can adapt their approach by:
 - Respecting the survivor's pace and boundaries.
 - Suggesting small, realistic behavior changes instead of ideal practices.
 - Reinforcing the mother's strengths and positive moments with her baby.
- Responsive caregiving is key. Building a sense of trust and connection supports both feeding success and emotional recovery.
- Practical flexibility matters. If direct breastfeeding isn't possible now, support other ways of keeping the baby close (expressing milk, holding the baby, skin-to-skin later).
- When breastfeeding is not possible or appropriate due to GBV, the use of BMS may be an acceptable option under WHO guidance.



LEARNING OBJECTIVE 3:

Identify simple self-care strategies to maintain well-being as an IYCF-E counselor

Secondary trauma and vicarious trauma

- **Secondary or vicarious trauma:** Counselors can absorb the emotions and pain of the people they support. This can lead to compassion fatigue, or burnout.
- **It's normal and should be expected:** It's not a sign of weakness. The brain and body react as protective mechanisms, signaling stress and the need for rest and self-care.

How you can protect yourself

- 1 **SELF-AWARENESS** Check how you feel after counseling sessions.
- 2 **BOUNDARIES** Keep a clear line between professional and personal life.
- 3 **GROUNDING AND RELAXATION** Use breathing or grounding techniques.
Refer: *Annex 1: Emotional regulation practices*
- 4 **SMALL DAILY SELF-CARE ACTIONS** Rest, hydrate, move, connect with trusted people.
- 5 **SELF-CARE TOOLBOX** Simple, practical tools to recharge.
Refer: *Job Aid 2.3: My self-care toolbox*
- 6 **ROUTINE DEBRIEF** Talk with peers or supervisors to process experiences.
- 7 **SEEK SUPPORT IF NEEDED** Reach out to supervisors, team leads, mental health focal points, or peer support. Asking for help is a professional strength.

Box: Peer debriefing for self-care

Why it matters: Talking about how you feel after challenging sessions helps release stress and prevent burnout.

How to do it safely:

- Meet with 1–3 trusted colleagues.
- Agree on confidentiality rules: no names or details that could identify a survivor (for example, age, location, or personal story).
- Talk about *your own feelings and reactions*, not the details of your clients.
- Keep sessions short (about 30 minutes).
- Try this structure:
 - Take two deep breaths together.
 - Share: “What felt heavy this week?”
 - Listen, without judgment or advice.
 - End with one thing that gave you hope or strength.
- If someone seems overwhelmed, encourage them to speak with a supervisor, team lead, or mental health focal point.

Note: If debriefing isn’t currently offered where you work, consider suggesting it to your supervisor. Supporting staff well-being is part of your organization’s Do No Harm commitment, not only to avoid harm to families, but to prevent harm to staff as well.

**Key learning points – Objective 3**

- Listening to others’ trauma can affect your own emotional health.
- Self-awareness and regular self-care help prevent burnout.
- A simple, personal self-care toolbox supports well-being.
- When needed, reach out for help. Caring for yourself helps you care for others.

STEP 3: Demonstrate

Listen and watch the demonstration of a case study based on the scenario introduced in Step 1. The demonstration illustrates the application of knowledge and skills from Step 2, with a focus on the **ASSESS** step and the use of **LOOK, LISTEN, and LINK** when a mother discloses or shows signs of GBV.

You will also notice the counselor using three key counseling skills that support all IYCF-E interactions:

- Use helpful non-verbal communication.
- Accept what a mother or caregiver thinks and feels.
- Avoid using words that sound judgmental.

The counselor is an IYCF-E Counselor providing support in the maternity hospital.

Case study: Leyla and Solomon



Mother / Caregiver: Leyla

Child: Solomon, 6 hours old

Location: Maternity hospital

Reason for contact: Maternal refusal of skin-to-skin contact, breastfeeding, and hand expression since giving birth.

Current situation: Leyla appears withdrawn and unable to make small changes despite several counseling attempts.

Instructions:

- Focus on observing how the counselor applies *LOOK, LISTEN, LINK* and uses a trauma-informed approach during IYCF-E counseling.
- Notice techniques, tone, and phrasing that help Leyla feel safe, understood, and supported, even when she is not ready to accept help or disclose details.

STEP 4: Role-Play

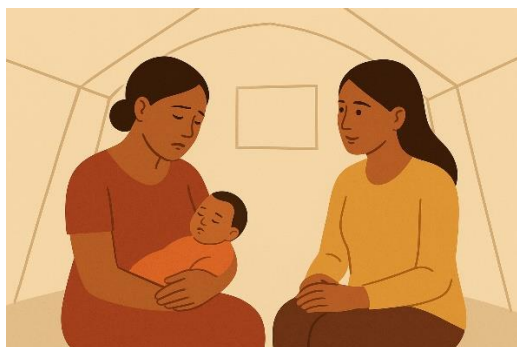
Now, it is your turn!



Timing: 10 minutes

Case study: Tamara and Chikondi

After months of severe drought, many families have been displaced and are now living in crowded, temporary settlements with limited access to basic services.



Mother: Tamara

Child: Chikondi, 1 month

Location: A mobile health tent in a temporary settlement. The tent is run by a health and nutrition team linked to a nearby referral facility. A community health volunteer alerted the team that Tamara, who recently gave birth in her family tent, may need follow-up support. The counselor meets Tamara privately in the tent to ensure a safe and quiet space for conversation.

Reason for contact: Tamara is struggling with breastfeeding. She feels tense and frustrated when Chikondi is frequently crying while breastfeeding and worries she does not have enough milk.

Current situation: Tamara is considering using infant formula and feels tired and unsure about her ability to care for her baby.

Instructions:

1. Review the Counseling Skills Checklist before beginning the role play.
2. In your groups of three, divide into specific roles:
 - One person will play the **counselor**,
 - One person will play **Tamara** (the facilitator will give you a short role-play card with Tamara's situation),
 - One person will be the **observer** (use the Counseling Skills Checklist below to note key strengths and areas for improvement. Do not write everything).

As you role play, counselors should focus on practicing three core counseling skills described below.



Reminders: Core counselling skills

- **Use helpful non-verbal communication:** Non-verbal cues can make a mother feel heard and supported. For example:
 - Keep your head level with mother or caregiver.
 - Nod gently when she speaks.
 - Keep your body open and relaxed.
- **Accept what a mother or caregiver thinks and feels:** Mothers may express doubts, frustrations, or fears. Accepting her thoughts and feelings without judgment builds trust and encourages her to open up. For example:

- “It sounds like you’re feeling very tired and unsure right now.”
- “Many mothers in difficult situations feel the same way.”
- **Avoid using words that sound judging:** Judgmental words or tones can make a mother feel blamed or ashamed, and may stop her from seeking help. Being judgmental doesn’t just mean making negative comments; it can also include statements that evaluate, label, or compare someone’s feelings or actions, even if they are meant to be positive. Terms like “good,” “right,” or “wrong” can make a caregiver feel evaluated rather than supported. Focus on encouragement and understanding instead. For example:
 - Say: “You’ve come here today to get support. It sounds like you care very much for Chikondi.”
 - Avoid: “You shouldn’t feel this way.”

Counseling Skills Checklist for the observer

Instructions: Tick **Yes**, **Partially**, or **No** for each skill or action you observe during the counseling session.

Counseling Skills Checklist			
LOOK	Yes	Partially	No
Checked for urgent needs (water, comfort, safe/private space)			
Ensured the space felt safe for the caregiver			
LISTEN	Yes	Partially	No
Did not probe for details or investigate what happened			
Validated feelings			
Used healing statements (e.g., “I believe you,” “You are very brave to share this”)			
Avoided minimizing, judgment, or rushing			
LINK	Yes	Partially	No
Shared clear, factual information on available services			
Did not give advice or push for action about the GBV situation (but may give feeding advice as relevant)			
Supported autonomy: let the caregiver decide on next steps.			
Core counseling skills	Yes	Partially	No
Used helpful non-verbal communication			
Accepted what a mother or caregiver thinks and feels			
Avoided using words that sound judging			
Summarized a clear plan and agreed on next steps with the mother			



Role-play debrief: Tamara and Chikondi

1. Build trust through acceptance and non-judgment

At the start, Tamara seems tense and distant. She may express frustration or even resentment toward her baby. The counselor should focus on listening, not judging, and creating a calm, safe space. This acceptance enables trust to grow.

Sample lines:

"You've had a lot to cope with. It's okay to feel mixed emotions."

"Many mothers in difficult situations feel unsure. You're not alone."

- **Remember:** Validation reduces shame and opens space for trust. Apply Trauma-Informed Care universally: assume any mother may have experienced trauma, create a safe and respectful environment, and respond with calm and empathy.

2. Respond sensitively to disclosure (LOOK / LISTEN / LINK)

As trust builds, Tamara may disclose that her pregnancy resulted from rape. The counselor's role is not to investigate, but to ensure her safety and respond with empathy.

LOOK: Notice if she feels safe and has privacy before she shares more.

LISTEN: Stay calm, avoid probing for details, and use healing statements.

LINK: With her permission, share information about available GBV or psychosocial support services.

Sample lines:

"I believe you."

"You are very brave to tell me this."

"There are some people who can offer support if you'd like. Would you like to know about them?"

- **Remember** Maintain confidentiality and focus on safety. Even short, compassionate responses can restore a sense of dignity and control.

3. Support feeding without judgment or pressure

After disclosure, Tamara may feel ashamed or uncertain about her ability to care for or breastfeed Chikondi. She worries that she does not have enough milk and believes infant formula might be better. The counselor should validate these feelings, provide simple factual information, and respect whatever decision Tamara makes about feeding. Emphasize supportive ways to feed and bond, without coercion.

Sample lines:

"It's understandable to feel unsure right now. But breastfeeding can help comfort both you and Chikondi."

"If you do not feel like that's possible right now, we can also talk about alternatives like hand expression or explore wet nursing. If you chose to use infant formula, I could help you on the steps to take to reduce those risks as much as possible."

- **Remember:** The aim is not to convince Tamara but to empower her. Babies born as a result of sexual assault or rape may trigger strong trauma-related feelings in the mother, which can significantly affect bonding and confidence in feeding. It is especially important not to pressure her to breastfeed, but to support her choices while providing factual information and reassurance. At the same time, the baby's nutritional needs must be met. When needed, link the mother-baby pair to MAMI or IYCFE support services to ensure appropriate follow-up and coordinated care. The goal is to meet the mother and baby where they are, supporting both survival and emotional recovery with compassion and practicality.

4. Affirm her strengths and close gently

End the session by recognizing Tamara's courage and effort, summarizing any next steps, and confirming

that she is not alone.

Sample lines:

"You've taken a very brave step by coming here and sharing today."

"Let's take things one day at a time. You can always come back if you want to talk again."

- **Remember:** A warm, calm closure to the session reinforces safety and dignity. Summarize the next practical steps based on her choice, whether continuing breastfeeding or switching to formula, and reassure her that support is available for her and Chikondi. Avoid rushing, over-promising, or pushing a particular feeding method.

STEP 5: Self-reflection

Take a few minutes to think about the session. You can write your answers in the space below.

Questions:

1. What assumptions or biases about GBV survivors did I notice in myself, and how can I ensure I remain non-judgmental in counseling?

2. How confident am I to apply the LOOK / LISTEN / LINK approach if a GBV disclosure happens in my counseling practice?

3. What are my current strengths and areas for improvement in supporting a GBV survivor with feeding difficulties?

4. What could I add to my self-care toolbox after this session to manage the emotional impact of supporting survivors?

Additional notes:

Resources:

- **GBV Pocket Guide** (*GBV Area of Responsibility, Global Protection Cluster*): Practical guidance on responding to gender-based violence in humanitarian settings.



<https://gbvguidelines.org/en/pocketguide/>

- **Video: “Survivor-Centered Approach”** (UNHCR, 4:38): Brief video illustrating key principles of a survivor-centered response.



<https://www.youtube.com/watch?v=Fk3pQyeobZE&t=51s>

Job Aid 2.1: Survivor-centered attitudes

NEGATIVE ATTITUDES AND BELIEFS	SUPPORTIVE AND TRUE ATTITUDES AND BELIEFS
If someone behaves inappropriately and is raped, it is their fault.	Rape is a choice made by the perpetrator to use their power over another person. It is never the fault of the survivor. GBV acts are always the fault of the perpetrator.
If a survivor can't answer the questions asked during an interview, they are making up the incident.	The psychological and physical responses to trauma may lead a survivor to be confused and unable to answer questions about the event.
A woman causes her husband's violence because of her own behavior.	Violence is a choice of the perpetrator, and it never is justified to use in relationships.
A person who forces another person to have sex is just someone who cannot control their sexual desire.	Most rapists are motivated by power, anger, and control, not the desire to have sex. People can control their sexual impulses. Most rapes are planned in advance—the rapist is in control when they rape.
Intimate partner violence (IPV)/Domestic violence is a family matter and should be handled within the family.	IPV is a significant safety and health concern for a community and is a crime in many countries. Thousands of women are killed every year due to IPV. IPV survivors require community support.
Most men beat their wives only after they have been drinking or using drugs.	Drugs and alcohol can be a contributing factor to GBV. However, it is the perpetrator's choice to use violence, power and control, which serves as the cause of GBV. Not all men who drink or use drugs beat their wives. Men who use alcohol and drugs make decisions about who they do beat, which shows that they are choosing who to be violent towards.
A GBV survivor should always report their case to the police or other justice authorities.	Survivors should be able to choose who knows about their case.
A man cannot rape his wife.	Women should be allowed to communicate to their sexual partners when they do and do not want to have sex. Many countries now have laws against rape in marriage. Married women have the same right to safety as unmarried women. Most women who live with IPV have experienced some form of sexual abuse within their marriage.
It is the job of a humanitarian worker to determine whether a survivor is telling the truth.	It is the job of humanitarian workers to support the survivors and believe them.

Women are raped if they wear the wrong clothes or go to the wrong places.	Rapists look for victims they think are vulnerable, not women who dress in a particular way. No person, whatever their behavior, “deserves” to be raped.
Women often lie about being raped.	Global research shows a very low percentage of rape reports are given falsely. This is the same as for other serious violent crimes.
Rape only occurs outside at night when the victim is alone.	Rape can and does occur anytime and anyplace. Many rapes occur during the day and in the victims’ homes (e.g. girls and women with disabilities can be raped when they are left at home alone). In addition, often women or girls know the perpetrator (e.g. their stepfather, uncle etc.) These rapes often occur in the home.
If a person doesn’t “fight back” she was not really raped.	Rape is potentially life-threatening. Whatever a person does to survive the assault is the appropriate action. This may include not fighting because of fear.
If a survivor does not show physical injuries from the rape, she was not raped.	Survivors may not show physical signs of the assault.
Incest (rape or sexual abuse by family members) is rare.	Incest happens in every community.
Sexual assault usually occurs between strangers.	By some estimates, over 80% of rape victims know their attackers. The rapist may be a relative, friend, co-worker, boyfriend, or other acquaintance.
Commercial sex workers cannot be raped.	Commercial sex workers are even more exposed and subjected to rape and other forms of violence than other people.
A survivor should not think too much about the violence she has experienced. They should “forget it.”	Survivors who are not allowed to talk about the violence they experienced have a much more difficult time recovering from it. All survivors should be offered the opportunity to talk about the assault with those personally close to them if they wish to do so.
Gender-based violence only happens to women and girls.	Anyone, regardless of gender, can experience GBV. Men, boys, and people with diverse gender identities may also be affected, even if their experiences are less visible or less often reported.

Inter-Agency Standing Committee (IASC). (2019). *GBV Pocket Guide: How to Support Survivors of Gender-Based Violence in Humanitarian Settings*.

Job Aid 2.2: Service mapping sheet

Fill in this information sheet for services in your area and keep it in a place where it is easily accessible.

Work with a GBV specialist, the GBV Area Of Responsibility (AOR), GBV sub-working group, protection specialists, your team leader, and partners to identify (1) available services provided by humanitarian partners and (2) community-based services such as peer groups, religious groups/places of worship, women's groups, disabled persons' organizations etc.

Child Protection	Information:	
	Focal points:	
Mental health/ psychosocial support	Information:	
	Focal points:	
Health	Information:	
	Focal points:	
Sexual and reproductive health	Information:	
	Focal points:	
Non-food items/WASH incl. dignity kits	Information:	
	Focal points:	
Shelter	Information:	
	Focal points:	

Legal	Information:	
	Focal points:	
Food and nutrition	Information:	
	Focal points:	
Services for adolescents/ youth	Information:	
	Focal points:	
Services for people with disabilities	Information:	
	Focal points:	
Services for sexual and gender minorities	Information:	
	Focal points:	
Services for child or female-headed households	Information:	
	Focal points:	
Other	Information:	
	Focal points:	

Inter-Agency Standing Committee (IASC). (2019). *GBV Pocket Guide: How to Support Survivors of Gender-Based Violence in Humanitarian Settings*.

Job Aid 2.3: My self-care toolbox

Supporting mothers and caregivers in distress can be emotionally demanding. Taking care of yourself helps you stay grounded and effective. Use this page to reflect and plan small actions that protect your wellbeing.

Tips and ideas for building your toolbox:

→ Self-awareness

- Take a moment after each counseling session to notice how you feel — physically and emotionally.
- Recognize signs of stress (tension, irritability, exhaustion).

→ Connection

- Debrief with a trusted colleague or supervisor.
- Spend time with friends or family outside of work.

→ Grounding and relaxation

- Deep breathing or short mindfulness pause between sessions.
- Stretch, walk, or have a glass of water.
- Use grounding exercises from the *Stress* session.

→ Boundaries

- Leave work at work — take a break from distressing stories after work hours.
- Say no to extra tasks when you are exhausted.

→ Balance and restoration

- Do one thing daily that brings you calm or joy — music, nature, prayer, or quiet time.
- Keep a simple gratitude or reflection note at the end of the day.

Your space: Add your own ideas

What helps me feel grounded or calm	What I want to try next week