

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*

- 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.*



Material and preparation:

- **GBV Pocket Guide:** Download and read the guide at <https://gbvguidelines.org/en/pocketguide/>.
- **Video – Survivor-Centered Approach (UNHCR, 4:38):** If you are not familiar with the survivor-centered approach, watch this short video as preparation. It illustrates key principles of a survivor-centered response. <https://www.youtube.com/watch?v=Fk3pQyeobZE&t=51s>
- **Activity – Decode Your Attitudes (Step 2, Objective 1):** Prepare sticky notes and a flipchart as described in Step 2.
- **Role-play cards – Tamara (Step 4):** Cut cards for approximately one-third of participants from Annex 2.1 (at the end of this session).



2h30

STEP 1: Set the Scene



15 min

1 Acknowledge the sensitive subject matter (1 min)

Action:

- **Introduce with care:**
 - Discussing GBV can be distressing and may bring up unwanted memories or strong feelings.
 - Participants will not be asked to share personal experiences.
 - Anyone can step out at any time. Facilitators are available during the break for debriefing if needed.

Bridge: “Let’s start by making sure we are clear on what we mean when we say gender-based violence.”

2 GBV definition (2 min)

Action:

- **Ask:** Volunteer reads *Definitions: Gender-Based Violence* (Participant Handbook).
- **Explain:** “GBV means any harmful action done to someone because of their gender. GBV happens because some people have more power or control over others and because society expects certain behaviors based on gender. These power imbalances and harmful gender norms make violence more likely and may limit the ability of survivors to protect themselves. Understanding this helps us see that GBV is never the survivor’s fault; it’s about the context and social structures.”
- **Show:** Figure: *Types of GBV in Emergencies* (Participant Handbook).
- **Add:** “These types of GBV can overlap, and a survivor may experience more than one at a time.”

Bridge: “These forms of violence directly and indirectly affect how caregivers feed their infants and young children. Let’s look at why this topic matters for IYCF counselors working in emergencies.”

3 Why this topic (2 min)

Key Points:

- **Emergencies increase the risk of GBV:** displacement, crowding, loss of income, increased stress, and weakened protection systems create conditions where violence can be more likely.
- **GBV is almost always underreported:** stigma, fear of negative consequences, lack of confidential services, and social norms that normalize violence prevent survivors from coming forward. In emergencies, disrupted services and limited privacy make reporting even less likely.
- **GBV affects infant and young child feeding practices:** trauma, safety concerns, and controlling partners can directly influence how caregivers feed and care for their children.
- **IYCF-E counselors may be the first point of contact for survivors**
 - Counseling often happens in private, women-only spaces, and includes sharing sensitive and personal experiences like birth, breastfeeding, and caregiving.
 - This setting makes it more likely that women may disclose violence. Sometimes, breastfeeding itself can even trigger distressing memories, leading to disclosure.
 - It is essential for counselors to know that:
 - GBV is happening in the community, whether or not it is disclosed.
 - Disclosures must be received with empathy and without judgment.
 - The counselor’s role is **not to investigate or “fix” GBV**, but to listen with care and, if the woman chooses, connect her with referral services.



Facilitator Tip

Keep this section high-level. The aim is to explain why GBV matters for IYCF-E counselors, not **how** to respond.

Bridge: “Now let’s look at a real-life scenario to see how a caregiver may experience these issues in an emergency setting.”

4 Scenario discussion (8 min)

Action:

- **Ask:** Volunteer reads *Scenario: Leyla’s first hours after birth* (Participant handbook).
- **Discuss:**



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



Facilitator Tip

Encourage participants to share experiences from their own work or observations, but remind them they are not being asked to disclose personal experiences of violence.

- Discuss:



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



Facilitator Tip

When discussing challenges, prompt reflection on what skills, knowledge, or strategies they think would help in these situations.

- **Write:** Capture ideas on a flipchart to refer to later when you introduce the learning objectives

Bridge: “Thank you for sharing your experiences and reflections. From this scenario, we can see how GBV and the surrounding emergency context may affect a caregiver’s abilities to feed and care for their infants. This discussion leads us directly to the learning objectives for today’s session.”

5

Learning objectives (2 min)

Action:

- **Read learning objectives:**
 - Apply a survivor-centered approach while receiving a GBV disclosure
 - Identify safe and appropriate ways to support recommended IYCF-E practices for GBV survivors
 - Practice self-care as counselors in emergencies.
- **Highlight counseling skills focus:**
 - In this session, for learning and practice purposes, we are focusing on the three key skills:
 - Use helpful non-verbal communication.
 - Accept what a mother or caregiver thinks and feels.
 - Avoid using words that sound judgmental.

Bridge: “Now, let’s move into Step 2, where we will strengthen key knowledge, concepts, and practical skills for each of these learning objectives.”

STEP 2: Strengthen key knowledge, concepts, and skills

 75 min



LEARNING OBJECTIVE 1:

Apply a survivor-centered approach while receiving a GBV disclosure

Time: 40 min

The content for this objective is adapted from the *GBV Pocket Guide: How to Support Survivors of Gender-Based Violence*. This is the global standard tool for frontline workers who are not GBV specialists. Strongly encourage participants to explore it further. The link and QR code to download the Pocket Guide App for offline use are available in the *Resources* section of the Participant Handbook.

1 Clarify the role of IYCF-E Counselors in GBV disclosures (2 min)

Action:

- **Explain:** *"The role of an IYCF-E Counselor in GBV disclosures is not to initiate or investigate incidents, but to be prepared in case someone chooses to share an experience. Disclosures are common because IYCF-E counseling often happens in private settings."*
- **Ask:** Volunteer reads *Your role in GBV disclosures* (Participant handbook).

Key Points:

- Do not seek out or try to identify survivors of GBV. This can cause harm.
- Stay within your role: you are not expected to provide GBV case management, investigate, or solve the situation.
- Be a supportive resource if someone chooses to approach you.

! Facilitator Tip Keep this section short and high-level. The goal is to set the boundaries and reassure participants.

Bridge: *"Now that we're clear about the counselor's role and boundaries, let's look at the key principles that guide how we should respond when a disclosure happens."*

2 Guiding principles: Survivor-centered approach and Do No Harm (7 min)

Action

- **Ask:**  *"What kinds of harm could be caused if we respond poorly to a GBV disclosure?"*
- **Encourage** participants to reflect on Leyla's story from Step 1.
- **Sample prompts to guide discussion:**
 - *What if the counselor said, 'Don't worry, you'll be fine'? How do you think Leyla might react?*
 - Her trust in the counselor could be lost, and she may choose not to seek support from that counselor again, including for IYCF-E.
 - *What if the counselor shared Leyla's disclosure with others?*
 - She could be at greater risk of more violence at home.
 - *What if the counselor pressured her to share more than she was ready to?*
 - It could retraumatize her. She might feel overwhelmed and unsafe.
 - *What if the counselor judged her feeding difficulties?*
 - She might feel blamed and withdraw further.
- **Wrap-up:** *"This is why we follow guiding principles in every interaction to ensure we do no further harm and create safety, trust, and dignity for the mother."*
- **Refer:** *Figure: Key guiding principles to ensure we do no harm to survivors of GBV* (Participant Handbook)

Key Points: Guiding principles - Survivor-centered approach and Do No Harm

- **Safety:**
 - In every response, the survivor's safety and security must be the first priority.
 - Safety includes both physical protection and psychological and emotional security.
 - Survivors who disclose GBV may face further violence from the perpetrator, their allies, or even family or community members because of "honor" issues.
 - The safety of the survivor's family members and of those providing support also matters.
- **Confidentiality:**
 - Confidentiality means keeping any information shared by the survivor private, unless they give explicit permission for it to be shared.

- Even details such as names, locations, or family information should never be shared without the survivor's informed consent.
- Maintaining confidentiality promotes safety, trust, and empowerment. Breaching confidentiality can put the survivor at risk of further harm. It can also put the person they disclosed to at risk.
- **Dignity and self-determination:**
 - Survivors have the right to make their own choices about disclosure and which types of support or services to access (health, psychosocial, protection, legal).
 - The counselor's role is to respect those choices and provide clear, accurate information.
 - Survivors are the primary actors in their recovery; helpers should never take control or decide for them.
 - Failing to respect a survivor's dignity, wishes, or rights can increase harm by reinforcing shame, self-blame, or helplessness.
- **Non-discrimination:**
 - Treat every survivor equally and fairly, regardless of age, gender, disability, marital status, sexual orientation and gender identity, ethnicity, religion, or social status.
 - Avoid assumptions about "who" is a survivor or "what" they should do.
 - Support survivors regardless of who perpetrated or committed the violence, and the circumstances in which it occurred.
- It is important for the person seeking support to feel accepted and heard. If a caregiver discloses GBV and the counselor responds insensitively or fails to provide appropriate support, the survivor may lose trust and never return, even for IYCF-E or other essential services. **A poor response can therefore close the door to both protection and nutrition support.**



Facilitator Tip

Keep the discussion practical. Emphasize that counselors don't need to be experts in GBV response; they need to know and apply these guiding principles in every counseling interaction.

Trauma-Informed Care

Action

- **Explain:** "Remember, many caregivers may never disclose experiences of GBV, yet its effects can still be profound, contributing to severe trauma, especially in contexts of displacement and crisis, which are already deeply distressing. Apply trauma-informed care (TIC) to all counseling as a **universal precaution**, not just for known GBV cases. Think of it like wearing gloves in health care. 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."

Key practices:

- **Assume** anyone may have experienced trauma, even if it's not visible.
- **Create** an environment of safety, respect, and calm.
- **Understand** that trauma may affect communication, memory, or decision-making.



Facilitator Tip

The definition of TIC is provided in the Introduction section of the Participant Handbook. Invite participants to refer to it if they need a reminder of what TIC means and why it applies to all counseling interactions.

- **Refer:** Table: How Trauma-Informed Care and Survivor-Centered Approach work together (Participant Handbook)
- **Explain:** "A survivor-centered approach and trauma-informed care go hand in hand. Trauma-informed care guides how that support is delivered; by fostering safety, trust, and empowerment in every interaction. The survivor-centered approach ensures that support upholds safety, dignity, choice, and confidentiality, placing the survivor's rights and agency at the core. Together, they ensure that all caregivers are supported in ways that promote healing and prevent harm, not only for survivors of GBV, but for anyone experiencing trauma or distress."

- **Clarify:** “While the Survivor-Centered Approach was developed for GBV response, its principles, safety, dignity, choice, and confidentiality, can also guide how we support any caregiver who has experienced trauma or distress. However, the term “survivor” should only be used when a person has disclosed GBV or self-identifies as such.”

Additional resources:

- **Refer:** Section: Resources (Participant handbook) at the end of the GBV session
- **Invite:** Participants to watch the 5-minute UNHCR video on the survivor-centered approach when they have time.

Bridge: “Even when we understand the guiding principles, our own beliefs and assumptions can still influence how we respond to survivors. It is important to reflect on these values and biases to truly apply a survivor-centered approach.”

3 Check your own biases and assumptions (12 min)



Activity: Decode your attitudes

Instructions:

- **Introduce:** “We all carry personal attitudes and beliefs about GBV, shaped by our families, communities, and cultures. Some of these can unintentionally cause harm to survivors if left unexamined. This exercise will help us reflect privately and challenge our own assumptions.”
- **Refer:** Activity: Decode Your Attitudes (Participant handbook).
- **Explain:** “In your handbook, you will find 6 statements. For each one, mark your response using a simple code:
 - **A = Agree**
 - **D = Disagree**
 - **K = I don’t know / not sure**

At the end, you will have a personal code like A-D-K-K-D-A Write your code on a sticky note and hand it in. **It is anonymous**, no one will know which one is yours.”

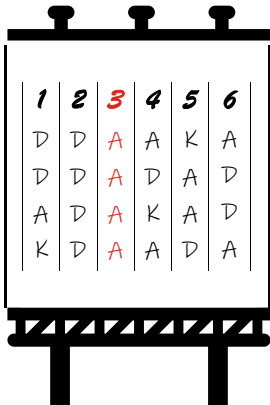
- **Allow 5 minutes** for participants to read and record their code individually. Encourage honesty: “This is not about right or wrong. It’s about noticing your own reactions.”
- **Collect** all sticky notes and write each code clearly on the flipchart in a table with 6 columns labeled **1–6** (representing the statements). Align the codes so it is easy to see patterns (e.g., where most “A”s appear).
- **Highlight** the results: Identify the 2–3 statements with the highest number of **A = Agree**.

Debrief:

- **Invite discussion** for each selected statement.

Facilitator Tip If time is short, discuss only one statement.

- **Say:** “You can see on the flipchart that many of us agreed with this statement. Let’s explore what these responses might tell us about the beliefs or ideas that exist in our communities, without focusing on who said what.”
- **Ask:** 
 - “What might influence people to agree with this statement?”
 - “How could this belief affect how survivors are treated or supported?”



1	2	3	4	5	6
D	D	A	A	K	A
D	D	A	D	A	D
A	D	A	K	A	D
K	D	A	A	D	A

- **Wrap-up:** “Many of us may start with these beliefs. The important step is being willing to reflect, grow, and put the survivor’s best interests at the center. For more examples of attitudes and beliefs that can either harm or support survivors, take time to review the Job Aid 2.1: Survivor-Centered Attitudes in your handbook.”
- **Refer:** Job Aid 2.1: Survivor-Centered Attitudes (Participant handbook).

! Facilitator Tip

- **Acknowledge the belief without judging the person:** “This is a common belief in many communities, but here’s why it can be harmful.”
- **Use myth-busting language:** “It may feel true to some, but research and survivor experiences show otherwise...”
- **Apply survivor-centered framing:** “How might a survivor feel if they heard this belief?”
- **Invite gentle peer challenge:** “Can anyone think of an example that shows why this belief could be harmful?”
- **Introduce supportive/accurate beliefs:** If most participants agree with a negative belief, present the supportive belief from Job Aid 2.1: Survivor-Centered Attitudes (Participant handbook).
- **Manage tension:** If discussion becomes tense, remind participants: “The goal is reflection, not debate. Survivors benefit when we all examine our assumptions.”
- **Encourage respectful dialogue:** Emphasize reflection rather than judgment: “This is not about judging each other, but about exploring how our attitudes may impact survivors.”



Bridge: “Now that we have reflected on your own beliefs and assumptions, we will focus on practical steps when a caregiver approaches you. There are three steps: LOOK, LISTEN, and LINK. We will go through each one with examples and practice scenarios.”

4 Look (5 min)

Action:

- **Introduce:** “When someone discloses GBV, the first step is to LOOK. ”
- **What it means:** Observing the GBV survivor and their situation to identify urgent needs and ensure safety.
- **Focus:** Immediate safety and basic, urgent needs.
- **Refer:** Section LOOK (Participant handbook) and the GBV Pocket Guide

Key Points:

- **Do not ignore anyone seeking support.** Acknowledge and thank them for their presence and willingness to share.
- **Check urgent needs:** Identify urgent medical needs, access to water, food, restroom, clothing, or other essentials.
- **Ensure safety:** Provide a private, culturally sensitive, and gender-appropriate space. Consider the presence of others who may pose risk and adapt accordingly.
- **Observe emotional and environmental cues:** Look for signs of distress, fear, shame, withdrawal, or anger.
- **Include the child:** If the caregiver has an infant or young child with them, include the child’s safety and comfort as part of your observation. Pay attention to environmental cues that may reflect safety or wellbeing, such as visible injuries, hygiene concerns, or the overall condition of clothing or belongings.
- **Consider context:** Recognize how cultural norms, gender roles, religion, ethnicity, age (including adolescence), disability, and other social factors may shape a survivor’s comfort, needs, and sense of safety.

! Facilitator Tip

The facilitator notes below provide additional context and guidance to help you understand the content and respond confidently to questions. You do not need to read them aloud to participants. Review them as needed, along with the GBV Pocket Guide, to familiarize yourself with key points and considerations for assessing needs and ensuring safety.

Look: Facilitator additional notes

- **Address urgent needs:** The survivor's immediate needs always come first. These can range from medical care, water, bathroom access, help finding a loved one, to clothing or a blanket. For GBV survivors, clothing may also help restore comfort and dignity. Always ask what the survivor needs rather than assuming.
- **Ensure safety:** Ask survivors how they feel about their personal safety rather than assuming. Whenever possible, create conditions for them to feel safe, such as privacy and the availability of female staff if women and girls are uncomfortable interacting with men.
- **If the caregiver has an infant or young child with them:** Ask gently if the caregiver feels comfortable continuing the conversation with the child present or if someone they trust (a family member, friend, or staff member) could help care for or play with the child during the interaction. For older children, be aware that the caregiver may not wish to discuss sensitive topics in their presence.
- **For postpartum women:** Distress may be visible in their interactions with their baby. Notice if the mother avoids eye contact, appears detached or anxious when the baby cries, or seems overwhelmed. Observe without judgment, as they may reflect emotional distress or the challenges of caregiving after trauma.

Bridge: "Once urgent needs and safety are addressed, the next step is to LISTEN."

5 Listen (7 min)

Action:

- **Introduce:** "The second step after LOOK is LISTEN."
- **What it means:** Actively listen to the survivor's words, emotions, and concerns without judgment, paying attention to what they share about their experience, feelings, and needs.
- **Focus:** Listen without judging the survivor and, validate their feelings.
- **Refer:** Section LISTEN (Participant handbook) and the GBV Pocket Guide

Key Points:

- **Listen without judgement**
 - Allow survivors to share as much or as little as they feel comfortable.
 - Never ask detailed questions about the incident itself.
 - Listen more than you speak; don't ask why or for specific details of the incident.
- **Validate and normalize feelings**
 - Survivors' emotions are normal reactions to abnormal events, no matter how they are presenting. Everyone will respond differently.
 - Your role is to provide the space for survivors to feel and express whatever they need, even if their reactions are unexpected or make you feel uncomfortable.
 - Avoid minimizing or discouraging emotions: "Don't cry" or "It's not so bad."
 - Instead, **validate** and **normalize** feelings:
 - "You have every right to be upset."
 - "It's okay to cry. I will sit with you until you're ready."
 - Use supportive phrases to promote healing (refer to *Definition: Healing Statements* Participant Handbook)
 - Survivors need to be believed and not blamed, in order to build trust.

! Facilitator Tip

Review the notes below and the GBV Pocket Guide as needed to familiarize yourself with key points and considerations for listening effectively. You do not need to read these notes verbatim to participants; they are to support your understanding and confidence in facilitating this step.

Listen: Facilitator additional notes

- **Listen without judgment:** When a GBV survivor shares their experience, it is essential to listen actively and without judgment. GBV can be a very traumatic experience for people. In an emergency, this can be in addition to wider traumatic experiences. People respond to trauma in many different ways: some may be quiet, withdrawn, or hesitant to speak; others may be angry, blame themselves, cry, or express distress in ways that feel uncomfortable to you. All of these reactions are normal and valid. Your role is to create a safe space for whatever emotions or responses the survivor presents, without interrupting or pressing for details about the incident. Do not ask “why” questions or request specific information; instead, focus on being present and attentive to what the survivor chooses to share.
- **Validate and normalize:** Validating and normalizing emotions is a critical part of listening. Survivors’ feelings are normal reactions to abnormal events. The best thing we can do is acknowledge and validate these emotions rather than trying to stop or minimize them. For example, if a survivor begins to cry, you might say: “You have every right to be upset. It’s okay for you to cry. I will stay with you until you’re ready to talk.” Our instinct may be to comfort survivors by saying things like “Don’t cry,” “Don’t be afraid,” or “Everything will be fine.” But these statements can diminish the survivor’s experience. Instead, allow them to feel what they need to feel, even if it makes us uncomfortable to have to sit with someone who is crying, angry, or depressed. Being a true helper means creating space for their emotions. It is also important to believe the survivor and never assign blame for the violence they experienced. Creating this environment of trust and respect allows the survivor to feel heard, maintains their dignity, and reinforces their autonomy. This approach not only supports emotional safety but also lays the foundation for future discussions, including guidance around safe infant and young child feeding practices.

Bridge: “Together, LOOK and LISTEN help provide a safe, respectful response to disclosure. First, we ensure safety and dignity, then create space for the survivor’s voice and choices. The next step, LINK, focuses on offering information, resources, and support, while respecting the survivor’s autonomy.”

6 Link (5 min)

Action:

- **Introduce:** “The third step is to LINK.”
- **What it means:** Providing information to connect the survivor with appropriate services in a way that respects their dignity, safety, and choice.
- **Focus:** Ensure the survivor knows what services exist and how to access them, while supporting their autonomy to decide the next steps.
- **Refer:** Section LINK (Participant handbook) and the GBV Pocket Guide

Key Points:

- **Ensure the survivor knows what services exist and how to access them**
 - Provide the survivor with accurate, up-to-date information on available health, psychosocial, child protection, legal, and other relevant services.
 - Use *Job Aid 2.2: Service mapping sheet* (Participant handbook) to record and regularly update key referral contacts and services in your area.
 - Work with your team leader, GBV focal point, and partners to keep this information current and accessible.

- Maintain confidentiality when sharing information or making referrals.
- Be honest about what is and isn't available. If services are limited, express empathy, acknowledge the difficulty, and work with the survivor to find options that feel best for them.
- **Support the survivor's autonomy to decide the next steps**
 - Provide information, not advice.
 - Advice = telling someone what you think they should do (not useful).
 - Information = facts that allow survivors to decide (empowering).
 - Never pressure or force a survivor to accept help; respect their right to choose.
 - Reinforce the survivor's control and decision-making: *"You can decide what feels right for you."*
 - End each conversation with care and reassurance, even if the survivor chooses not to take further action at this time.



Facilitator Tip Refer to the Facilitator notes below and the GBV Pocket Guide for further guidance.

Link: Facilitator additional notes

- **Ensure the survivor knows what services exist and how to access them**
 - Preparation is key. Before offering support, make sure you are familiar with the local referral pathways, including health, psychosocial, legal, and child protection actors. Know who to contact in emergencies and who the GBV focal point or provider of last resort is. This list should be hung in the nutrition point and easily seen by staff and those seeking care.
 - If you are unsure of available services or contacts, do not guess. Reassure the survivor that you will confirm information and follow up through your supervisor or GBV focal point.
 - When services are limited or unavailable, be honest. People will value transparency and empathy more than false promises. Even when no service is immediately accessible, maintaining dignity and offering a compassionate ear are powerful forms of support.
 - Always respect confidentiality when sharing service details or seeking guidance and never share identifying information without the survivor's explicit consent.
- **Support the survivor's autonomy to decide the next steps**
 - A survivor-centered approach means empowering survivors to make their own decisions. Your role is not to solve the problem or give advice, but to provide clear, factual information so the survivor can decide what feels safe and right for them.
 - Giving advice, such as *"You should report this"* or *"You need to see a doctor"* removes control from the survivor. Instead, giving information, for example, *"There is a clinic nearby that offers free care if you decide you'd like to go"* supports autonomy and respects choice.
 - Respecting autonomy also means being patient. Survivors may not act immediately, and that's okay. What matters is that they feel heard, respected, and informed enough to make choices on their own timeline. By simply being a trusted source of support and information, you are doing enough; it is valuable and impactful.

Bridge: *"LOOK, LISTEN, and LINK form the foundation of a survivor-centered first-line response. By ensuring safety, offering space to be heard, and connecting survivors to services with respect for their choices, we support healing and empowerment, even in the first moments after disclosure."*

7 Key takeaways and questions (2 min)

Action:

- **Refer:** Key learning points – Objective 1 (Participant handbook).



Facilitator Tip

Point participants to the Key learning points in their handbook. If needed, quickly summarize from the handbook to reinforce.

- Ask if participants have any questions before moving on.



Facilitator Tip

If you have an extra minute or want more discussion, ask:

“Which part of LOOK, LISTEN, or LINK do you anticipate being most challenging to implement in your field context?”

Bridge: “We’ve explored how to receive a GBV disclosure using a survivor-centered approach, ensuring safety, dignity, and respect at every step. Next, we will move to Objective 2, where we will identify safe and appropriate ways to support recommended IYCF-E practices for GBV survivors.”



LEARNING OBJECTIVE 2:

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

Time: 35 min

1

Feeding challenges faced by GBV survivors (15 min)

Action:

- **Introduce:** “Now we will look at some common consequences of GBV and discuss how these might affect infant and young child feeding practices. This will help you think about the specific challenges mothers and caregivers may face and how to support them.”



Pair activity: Feeding challenges faced by GBV survivors

Instructions:

- **Refer:** Activity: Feeding challenges faced by GBV survivors (Participant Handbook).
- **Say:** “Work in pairs to fill in the empty column with the feeding challenges you think might result from each GBV consequence. Each pair will focus on two consequences only.”
- **Assign:** Two GBV consequences to each pair (for example, Pair 1 works on #1–2, Pair 2 on #3–4, etc.).
- **Timing:** 4 minutes



Facilitator Tip

Encourage participants to draw on their own experiences, the scenario discussed in Step 1, and the key points from the session. Emphasize that there are no “wrong answers”. The goal is to think critically and explore the connections between GBV consequences and potential feeding challenges.

Debrief:

- Invite a few pairs to share one or two examples for any of the categories.
- Validate their responses and encourage discussion about differences in context or feeding challenges.
- Highlight any key points participants may have missed, using the filled table in the *Facilitator Notes* below.

Pair activity: Facilitator notes

	GBV consequences	Feeding challenges
1	Psychological distress: Trauma, anxiety, depression, extreme stress.	Emotional distress can make it harder to sustain breastfeeding, introduce complementary feeding at recommended times, and respond to feeding cues. Survivors may feel disconnected from their own bodies or overwhelmed by caregiving. Some mothers may find typical infant behaviors difficult to tolerate, for example: • Grabbing or pinching the breast or nipple • Throwing food or rejecting meals • Touching the mother while she is resting or unaware • Wanting constant contact or waking frequently through the night • Crying or fussing Complementary feeding challenges: • Difficulty preparing meals consistently due to fatigue, anxiety, or low motivation. • Skipping or delaying meals because of emotional overwhelm or depression. • Limited patience to encourage a child to try new foods, leading to more restrictive or less diverse diets. • Avoiding feeding interactions when feeling triggered or stressed, resulting in missed meals. • Difficulty managing feeding routines in crowded or unsafe environments. Responsive feeding challenges: • Reduced sensitivity to child hunger and satiety cues, leading to feeding on a schedule rather than in response to the child. • Difficulty recognizing or responding calmly to a child's cues for food or comfort. • Frustration or irritability during mealtimes, potentially causing negative feeding interactions. • Avoidance of face-to-face interaction or physical closeness during feeding due to emotional distress. • Less engagement in playful, encouraging, or nurturing feeding behaviors.
2	Physical injuries: Pain, restricted movement, or other physical injury from violence.	Injuries can cause pain, limit mobility, or prevent safe positioning during feeding. Breastfeeding may become physically difficult or unsafe without support. This may lead to increased reliance on bottles or unsafe substitutes. Breastfeeding / positioning challenges: • Pain or limited mobility can make safe breastfeeding positions difficult, especially for older infants who require more upright or supported positions. • Caregiver may need extra support or adaptive positioning aids to maintain comfort and safety during feeding.

		Complementary feeding challenges: • Difficulty preparing or offering finger foods or meals if the caregiver has limited mobility or pain. • Reduced ability to supervise self-feeding safely, increasing risk of choking or mess-related stress. • Limited energy or stamina to maintain regular feeding routines or offer repeated meals/snacks. Responsive feeding challenges: • Harder to respond promptly to hunger or satiety cues if moving or bending is painful. • May struggle to comfort or redirect a child during feeding or play due to physical limitations. • Reduced capacity to engage in interactive, nurturing feeding behaviors, especially during messy or challenging meals.
3	Fear and safety concerns: Constant stress from danger or threats to the survivor's safety.	Stressful or unsafe environments can disrupt feeding routines. Mothers may avoid public or shared spaces for breastfeeding. Feeding choices may be influenced by efforts to avoid conflict with the abuser. Perpetrators may deliberately interfere with infant feeding, resenting time spent with the baby, feeling jealous of the bond, or using the child to exert control or coercion. Caregiver's may prioritize their partner's or other household member needs to prevent escalation of violence.
4	Negative body image: Discomfort or disconnection from one's own body.	GBV can lead to shame, discomfort, or detachment from physical closeness. Survivors may find the intimacy of breastfeeding challenging, may avoid skin-to-skin contact, or stop breastfeeding earlier than planned. They may also feel reluctant to accept help with feeding support.
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.	The absence of family, community, or health service support makes feeding more difficult. A controlling partner may block access to care or safe spaces. Isolation reduces emotional encouragement and practical help. • Without emotional or practical support, caregivers may struggle to maintain consistent feeding routines for infants and children up to age 2. • A controlling partner may prevent access to health facilities, breastfeeding spaces, or complementary feeding support. • Isolation reduces encouragement, guidance, and hands-on help during feeding, making tasks like meal preparation, responsive feeding, or maintaining breastfeeding more difficult. • Caregivers may feel overwhelmed, stressed, or unsafe, which can affect their responsiveness and interaction with the child.
6	Cultural and social stigma: Shame, judgment, or community-level stigma linked to GBV or feeding choices.	Survivors may experience rejection, blame, or discrimination. Stigma can intensify feelings of shame and reduce willingness to seek help or access feeding support. • Caregivers may feel embarrassed or fearful of judgment, reducing their willingness to seek support from family, community, or health services.

		This may lead them to hide feeding challenges, skip health or nutrition appointments, or avoid using safe spaces for support. • Stigma can increase stress and anxiety, which may interfere with breastfeeding, complementary feeding, or responsive feeding. For children up to age 2, this can indirectly affect feeding frequency, diet diversity, and caregiver responsiveness, as caregivers may feel isolated or unsupported.
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Action:

- **Refer:** *Evidence Box: GBV and recommended IYCF-E practices* (Participant handbook)
- **Explain:** Research shows that survivors of GBV are less likely to exclusively breastfeed or introduce complementary feeding at recommended times due to trauma, stress, and lack of support.
- **Refer:** *Focus: Babies born as a result of sexual assault* (Participant handbook)
- **Say:** *"Mothers with babies born as a result of sexual assault and rape face unique challenges. The mother may experience intense trauma and complex emotions, which can affect bonding. Social stigma and isolation may further reduce available support. In these cases, responsive caregiving and supportive IYCF-E counseling are especially important."*
- **Note:** Fathers or male partners may also be survivors of violence or distress. Recognizing their needs and challenges can help create a more supportive environment for both mother and child.
- **Wrap up:** *"By recognizing the different feeding challenges faced by GBV survivors, we can better tailor our counseling to be sensitive, practical, and survivor centered. Our role is to identify challenges, not to judge or assume what a particular survivor of GBV will experience."*

Bridge: *"We've seen how GBV can affect infant feeding in many ways, but it can also impact the counseling process itself. Let's look at the challenges this creates."*

2 IYCF-E counseling challenges for GBV survivors (5 min)

Action:

- **Say:** "Survivors may not attend, engage, or accept support as expected; trauma symptoms may make counseling harder."
- **Ask:**  "What challenges might this mother face in engaging with counseling?"
- **Encourage:** participants to refer back to the scenario from Step 1 if helpful when answering.
- **Sample answers:**
 - Survivors may not attend or accept IYCF-E services.
 - Survivors may be unable to verbalize concerns, withhold information, or struggle to focus.
 - Survivors may reject advice for reasons that seem irrational but are protective.
 - Survivors might not feel or be able to name symptoms or sensations in their body.

Bridge: *"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."*

3 Adapting IYCF-E counseling to support survivors of GBV (10 min)

Action

- **Say:** "Whether or not a survivor discloses GBV, trauma and stress can affect how they interact, feed, and care for their baby. As IYCF-E counselors, we can adapt our approach to create safety, trust, and realistic solutions that support both mother or primary caregiver and child."
- **Refer:** Return to Leyla's story from Step 1:
 - She has just given birth and is struggling to initiate breastfeeding.
 - She avoids contact and finds it difficult to accept support.
 - Later, she begins to share that she is experiencing violence at home."
- **Discuss:**

"How could you support Leyla?"

- **Write:** Capture ideas on flipchart.
- **Add:** Use key points if missing.
 - **Apply universal trauma-informed care (TIC)**
 - Always assume that trauma may be present, whether disclosed or not.
 - Use calm tone, gentle body language, and avoid sudden movements or personal questions.
 - Respect boundaries; never pressure for details or disclosure.
 - **Create a sense of safety and control**
 - Work with the caregiver to find practical ways to create privacy in the available space. This might include adjusting seating, using a cloth or partition, or identifying quieter times or areas. Always ask what feels most comfortable for her, so she retains a sense of control and dignity.
 - Explain each step of counseling so the mother or caregiver knows what to expect.
 - Allow the survivor to choose where and how they sit, and who is present.
 - **Respect the body and boundaries**
 - Some survivors may feel uncomfortable with physical touch, even from their child.
 - Ask before demonstrating positioning or touching the baby.
 - If direct breastfeeding feels difficult, discuss expressing milk, partial breastfeeding, or wetnursing options.
 - **Adapt counseling messages to the survivor's capacity**
 - Believe what they say they can manage, even if it's not the "ideal."
 - Offer flexible, realistic options (e.g., "Feed your child wherever you feel safe, whether that's at home, in a private corner of a shelter, or another safe space.").
 - Focus on what she *can* do safely and confidently, not what she can't.
 - **Strengthen attachment and responsive caregiving**
 - Encourage gentle, positive contact that feels comfortable: holding, talking, eye contact.
 - Reinforce that small, loving actions build the bond even when breastfeeding is limited.
 - Provide reassurance that recovery and connection take time.
 - **Provide ongoing practical support**
 - Coordinate with protection or MHPSS actors when appropriate, always with consent.
 - Connect mothers with peer or women's support groups or fathers with father support groups.
 - Keep follow-ups short and consistent to build trust gradually.
- **Wrap-up:** "Supporting survivors of GBV through IYCF-E counseling is not always easy. It requires patience, sensitivity, and flexibility. Remember the Do No Harm principle: prioritize the survivor's safety, respect their boundaries, and avoid pushing for actions they are not ready for. Even small, consistent acts of support can make difference for both mother, primary caregiver, and child."

4 GBV as an acceptable indication for BMS use (3 min)

Action

- **Refer** Section: GBV as an acceptable indication for BMS use (Participant Handbook)
- **Encourage** participants to remember:
 - **Confidentiality is essential.** Conversations about feeding options for GBV survivors must happen privately and never be shared outside the care team.
 - **Informed choice comes first.** The mother's emotional readiness, safety, and wishes guide all decisions, no one should be pressured to breastfeed or to use BMS.
 - **BMS provision must always be coordinated** through IYCF-E protocols, with sustained follow-up to prevent risk of contamination, malnutrition, or stigma.
 - **Alternative options such as wet nursing** can be considered when culturally acceptable and safe, with the mother's consent.
 - This approach aligns with **TIC** and the **Survivor-Centered Approach**, supporting autonomy, safety, and dignity above all else.



Facilitator Tip

When discussing this topic with participants, emphasize that the goal is not to promote BMS use, but to ensure that survivors' choices are respected and that any feeding decision is safe, informed, and supported.

Bridge: "Now let's summarize the key learning points for this learning objective before moving on to the third one."

5 Key takeaways and questions (2 min)

Action:

- **Refer:** Key learning points – Objective 2 (Participant handbook).
- **Ask** if participants have any questions before moving on.



Facilitator Tip

If you have an extra minute or want more discussion, ask:
"What small changes could you make in your counseling space or approach to make it more trauma-informed?"

Bridge: We've looked at how GBV can affect infant feeding practices and explored practical ways to adapt counseling, whether or not a mother or caregiver discloses violence. It's important to recognize that working with survivors can also affect us as counselors, emotionally and professionally. In the next part of this session, we'll discuss how to care for ourselves as counselors, so we can continue providing effective support.



LEARNING OBJECTIVE 3:

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

Time: 10 min

1 Secondary trauma and vicarious trauma (2 min)

Action:

- **Explain:** "Counseling people experiencing distress, especially survivors of GBV, can be emotionally demanding. Hearing others' painful stories can expose us to their trauma. This is called secondary or vicarious trauma."

Key points:

- Vicarious trauma happens when counselors absorb the emotions and pain of the people they support.
- Over time, this can lead to **compassion fatigue**, **moral injury**, or **burnout**, which can negatively impact the quality of support and counseling that a counselor provides to her clients.
- Experiencing secondary or vicarious trauma is not a sign of weakness; it is a normal human response to repeated exposure to others' distress. The brain and body react as protective mechanisms, signaling stress and the need for rest and self-care.

! Facilitator Tip *Emphasize that caring for oneself is a professional responsibility, not a luxury.*

2 How IYCF-E counselors can protect themselves (6 min)

Action:

- **Explain:** *"We can't always prevent stress, but we can protect ourselves from its deeper impacts by staying aware and maintaining boundaries."*

Key points:

- **Self-awareness:** Check how you feel regularly, especially after a difficult counseling session.
- **Boundaries:** Keep a clear line between your professional and personal life.
- **Grounding and relaxation:** Use short breathing or grounding techniques from the stress session. Refer: *Annex 1: Emotional regulation practices* (Participant handbook).
- **Small actions:** Include small, daily self-care actions. Rest, hydration, movement, connecting with trusted people.
- **Self-care toolbox:** Keep a set of practical tools or actions to recharge and stay grounded.
- **Routine debrief:** Regularly debrief with peers or a supervisor in a safe, structured way to process work-related stress and emotions. When debriefing, **never share any names or identifying details about survivors** (such as age, location, or personal circumstances).
- **Seek support if needed:** Reach out to a supervisor, team lead, mental health focal point, or peer support spaces when necessary.

Focus: Self-care toolbox

Action:

- **Explain:** "Each of us needs a few practical tools to keep us grounded and well."
- **Ask:**  "What is one thing that helps you recharge after a difficult day?"
- **Record** 3–4 examples on a flipchart as part of a 'self-care toolbox'.
- **Examples:**
 - Taking a few deep breaths after each counseling session.
 - Having a short walk or stretch before meeting the next person.
 - Debriefing with a trusted colleague or team lead.
 - Keeping a short journal of what went well during the day.
 - Scheduling rest or quiet time before going home.
 - Spending time with friends and family
- **Refer:** *Job Aid 2.3: My self-care toolbox* (Participant handbook)

! Facilitator Tip *Encourage participants to choose realistic actions they can do regularly and not big goals that are hard to maintain.*

Focus: Get help or support if needed

Action:

- **Introduce:** “Sometimes self-care isn’t enough, and that’s okay.”
- **Explain:**
 - Talk to a trusted peer, supervisor, team leader, or mental health focal point.
 - Use peer support or staff care spaces if available.
 - Remember: asking for help is a professional strength, not a weakness.
- **Refer:** *Box: Peer debriefing for self-care* (Participant handbook).



Facilitator Tip

Mention that organizations should have systems for staff support, and participants can ask their team leader about available options. If debriefing isn’t currently offered where you work, participants may consider suggesting it to your supervisor. Supporting staff well-being is part of an organization’s Do No Harm commitment, not only to avoid harm to families, but to prevent harm to staff as well.

Bridge: “Let’s now wrap up with the key points and address any questions before moving on.”

6

Key takeaways and questions (2 min)

Action:

- **Refer:** *Key learning points – Objective 3* (Participant handbook).
- **Ask** if participants have any questions before moving on.



Facilitator Tip

If you have an extra minute or want more discussion, ask: “What signs tell you that you need extra support or rest?”

Bridge: “Listening to people’s most painful experiences and providing comfort in moments of crisis takes courage and empathy, but it also requires self-care. Looking after yourself is not selfish; it’s part of being an effective, compassionate helper. We are now moving into a demonstration where you will see how to apply what we learned in Step 2.”

STEP 3: Demonstrate

15 min

1

Introduction (2 min)

Action:

- **Introduce:** “In this demonstration, we will continue discussing the scenario from Step 1 and apply the knowledge and skills from Step 2, focusing on the practical use of LOOK, LISTEN, and LINK when supporting a mother who may be experiencing violence or distress.”
- **Add:** “You will also notice the counselor applying three of the general counseling skills to help create emotional safety and trust:
 - Use helpful non-verbal communication.
 - Accept what a mother or caregiver thinks and feels.
 - Avoid using words that sound judgmental.”
- **Refer:** *Case study: Leyla and Solomon* (Participant handbook).
- **Summarize** the case:

- **Setting:** A mobile health tent in a temporary settlement following severe drought and displacement. 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.
- **Mother:** Leyla, who gave birth six hours ago.
- **Baby:** Solomon, a newborn.
- **Situation:** Leyla refuses skin-to-skin contact and breastfeeding.

2 Script (10 min)

Action:

- Act out the script below as a team of 3.



Facilitator Tip

- **Counselor:** Avoid dramatization. Keep emotions authentic but measured; the goal is to model a respectful, survivor-centered interaction, not to create distress for the audience.
- **Mother (Leyla):** Show emotional cues gently. A quiet tone, lowered gaze, or brief pause can express distress effectively without needing tears or strong reactions.



Counselor

Hello Leyla, my name is [Counselor]. Congratulations on your baby! I can imagine that it's been a long night. How are you feeling right now?



Leyla

I'm... tired. I don't really want to talk.



Counselor

That's completely okay. You've just given birth, it's a lot to go through. You can rest; I'll just sit nearby for a bit, unless you'd prefer to be alone.



Leyla

It's fine... you can stay.



Counselor

Thank you. If you need anything, some water, an extra pillow, or a blanket, please tell me.



Leyla

Maybe... some water.



Counselor

Of course. Here you go. Take your time.
(Counselor waits quietly while Leyla drinks.)



Counselor

I see your baby is wrapped nearby. Everyone has their own reasons for how they keep their baby close. Would you like to talk about what feels most comfortable for you?



Leyla

I... I just can't. It's too much.



Counselor

That's okay. It sounds like things have been really hard.



Leyla

It's just been such a hard time. During the pregnancy, I was often alone. There was never enough food. I worried every day about what would happen when the baby came.

	Counselor	It sounds like you went through your pregnancy with a lot of worry and without much support.
	Leyla	Yes... and at home, things were tense. I tried to stay calm for the baby, but... it wasn't easy.
	Counselor	It sounds like things may have felt tense or frightening at home. Thank you for sharing that with me. You only need to share what feels safe for you. This is a private space, and I'm here to listen and support you in the way that feels most helpful to you right now. You're not alone.
	Leyla	<i>Hesitant, softly:</i> Sometimes... he would shout and raise his fist. I was so scared of what he might do
	Counselor	I'm so sorry you went through that. No one should have to live in fear, especially while pregnant.
	Facilitator	Prompt: What helped Leyla feel safe enough to share this information? Explanation: <i>The counselor begins by creating emotional safety and trust through gentle tone, respectful distance, and offering choices. The counselor avoids assumptions and gives Leyla control over the interaction. These are key trauma-informed practices that help a survivor feel safe enough to confide and speak openly to the counselor.</i>
	Counselor	Leyla, thank you for trusting me with that. You've been through so much. Before we talk more, I just want to check that you feel safe to stay here with your baby right now.
	Leyla	Yes... here it's quiet.
	Counselor	OK. Great. If at any time you start to feel unsafe, please tell me or any of the staff nearby. We'll make sure you and your baby feel protected.
	Facilitator	Prompt: <i>What did the counselor check before continuing the conversation?</i> Explanation: <i>The counselor applied LOOK by ensuring Leyla felt safe and calm before proceeding. The counselor did not probe about the perpetrator or incident, but reassured Leyla that safety was a priority.</i>
	Counselor	You've been carrying so much alone. It takes courage to share this with me. I understand things have been difficult at home. Would you like to tell me a bit more about that? Only what you feel comfortable sharing.
	Leyla	<i>Speaks softly</i> It's my husband... since we lost everything in the drought, he's been angry all the time. When he comes to the tent, I never know what mood he'll be in. Now I worry he'll come here and start again. I never know what will make him angry.
	Counselor	I'm so sorry this happened to you, Leyla. You do not deserve to be treated this way.
	Leyla	<i>Quietly, with trembling voice</i> I feel so tired... like I have nothing left.

	Counselor	You have every right to feel that way. It's okay to cry, if you need to.
	Counselor	Leyla, thank you for trusting me with this. There are people here who can help you stay safe and talk through what's been happening, if and when you're ready. Would you like me to give you some information about how they might be able to help?
	Leyla	<i>Shakes head</i> Not now... I don't want anyone to know.
	Counselor	That is completely okay. What actions to take or not take is your choice. You don't need to talk to anyone unless you want to. If you ever change your mind, I can help you connect with someone confidentially. For now, we can focus on what helps you and your baby feel calmer together.
	Facilitator	Prompt: • How did the counselor demonstrate LISTEN? How did the counselor use healing statements to validate Leyla's feelings without asking for details of the violence? • How did she move into LINK while still respecting Leyla's pace and choices? Explanation: The counselor listened without judgment, used healing statements, like: "I'm sorry this happened," "You do not deserve this," "It's okay to cry", and validated Leyla's feelings. When introducing LINK, the counselor offered support options gently and respected Leyla's decision not to be referred yet, reinforcing survivor autonomy and trust.
	Counselor	You've been through so much, and you're still here caring for your baby. That shows incredible strength. How are you feeling now when you think about caring for your baby?
	Leyla	I don't know if I can. When she cries, I feel frozen. I know I should hold her, but sometimes I just... can't move.
	Counselor	That reaction makes sense. Your body is trying to protect you from memories of danger. It doesn't mean you're doing a bad job, it means you've been hurt. You deserve support and rest.
	Leyla	(quietly) I just want to feel close to her, but I don't know how.
	Counselor	Would you like me to show you one small thing that might help you and the baby feel calmer together?
	Leyla	Maybe... yes.
	Counselor	We could try placing her gently on your chest. You can keep her wrapped if that feels safer. Would you like to try? I could show you how, or you can do it yourself if you?
	Leyla	Maybe I can try... just for a moment.
	Counselor	I will pick her up now and bring her to you, OK? You can hold her against your heartbeat for a few minutes. <i>Counselor demonstrates gentle positioning.</i>

	Leyla	She's so warm... She's calming down.
	Counselor	Yes, she knows your heartbeat. You're already giving her comfort, just by holding her.
	Leyla	It feels... nice.
	Counselor	You're doing wonderfully, Leyla. Thank you so much for talking to me about all of this. You have been through so much. When I come back in a few hours, we can see if you'd like to try to breastfeed again or simply keep resting together.
	Leyla	Thank you for helping me.
	Facilitator	Prompt: • What did you notice about how the counselor supported Leyla to reconnect with her baby? • What key counseling skills helped the counselor end the session with calmness and dignity? Explanation: The counselor offered gentle, choice-based support, encouraging Leyla to decide what felt right for her and her baby. The counselor reinforced Leyla's capacity as a mother and created a positive emotional link with the baby. The counselor accepted Leyla's feelings without judgment, even when Leyla expressed difficulty with bonding, through using key counseling skills: • Accepting what a mother or caregiver thinks and feels. • Avoiding words or tones that sound judgmental. The counselor helped Leyla take one small, achievable action that restored connection and confidence. The closing emphasized follow-up and continuity of care, showing that Leyla is not alone and that small steps toward bonding and breastfeeding are meaningful progress.

3 Debrief (3 min)

Action:

- **Ask:**  "After watching this demonstration, would you feel comfortable supporting a mother or caregiver who is a survivor of GBV Leyla?" "If not fully comfortable yet, what would help you feel more prepared?"
- **Collect:** 2-3 short answers.

Bridge: "Thank you for observing the demonstration. Remember, our goal is not to 'fix' the survivor's situation but to create emotional safety, respond with empathy, and link her to appropriate support. Now, you'll have a chance to practice these skills yourselves through a short role play."

1 Introduction (5 min)

Action:

- **Explain:** The role-play is a first visit with Tamara, a mother struggling to bond with her 1-month-old baby, Chikondi.
- **Organize:** Ask participants to form groups of 3: **Counselor, Tamara, Observer**. Participants stay in the same groups as previous sessions but rotate roles so that the previous observer is now a counselor or Tamara.
- **Distribute:** Hand out the role cards to each “Tamara” (*prepared in advance the role-play card – Tamara from the Annex 2.1*).
- **Explain:** The observer uses the Counseling Skills Checklist to note strengths and areas for improvement.
- **Remind:** Counselors should practice using the three key skills demonstrated in Step 3:
 - Use helpful non-verbal communication.
 - Accept what a mother or caregiver thinks and feels.
 - Avoid using words that sound judgmental.
- **Allow:** Give groups 2–3 minutes to get ready before beginning their role-plays. Participants can take a minute to review the Counseling Skills Checklist to refresh their memory of the key recommendations discussed during the session.
- **Time:** The role play lasts around 10 minutes.

4 Role-play practice (10 min)

Action:

- **Encourage:** Ask groups to start quickly and use their full time.
- **Support:** Move quietly between groups, observe, and answer questions if needed.
- **Manage time:** Give a **5-minute** and **2-minute** warning so participants can pace themselves.
- **End:** Stop the activity on time, even if some groups have not finished the full role-play.

4 Debrief (15 min)

Action:

- **Gather:** Bring everyone back together and thank participants for their role plays and effort.
- **Ask to “Tamara’s”**  :
 - “How did it feel to be in Tamara’s place?”
 - “Did you choose to disclose the GBV?? If yes, what helped you decide to share? If not, what made it difficult?”
- **Ask to observers**  :
 - “What strengths did you notice in the counselor’s approach?”
 - “What areas could be improved?”
- **Ask to counselors**  :
 - “How did it feel to be in the counselor role?”
 - “What was most challenging? What worked well?”
- **Refer:** Role-play debrief: Tamara (Participant handbook).

- **Add:** Highlight key points if they do not come up. Use the debrief box from the participant handbook to add practical advice that should have been applied during the counseling session (build trust through acceptance and non-judgment, applying TIC, sensitively use LOOK / LISTEN / LINK after disclosure, support feeding without judgment or pressure, summarizing next steps).



Facilitator Tip

If time allows, invite participants to practice a regulation technique from Annex 1: Emotional regulation practices as a way to care for themselves after a challenging counseling session, like the role play with Tamara.

Bridge: "GBV disclosure may not happen often, but you need to be prepared to respond safely and respectfully whenever it does. In Step 5, we'll reflect individually on what you've learned and how you can apply it in your counseling practice, including both supporting survivors and taking care of yourself."

STEP 5: Self-reflection

 5 min

Action:

- **Invite:** Ask participants to take a quiet moment to reflect and note their answers in the Participant handbook.
- **Guide:** Read the four questions (also in the participant handbook) out loud and give participants 2–3 minutes of silence to think/write.
- **Share (optional):** If time allows, invite 1–2 volunteers to share a key takeaway.
- **Close:** Thank participants for their reflections and emphasize that applying these insights in real-life counseling is where change happens.



Facilitator Tip

Keep the activity short and personal. This is not a group discussion but an opportunity for each participant to consolidate their own learning.

ANNEX 2.1: Role-play card – Tamara

Cut the cards below and provide one to each participant acting Tamara.

Card: Tamara You tell the counsellor: - You feel tense and uncomfortable each time the baby is at your breast. - You worry that you don't have enough milk and think formula might be better. - You feel very tired and unsure if you can care for Chikondi well. - You are doing your best, but sometimes you just want to be left alone. If the counsellor asks about Chikondi's father, say: - There is no father. You prefer not to talk about it. If you feel safe and trust the counsellor, you may say: - You became pregnant after a sexual assault by a stranger. You have never talked about it before.	Card: Tamara You tell the counsellor: - You feel tense and uncomfortable each time the baby is at your breast. - You worry that you don't have enough milk and think formula might be better. - You feel very tired and unsure if you can care for Chikondi well. - You are doing your best, but sometimes you just want to be left alone. If the counsellor asks about Chikondi's father, say: - There is no father. You prefer not to talk about it. If you feel safe and trust the counsellor, you may say: - You became pregnant after a sexual assault by a stranger. You have never talked about it before.
Card: Tamara You tell the counsellor: - You feel tense and uncomfortable each time the baby is at your breast. - You worry that you don't have enough milk and think formula might be better. - You feel very tired and unsure if you can care for Chikondi well. - You are doing your best, but sometimes you just want to be left alone. If the counsellor asks about Chikondi's father, say: - There is no father. You prefer not to talk about it. If you feel safe and trust the counsellor, you may say: - You became pregnant after a sexual assault by a stranger. You have never talked about it before.	Card: Tamara You tell the counsellor: - You feel tense and uncomfortable each time the baby is at your breast. - You worry that you don't have enough milk and think formula might be better. - You feel very tired and unsure if you can care for Chikondi well. - You are doing your best, but sometimes you just want to be left alone. If the counsellor asks about Chikondi's father, say: - There is no father. You prefer not to talk about it. If you feel safe and trust the counsellor, you may say: - You became pregnant after a sexual assault by a stranger. You have never talked about it before.
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