

Facilitator Guide



**Infant and Young Child Feeding in Emergencies Counseling
Training Package for Frontline Workers**

2025

INTRODUCING THE IYCF-E SESSIONS:

ADDRESSING STRESS AND SUPPORTING CAREGIVERS AFFECTED BY GENDER-BASED VIOLENCE

About these sessions

These two sessions are drawn from the *Infant and Young Child Feeding in Emergencies (IYCF-E) Counseling Training Package for Frontline Workers*. The full package aims to strengthen the capacity of frontline workers to deliver effective, inclusive, and context-appropriate IYCF counseling in humanitarian contexts. It complements the *UNICEF Community IYCF Counseling Package* by building on its foundational skills and applying them to emergency settings, where caregivers and infants face additional risks, disruptions, and stressors.

This combined section includes two sessions, **Addressing Stress in Emergencies** and **Supporting GBV Survivors in IYCF-E**, which have been selected for integration into the *Disability-Inclusive Nutrition Services* training. Each session explores advanced counseling skills relevant in both emergency contexts and in situations where caregivers or their children are living with a disability, highlighting how stress, trauma, and violence can affect IYCF practices and caregiver well-being.

Relevance to Disability-Inclusive Nutrition Services

Caregivers of children with disabilities often face heightened stress, stigma, and barriers to accessing support, and these challenges also overlap with those encountered in humanitarian or GBV-related situations. These two sessions help participants recognize and respond to emotional distress, trauma, and protection concerns that may arise during IYCF counseling, including among caregivers of children with disabilities. By developing trauma-informed and survivor-centered approaches, participants will also strengthen their ability to create inclusive, safe, and empathetic counseling environments for all caregivers.

Structure and learning approach

Each session follows the same five-step structure as the full IYCF-E package:

STEP	1	Set the scene	Begin with a realistic scenario that connects the topic to an emergency setting. Use short discussions to help participants relate the situation to their work.
STEP	2	Strengthen key knowledge, concepts, and skills	Present the technical content and counseling considerations linked to the session objectives. Use visuals, short inputs, and examples to keep it interactive.
STEP	3	Demonstrate	Model key skills in a short role play between two facilitators. Highlight effective communication, empathy, and adaptation to an emergency context.
STEP	4	Participant role-play	Guide participants to practice in small groups of three (counselor, caregiver, observer). Circulate to observe, support, and give feedback.
STEP	5	Self-reflection	Close with individual reflection and/or group discussion. Encourage participants to identify strengths, areas to improve, and actions to apply learning in their daily work.

Each session lasts approximately two to two and a half hours and includes opportunities for practice, reflection, and feedback. The sessions assume that participants already have basic IYCF counseling skills, ideally gained through the *UNICEF Community IYCF Counseling Package*. Short refreshers on key skills are integrated throughout the activities rather than delivered as a separate component.

To keep practice focused and manageable, three core counseling skills are emphasized per session. This allows participants to concentrate on specific communication behaviors and integrate new, advanced skills more effectively. However, in real-life counseling, all foundational skills should be applied together to ensure high-quality, responsive support to caregivers.

Refer to the Participant handbook for a summary of the *basic counseling skills* and the *three-step counseling process* (the 3A: Assess–Analyze–Act), which provide the foundation for all role plays and discussions in this training.

It is important to remind participants that using calm, respectful, and non-judgmental language takes practice. Encourage them to experiment with tone, phrasing, and empathy during role plays, and to reflect on what feels natural or challenging. Supportive communication helps caregivers feel safe, respected, and open to guidance.

Trauma-Informed Care

Across all sessions, a Trauma-Informed Care (TIC) approach is emphasized. TIC supports safe, respectful, and supportive interactions with caregivers, recognizing the impact of distressing experiences. For the full definition and principles of TIC, refer to the Participant handbook.

Using this material

This section includes:

- A **Facilitator Guide** leading the trainer step by step. It contains detailed instructions, scripts, and facilitation tips.
- A **Participant Handbook** containing key messages, definitions, and activity materials for learners.

Trainers should use both files together. It is recommended to print both in color for clarity and engagement. There are no slides for these sessions; facilitators may project pages from the Participant Handbook on a wall or screen as visual support during activities.

Regulation Practice

Because the topics in these sessions can be emotionally intense, short stress regulation techniques are included to support participants' self-care and focus. Trainers are encouraged to incorporate 2–3 minute micro-practices throughout the training, for example:

- At the start of a session to set a calm tone
- After heavy discussions to process emotions
- After lunch to refresh energy and refocus
- Before role-play exercises to center participants
- At the end of the day to help consolidate learning

For the full set of techniques, see *Annex 1: Emotional regulation practices* (Participant handbook).

Contextualization

Facilitators are encouraged to contextualize examples, terminology, and referral pathways to reflect local systems and available services. Editable Word versions of the files are available upon request at:

iycfe@savethechildren.org.

SESSION 1: ADDRESSING STRESS IN EMERGENCIES



LEARNING OBJECTIVES

1. Describe how the timing, duration and frequency of IYCF-E counseling is adapted to support caregivers who are stressed
2. Explain how stress impacts responsive feeding and describe strategies to mitigate those impacts
3. Apply self-care strategies to manage your own stress and regulate your emotions as a counselor



COUNSELING SKILLS FOCUS*

- Show that you understand how mother or caregiver feels (showing empathy).
- Recognize and praise what the mother or caregiver and baby are doing right.
- Use simple language.

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



Material and preparation:

Role-play cards – Hana (Step 4): Cut cards for approximately one-third of participants from Annex 1.1 (at the end of this session).



2 hours

STEP 1: Set the Scene



15 min

1 Why this topic (1 min)

Key Points:

- Stress affects how caregivers **think, make decisions, and interact** with their children.
- Stress can **reduce a person's ability to learn, reason, and make decisions**.
- IYCF-E counselors need strategies to **adapt counseling** in stressful contexts.

Bridge: "Stress is everywhere in emergencies. Let's look at common causes."

2 Stress factors in emergencies (3 min)

Action:

- **Show:** *Figure: Sources of stress in emergencies* (Participant handbook).
- **Explain each category briefly:** Emergencies create multiple, overlapping stressors that affect caregivers in different ways.
 - **Environmental factors** can create insecurity and constant alertness.
 - **Social factors** like isolation or loss of loved ones make stress harder to cope with.

- **Health system disruptions** trigger fear and worry about children's well-being.
- **Financial strain** pushes families into "survival mode," making care and feeding more difficult.
- **Individual vulnerabilities**, such as disability or increased GBV risk, can magnify the impact of all other stressors.



Facilitator Tip Keep it high-level, do not read word for word, just summarize.

Bridge: "These stressors shape the experience of every family. Remember, the emergency context creates stress, and that stress can influence how caregivers feed their infants and young children. Let's see what this looks like in real life."

3 Scenario discussion (7 min)

Action:

- **Ask:** Volunteer reads *Scenario: Stress Impacts Feeding* (Participant handbook).
- **Discuss:**



How might the stress caregivers experience in these conditions impact IYCF-E practices?

- **Write:** Capture ideas on flipchart.
- **Add:** Use key points if missing.
 - **Stress can reduce a caregiver's confidence in breastfeeding**
 - When mothers feel anxious or believe stress reduces milk supply, they may shorten feeds or feed less often.
 - Emotional distress can make it harder to focus on a child's cues and feed responsively.
 - **Stress may increase reliance on bottles or BMS**
 - Crying babies in crowded spaces can cause anxiety and pressure, leading caregivers to introduce BMS for quick relief.
 - Caregivers under stress may see formula as a "safe" or "easier" option, despite having less access to safe drinking water and cleaning supplies.
 - **Stress combined with disrupted routines leads to feeding challenges**
 - Emotional and physical fatigue from long queues and crowded shelter conditions can result in missed feeding opportunities.
 - High stress can make mothers feel they have "no time" or "too many things to manage."
 - **Stress combined with lack of privacy creates barriers**
 - Mothers who feel self-conscious or judged in shared spaces may avoid breastfeeding or shorten feeds.
 - **Stress can make decision-making harder**
 - When anxious and tired, caregivers may follow incorrect advice or adopt unsafe practices (e.g., improper BMS prep).

Bridge: "Now let's think about families who face even more challenges."

4 Disability focus (3 min)

Action:

- **Ask:**



What additional stress might caregivers with disabilities experience?

- **Summarize:**
 - **Overcrowding and mobility barriers:** Crowded spaces make movement difficult and exhausting for caregivers with physical and/or sensory disabilities.
 - **Privacy challenges:** Lack of private spaces for breastfeeding can be especially stressful and undermine a person's dignity, particularly for women facing cultural stigma.
 - **Greater physical strain:** Completing daily tasks or moving through the camp may require extra energy. Caregivers of children with disabilities may also have to carry or assist their child more frequently.
 - **Feeding and food access difficulties:** For infants who relied on BMS before the emergency, shortages and unsafe supplies and drinking water add more anxiety. Children with disabilities may require specific foods or have sensory sensitivities, making emergency rations or crowded feeding centers stressful. Bridge: *"These challenges are on top of the stress everyone else faces. Being aware helps us provide inclusive support."*

5 Learning objectives (1 min)

Action:

- **Say:** *"To guide our session today, let's review the learning objectives together."*
- **Read learning objectives:**
 - Describe how the timing, duration and frequency of IYCF-E counseling is adapted to support caregivers who are stressed
 - Explain how stress impacts responsive feeding and describe strategies to mitigate those impacts
 - Apply self-care strategies to manage your own stress and regulate your emotions as a counselor
- **Highlight counseling skills focus:**
 - In this session, for learning and practice purposes, we are focusing on the three key skills:
 - Show that you understand how the mother/caregiver feels (empathy).
 - Recognize and praise what a mother or caregiver and baby are doing right.
 - Use simple language.

Bridge: *"Now that we've explored how stress affects caregivers, and how it shapes feeding practices, let's build on this understanding."*

STEP 2: Strengthen key knowledge, concepts, and skills

 55 min



LEARNING OBJECTIVE 1:

Describe how the timing, duration and frequency of IYCF-E counseling is adapted to support caregivers who are stressed

Time: 15 min

1 Introduction (1 min)

Action:

- **Explain:** *"In emergencies, usual counseling schedules often break down. Services are disrupted, families may wait long hours, and caregivers are under stress. Three things about counseling need to be adapted:*
 - When you provide it (timing)

- How long you spend (duration)
- How often you meet (frequency)
- **Show:** *Table: Adapting counseling in emergencies – Timing, duration, frequency* (Participant handbook).

Bridge: *"With this first objective, we will explore how to adapt these three aspects, so that counseling still supports caregivers, even through very short sessions or in stressful situations such as overcrowding, loss, or uncertainty."*

2 When: timing challenges and adaptations (3 min)

Key Points: Why timing matters

- Disrupted services mean counseling may happen **too late** (e.g., no prenatal counseling) or **too early** (e.g., complementary feeding advice during newborn care).
- When this happens, caregivers can feel **overwhelmed**, lose **confidence in themselves** ("I don't know how to do this"), or in the **system** ("Why didn't my midwife tell me this before?").
- These feelings often lead to **self-blame**, **anger**, or **shame**, which can cause hopelessness and inaction.

Action:

- **Ask:**  "Why might it be harmful to give advice that a caregiver can't act on yet?"
- **Sample answers:** 'It confuses them', 'They feel like they failed', 'They might give up on all advice', 'It increases stress instead of helping'.
- **Wrap-up:** "Exactly, advice that can't be used now often leads to frustration or hopelessness. So, always prioritize what they can act on today."

 **Facilitator Tip** Keep the discussion above very brief (1–2 quick answers). Do not turn it into a full discussion.

Key Points: Adaptations

- **Acknowledge feelings:** Validate frustration or shame caused by missed information or services.
 - Example: "It's understandable to feel this way. The situation has been difficult for everyone."
- **Address self-blame:** Shift the focus to what caregivers can do now:
 - Example: "The past was beyond your control, but here's what you can do today for your baby."
- **Prioritize the present:** Focus on **immediate needs** rather than future or past gaps.
- **Avoid overload:** Do not give advice that the caregiver cannot act on right now.
- **Highlight strengths:** Reinforce what the caregiver is already doing well to build confidence.

 **Facilitator Tip** Keep it high-level, do not read word for word, just summarize.

3 How long: Counseling duration challenges and adaptations (3 min)

Key Points: Why duration matters

- Caregivers under stress may be facing additional feeding challenges and need **more time to express concerns** but may have a **reduced attention span** for new information.
- Counselors face **time pressure** and **high caseloads**, making balance difficult.
- Sessions that are too short **miss context**; those that are too long **overwhelm caregivers**.

Action:

- **Ask:**  "If you only had 3 minutes with a caregiver, what would you do first?"
- **Sample answers:** 'Listen to their main concern', 'Give one key message', 'Show one thing like positioning'.
- **Wrap-up:** "Yes, keep it simple, set one goal, and leave them feeling confident they can do it."

Key Points: Adaptations

- **Start with emotional connection:** Even in a short interaction, begin with a supportive tone and welcoming body language.
- **Set one clear goal:** Agree on the main issue to address and a simple step to take.
- **Break information into smaller steps:** Give one point at a time and repeat key messages at the end to help with memory under stress.
- **Plan next steps:** End with a realistic plan, even if it's just "We'll talk again at the distribution tomorrow."
- **Positive closure:** Always leave caregivers feeling supported and hopeful.

4 How often: frequency challenges and adaptations (3 min)**Key Points: Why frequency matters**

- Six recommended contacts may not be feasible in emergencies.
- High stress reduces the ability to **remember and apply information**, so **repetition of information during each session is critical**.

Action:

- **Ask:**  "What are some places or moments where you could give quick advice in an emergency?"
- **Sample answers:** 'At distributions', 'While waiting in line', 'During health visits', 'Home visits if possible'.
- **Wrap-up:** "Every interaction counts. One message, many times, many places."

Key Points: Adaptations

- **Seize opportunities:** Provide counseling wherever possible (e.g., at food distribution points, health post queues).
- **Short and focused:** Give **1–2 key messages per contact** instead of trying to cover everything.
- **Repeat and reinforce:** Use multiple brief interactions to build understanding over time.

5 Why stress matters for timing, frequency, and duration (2 min)**Key Points:**

- **Stress impacts thinking:** It reduces memory, decision-making, and problem-solving capacity.
- **Keep it simple and repeat:** Short, focused messages that are repeated across contacts are more effective than one long session.
- **Use multiple messaging formats:** Combine verbal, written, and visual communication to support recall under stress.
- **When time is extremely limited** (e.g., in a transit point):
 - Give simple, visual handouts with key points.
 - Focus on one or two immediate actions.
- **For caregivers with disabilities:**
 - Provide adapted formats (large print, pictorial cards, braille) and allow extra time if possible.
 - Involve a trusted support person who knows their needs.

6 Key takeaways and questions (3 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 of these adaptations do you think will be most challenging in your setting?”

Bridge: “We’ve just looked at adapting when, how long, and how often we provide counseling. Another key challenge is how caregiver stress affects feeding itself. In the next session, we’ll look at how stress impacts responsive feeding and strategies to support both caregivers and infants.”

**LEARNING OBJECTIVE 2:**

Explain how stress impacts responsive feeding and describe strategies to mitigate those impacts

Time: 30 min

1

Activity: Common beliefs and practices: TRUE or FALSE (8 min)**Action:**

- **Introduce:** “Very often, long-standing beliefs and practices around infant and young child feeding are passed down through generations. These beliefs may sometimes differ from current recommended guidelines. It’s important to approach these cultural practices with respect and understanding, while providing evidence-based information that supports the health and well-being of both mothers and children.”

Key Points: Why this matters?

- Beliefs often **shape caregiver confidence and behavior**, especially in stressful emergency settings.
- These beliefs can **increase anxiety** and lead to changes in feeding behavior (e.g., stopping breastfeeding, introducing foods too early).
- Our role: **affirm the caregiver’s feelings**, acknowledge the context, and gently provide accurate information.

**TRUE or FALSE activity: Common beliefs and practices****Instructions:**

- **Refer:** Activity: Common beliefs and practices (Participant handbook).
- **Read:** Each statement aloud to the group.
- **Say:** “Stand if you think it is TRUE, sit if you think it is FALSE.”
- **Explain:** Share the correct answer using the facilitator notes below.

TRUE or FALSE activity: Common beliefs and practices - Facilitator notes

Milk production can continue even in very stressful situations.

TRUE

- **Fact:** Stress does **not** stop milk production. Milk remains nutritious even when the mother is worried or upset.
- **Additional details:**
 - Stress may affect let-down temporarily, but not overall milk supply.
 - Skilled support can help mothers manage stress and maintain feeding.
 - Reassuring mothers that their milk is sufficient is important.

Maternal adrenaline inhibits the let-down reflex, slowing milk flow at the beginning of a feed.**TRUE**

- **Fact:** Stress hormones (adrenaline) may make milk flow a little slower at the start of a feed, but it does **not** reduce the amount of milk.
- **Additional details:**
 - Adrenaline can interfere with oxytocin (which triggers milk release), temporarily slowing milk ejection (“stressed breastfeeding cycle”).
 - Mothers may misinterpret slower flow as low milk supply and try unnecessary interventions (breast milk substitutes, early weaning).
 - A counselor can reassure the mother that slower milk flow or fussiness is normal and guide effective feeding techniques, even when she feels stressed

Infant behavior, such as crying or acting unsettled, during emergencies does not necessarily mean the baby is not getting enough milk.**TRUE**

- **Fact:** Crying or fussing is often a normal response to stress, change, or discomfort, not just hunger. These behaviors are **not reliable** signs of inadequate milk intake.
- **Additional details:**
 - Infants also respond to environmental stressors (noise, separation, emergency conditions).
 - Frequent crying does **not** reliably indicate insufficient milk intake.

Breastfeeding while stressed or sad can harm the infant, physically or emotionally.**FALSE**

- **Fact:** Breast milk remains nutritious even if the mother feels stressed, sad, or has experienced trauma. Breastfeeding can calm both mother and baby.
- **Additional details:**
 - Breastfeeding itself supports emotional regulation for both mother and child.
 - Reassure mothers that feeding while stressed is **safe and beneficial**.
 - Avoid language that might reinforce guilt or fear.

Fathers and other family members have little influence on feeding practices.**FALSE**

- **Fact:** Fathers and family members commonly influence a mother’s beliefs and practices around feeding. While they are exposed to many of the same beliefs as mothers, they may have fewer opportunities to correct their understanding.
- **Additional details:**
 - Fathers and other family members may hold the same beliefs, affecting maternal confidence.
 - Mothers may feel pressured to stop breastfeeding or introduce BMS.
 - Counselors can engage family members to provide support and correct misconceptions.

Debrief:

- **Ask:**  “How might these beliefs affect a mother’s confidence and feeding behavior?”
- **Sample answers:**
 - **Increase stress and anxiety:** Mothers may feel guilty, incompetent, or worried that their milk is insufficient.
 - **Change feeding behavior:** Mothers or caregivers might shorten or skip feeds, supplement unnecessarily with formula, introduce complementary foods too early, or misinterpret normal infant cues.
 - **Affect mother-child bonding:** Less responsive feeding and reduced skin-to-skin time.

- **Influence from family:** Conflicting advice can worsen stress through increased pressure and confusion.

Transition:

- **Emphasize that these beliefs can indirectly affect milk supply through affecting feeding-related behaviors.** This can be addressed with respectful counseling.
- Understanding this helps the counselor approach a mother **with empathy and practical guidance.**

Action:

- **Ask:**  "How can we, as counselors, approach a mother or caregiver who holds these beliefs?"
- **Refer:** Job Aid 1.1: Addressing common beliefs and practices in emergencies (Participant handbook) for examples and sample sentences.

Key Points:

- Acknowledge and respect the caregiver's feelings.
- Provide accurate information gently.

 Facilitator Tip

Keep time on this activity as it is easy to veer into a lengthy discussion about common beliefs. Use a flip chart as a "parking lot" to capture questions or comments that are outside the scope of this session, and return to them later if time allows.



Bridge: "We've just seen how stress, beliefs, and practices can influence what mothers believe about breastfeeding. Now let's look at another important part of feeding and care: responsive feeding. This is key to both nutrition and emotional well-being."

2 Responsive feeding (2 min)

Action:

- **Ask:** Volunteer reads *Definition: Responsive care* (Participant handbook).
- **Explain:** "Responsive feeding means watching for your baby's signs of hunger and fullness and responding with warmth and care. It's about feeding when the baby needs it, not on a strict schedule, and offering comfort, not just food, such as soothing or holding the baby."
- **Ask:**  "When caregivers respond warmly and promptly to their child's needs, what positive effects do you see for the child?"
- **Sample answers:** 'feeling safe', 'mother-baby bonding', 'improved sleep patterns', 'better attainment of developmental milestones', 'reduced stress and improved ability to self-soothe', 'leading to improved emotional regulation in the future.'
- **Refer:** Key points (Participant handbook).

Bridge: "When caregivers respond warmly and promptly, babies feel safe and calm. This reduces stress for both the baby and the mother. But in an emergency, stress can make it harder for caregivers to respond in this way. We'll now look at how stress affects responsive feeding and what that means for our counseling work."

3 How stress impacts responsive feeding (5 min)

Stress and missed cues in responsive feeding

Action:

- **Introduce:** *"When a caregiver is stressed, their attention is divided. They may be worried about safety, food, shelter, or their other children. This can make it harder for them to notice their child's early hunger cues or to stay calm during feeding. The child may also feel stressed, which can lead to more crying or fussiness. This combination can reduce responsiveness during feeding."*



Mini-Exercise: The mental load

Instructions:

- **Read:** *"Think about being at work with an urgent deadline. You're trying to finish quickly, but tasks keep piling up, and your phone keeps ringing."*
- **Pause:** Give 10 seconds for participants to imagine the situation.
- **Ask:** *"While focused on this, if someone raised their hand nearby, would you notice immediately? Probably not. When your mind is busy, small signals are easy to miss."*
- **Explain:** *"This is what happens for a mother under stress in an emergency setting: her mental load is heavy, so early cues from her baby may be missed. Feeding happens later, when the baby is already upset, making the experience stressful for both."*
- **Show:** *Diagram: How missed cues affect breastfeeding over time (Participant handbook).*
- **Explain:** ***Why does milk supply decrease?** Breast milk production works on a supply-and-demand system: the less milk is removed from the breast, the less is made. Stress does not directly reduce milk but missed cues and disrupted feeding behavior can gradually impact supply over time.*



Additional ways stress impacts feeding behaviors:

- **Refer:** *Section: Additional ways stress impacts feeding behaviors (Participant handbook).*
- Stress affects behaviors of both caregivers and their children.
- These are normal reactions in emergencies. All these behaviors can reduce effective milk removal, responsive breastfeeding, and affect the timely introduction of complementary foods, which can gradually impact nutrition.
- What matters is supporting behaviors that protect positive feeding opportunities.

Key Points:

- Stress does not directly reduce milk supply, but affects responsive feeding behaviors and the introduction of timely, appropriate complementary feeding.
- Supporting caregiver behaviors can maintain milk supply, ensure appropriate complementary feeding practices are in place, and protect infant and young child nutrition.

Bridge: *"Stress can change how mothers and caregivers behave. These behaviors, which can affect feeding, can be supported and improved. Let's explore how to do this next."*

4 Strategies to mitigate impact (12 min)



Small group discussion: Strategies to mitigate the impact of stress

Instructions:

- **Introduce the activity:** *"We've seen how stress can make responsive feeding harder. But there are things we can do to support mothers and caregivers. In groups, you'll brainstorm practical strategies that you can apply during counseling sessions."*
- **Divide participants into three groups:**
 - Group 1 → Support caregiver emotional state
 - Group 2 → Strengthen responsive feeding
 - Group 3 → Engage family and community
- **Refer:** Activity: *Strategies to support mothers under stress* (Participant handbook).
- **Explain the task:** *"You have 5 minutes to discuss and write down as many ideas as possible. Then we'll share highlights."*
- **Monitor and support:** Walk around, encourage quieter participants, and prompt with examples if needed.

Debrief:

- **Ask** each group for 2–3 key strategies.
- **Summarize and reinforce key points.** If any important strategies were not mentioned, refer to the facilitator notes below to ensure they are covered.
- **Explain:** Participants are encouraged to use the counseling cards during sessions to support caregivers. For example:
 - **Card 28 – Teach your child to eat with patience and love:** supports responsive feeding.
 - **Card 33 – Take care of yourself to manage stress and fatigue:** encourages caregiver well-being.
- **Refer:** *Job Aid 1.2: Practical strategies to support mothers under stress* and *Job Aid 1.3: Counseling cards* (Participant handbook).

Wrap-up message

- *"Stress can make feeding harder, but with the right support—emotional care, practical tips for feeding responsiveness, and family support—mothers can continue to breastfeed successfully."*



Small group discussion: Strategies to mitigate the impact of stress - Facilitator notes

Group 1 – Support a caregiver's emotional state: *"What practical things can you do to help a mother or caregiver feel calmer, more supported, and less alone in this situation?"*

Possible answers:

- Sit in a calm, safe space with the mother.
- Listen without judgment and validate her feelings.
- Normalize stress response: *"It's normal to feel this way; your milk is still good."*
- Encourage skin-to-skin for calming both mother and baby.
- Encourage calming techniques before feeding: deep breathing, grounding exercises, supportive positioning.

- Reassure her that stress does not stop milk production.
- Encourage care-seeking when needed: *"If these feelings do not go away, you can visit the health facility. Depression and anxiety are common after birth and can be treated."*
- Connect her with peer support or mother groups.

Group 2 – Strengthen responsive feeding: *"What tips can you give a mother to help her respond to her young child's feeding cues, even when life is stressful?"*

Possible answers:

- Explain early hunger cues (e.g., rooting, hand-to-mouth movements) vs. late cues (crying).
- Show her how to watch and listen for cues while holding baby close.
- Minimize distractions: Find a quiet corner or use a privacy screen if possible.
- Encourage skin-to-skin to promote bonding and relaxation.
- Support comfortable positioning to reduce stress for both mother and baby.
- Reassure her that feeding frequently, even for comfort, is normal during stressful times.
- Offer tips to keep the baby close (baby-wearing, safe room-sharing) to make cue recognition easier.

Group 3 – Engage family and community: *"What can you do to involve family or community members, so they support the mother and do not pressure her with myths or recommend harmful practices?"*

Possible answers:

- Invite family to counseling sessions if possible.
- Address common myths in a respectful way.
- Encourage family members to reduce pressure and give emotional support.
- Suggest practical help: share household chores, prepare food, and/or care for older children.
- Promote positive messages within the family: *"Breastfeeding is still best, even when stressed."*
- Involve fathers in creating calm feeding spaces and supporting skin-to-skin.
- Encourage the mother: When feeling exhausted or overwhelmed, reach out for help from partner, family, or friends.
- Suggest sharing experiences with a trusted confident, both successes and challenges.
- Where possible, link to community mother-to-mother or peer support groups.

5 Key takeaways and questions (3 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:

"Which of these strategies to support mothers under stress do you think will be most challenging to implement in your setting?"

Bridge: *"We've explored how stress affects mothers and infants, and how responsive feeding can be supported even in challenging situations. Now, think about this: as frontline workers, your own stress and mental load can influence the effectiveness your support to mothers and young children. Just as stress can change a mother's responsiveness, your stress can affect your listening, patience, and counseling. In the next session, we'll focus on strategies for self-care and stress regulation, so you can remain calm, present, and effective while supporting others."*



LEARNING OBJECTIVE 3:

Apply self-care strategies to manage your own stress and regulate your emotions as a counselor

Time: 10 min

1 The concept of stress regulation (2 min)

Action:

- **Introduce:** *"In this session, we will explore how stress affects us and learn practical strategies to regulate our own stress, so we can stay calm, focused, and effective when supporting caregivers."*
- **Explain:**
 - "Regulation means managing your stress response so you can return to a calm, balanced state. This is called being regulated.
 - We all have a **nervous system** that helps us respond to stress. When we are calm and balanced, we can think clearly, make decisions, and connect well with others.
 - When stress becomes too much, our mind is not able to be clear and we often take on different behavior reactions:
 - **Fight or Flight response:** Feeling impatient, restless, or frustrated.
 - **Freeze response:** Feeling stuck, unsure, or disconnected.
 - These reactions are normal. But if we stay dysregulated too long, it affects our **health**, our **relationships**, and our **counseling work**."

Key Points: Link to counseling

- **Refer:** First column of the *Table: Effects of regulation and dysregulation on counseling* (Participant handbook).
- Being regulated matters for effective counseling and well-being.
- As IYCF-E counselors, being regulated allows you to:
 - **Build** trust and rapport with caregivers.
 - **Listen** actively and **make** good decisions.
 - **Support** mothers in feeling calm. Because calm is contagious!

2 Effect of dysregulation on counselling (2 min)

Action:

- **Ask:**  *"When you are stressed or anxious, how does it impact the way you engage with the families that you are supporting?"*
- **Collect:** 2-3 short answers.

Key Points: Link to counseling

- **Refer:** Second column of the *Table: Effects of regulation and dysregulation on counseling* (Participant handbook).
- During IYCF counseling, dysregulation might look like:
 - Impatience when a mother doesn't follow your advice.
 - Avoiding a difficult conversation.
 - Feeling stuck when a mother has many problems."
- Learning to regulate is essential for providing effective IYCF-E counseling.

3 Self-regulation vs co-regulation (1 min)

Action:

- **Say:**
 - “When we are calm, caregivers feel it. Our **emotional state influences theirs**. This is called **co-regulation**.”
 - “But here’s the key: **you can’t calm others if you are not calm yourself**. That’s why we focus on **self-regulation** first.”
- **Refer:** *Table: Self-regulation vs co-regulation* (Participant handbook).

Key Points:

- **Self-regulation** = calming and grounding yourself to stay focused and resilient.
- **Co-regulation** = using your calm presence to help others (caregivers/babies) feel calm.
- Co-regulation **can be taught** to mothers and caregivers to use with their children.
- We focus on **self-regulation** first, then build toward **co-regulation**.

4 Regulation techniques (2 min)

Action:

- **Explain:** “Some techniques help calm us when we feel tense (**soothing**), others give us energy when we feel tired (**activating**). We’ll practice one example now, but there are many more in your handbook and annex.”
 - **Soothing** → Slow breathing, grounding, self-hold
 - **Activating** → Stomping feet, shaking, gentle movement
- **Refer:** *Two types of regulation practices and Different styles of practices* (Participant handbook)



Practice: Breathing (short version)

Instructions:

- **Introduce:** “Let’s try one technique together.”
- **Guide:**
 - “Place one hand on your chest.
 - *Inhale* for 1, 2, 3, 4...
 - *Hold* for 1, 2...
 - *Exhale* slowly for 1, 2, 3, 4, 5, 6.
 - Let’s repeat this 3 times together.”
- **Ask:** “How do you feel now compared to before?”
- **Refer:** *Annex 1: Emotional regulation practices* (Participant handbook).



Facilitator Tip

If time allowed, this practice could be extended. This is just one example. There are many others that participants can try during the training and afterwards.



5 Integration regulation techniques in daily work (2 min)

Action:

- **Ask:**  "When could you use this in your day as a counselor?"
- **Collect:** 2-3 short answers.
- **Summarize:**
 1. **Before a counseling session:** Take a few breaths, notice your state, set aside distractions.
 2. **During a session:** Model calmness, speak slowly, listen fully. Your calm presence helps regulate caregiver, which in turn helps their baby (co-regulation).
 3. **After a difficult session:** Reset before moving to the next caregiver.
- **Conclude:** "These techniques take just a minute or two, but they make a big difference for you, for the caregiver, and for the infant or young child."

6 Key takeaways and questions (1 min)

Action:

- **Refer:** Key learning points – Objective 3 (Participant handbook).
- **Ask** if participants have any questions before moving on.
- **Wrap up:** "We will continue to practice these techniques throughout the training—before breaks, after intense sessions, and during role-plays."



Facilitator Tip

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

"Which self-regulation or co-regulation practice(s) do you think will be easiest to use in your daily counseling work?"

Bridge: "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 from the context we discussed in Step 1 and apply the knowledge and skills from step 2, with a focus on the following 3 counseling skills:
 - Show that you understand how the mother/caregiver feels (empathy).
 - Recognize and praise what a mother or caregiver and baby are doing right.
 - Use simple language.
- **Refer:** Case study: Hana and Mariam (Participant handbook).
- **Summarize** the case:
 - Setting: Mother–Baby Tent in the transit camp
 - Counselor has been referred to the mother, Hana
 - Baby Mariam is 4 months old and has been exclusively breastfed until now
 - She is considering introducing breastmilk substitute (BMS)

2 Script (10 min)

Action:

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

Facilitator Tip

- Act, don't read:** You are encouraged to perform the counselor or mother naturally rather than reading the script word-for-word. Use the dialogue as a guide.
- Use prompts sparingly:** You may not have time to ask all prompts during the demo. Pauses should be realistic but brief.
- Set the tone:** Model calm, patient, and supportive behavior throughout; this helps participants see how emotional safety is created.



Counselor

Hello Hana, my name is [Counselor]. Welcome. Please come sit down, and I can bring you a cup of tea if you'd like. Let's take a moment to breathe. It's busy out there.



Hana

Oh yes, thank you.



Counselor

You're welcome! [pause]



Facilitator

Prompt:

- What did you notice the counselor did at the very beginning?
- How do you think Hana might feel after this kind of welcome?

Explanation:

The counselor creates emotional safety by greeting Hana warmly, offering comfort (bathroom, tea), and pausing calmly. These small gestures help reduce stress and show care before discussing feeding.



Counselor

I understand from my colleague that you're thinking about using formula for Mariam. Can you tell me more about what's happening?



Hana

Breastfeeding has been fine until now, but it's been so hard. When we were walking, our whole group had to stop every time I fed her, so I tried to delay feeding her until she was really crying or my breasts were very full and painful. Here, I've been stressed. I spend my day in queues for every little thing. There are people everywhere and I can't find a quiet place to sit, even at night. I didn't plan to use formula, but I feel like my milk isn't enough. Mariam acts like she is starving.



Counselor

What a difficult few weeks you've had! I hear you saying you're exhausted, with so many things to do and so little time to rest. These feelings are normal. This is a very stressful situation.



Hana

Yes, I feel like I'm never calm, and Mariam cries so much.



Counselor

That must feel overwhelming. Sometimes babies cry more when things around them are noisy or stressful. Crying doesn't always mean they're hungry.



Hana

Really? I thought it was because I don't have enough milk.

	Counselor	It's a common concern for many mothers in this situation. But your milk is still good. Stress does not stop your body from making milk, even with everything you are going through. Mariam is healthy. Look how she is watching you and listening to your voice right now.
	Facilitator	Prompt: • What words or tone did the counselor use to show empathy? • How did the counselor respond when Hana worried her milk wasn't enough? Explanation: The counselor validates Hana's stress by naming her feelings and linking them to the difficult situation. This shows Hana she is heard and understood. Then, the counselor debunks the myth that stress stops milk production, while praising Hana's mothering and highlighting Mariam's healthy behavior. This combination reassures Hana and builds her confidence.
	Hana	But I want things to go back to how they were before. She used to feed every few hours and only once in the night. Now she wants to feed all the time, and I don't understand it.
	Counselor	This is hard. The changes you're describing are very common when life changes so quickly as it has been for you and your family. At home, you may have had more time and space to feed Mariam whenever she wanted. Here in the camp, with so many demands and little privacy, it makes sense that feeding has felt more difficult. Your milk is still nutritious and enough for Mariam. What makes the difference is how quickly you're able to feed her when she's hungry. If feeds are delayed, she may cry more, take less milk, and seem unsettled. But if you notice her signs of hunger early and put her to the breast right away, feeds go more smoothly, and your body keeps making the milk she needs.
	Hana	I usually wait until she cries. Isn't that the sign she's hungry?
	Counselor	Crying is usually the last sign of hunger. By then, she's already very hungry and harder to calm. Before that, babies give smaller signals. For example, Mariam might root around looking for your breast, move her hands to her mouth, or fuss a little. Watching for these early signs helps you feed her before she gets upset, and feeds are calmer and more effective.
	Hana	Oh, I didn't know that. So, if I catch it before she cries, she'll feed better?
	Counselor	Exactly. The sooner you respond, the calmer Mariam will be, and the easier the feed. The more you watch her eyes, mouth, and movements, the easier it gets to understand what she needs. Try to keep her close so you can notice those little signals as they are happening. And remember, it's important to put her to the breast often, even if it feels like many times in a day.
	Facilitator	Prompt: • What advice did the counselor give about when to feed Mariam? • What signs of hunger were mentioned before crying? Explanation: The counselor explains that crying is a late hunger sign and shows how to look for earlier signs that make feeding easier and calmer. She keeps her language simple, avoids jargon, and gives

clear, practical examples. By encouraging Hana to keep Mariam close and feed her often, the counselor supports her confidence and helps protect her milk supply.



Hana

Well, that makes sense! But what am I supposed to do? There's nowhere to feed her that is private or comfortable. And the tent is open to everyone. So, I don't feel comfortable feeding her, especially at night.



Counselor

I understand that your privacy and safety is important. I have noticed that some families have made screens out of sheets that can be used to create a private space. Would that be possible to do?



Hana

It might. I can try. At least it would be worth trying to see if she cries less.



Counselor

That sounds like a good step. So, for now, you'll try to make a little private space with a sheet and keep Mariam close so you can notice her signals early. I'll check in with you tomorrow to see how it goes and what else might help. You're doing a great job caring for Mariam in such a difficult situation.



Facilitator

Prompt:

- How did the counselor respond when Hana raised concerns about privacy?
- What steps did they agree on together?

Explanation:

The counselor has shown empathy for Hana's concern about privacy and offered a practical suggestion and waits for Hana's feedback. Mothers who are stressed may take longer to get into problem-solving mode. The counselor also summarizes the plan, praises Hana, and sets a follow-up for the next day. This leaves Hana supported and gives her clear next steps.

3 Debrief (3 min)

Action:

- **Ask:**  "What did you notice that the counselor did that helped Hana feel supported?"

Bridge: "Thank you for observing the demonstration. Now it's your turn to put these skills into practice through a role-play."

STEP 4: Role-Play

 30 min

1 Regulation technique (5 min)



Practice: 5-4-3-2-1 method

Instructions:

- **Introduce:** *"Before we begin, let's try another regulation technique. Counselors can use this kind of practice before or between sessions to reset. It's called the 5-4-3-2-1 method."*
- **Guide:** Ask participants to notice: 5 things you can see, 4 things you can feel, 3 things you can hear, 2 things you can smell, and 1 thing you can taste (or imagine tasting).
- **Refer:** Activity: 5-4-3-2-1 method (Participant handbook).



2 Introduction (5 min)

Action:

- **Explain:** The role-play is a continuation of Hana's story from Step 3: she returns the next day.
- **Organize:** Ask participants to form groups of 3: **Counselor, Hana, Observer**.
- **Distribute:** Hand out the role cards to each "Hana" (*prepared in advance the role-play card – Hana from the Annex 1.1*).
- **Option:** Invite counselors to choose a regulation technique from the annex 1, if they would like to use one in the role-play.
- **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:
 - Demonstrate empathy by showing that you understand how the mother/caregiver feels
 - Recognize and praise what a mother or caregiver and young child are doing right.
 - Use simple language.
- **Allow:** Give groups 2–3 minutes to get ready before beginning their role-plays. Participants can review the Counseling Skills Checklist to refresh their memory of the key recommendations discussed during the session.
- **Time:** The role-play lasts about 10 minutes.

3 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 (10 min)

Action:

- **Gather:** Bring everyone back together and thank participants for their role plays and effort.
- **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?”
- **Ask to “Hana’s”**  :
 - “How did it feel to be in Hana’s place?”
 - “What kind of responses were most supportive?”
- **Refer:** Role-play debrief: Hana (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 (acknowledging progress, empathy, addressing the stress/milk myth, family support, co-regulation, clear next steps).

Facilitator Tip

Manage time: Keep the discussion practical and focused; aim to complete the debrief within 10 minutes. Participants can continue reading the box ‘Role-play debrief: Hana’ afterwards in the Participant Handbook for further reflection.

Bridge: “These skills take time and practice. Each conversation is an opportunity to improve. In Step 5, we’ll reflect individually on your own counseling experiences and think about how to apply these lessons in your daily work.”

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 three questions aloud 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 1.1: Role-play card – Hana

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

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

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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.”

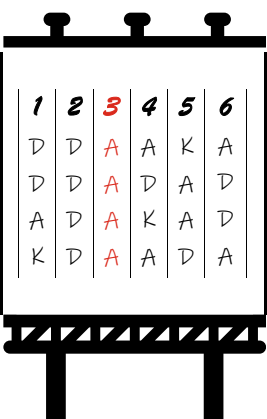
- **Allow 5 minutes** for participants to read and record their code individually. Encourage honesty: “This is not about right or wrong. It’s about noticing your own reactions.”
- **Collect** all sticky notes and write each code clearly on the flipchart in a table with 6 columns labeled 1–6 (representing 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: • What did the counselor check before continuing the conversation? 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."

STEP 4: Role-Play

 30 min

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.
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