

Participant Handbook



**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

This section includes two sessions, *Addressing Stress in Emergencies* and *Supporting Caregivers Affected by Gender-Based Violence (GBV)*, which were adapted from the *Infant and Young Child Feeding in Emergencies (IYCF-E) Counseling Training Package for Frontline Workers*.

The full IYCF-E package aims to strengthen the ability of frontline workers to provide effective, inclusive, and context-appropriate IYCF counseling in emergencies. It builds on the *UNICEF Community IYCF Counseling Package* by adding an emergency lens, focusing on flexibility, inclusion, and trauma-informed care in disrupted environments.

These two sessions have been selected to complement the Disability-Inclusive Nutrition Services Training Package. These modules offer practical tools for supporting caregivers who may be experiencing high stress, the impacts of disability, or the effects of GBV, issues that are often linked with displacement and protection risks. Used together, they help you strengthen the emotional, psychological, and physical support you provide to caregivers and their children.

Each session lasts about two hours and follows the same five-step structure:

STEP	1	Set the scene	Connect the topic to real emergency scenarios and introduce the learning objectives.
STEP	2	Strengthen key knowledge, concepts, and skills	Present the technical information and considerations required to meet each learning objective.
STEP	3	Demonstrate	Observe facilitators modelling skills in a scenario-based role play.
STEP	4	Participant role-play	Practice new skills in small groups through guided role play and peer feedback.
STEP	5	Self-reflection	Consolidate learning through self-reflection and group discussion

The sessions focus on advanced counseling skills, building on the basic skills introduced in the UNICEF IYCF Counseling Package, while strengthening their application in emergency contexts. Throughout the training, facilitators will integrate short refreshers on counseling skills as part of the discussions, demonstrations, and role plays.

Each session focuses on three selected counseling skills to make practice more focused and effective. However, in day-to-day counseling, participants are expected to apply all foundational skills together with the Assess–Analyze–Act (3A) process.

Core counseling skills

Listening and learning

1. Use helpful non-verbal communication
 - Keep your head level with the mother or caregiver
 - Pay attention (eye contact)
 - Remove physical barriers (tables and notes)
 - Take time, and allow the mother or caregiver time to talk
 - Use appropriate touch
2. Ask open questions (Allows mother or caregiver to give detailed information.)
3. Use responses and gestures that show interest
4. Reflect back what the mother or caregiver says
5. Show that you understand how mother or caregiver feels (showing empathy).
6. Avoid words or tones that sound judging

Building confidence and giving support

1. Accept what the mother or caregiver thinks and feels (To establish confidence, let the mother or caregiver talk through her or his concerns before correcting information.)
2. Recognize and praise what the mother or caregiver and baby are doing right
3. Give practical help
4. Share small, relevant pieces of information
5. Using simple language
6. Make one or two suggestions, not commands



The counseling process: Assess–Analyze–Act (3A)

The counseling process helps structure every interaction with a caregiver:



1. Assess:

Ask, observe and listen to the caregiver and experience with infant or young child feeding.



2. Analyze:

Think about the caregiver or group's concerns and prioritize what topics and counseling cards you can share.



3. Act:

Provide information, praise, and identify solutions together that the caregiver or group can try.

UNICEF (2024). *Community Infant and Young Child Feeding Counseling Package: Counseling Cards*. New York: UNICEF.

You are encouraged to use the UNICEF IYCF Counseling Cards in your counseling sessions, as they are practical tools to support discussion and reinforce key messages with caregivers.

Using supportive language takes practice

Using encouraging, non-judgmental language may feel unfamiliar or uncomfortable at first, especially when conversations are emotional or sensitive. Like any counseling skill, it becomes easier with awareness and practice.

Practical ways to build confidence:

- **Role-play** common counseling scenarios with a colleague or supervisor.
- **Record yourself** saying supportive phrases and listen for tone, pace, and warmth.
- **Start small:** choose one or two neutral phrases to practice each session until they feel natural.
- **Reflect after sessions** on what worked well and what felt challenging and adjust your wording accordingly.
- **Observe others** who use calm, supportive language and learn from their phrasing and tone.

With steady practice, supportive communication becomes more natural and effective, which help to create a space where mothers, fathers, and caregivers feel **safe, respected, and empowered**.

Trauma-Informed Care

Across all sessions, a Trauma-Informed Care (TIC) approach is emphasized.

What is Trauma-Informed Care?

TIC is an approach that recognizes how distressing or harmful experiences can affect a person's well-being, behavior, and ability to trust others. It aims to create safe, respectful, and supportive interactions that avoid re-traumatization and promote healing.

Five guiding principles:

- **Safety** – ensuring physical, emotional, and psychological safety.
- **Trustworthiness** – being reliable, transparent, and consistent.
- **Choice** – offering meaningful options and respecting decisions.
- **Collaboration** – working *with* people, not *for* or *on* them.
- **Empowerment** – recognizing strengths and supporting self-efficacy.

In practice, TIC means shifting from asking “*What’s wrong with you?*” to “*What happened to you?*”, an approach that fosters compassion, dignity, and inclusion across all counseling interactions.

Finally, remember that this handbook is designed for you to learn actively. You are welcome to make notes, write reflections, and keep it as a reference in your work.

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.*

STEP 1: Set the Scene

Why are we discussing stress in emergencies?

- Emergencies create **intense stress** for caregivers.
- Stress affects **decision-making, communication, and caregiving**.
- When caregivers feel overwhelmed, it can impact **feeding practices and child well-being**.

Figure: Sources of stress specific to emergencies

Emergencies often bring multiple stressors at once:

	Environmental factors	Overcrowding, poor shelter, unsafe conditions, decreased access to safe drinking water and hygiene items, higher disease risk
	Social factors	Breakdown of community structures, loss of social networks, isolation, loss of friends, family, and loved ones
	Health system factors	Disrupted health services, longer distance to access, long wait times and overcrowd
	Financial factors	Loss of livelihood, lack of access to basic necessities
	Individual factors	Increased GBV risk; amplified challenges for individuals with a disability

These factors combine and increase stress, affecting caregivers' ability to care for and feed infants and young children.

Emergency context



Stress



Feeding practices



Scenario: Stress impacts feeding



Armed conflict has displaced thousands of civilians, who are staying for an average of two nights in a **crowded transit camp**. **Tents are shared**, **queues** for food and water **are long**, and sanitation is **inadequate**. A Mother-Baby Area (MBA) is available for pregnant and lactating women (PLW) and children 0–23 months.

Question:

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

Write key points from the group discussion below:

Consider caregivers with disabilities

Some caregivers or children may live with disabilities. In emergencies, their challenges can be magnified, for example:

- **Moving around is harder** in crowded camps.
- **Feeding in public spaces can feel additionally overwhelming** without privacy or quiet/calm.
- **Extra energy is needed for daily tasks**, adding to physical exhaustion.
- **Finding appropriate food or feeding support** can be difficult, especially for children with sensory needs or those who used a Breastmilk Substitute (BMS) before the emergency.

STEP 2: Strengthen key knowledge, concepts, and skills



LEARNING OBJECTIVE 1:

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

Timing, duration, frequency of counseling in emergencies

When, how long, and how often you provide counseling needs to be adapted in emergencies.

Table: Adapting counseling in emergencies – Timing, duration, frequency

When (timing)	How long (duration)	How often (frequency)
Challenge: Counseling may happen too early or too late (e.g. discussing complementary feeding when the infant is a newborn) → caregivers feel overwhelmed or frustrated.	Challenge: Caregivers under stress have less focus, and counselors have little time.	Challenge: Six standard contacts (as recommended by WHO) are rarely possible in emergencies
Adaptations: • Validate frustration from missed info. • Focus on what caregivers can do now. • Prioritize present needs. • Avoid overload. • Highlight strengths.	Adaptations: • Start with emotional connection. • Set one clear goal. • Break info into small steps and repeat. • End with next steps. • Leave on a positive note.	Adaptations: • Seize opportunities (queues, distributions). • Keep sessions short and focused. • Repeat key messages across contacts.

Why stress matters and small tips to adapt

- Stress reduces memory and decision-making capacity.
- Use **short, focused messages**, repeated over time.
- Combine verbal, written, and visual communication.
- **For caregivers with disabilities**
 - Use adapted written/visual formats: large print, pictorial cards, braille.
 - Involve a trusted support person if possible.
 - Adjust duration of sessions as needed - either allowing extra time or decreasing the duration based on the mother and child's specific needs.



Key learning points – Objective 1

- In emergencies, **when, how long, and how often** counseling happens must be flexible.
- Always start each session by creating **emotional safety and connection**, even when time is limited.
- Counseling may happen too late or too early; adapt by focusing on the most pressing current need.
- Use **shorter, more frequent contacts** and repeat key messages in multiple formats.
- Ensure **accessibility and inclusion** for caregivers with disabilities in all adaptations.



LEARNING OBJECTIVE 2:

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

Activity: Common beliefs and practices



TRUE or FALSE?

Milk production <i>can</i> continue even in very stressful situations.	True	False
Maternal adrenaline inhibits the let-down reflex, slowing milk flow.	True	False
Infant behavior, such as crying or acting unsettled, during emergencies does not necessarily mean the baby is not getting enough milk.	True	False
Breastfeeding while stressed or sad can harm the infant, physically or emotionally.	True	False
Fathers and other family members have little influence on feeding practices.	True	False

These beliefs can **increase maternal stress, reduce confidence, and lead to behaviors which indirectly affect milk supply**. Understanding this helps the counselor approach a mother **with empathy and practical guidance**.

Keep in mind to:

- Acknowledge and respect the caregiver's feelings and experiences: validate her concerns without judgment.
- Provide accurate information gently: explain what the evidence says.

Refer to *Job Aid 1.1: Addressing common beliefs and practices in emergencies* for more detailed explanations and sample responses.

Responsive feeding

DEFINITION

Responsive feeding is the practice of feeding a child in response to their cues, such as signs of hunger, fullness, or a need for comfort, rather than on a strict schedule or through pressure.

Examples in practice:

For instance, a mother notices her baby turning their head toward her chest and opening their mouth. She offers the breast calmly and makes eye contact. When the baby turns away or slows sucking, she pauses feeding, recognizing the baby is full. Responsive feeding is about mutual communication where caregivers observe, respond, and adjust based on the child's signals.

Notice the baby's
call or cue

Understand the need

Respond calmly in an
appropriate and
timely manner

Key points:

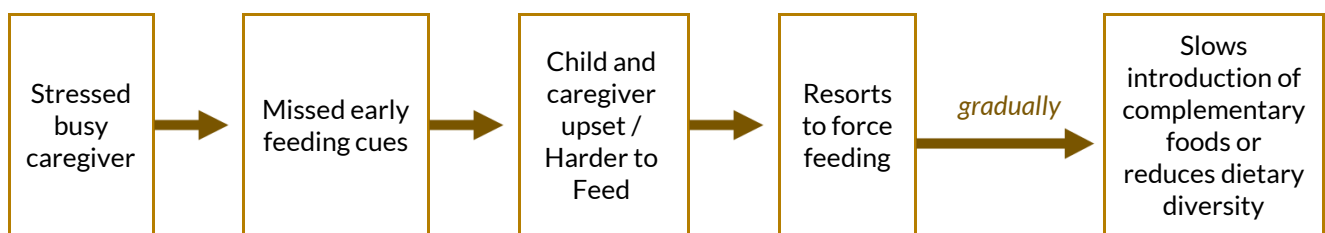
- Responsive feeding = recognizing and responding promptly and warmly to feeding cues.
- Responsiveness helps the child feel safe, builds trust, and supports emotional and physical growth.
- These positive interactions can reduce stress for both the mother and the child.

How stress affects responsive feeding

- Stress affects how caregivers notice and respond to their children's cues.
- When stressed, a caregiver may overlook early feeding cues, respond only to crying, shorten breastfeeding sessions, or try to rush or force-feed an older child.

Diagram: How missed cues affect breastfeeding over time

Why does supply decrease? Breast milk production works on a supply-and-demand system: the less milk that is removed from the breast, the less milk that is made. When stress leads to shorter or fewer feeds, it can gradually reduce milk production over time. Stress itself does not stop milk production.

Additional ways stress impacts feeding behaviors**Diagram:** How missed cues affect complementary feeding over time

- Stress can also cause:
 - Increased mother-child separation to attend to other priorities → reduced feeding opportunities
 - Misinterpretation of fussiness as 'not enough milk' or 'hunger' → introducing breastmilk substitutes or complementary foods too early
 - Heightened anxiety or worry → disrupted routines or missed feeding cues
- Infant behaviors may include:
 - Disrupted sleep and feeding routines → missed or shorter feeds; additional fussiness
 - Seeking extra comfort (*feeding all the time*) → frequent but less effective feeds (short, shallow), over consumption and/or reliance on junk foods.
- All these behaviors reduce effective milk removal → can gradually reduce milk supply.

Key points:

- It's the behaviors caused by stress—not stress itself—that impact milk supply.
- Supporting caregiver behaviors is crucial in emergencies.

Strategies to mitigate impact

Activity: Strategies to support mothers and caregivers under stress



Timing: 5 minutes

Group 1: What practical things can you do to help a mother or caregiver feel calmer, more supported, and less alone in this situation?

[illegible]

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

[illegible]

Group 3: *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?*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Refer to *Job Aid 1.2: Practical strategies to support mothers under stress* and *Job Aid 1.3: Counseling cards*.



Key learning points – Objective 2

- **Stress does not stop milk production.** Less frequent or shorter feeds can reduce supply over time, not stress itself.
- **Stress affects behavior, not milk quality.** Breastmilk stays nutritious even when a mother is stressed.
- **Missed cues mean later, more challenging feeds.** When babies are fed late, they are upset, which makes feeding stressful for both the mother and baby.
- **Milk supply works on demand.** The more the mother breastfeeds, the more breast milk she will make.
- **Responsive feeding matters.** Watching for early hunger cues and responding warmly helps children feel safe and reduces stress for both the mother and child.
- Helping caregivers find manageable moments to feed attentively can protect recommended complementary feeding behaviors during emergencies.
- **Children's behavior changes in emergencies are normal.** Fussing or frequent feeding doesn't always mean that they do not have enough milk or that they are hungry.
- **Fathers and family members are influential to feeding behaviors.** Involve them to help mothers with feeding and reduce pressure or misconceptions.
- **Support can make a big difference.** Emotional reassurance, calming techniques, practical tips for responsive feeding, and family support all protect breastfeeding and healthy feeding behaviors.



LEARNING OBJECTIVE 3:

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

Stress regulation

Just as stress can make feeding harder for mothers, **your own stress can affect how you support them**. Learning ways to regulate your stress will help you stay calm, focused, and improve the effectiveness of counseling.

Key points:

- When you are well regulated: you are calm, you feel at ease, focused, and able to respond effectively.
- When you are dysregulated: you feel stressed, you may experience the following reactions:
 - Fight/flight response → irritable, anxious, frustrated
 - Freeze response → stuck, disengaged, uncertain

Table: Effects of regulation and dysregulation on counseling

When regulated You can...	When dysregulated You can...
Actively listen and empathize with caregivers	Feel impatient or frustrated when mothers don't follow advice, making connection harder
Build trust and rapport with caregivers (we are experienced as "safe")	Struggle to communicate clearly or stay focused during sessions
Take in information, see the bigger picture, concentrate, and remember details	Have difficulty analyzing information, seeing options, or solving problems
Communicate calmly and effectively	Avoid or withdraw from difficult conversations
Solve problems and make good decisions	Feel stuck when caregivers face many challenges; lose sense of purpose or effectiveness

Because stress affects how you connect, listen, and make decisions, caring for your own mental health and practicing regulation is essential for effective IYCF-E counseling.

Table: Self-regulation vs co-regulation

Self-regulation	Co-regulation
→ calming and grounding yourself first.	→ using your calm presence to help others (caregivers/babies) feel calm.
• Use when you notice signs of stress or disconnection. • Helps stabilize the nervous system, improving focus, emotional resilience, and ability to support others.	• Use with caregivers during counseling when they appear stressed or overwhelmed. • Can also be taught to mothers and caregivers to use with their children.

Remember: You cannot help others regulate if you are dysregulated yourself. Your calm presence supports caregivers, which in turn helps their children.

Regulation techniques

There are two main types of regulation practices. You can use them for self-regulation or to co-regulate with caregivers.

Two types of regulation practices

- **Soothing** → Use when tense, overwhelmed, nervous, or worried (e.g. after emotionally heavy discussions). Examples: Slow breathing, grounding, self-hug.
- **Activating** → Use when tired, withdrawn, lethargic, or sleepy (e.g. after lunch or long sessions). Examples: Stomping feet, shaking, gentle movement.

Different styles of practices

- **Orienting** → Create a sense of safety by noticing the present moment
- **Grounding** → Stabilize and anchor in the body and surroundings
- **Breathwork** → Calm and regulate the nervous system through breathing
- **Movement** → Release or boost energy through motion
- **Self-touch** → Notice the body and use hands for comfort and self-soothing (e.g., hand on chest, self-hold)
- **Resource-oriented** → Focus on internal and external strengths or supportive connections

Regularly practicing these techniques builds a “toolbox” you can draw on whenever you need to stay balanced. Refer to *Annex 1: Emotional regulation practices* for more examples at the end of the handbook.

Activity: Deep breathing

This exercise brings your focus to your breath and helps you to slow down.

ACTIVITY: DEEP BREATHING



- 1 Place one hand on your chest
- 2 Inhale for 4
- 3 Hold for 2
- 4 Exhale for 6

Repeat 3 time

How to use in daily work

- **Before counseling:** Pause, take a breath, set aside distractions
- **During sessions:** Model calmness, speak slowly, listen fully; your calm presence helps caregivers regulate too (co-regulation).
- **After difficult moments:** Reset using any practiced technique before moving to the next caregiver



Key learning points – Objective 3

- A counselor’s ability to **regulate stress** affects both the quality of counseling and their own well-being.
- **Co-regulation** can be used intentionally to strengthen counseling and can also be taught to mothers and caregivers to support their children.
- Practicing **simple self-regulation exercises** builds a “toolbox” you can draw on when needed.

STEP 4: Role-Play

Now, it is your turn!

Before beginning the role play, take a moment to prepare yourself. Counseling in emergencies can feel intense, and it is important for counselors to be calm and centered in order to support caregivers effectively. A simple regulation exercise can help you settle, focus, and be more present.

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

This exercise brings your attention to the present moment and the sensation in your body. In your mind, think of the following:



5 things you see



4 things you can feel



3 things you hear



2 things you smell



1 thing you taste

Role Play: Continuation of Hana's story



Timing: 10 minutes

Hana returns to the Mother-Baby Tent the next day. Yesterday, it was agreed that she would:

- Try to make a little private space with a sheet.
- Keep Mariam close so she can notice her signals early.
- Breastfeed more often, especially before Mariam cries.

She has been trying some of the ideas discussed with the counselor but still feels stressed and uncertain. Today, she is looking for more support and reassurance.

Instructions:

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

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



Reminders: Core counselling skills

- **Empathize:** Show that you understand how the mother or caregiver feels. This can be done by naming the emotions you hear and linking them to her situation. For example:
"What a difficult few weeks you've had."
"You're exhausted because you've had so much to do."
- **Recognize and praise:** Highlight what the mother or baby is doing well. Genuine praise builds confidence and encourages positive behaviors. For example:
"Mariam looks healthy and alert."
"You've worked hard to keep breastfeeding through such stressful times."
- **Use simple language:** Avoid jargon or technical terms. Explain concepts in a way that is clear and easy to understand. For example, instead of "responsive feeding" say:
"Feed your baby as soon as you notice small signs of hunger, before she cries."
"Stress does not stop your body from making milk."

Counseling Skills Checklist for the observer

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

Counseling Skills Checklist			
Core counseling skills	Yes	Partially	No
Greeted the mother warmly and created emotional safety			
Adjusted speed, tone, and language appropriately			
Expressed understanding and empathy for the mother's feelings			
Praised positive behaviors observed in the mother or child			
Used simple, clear language, avoiding jargon			
Case-specific / Practical actions	Yes	Partially	No
Acknowledged the mother's progress since the last visit			
Offered feasible solutions or options for the mother to consider			
Addressed the mother's stress and concerns			
Corrected any beliefs or misinformation the mother may have			
Supported responsive feeding practices			
Discussed strategies for self-regulation and co-regulation			
Included family support in the discussion where appropriate			
Summarized a clear plan and agreed next steps with the mother			



Role-play debrief: Hana

1. **Acknowledge progress:** Hana has already made positive behavior changes: using a sheet for privacy, feeding more often, and watching Mariam's cues. A good counselor notices and praises these steps.
Sample lines:
 "It sounds like you made a real effort with the sheet, and it's helping you at night."
 "You're already feeding Mariam more often. That's a great way to help her stay calm."
 → **Advice:** Praise builds confidence and shows the mother her actions matter. Small progress should always be recognized before moving to new challenges.
2. **Show empathy for Hana's stress:** Hana feels stuck in a cycle: stress → fussiness → more stress. Instead of dismissing her worry, the counselor should validate her feelings.
Sample lines:
 "It must feel exhausting when Mariam fusses and you're worried she isn't getting enough."
 "Many mothers feel stressed in these moments. You are not alone."
 → **Advice:** Empathy means reflecting the mother's emotions back and normalizing them. It reduces shame and opens space for problem-solving.
3. **Address the stress myth:** Hana believes stress reduces her milk supply. The counselor should gently correct this misconception while staying supportive.
Sample lines:
 "Sometimes stress can slow the milk from coming at the very start of a feed, but it doesn't reduce the amount of milk you make."
 "Your milk is still there. It may just take a moment longer to flow."
 → **Advice:** Use simple, clear explanations. Avoid technical terms like "responsive feeding" or "let-down reflex." The goal is reassurance, not overwhelm.
4. **Support self-regulation and co-regulation:** Hana feels stressed before feeds, which makes Mariam fussier. The counselor can suggest calming strategies Hana uses before a feed and explain how her calm helps Mariam.
Sample lines:
 "Before you put Mariam to the breast, take a deep breath or hold her skin-to-skin for a moment. When you are calm, she feels it too."
 "Babies often settle more easily when their mother feels a little more relaxed. You and Mariam can calm each other."
 → **Advice:** Link this advice back to Hana's cycle of stress and fussiness. Show that calming techniques can break the cycle.
5. **Involve family support and address the formula myth:** Hana's husband suggested formula after complaints from other men about Mariam's crying. The counselor should validate his concern but also explain how he can help without formula.
Sample lines:
 "It sounds like your husband just wants things to be easier for you and Mariam. He might be able to help by setting up your space or holding her after a feed so you can rest."
 "Crying at night is common, even with infant formula. Responding promptly often helps the baby settle faster. Fathers and other supportive adults can help by checking if the baby is wet or uncomfortable, bringing the baby to the mother for feeding, or helping the mother rest by taking turns watching the baby."
 → **Advice:** Shift the husband from critic to ally. Show how formula won't solve the problem, but his support will.

- 6. Summarize clear next steps and follow-up:** The counselor should end by pulling the pieces together, giving Hana a plan, and scheduling follow-up.

Sample lines:

"You've made great progress already with the sheet and feeding more often. Let's try calming before feeds and asking your husband to help notice Mariam's early signs."

"You can talk with your husband about how he can support you. He's welcome to join the next session if he wants. Come back tomorrow and we can talk about how the conversation with your husband went.""

- **Advice:** A clear plan with follow-up reassures Hana she is not alone, makes progress feel achievable, and encourages family support to help both mother and baby.

STEP 5: Self-reflection

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

Questions:

1. What is one key thing I learned in this session that I can apply in my counseling sessions?

2. What would I do differently next time when supporting a stressed mother?

3. How can I make sure I include and support caregivers with disabilities, or those caring for children with disabilities, who may face additional stress?

Additional notes:

Job Aid 1.1: Addressing common beliefs and practices in emergencies

Facts	Common belief	Impact on mother / caregiver	Sample sentences to say
Stress does not stop milk production. Milk remains nutritious even when a mother is worried or upset.	Milk “dries up” when a mother is stressed	• Mother may worry excessively and/or feel anxious or guilty. • Could stop breastfeeding too soon or use formula unnecessarily.	<i>“It is normal to feel worried or upset, but your milk is still good for your baby. Being stressed does not stop your milk from being healthy.”</i>
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.	Adrenaline slows milk flow / let-down	• Mother may think she’s doing something wrong. • May panic during feeds or try unproven remedies.	<i>“Sometimes your milk may take a little longer to come out at the start of a feed. This is normal and your baby is still getting enough.”</i>
Crying is often a normal response to stress, change, or discomfort, not just hunger. Behaviors such as crying and fussing are not reliable signs of inadequate milk intake and hunger.	Crying means baby is not getting enough milk	• Mother may misinterpret normal baby behavior and feel incompetent. • May feed too often or give supplements unnecessarily.	<i>“Your baby may cry more when things are noisy or stressful. Crying does not always mean they are hungry.”</i>
Milk remains nutritious even if the mother feels stressed, sad, or has experienced trauma. Breastfeeding can calm both mother and baby.	Breastfeeding while stressed harms the baby	• Mother may avoid breastfeeding when upset. • Leads to less responsive feeding and missed mother-child bonding.	<i>“Even if you feel sad, scared, or worried, your milk is still good and feeding your baby will help both of you feel calmer.”</i>
Fathers and family members are exposed to many of the same common beliefs and practices as mothers themselves but may not have as many opportunities to correct their understanding.	Fathers and family have little influence on feeding practices	• Mother may feel isolated, pressured, or confused. • May follow family advice that conflicts with best practices.	<i>“Sometimes family members give advice that isn’t correct. Your milk is still the best for your baby.”</i>

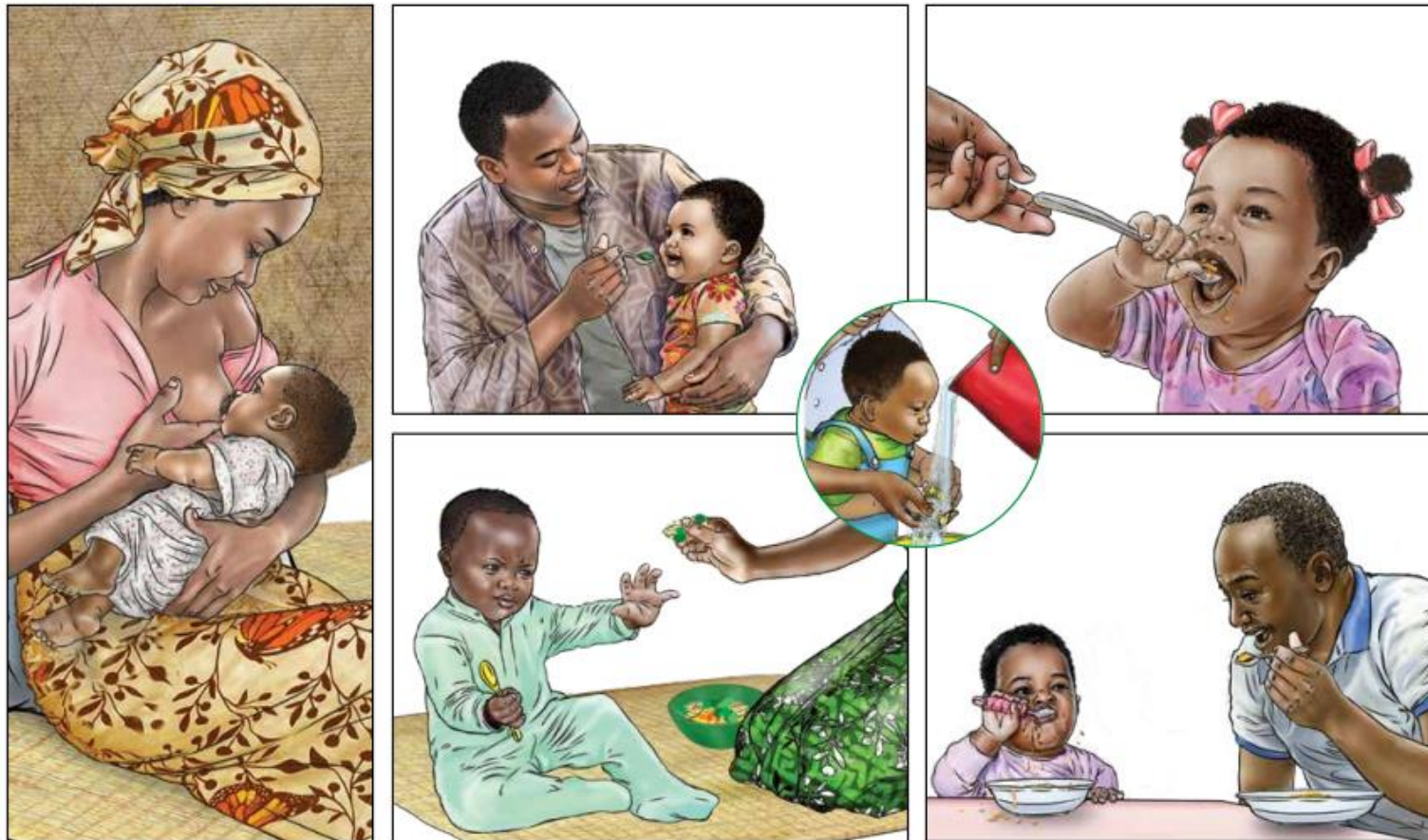
Job Aid 1.2: Practical strategies to support mothers under stress

Action area	Key strategies	Example phrases you can use
1. Support a mother / caregiver's emotional state	• Sit in a calm, safe space with the caregiver. • Listen without judgment and validate her feelings. • Normalize stress response: "It's normal to feel this way." • Encourage calming techniques before feeding: deep breathing, grounding exercises. • Promote skin-to-skin to calm both mother and baby. • Reassure her that stress does not stop milk production. • Encourage care-seeking if feelings do not go away. • Link to peer support or mother groups.	• "You're doing your best, and it's normal to feel stressed in this situation." • "Taking a few deep breaths before feeding can help both you and your baby feel calm." • "If these feelings don't go away, it's okay to ask for help, many mothers feel this way."
2. Strengthen responsive feeding	• Explain early vs late hunger cues • Encourage watching and listening for cues during mealtimes. Keep the child close and attentive to signals of readiness or fullness. • Minimize distractions: find a quiet space or use a privacy screen. • Support comfortable and safe feeding positions. Make sure the child is seated securely and comfortably for eating. • Encourage skin-to-skin to help bonding and relaxation. • Suggest baby-wearing or safe room-sharing to keep the baby close. Staying physically close helps the caregiver notice and respond to the baby's cues more easily, supporting bonding, comfort, and emotional regulation for both. • Reassure the caregiver that frequent feeding is normal in stress. • Reassure that picky eating or slow intake is normal, especially under stress. Encourage patience and repeated food exposures. • Promote positive, relaxed mealtimes. Engage with the child, talk, and offer foods gently to support bonding and calm.	• "Look for early signs your baby is hungry before crying, like rooting or sucking hands." • "Keeping your baby close helps you notice their signals more easily." • "Feeding often, even for comfort, is okay right now."
3. Engage family and community	• Invite family members to counseling sessions if possible. • Address beliefs respectfully.	• "You can help by taking care of meals or older children, so she has time to feed the baby."

	• Encourage family members to provide emotional support and avoid pressuring the mother. • Suggest practical help with chores, cooking, caring for older children. • Invite older siblings or fathers to help prepare food, bring the child to the table, or sit with the child during meals. • Promote positive messages: “Breastfeeding continues to provide important nutrition and comfort, even when you are stressed.” • Involve fathers in creating calm feeding spaces and supporting skin-to-skin. • Encourage the mother to reach out when feeling overwhelmed. • Suggest sharing experiences with a trusted confidant. • Link to mother-to-mother or peer support groups.	• “Breastfeeding continues to provide important nutrition and comfort, even when you are stressed. • “Your support makes a big difference, just listening and being present helps.”
--	---	--

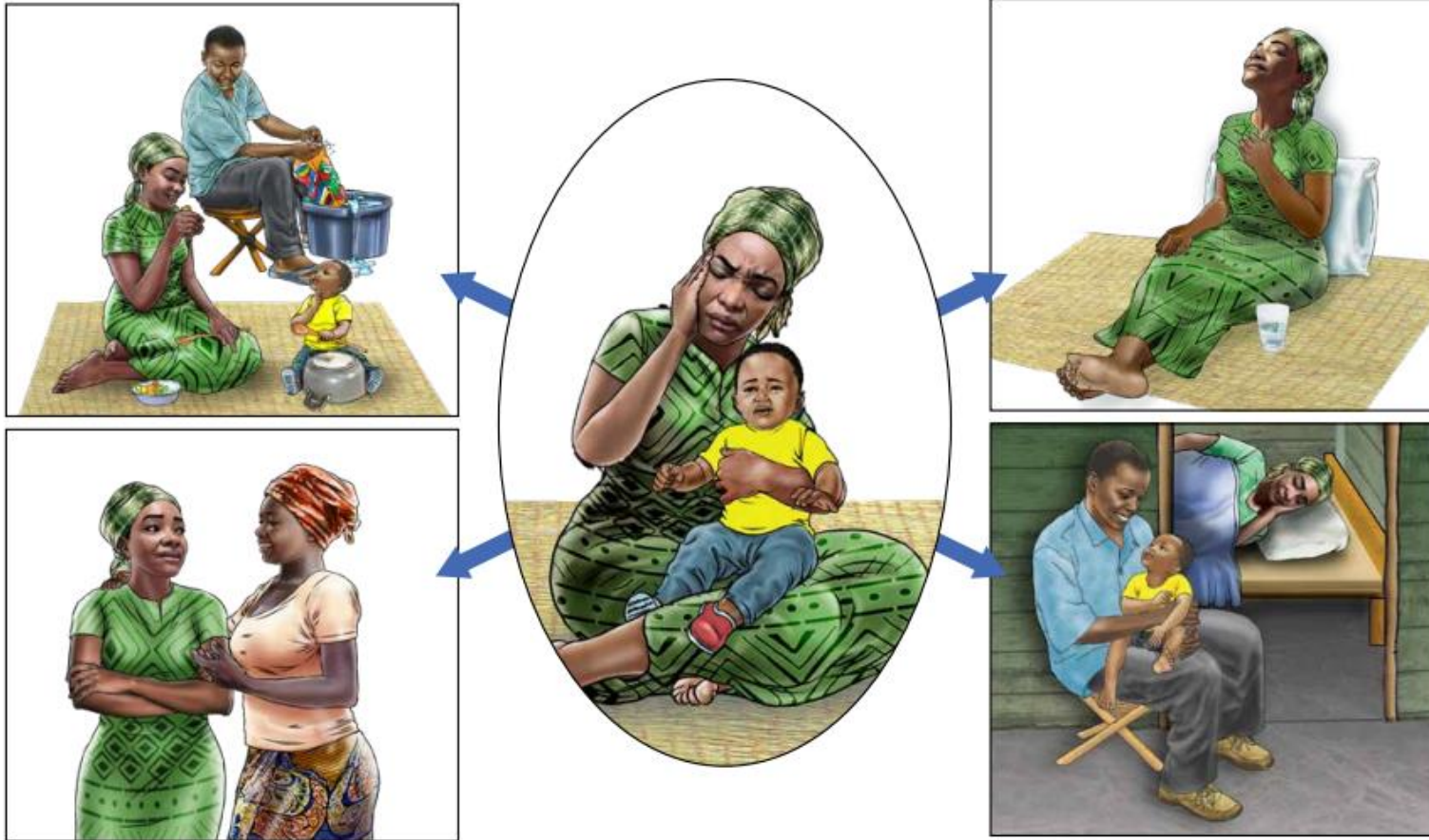
Job Aid 1.3: Counseling cards

Teach your child to eat with love and patience



Card 28

Take care of yourself to manage stress and fatigue



Card 33

UNICEF (2024). *Community Infant and Young Child Feeding Counseling Package: Counseling Cards*. New York: UNICEF.

SESSION 2: SUPPORTING CAREGIVERS AFFECTED BY GENDER-BASED VIOLENCE



LEARNING OBJECTIVES

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



COUNSELING SKILLS FOCUS*

ASSESS and the 3 skills:

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

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

STEP 1: Set the Scene

Important to remember

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

Definitions: Gender-Based Violence and Intimate Partner Violence

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

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

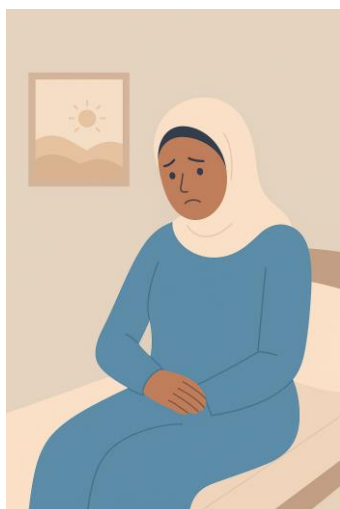
Intimate Partner Violence (IPV) is a pattern of abusive behavior in an intimate relationship, used by one person to gain or maintain control over the other.

Figure: Types of GBV in emergencies

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

Why are we focusing on caregivers affected by GBV?

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

Scenario: Leyla's first hours after birth

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

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

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

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

Questions:

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

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

Write key points from the group discussion below:

STEP 2: Strengthen key knowledge, concepts, and skills

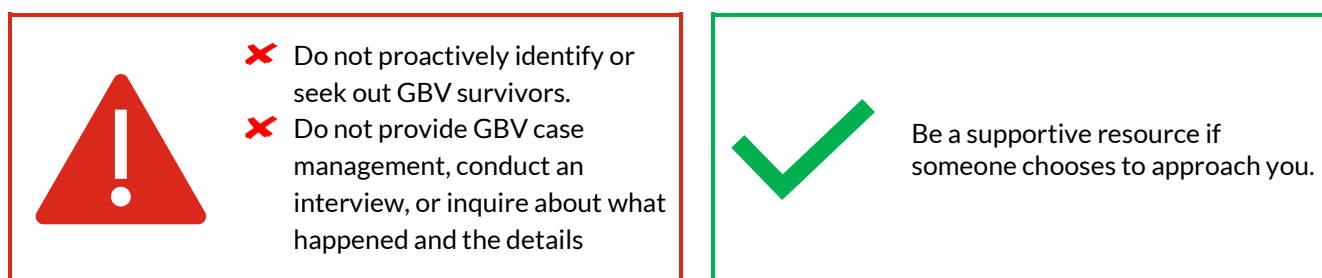


LEARNING OBJECTIVE 1:

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

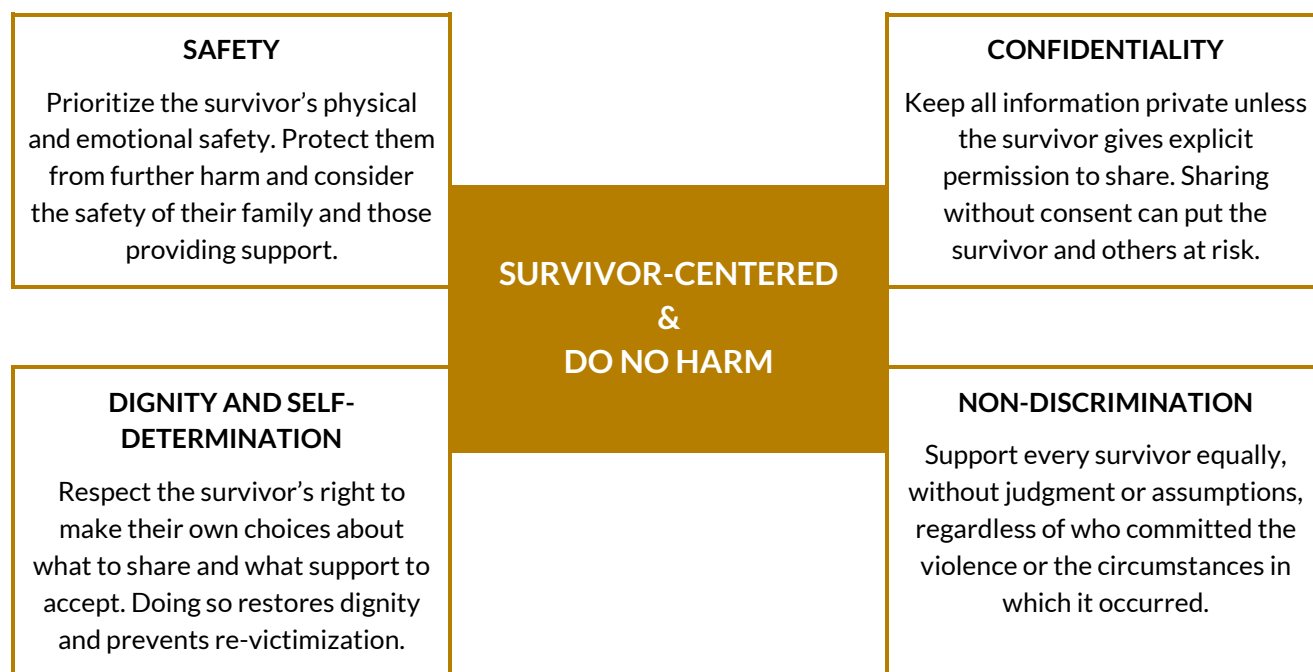
This content is adapted from the *GBV Pocket Guide (GBV Area of Responsibility, Global Protection Cluster)*, a practical, field-tested tool for frontline workers. See the *Resources* section at the end of this session to access the guide and download the Pocket Guide App.

Your role in GBV disclosures



Guiding principles: Survivor-centered and Do No Harm

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



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

Trauma-Informed Care

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

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

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

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

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

Check your own biases and assumptions

Activity: Decode your attitudes



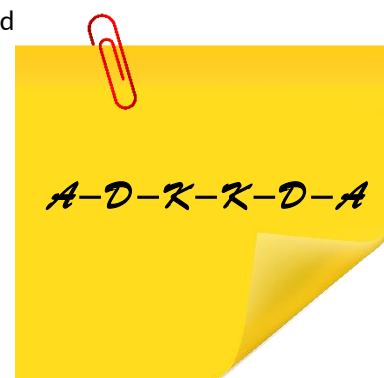
Timing: 5 minutes

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

For each one, write your response as:

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

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



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

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

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

Statement 4: A man cannot rape his wife.

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

Statement 6: Sexual assault usually occurs between strangers.

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

LOOK, LISTEN, LINK

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



What it means: Observing the survivor and their situation to

- Address urgent basic needs
- Ensure safety

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

Examples:

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

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

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

What to say

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



LISTEN

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

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

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

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

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

What to say

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

Definition: Healing statements

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

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



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

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

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

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

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

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

What to say

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

**Key learning points – Objective 1**

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

**LEARNING OBJECTIVE 2:**

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

Activity: Feeding challenges faced by GBV survivors

Timing: 4 minutes

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

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

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

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

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

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

 GBV and delays in complementary feeding

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

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

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

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

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

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

Examples of challenges:

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

Key point:

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

Adapting IYCF-E counseling for GBV survivors

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

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

Write key points from the group discussion below:

Key points

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

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

GBV as an acceptable indication for BMS use

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

In such cases:

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

Key point:

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



Key learning points – Objective 2

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



LEARNING OBJECTIVE 3:

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

Secondary trauma and vicarious trauma

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

How you can protect yourself

1

SELF-AWARENESS

Check how you feel after counseling sessions.

2

BOUNDARIES

Keep a clear line between professional and personal life.

3

GROUNDING AND RELAXATION

Use breathing or grounding techniques.
Refer: *Annex 1: Emotional regulation practices*

4

SMALL DAILY SELF-CARE ACTIONS

Rest, hydrate, move, connect with trusted people.

5

SELF-CARE TOOLBOX

Simple, practical tools to recharge.
Refer: *Job Aid 2.3: My self-care toolbox*

6

ROUTINE DEBRIEF

Talk with peers or supervisors to process experiences.

7

SEEK SUPPORT IF NEEDED

Reach out to supervisors, team leads, mental health focal points, or peer support. Asking for help is a professional strength.

Box: Peer debriefing for self-care

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

How to do it safely:

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

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

**Key learning points – Objective 3**

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

STEP 3: Demonstrate

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

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

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

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

Case study: Leyla and Solomon



Mother / Caregiver: Leyla

Child: Solomon, 6 hours old

Location: Maternity hospital

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

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

Instructions:

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

STEP 4: Role-Play

Now, it is your turn!



Timing: 10 minutes

Case study: Tamara and Chikondi

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



Mother: Tamara

Child: Chikondi, 1 month

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

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

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

Instructions:

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

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



Reminders: Core counselling skills

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

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

Counseling Skills Checklist for the observer

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

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



Role-play debrief: Tamara and Chikondi

1. Build trust through acceptance and non-judgment

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

Sample lines:

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

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

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

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

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

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

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

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

Sample lines:

"I believe you."

"You are very brave to tell me this."

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

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

3. Support feeding without judgment or pressure

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

Sample lines:

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

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

→ **Remember:** The aim is not to convince Tamara but to empower her. Babies born as a result of sexual assault or rape may trigger strong trauma-related feelings in the mother, which can significantly affect bonding and confidence in feeding. It is especially important not to pressure her to breastfeed, but to support her choices while providing factual information and reassurance.

At the same time, the baby's nutritional needs must be met. When needed, link the mother-baby pair to MAMI or IYCFE support services to ensure appropriate follow-up and coordinated care. The goal is to meet the mother and baby where they are, supporting both survival and emotional recovery with compassion and practicality.

4. Affirm her strengths and close gently

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

that she is not alone.

Sample lines:

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

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

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

STEP 5: Self-reflection

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

Questions:

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

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

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

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

Additional notes:

Resources:

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



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

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



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

Job Aid 2.1: Survivor-centered attitudes

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

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

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

Job Aid 2.2: Service mapping sheet

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

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

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

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

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

Job Aid 2.3: My self-care toolbox

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

Tips and ideas for building your toolbox:

→ Self-awareness

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

→ Connection

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

→ Grounding and relaxation

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

→ Boundaries

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

→ Balance and restoration

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

Your space: Add your own ideas

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

ANNEX 1: Emotional regulation practices

This annex provides simple techniques to help you manage stress related to your work and to support caregivers who may feel overwhelmed. Practicing these techniques regularly helps you stay calm, focused, and effective in your counseling.

1 Why emotional regulation matters

When you experience stress, your body and mind can shift out of balance. You may feel anxious, tense, or disconnected. This is called **dysregulation**.

When you are **regulated**, you are calm, grounded, and able to think clearly. Regulation allows you to listen well, make good decisions, and help others feel safe.

During counseling, both **self-regulation** and **co-regulation** are important:

- **Self-regulation** → calming and grounding yourself first. These practices help you stabilize your nervous system, improving focus, emotional resilience, and your ability to support others.
- **Co-regulation** → using your calm presence to help others feel calm and safe. Once you are regulated, you can model calmness and help caregivers or children regulate in turn.

Regulation practices help bring you or someone you are supporting back to a state of calm and balance.

2 Types of regulation practices

There are two main types of regulation practices.



Soothing

Calm and settle when tense, overwhelmed, or worried
→ e.g. after an argument

Examples: Slow breathing, grounding, self-hug.



Activating

Boost energy when tired, withdrawn, or sluggish
→ e.g. after lunch or long sessions.

Examples: Stomping feet, shaking, gentle movement.

3 Different styles of practice

Each regulation technique fits into one of several styles, depending on what you are addressing (e.g., feelings of being overwhelmed, low energy) and how you are working (with yourself, with a caregiver, with a child). Choosing the right style helps you more directly support regulation.

- **Orienting:** Noticing your surroundings and connecting with the present moment. This helps signal to your nervous system: *we are safe now*.
- **Grounding:** Anchoring into your body or your environment (feet on floor, contact with chair, noticing body weight). This stabilizes and settles the system when you feel disconnected or floating.
- **Breathwork:** Using your breath intentionally to calm and regulate. Slow, steady or patterned breathing helps shift your nervous system from “alert” to “rest & digest”.
- **Movement:** Using gentle motion (or stronger motion if needed) to either release built-up energy (activating) or create gentle flow when energy is low. The body moves, the system relaxes or re-energizes.

- **Self-touch / Interoception:** Bringing awareness to your internal state through contact (hands on heart, chest, belly) or noticing sensations inside your body. This fosters self-soothing, reconnecting you to your internal safety signals.
- **Resource-oriented:** Drawing on internal strengths (you have done this before, you are capable) or external support (colleague, safe space) to build resilience and regulation. Regulation isn't only about calming; it's also about anchoring in strength and support.

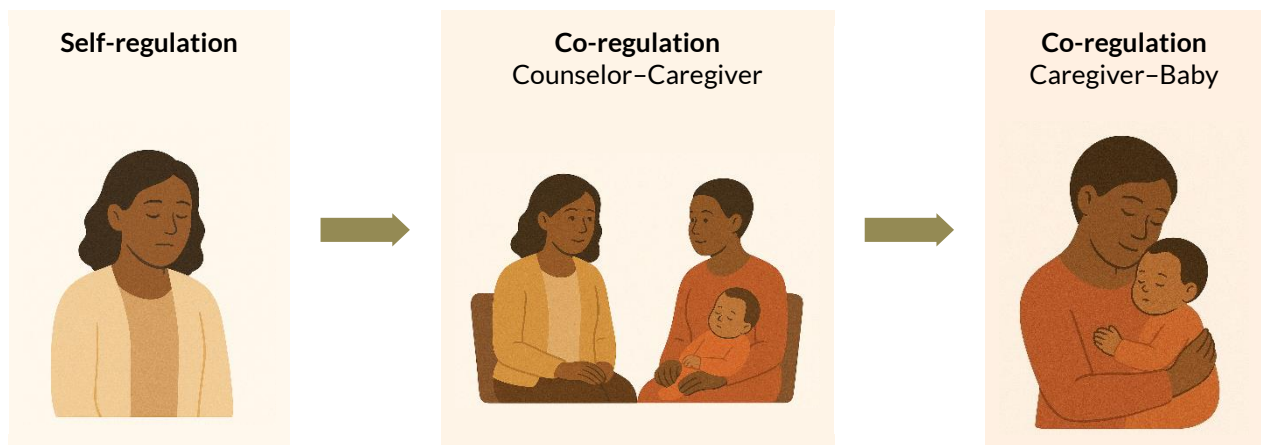
4 Your practice

A. Start with self-regulation practices

Regulation takes practice. Try one or two techniques each day and notice which ones work best for you. Over time, these practices become part of your personal “toolbox”, ready to use whenever you need to regain balance.

B. Gradually progress from self-regulation to co-regulation practices

Once you are comfortable regulating yourself, you can extend these skills to help others.



Self-regulation practices

Orienting practices



Orienting (Soothing):

- Gently look around and name three neutral or pleasant objects in your surroundings.
- State your name, location and the date to bring awareness to the present moment.
- Focus on your feet touching the floor or the weight of your body in a chair to anchor yourself.

Grounding practices



Physical grounding (Soothing):

- Notice the sensation of your feet pressing firmly into the ground.
- Feel the contact of your hands on your thighs or the surface you are sitting on.
- Slowly roll your feet side to side, focusing on the sensation.

**5-4-3-2-1 senses check (Soothing):**

- Identify 5 things you can see, 4 you can feel, 3 you can hear, 2 you can smell, and 1 you can taste (or imagine tasting).

Breathwork practices**Connecting with the breath (Soothing):**

- Observe your natural breathing rhythm without trying to change it.
- Place a hand on your chest or belly and notice the rise and fall with each breath.

**Doubling the exhale (Soothing):**

- Inhale for a count of 2, 3, or 4, and exhale for double the count (e.g., 4, 6, or 8).

**Candle breath (Soothing):**

- Imagine softly blowing out a candle. Exhale through pursed lips with a slow, steady breath.

**Physiological sigh (Soothing):**

- Take two quick inhales through the nose (the second deeper) and exhale slowly through the mouth.

Movement-based practices**Shaking (Activating):**

- Shake out your hands, feet, or body to release tension and discharge energy.

**Stomping feet (Activating):**

- Firmly stomp your feet on the ground and feel the connection with the floor.

**Thumping thighs (Activating):**

- Gently thump your thighs with your fists, moving rhythmically up and down your legs.

Interoception and self-touch practices**Self-holding (Soothing):**

- Possible self-holds:
 - One hand on the heart and one on the belly.
 - One hand on the forehead, the other on the brainstem (back of the neck).
 - Hands gently cupping the ribs or resting on the thighs.
 - One hand on the sternum and the other on the upper back.

**Dialogue with sensations (Soothing):**

- Acknowledge physical sensations by observing and naming them (e.g., "I notice tightness in my shoulders").
- Use compassionate language, such as "I hear you, I notice this feeling."

**Bilateral patting (Butterfly hugs) (Soothing):**

- Cross your arms over your chest and alternately tap your upper arms.

Co-regulation practices

Orienting practices

**Orienting together (Soothing):**

- Guide caregivers to notice neutral or positive objects in their surroundings.
- Invite them to state their name or their baby's name as a grounding exercise.

With children: Encourage caregivers to observe their child's features, such as tiny fingers or their breathing rhythm.

Grounding together

**Physical grounding (Soothing):**

- Support caregivers in noticing their feet on the floor or their body in a chair.

With children: Help caregivers focus on the weight of their child on their lap or the warmth of skin-to-skin contact.

**Present-moment awareness (Soothing):**

- Encourage caregivers to observe small, neutral details in their environment (e.g., colors or textures).

With children: Invite caregivers to notice the smell, movement, or sound of their child.

Breathwork

**Breathing together (Soothing):**

- Model slow, steady breathing and invite caregivers to follow your rhythm.

With children: Encourage caregivers to breathe deeply while observing or holding their child, using the connection to calm both themselves and their child.

Movement-based co-regulation



Swaying together (Activating):

- Gently sway side to side with a caregiver to release tension and create connection.

Group practice: Learners stand in a circle, place one hand on the back of their neighbor's heart, and sway together.

With children: Support caregivers in rocking or swaying with their child, noticing the shared rhythm and connection.

Resource-oriented practices



External resource awareness (Soothing):

- Guide caregivers to focus on their connection to their baby as a source of grounding and strength.

Resources:



Mind My Peelings. *Understanding the Window of Tolerance and How It Affects You.*
Available at: <https://www.mindmypeelings.com/blog/window-of-tolerance>



Irene Lyon. *How to De-Stress in 7 Steps.*
Available at: <https://irenelyon.com/7steps/>



Irene Lyon. *A Field Guide to Your Nervous System.*
Available at: <https://irenelyon.com/wp-content/uploads/2023/03/IL-Field-Guide-to-your-NS.pdf>



Irene Lyon. *20-Minute Neurosensory Exercise (Audio Practice).*
Available at: <https://irenelyon.com/20-min-exercise>