

2.4 Role-play LIV(ES)

Learning objective for the exercise:

Develop skills to listen, inquire about needs and validate.

Time:

45 minutes

Resources needed:

- Print outs of the scenarios – 2 scenarios per group.
- Sufficient space for groups of three to spread out

Facilitator instructions:

- Divide participants into groups of three. Ask each group to decide who will play the role of a patient, a health-care provider and an observer.
- Hand out 2 different scenarios to each group, to only to the patients and observers. Hand out different scenarios to different groups. Ask the patient and observer to read 1 scenario and prepare, without sharing the details to the others in the group.
- The role of the patient is to tell the health-care worker why they is there using *only* items 1 and 2, reading out the information in items 1 and 2 to the health care provider. The patient should *not* read item 3 word-for-word to the health care provider. The patient can respond to questions asked by the health-care provider using item 3, gradually and slowly sharing their experience with the health care provider.
- Based on the scenario the health-care provider should provide first-line support to the client using what they have learned about listening, inquiring and asking about needs and validating (the LIV of LIVES).
- The observer's role is to observe the verbal and non-verbal communication between the health-care provider and the patient, to take notes, manage the time and at the end of the role play, to provide feedback to the health-care provider on her or his skills in providing the first three elements (listen, inquire about needs and validate) of first-line support.
- Tell patients and providers to practise the role play for 10 minutes. Instruct the observer to provide feedback to the health-care worker for 5 minutes.
- The group should then switch roles within their group and repeat the exercise using the second scenario.

Participant instructions

- Form groups of 3.
- In each group choose roles: patient, health-care provider or observer
- Patients and observers: Choose one of the scenarios
- Patients and health-care providers: Act out the role-play (20 minutes)
- Then, observers give feedback to their team (5 minutes)

Activity resources

Scenario 1

1. **Demographics:** 23-year-old woman, married for four years, two children, and pregnant.
2. **Presenting health issue at the antenatal clinic:** Symptoms include stomach pain, and she is worried because she is four months pregnant. As the health-care provider begins taking the history, she begins sobbing uncontrollably. She is very anxious and afraid and says "Please don't let me lose my baby!" No bruises were visible during the examination.
3. **Patient description and concerns:** The woman cares for her two children at home and does not work outside the home. She has stopped seeing friends and most of her family because of her husband's jealousy, which has caused many fights. She feels isolated and alone. Her husband often becomes violent. A few days ago, he arrived home from work while she was out visiting her mother. When she arrived back home, he was very angry at her for not being home when he got back from work, and he pushed her against the wall. She slammed against the wall with her belly and has been feeling pain in her stomach ever since. She justifies his violent behaviour by saying that she is lucky to have married a man who comes from a wealthy family.

Scenario 2

1. **Demographics:** Woman, 19 years old, student, unmarried, living with her family, including her parents and grandparents
2. **Presenting health issue at a gynaecology outpatient department of the city hospital:** The woman comes to the department with complaints that she missed her last period, which was supposed to start two weeks ago. She has also been feeling very tired for about three months. She has bruises on her forearm and bite marks on her upper chest. Speculum examination shows a foul, yellowish discharge.
3. **Patient description and concerns:** The woman is a student, working hard to become a nurse. Three months ago, she was struggling with some of her studies, and another student offered to help her study in the library. When other people left the library, the other student sexually assaulted her. She tried to stop him, and he became aggressive, causing multiple bruises over her back and her breasts. He has sexually and physically assaulted her several times since then. The last time was two days ago. He threatened to kill her if she told anyone, but she is now worried that she might be pregnant and, therefore, has decided to come to the hospital.

Scenario 3

1. **Demographics:** 55-year-old woman married for over 37 years, with five children aged 34 to 18 years old (three of whom live with her; the others have moved away); a stay-at-home wife

- 2. Presenting health issue at a local clinic:** Presents to a local health centre for an examination because of a yellow and bad-smelling vaginal discharge, as well as her back hurts, and she wants help with the pain. When you examine her, there are fading bruises on her hips from a fall a few days ago. She does not tell the provider how she fell because she fears her husband finding out.
- 3. Patient description and concerns:** The woman does not have money to pay for medication. Her husband has abused her throughout their marriage, calling her offensive names and belittling her in front of the children. She thinks he may be having sex with other women. In the past, she has spent a night at the local shelter 3 times when her husband was more violent than usual (e.g., broke her arm and threatened to kill her). She returned to him for financial reasons and because he apologized and promised to stop the violence. For the past month, she has been stressed, and her day is ruined by terrible headaches. She is very tired, as she has not been able to sleep well and has gained weight. She is feeling ugly, stupid and worthless, and has had occasional suicidal thoughts. A few days ago, he knocked her down and she has severe back pain. She blames herself for his violent behaviour, believing that he hurts her because he lost his job and is stressed, and she is unable to find a job to support the family.

Scenario 4

- 1. Demographics:** 30-year-old woman with two daughters (10 and 8 years), married as soon as she completed high school
- 2. Presenting health issue at a local clinic:** Presents for pregnancy care at 3.5 months but wants to terminate the pregnancy. This is her fourth pregnancy. She is tired and nauseous and has had one miscarriage in the past. She has come with her husband and in-laws.
- 3. Patient description and concerns:** She has been married for 12 years and did not go to college. As soon as she was married, she came under pressure from her husband and in-laws to get pregnant. Her first pregnancy ended in a miscarriage, and it was a year later before she was able to conceive. She gave birth a girl. After the birth of the second daughter, her husband and in-laws began abusing her because they wanted her to have a son. Her husband beats her regularly and forces her to have sex so that she can give his parents a grandson. Her in-laws also verbally abuse her. She does not want to have any more children, given her situation. She has been scared to tell anyone about this.

Scenario 5

- 1. Demographics:** A 12-year-old boy who has just arrived at a refugee camp with his mother after fleeing their village when it was attacked by government soldiers

2. **Presenting health issue at a local clinic:** The boy was sexually abused by the soldiers and has been in pain and bleeding from his anus. He has not slept or eaten since arriving at the camp two days ago and has had nightmares about the attack.
3. **Patient description and concerns:** The boy was living with his family in a village on the border between two countries that are at war. Four days ago, the village was attacked by government soldiers who killed his father and raped him and his mother. The two of them escaped and crossed over into the neighbouring country and arrived at a refugee camp. Initially he refuses to talk to the doctor when asked about his symptoms because he is too ashamed and worried that he will be made fun of if people find out. His mother is also traumatized and being treated by another doctor, but she is also ashamed about what happened to her and her son, and unable to comfort him.

Scenario 6

1. **Demographics:** A 17-year-old student in high school living with her mother, her uncle (father's brother) and siblings (a 14-year-old brother and 10-year-old sister); she has a boyfriend in school with whom she has had sex several times.
2. **Presenting health issue at a local clinic:** Her mother brought her to the local clinic because she has not been eating or sleeping and has been crying uncontrollably and screaming whenever her mother has asked her to do something. She is having intense headaches and constantly feeling sad and anxious in the house.
3. **Patient description and concerns:** One day when she came back from school early and no one was at home, her uncle came to her room and started kissing her. She refused, but he threatened to tell her mother and hurt her younger sister, so she did not resist. A week later he came back and forced her to have sex. She is afraid at home and is worried about becoming pregnant. Whenever her mother is at home, her uncle is well behaved, but she can see the threat in his eyes if she tells anyone. This has caused her to become anxious. One day when her mother asked her to accompany her uncle to the shop; she refused and became angry and started crying and screaming. Her mother became worried and brought her to the clinic.

Discussion

- To health-care providers:
 - What did you say to the patient who disclosed violence? How did you show you were listening? How did you ask about their needs? How did you show you are validating?
- To observers:
 - How was the non-verbal communication?
 - How did the health care provider show that they were listening? How did they ask about the survivors needs? How did they validate their experience?

Key messages

- Effective listening and LIVES can be a powerful healing tool for survivors.
- Remember to minimize distractions and focus on your patient for most effective communication.
- Take the time to continue practicing listening, inquiring and validating; think about how you can provide first-line support using your own words.

Adapted from WHO (2019) Caring for women subjected to violence: A WHO curriculum for training health-care providers