

7.4 Role play Enhancing safety and offering support

Learning objective

- Practise skills in how to assess and help with safety and to link or connect a woman to both informal and formal social support.

Time:

- 45-60 minutes

Resources needed:

- Printouts of scenarios, Handout 7.6: Questions to assess immediate risk of violence and making a safety plan, and Handout 7.7: Strengthening positive coping methods and exploring social support for each group

Facilitators instructions:

- Divide participants into groups of three. Ask each group to decide who will play the roles of a patient, a health-care provider and an observer.
- Hand out the scenarios only to the patients and observers and ask them to read and prepare.
- Ask the patients and the observers to read the instructions and the scenarios and to choose a scenario to play out.
- Ask the patient: Read the scenario but do not initially share the details with the others. When instructed by the facilitator, only read out aloud the information in items 1 and 2 to your health-care provider.
- Ask the health-care provider: Listen to the patient's disclosure of abuse and provide first-line support with a focus on assessing and facilitating safety and facilitating access to social support (steps E and S from LIVES)
- Ask the observer: Note the verbal and non-verbal communication between health-care provider and patient. Provide feedback at the end of the role play to the provider.
- The group should then switch roles within their group and repeat the exercise using the other scenario.
- Each role play should take about 10 minutes. The observer should take no more than 5 minutes to provide feedback.

Participant instructions:

- The patient and observer should read the entire scenario (items 1, 2 and 3) to themselves, and should not initially share the details with the health care provider in your group.
- The health care provider will wait and should *not* read the scenario.
- When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health care provider. Do *not* read out item 3 to the health care provider.
- The role as patient is to describe why you are there, your symptoms and concerns written in item 3 – only when asked by the health-care worker.

- The role of the health care provider is to listen to the patients' story of abuse, ask questions and provide first-line support with a focus on assessing and facilitating safety and facilitating access to social support (steps E and S from LIVES)
- The role of the observer is to observe the interaction, take notes and give feedback to the health-care worker at the end of the role play, and also manage the time.
- The group has 10 minutes to practise the role play.
- The observer then should give you feedback on your role play for about 5 minutes.
- Then switch roles within your group and repeat the exercise using the other scenario.

Discussion

- Ask groups to discuss their role plays. You can use the following questions:
- To patients:
 - How did you feel about the way the health-care provider responded to your situation and needs? Did you feel that you were listened to? Why or why not?
 - How appropriate to your situation and priorities were the safety tips and recommendations for accessing social support?
- To health-care providers:
 - How comfortable were you in assessing and helping the patient with safety and facilitating social support?
 - Tell us about what you struggled with in your discussions with her about safety and social support.
- To observers:
 - What did the health-care provider do well in their interaction?
 - What could they have done differently or better?

Key messages

- Risk assessment can help understand women's immediate safety needs.
- Trust your patient when she tells you she is in severe danger.
- Providing linkages to support services is a core activity in the response to violence.
- Always provide referrals that respond to her stated needs.
- Empathic, active communication is most effective and comfortable for both of you.
- Not all survivors will accept a referral and in some cases referral services do not exist or will not be available. Healthcare workers should be able to help survivors make a safety plan and discuss staying safer at home.

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.

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