

Domestic Violence Scenarios

Scenario One

Dispatch:

Unit one please respond to 125 Fake Street for a 45 year old woman with a reported head injury. No further information available.

View From the Door:

You arrive at a clean, middle class home to find an ambulatory, alert and oriented woman complaining of head pain. There is no one else at home. When the woman answers the door and you note profound edema and bruising about the right side of her face. You also note she winces/grimaces in pain when moving.

Subjective:

Your patient states she struck her face on the closet door this morning while cleaning. She complains of pain around the left side of her face and notes the pain increases when she opens and closes her jaw. She denies further injury, but you note she is reluctant to answer questions in a typically forthcoming manner. She denies any other past medical history and wishes to be transported for evaluation at the ED. She states, "please stop asking me all these questions, I just want to go to the hospital."

Objective:

Your patient's airway, breathing and circulation are all within normal limits (Your primary assessment finds no immediate life threats).

An evaluation of her cervical spine allows you to rule out immobilization.

On exam of her head you find edema, tenderness and pain below and around the right eye. You also note point tenderness along the lateral aspect of her left jaw. There is no deformity.

As you place your stethoscope to her right ribs, you note she winces in pain. Exposing the chest you note bruising and tenderness over the right ribs. The patient has no explanation for this injury. She has good air movement but slight pain with breathing.

No further injuries are noted on secondary exam.

Scenario Two

Dispatch:

Unit one please respond to 299A Phony Street, upstairs apartment, for a 36 year old woman with an unknown problem. No further information is available

View From the Door:

As you and your partner approach the house, a man who identifies himself as the landlord stops you and says, "Man, I'm glad you are here. Those two have been going at it for an hour now. He's been beating her up again, this time I though the ceiling was gonna fall on my head." You thank him and he returns to his apartment.

The upstairs apartment has a strong odor of alcohol and is in disarray. You note pictures on the floor and broken glass scattered about the living room. An ambulatory, alert and oriented woman answers the door. You note bilateral bruising on her upper arms. A man looks on from the kitchen.

Subjective:

Your patient states she was upset before and called 911, but now "she is ok and doesn't need any help." You ask her what was wrong and she states that her husband and her had a fight, but things are ok now." Her husband then interrupts and says she is not hurt and asks you to leave.

Objective:

You note an odor of alcohol on your patient's breath, but she is alert and oriented X 3.

Your patient's airway, breathing and circulation are all within normal limits (Your primary assessment finds no immediate life threats).

Her head and scalp are clear. You note redness around her neck and scratches on the lateral neck soft tissue. There is no pain, tenderness or deformity along the c-spine.

Your patient's chest and abdomen are clear. You note bilateral bruising on her upper arms and note tenderness in and around that area. No deformity is noted and good distal circulatory, motor and sensory function is present in all extremities.