

## Intimate Partner Violence Scenarios Teaching Points

### 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.

*\* **SAFETY ISSUE:** Crews should be concerned any time “no further information is available.” Effort should be made to obtain nature of head injury before proceeding.*

#### 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.

*\* **SAFETY ISSUE:** A woman who looks as if she has been beaten answers the door. Where is the assailant?  
\* Unexplained wincing with movement requires further examination.*

#### 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 ER. She states, “please stop asking me all these questions, I just want to go to the hospital.”

*\* The story clearly does match assessment findings.  
\* History of the present injury is very unclear. More information is necessary.*

#### 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 is experiencing slight pain with breathing.

No further injuries are noted on secondary exam.

#### DISCUSSION

*\* The patient’s life is not endangered by her injuries, but are there other major concerns?*

*\* How do we approach this woman’s concern for safety/privacy versus her unexplained medical concerns?*

*\* What types of educational or safety information are you considering offering to this patient?*

## **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

*\* **SAFETY ISSUE:** Unknown problems are always safety concerns as we do not know what we are walking into. Furthermore, crews should be concerned any time “no further information” is available. Effort should be made to obtain nature of this call before proceeding. If PD is available, they are key to supporting your efforts to care for the patient.*

### **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 thought the ceiling was gonna fall on my head.” You thank him and he returns to his apartment.

*\* **SAFETY ISSUE:** Obvious safety concerns exist. Serious consideration should be made with regard to staging until PD arrives.*

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.

*\* **SAFETY ISSUE:** Disarray and broken glass support suspicions raised previously. Odor of alcohol and presence of partner indicates a very volatile situation. If PD is not present, the danger level is very high.*

*\* Bilateral bruising could be an abuse-related injury.*

### **Subjective:**

Your patient states she was upset before and called 9-1-1, but now “she is ok and doesn’t need any help.” You ask her what was wrong and she states that her husband and she had a fight, but things are ok now.” Her husband then interrupts and says she is not hurt and asks you to leave.

*\* **SAFETY ISSUE:** Without consent PD must be involved. Odor of alcohol concerns us with the patient’s ability to refuse care (implied consent). Crew safety should be considered paramount. Crews can always retreat and stage until PD arrive, then address concerns in a safer environment.*

### **Objective:**

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

## **DISCUSSION**

*\* The patient’s life is not endangered by her injuries, but are there other major concerns?*

*\* How can you show support for this patient without escalating danger to them?*

*\* What about offering this patient information in this situation?*