

## Long-Term Care Survey Alert

### Sexual Abuse: Don't Ignore A Cognitively Impaired Resident's Claim Of Rape Or Sexual Abuse

**Investigating unnecessarily is much better than missing a case of abuse.**

Just because a resident is paranoid doesn't mean someone isn't out to hurt her.

"An offender is more likely to sexually abuse or rape someone who can't communicate or who will be less than credible should he or she complain," says **Daniel Sheridan, PhD, RN**, a forensic nurse consultant and professor at **Johns Hopkins University School of Nursing**.

For example, "if a patient often complains of rape with pericare, then that person could make the perfect victim for a predatory person," Sheridan notes.

Attorney **Adam Balick** agrees that "it makes sense that a person who is premeditating a crime (rape, sexual abuse, theft, etc.) would seek out a person least likely to implicate the person."

On the other hand, residents with dementia-related delusions and/or hallucinations can make false allegations, adds Balick, of counsel with **Balick & Balick** in Wilmington, DE. Yet his firm handled one situation where a cognitively impaired resident who couldn't communicate developed a sexually transmitted disease (STD), which she hadn't had when she was admitted. "So you know for sure that nonconsensual sexual contact has occurred," Balick says.

If your facility fails to investigate a cognitively impaired resident's complaint of rape, and she later develops HIV or another STD showing sexual contact has occurred - it's in big trouble, says Sheridan.

**Solution:** Establish a team care plan about how to assess and handle a cognitively impaired resident's complaint of sexual abuse or rape, Sheridan advises. In investigating complaints of sexual abuse, "the facility can pull in trained sexual assault examiners to follow up if they encounter any suspicious findings."

Look for bruising in the perineal area, breast or inside of the thighs, advises Sheridan. "A caregiver who was too rough in forcing open a patient's contracted legs to do perineal care may have left patterned fingertip bruising on the thighs - or that could be a sign of forceful sexual assault," he cautions.

**Tip:** Teach staff performing hygiene care to use very gentle pressure to get a resident's contracted legs to relax during the bath or pericare, Sheridan advises (for more tips on preventing unintentional injuries due to improper care techniques, see the January 2005 Long-Term Care Survey Alert).

"If there was any vaginal penetration, you will likely see signs of trauma, especially on a resident who has very low estrogen. Save any vaginal discharge for culture and investigation," Sheridan instructs. Unexplained vaginal bleeding can be a sign of sexual abuse, atrophic vaginitis, or overzealous use of a rough washcloth on the resident's de-estrogenized perineal tissue, he adds.