Nursing Service Guidelines
Inpatient Behavioral Health

Title: **CARE OF THE PATIENT WHO HAS BEEN SEXUALLY ABUSED**

Purpose: To provide a safe environment for the patient who has a history of sexual abuse. To protect the patient from further trauma and to maintain the patient's privacy

Responsibility: Registered Nurse, Mental Health Technician (MHT), nurse aides and any other trained personnel with Kobacker.

Equipment: Grooming supplies, private room, private area for interview

Procedure	Point of Emphasis
1. All patients will be assessed for a history of sexual abuse. The assessment should contain dates of abuse, who was the abuser and what type of abuse. An assessment should be conducted to include patient's response and any patient needs related to abuse.	Conduct the interview in private. Use language that the patient can understand. Clarify issues Be understanding. Assess for suicidal ideation and self-injurious behaviors.
2. Report physical symptoms as they arise • Bleeding • Swelling, pain itching of the vagina • Anus, mouth and/or throat pain • Vaginal discharge • Bruises and cuts • Torn, stained, bloody clothing • UTIs or STDS	If the patient has never been examined for abuse, and/or it is a newly reported abuse, and these symptoms are present, contact MD immediately. For recent abuse that may need to have evidence collected, contact ED to determine whether a forensic (SANE) examination needs to occur. Explore with ER the best way to accomplish this. During the examination reassure the patient, offer as much privacy as possible, and have additional staff present. Injuries may need to be photographed- note size, color and location of findings. Additional testing may be ordered such as HIV testing or a consult with OB/GYN
3. The patient should be watched closely for sexual acting out behavior such as public disrobing, flirtatious advances toward staff and other patients, masturbation in private and/or in a public manner, and/ or verbal disclosure in an inappropriate setting.	Patients with abuse histories can demonstrate poor impulse control and possess poorly defined boundaries. Traumatic sexualization often results in inappropriate sexual behaviors.
4. The patient should be kept in a private room as possible if the sexual abuse was recent and /or if the patient is expressing sexual behaviors towards others. If a private room is not available, a room should be selected that allows for the greatest observation by staff and one in which the roommate will not be vulnerable.	Try to accommodate the patient's preference if possible. The patient needs could include a night light, preference of bedtime routine, and special care considerations such as grooming.
5. Instruct the patient to bathe, groom and conduct personal hygiene in a private area.	All staff should protect the patient's privacy as much as possible. The staff, however, should not assist the patient with grooming or other care that involves the patient disrobing without another staff member present. Assignment of staff should take into consideration, if possible, the gender of the abuser.
6. The patient should be given an opportunity if the patient chooses to discuss the past abuse. This should be done in a private setting, away from other patients.	Forming a trusting relationship may allow the patient a feeling of safety and security, thus encouraging self-disclosure.

Procedure	Point of Emphasis
7. If the patient discloses information that has not been previously reported, contact the assigned Family Therapist and physician to alert them as to what has been said. Report the abuse if it has not yet been reported.	Use open ended questions. Try to have a second staff member available to minimize accusations of coaching. Document accurately and objectively what is reported by the patient in the medical record. Identify inconsistencies in reported details. Provide paper for drawing if patient is having difficult verbalizing.
8. Let the patient know that they are safe and will be well cared for. Offer a structured, consistent, non punitive environment. Provide for basic needs and privacy as possible. Be sensitive. Reassure them that they did what they had to in order to survive.	Try to be objective and nonjudgmental. Self-esteem is often poor, and the patient may think of him or herself as a “thing” vs. a human being. They may also have feelings of powerlessness, or self-betrayal.
9. Recognize psychological symptoms of reaction to abuse • Shock, disbelief • Range of emotions from calm to hysterical, crying to inappropriate laughing • Recurrent dreams • Increased motor activity • Fears (of crowds, being alone, sexual encounters)	Many patients with an abuse history suffer from PTSD. Most acts of rape are performed by males against females. There is a greater likelihood of children with disabilities having a history of being a victim of abuse.
10. Encourage the patient to talk about the incident if they would like to. Listen empathetically. Staff should report possible indications of abuse for those patients who are incapable of self report due to disability.	Avoid displaying shock, or disgust. Individual, art and play therapy assist in the therapeutic process.

Reviewed by: Tammy Cerrone, BSN, RN, Nursing Director Kobacker .

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Reference:

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