Sexual Assault • Any type of sexual activity the victim does not want or agree to • From inappropriate touching to penetration • Verbal sexual assault can occur by phone or electronically online • Forced activities • Prostitution or posing for pornographic pictures or videos • Children, older adults, women, or men can be victims

Sexual Assault and Sexual Violence • Sexual violence (SV) • Sexual assault is an act of violence, power, hate, but not sex. • Committed to demonstrate dominance. • SV is related to teen pregnancy, transmission of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV). • Mental health issues are more prevalent in people who have been sexually assaulted (e.g., depression, suicide, use of alcohol, tobacco, drugs).

Rape • Nonconsensual activity • Any penetration of the vagina or anus with any object or body part, or the oral penetration by a sex organ of another person • Second most violent crime (FBI, 2008)

Epidemiology • 1 in 5 women and 1 in 71 men in the United States have been raped at some time in their lives • Race and ethnicity
Survivor and Victim

- **Survivor**: Is an individual who has experienced a sexual assault and has worked through many of the issues and is going forward in her life.
- **Victim**: Is used to identify a person who has experienced a sexual assault and can become a survivor with time, intervention, and/or counseling.

Children: Child Sexual Abuse or Incest

- Child sexual assault and incest are reaching an all-time high:
  - One in three girls and one in six boys are sexually molested by 18 years of age.
  - Approximately 75% of molestation is perpetrated by family members.
  - Nearly 30% of reported child sexual assaults were children between 4 and 7 years of age.
- Child sexual assault and incest also includes:
  - Coercing children to touch the molester inappropriately.
  - Showing children pornographic photographs or videos.
  - Initiating inappropriate conversations involving sexual topics.

Prevalence and Co-Morbidity

- Statistics on sexual violence and assault are always approximate.
- Both rape and child sexual molestation are among the most underreported crimes.
- As little as 1% to 10% are ever disclosed.
- Sexual assault is usually committed by men against women.
- Sexual assault can be committed by women against men or between persons of the same gender.
- Majority of perpetrators are men.

Prevalence and Co-Morbidity (continued)

- Gay men are victims of sexual assault more often than heterosexual men.
- Prisons and the military have the greatest percentage of male rapes.
- Male rape also happens in cars, restrooms, colleges, universities, work, and at home.
- Laws exist but are not always enforced.
- Culture of “blaming the victim” still persists.
- More than 50% of gay men and lesbians have reported at least one incidence of coercion by a same-sex partner.

Sexual Violence—Youth

- **High school**: 8% of high school students report being forced to have sex.
- **Young adults**: 20% to 25% of college women will experience an attempted or completed rape by the end of their college years; 90% will know their attackers.
- Majority of sexual assaults in young adults are date rapes.
- Young persons, ages 16 to 19 years, experience the highest rate of SV.
- Alcohol or other drugs are often involved.
- Drugs and alcohol are often involved in gang rape.

Date Rape Drugs
Date Rape Drugs—cont’d

• Gamma-hydroxybutyric acid (GHB): Affects the central nervous system (CNS).
• Names include liquid ecstasy, salty water, scoop, homeboy.
• Causes grievous bodily harm.
• Rohypnol (flunitrazepam): Is a potent benzodiazepine.
• Is the “forget” drug.
• Also called roofies, club drug, roaches, rophies, Mexican valium
• Ketamine: Is an anesthetic frequently used in veterinary practice; is a hallucinogenic agent related to phenylcyclohexyl piperidine (PCP).
• Names include special K, K, vitamin K, bump, kitkat, purple, super C.

Date Rape Drugs—cont’d

• Rapes related to date rape drugs are increasing. The exact numbers are unknown.
• Majority of women do not report because they:
  • Think it might be their fault
  • Do not consider the incident a sexual assault
  • Do not want to report their abuser for fear of reprisal
  • Do not want to get their “friend” or “date” in trouble
  • Do not want others to know
  • Cannot remember clearly enough to feel they would be believed, especially if they had been drinking and/or taking drugs.

Date Rape Drugs—cont’d

• Date rape drugs clear from body fairly quickly. Detecting the drug in the emergency department (ED) is difficult.
• Urine sample must be obtained within a certain period of time.
• The most common drug used to facilitate the crime of rape is still alcohol.

Vulnerable Individuals

• Gender: Women have a higher vulnerability. Both genders are more vulnerable if handicapped.
• Age: Those 16 to 19 years of age have a higher rate of sexual victimization. Children are most vulnerable between ages 8 and 12 years.

Vulnerable Individuals (continued)

• History of sexual violence: Women raped before the age of 18 years are two to three times more likely be sexually assaulted as adults.
• Drug and alcohol use: Increases the rates of victimization.
• High-risk sexual behaviors: Vulnerability is often a consequence of childhood sexual abuse.
• Poverty: May trade sex for basic needs.
• Ethnicity or culture:
  • 22% of black females
  • 19% of non-Hispanic Whites
  • 15% Hispanic females
  • 25% Native Americans have a one in three chance of being raped.
Perpetrator of Sexual Assault

Biological factors
- Alterations in neurotransmitters (e.g., serotonin, dopamine, norepinephrine, acetylcholine, gamma-aminobutyric acid [GABA])

Psychosocial factors
- Psychopathologic and personality disorders
  - Antisocial personality is one of the most prevalent.
  - Most perpetrators report a history of sexual assault as children.
- Many characteristics are the same as the perpetrator in child abuse, intimate partner violence (IPV), and elder abuse.
- Age
  - 30% under 21
  - 23% under 30

Other characteristics include:
- Has impulsive and antisocial tendencies.
- Is associated with sexually aggressive or delinquent peers.
- Has a preference for impersonal sex.
- Expresses a hostility toward women.
- Has a childhood history of sexual and physical abuse or is a witness to family violence.
- Is a member of a gang.
- Belongs to a societal group that often turns its back on sexual assault.

Psychological Effects of Sexual Assault
- Depression
- Suicide
- Anxiety
- Fear
- Difficulties with daily functioning
- Low self-esteem
- Sexual dysfunction
- Somatic complaints

Effects of Incest
- Incest victims may experience
  - Negative self-image
  - Depression
  - Eating disorders
  - Personality disorders
  - Self-destructive behaviors
  - Substance abuse

Application of the Nursing Process
- General assessment
- Level of anxiety
- Coping mechanisms
- Available support systems
- Self assessment
  - Be aware of personal beliefs and feelings about rape.
  - Prepare to give empathetic and effective care.
  - Examine personal feelings about abortion.

Case Study
A woman who has been raped comes to the ED.
- What information should be obtained during the medical exam?
- What would be some appropriate questions to ask the patient to determine her coping mechanisms?
Best Practice Guidelines

- Examination involves five steps
  1. Head-to-toe physical assessment for signs of injury
  2. Detailed genital examination
  3. Evidence collection and preservation
  4. Documentation of physical findings
  5. Treatment, discharge planning, and follow-up care

Case Study (Cont.)

- What areas should the nurse include in the assessment?

Nursing Diagnosis

*Rape-Trauma Syndrome*

- Variant of post-traumatic stress disorder (PTSD) and is a common sequela of psychologic trauma.

*Rape-Trauma Syndrome: Compound Reaction*

- Is also a likely diagnosis and includes both the acute phase of disorganization and the long-term recovery phase.

Short-Term Outcomes

- Patient will have a support person.
- Patient will have an understanding of the rape protocol.
- Patient will have information about the legal procedures available.
- Patient will have physical injuries treated.
- Patient will begin to express emotional reactions and feelings before leaving the ER
- Patient will have prophylactic medication available to prevent pregnancy and/or sexually transmitted disease.
- Patient will have clear, written information about medication use, crisis support services, and rape advocacy programs.

Long-Term Outcomes

- Patient will demonstrate positive interpersonal relationships.
- Patient will demonstrate adequate social interaction
- Patient will express comfort with body.
- Patient will express a willingness to be sexual.
- Patient will report increased psychological comfort

Rape-Trauma Syndrome

**Acute Phase**

- Typical reactions to a crisis often reflect cognitive, affective, and behavioral disruptions. The most common responses are shock, numbness, and disbelief.

**Long-Term Phase**

- Teach the individual to know what to expect during this phase to enable them to be prepared and not feel like they are going crazy. Understanding that all assault survivors will deal with the event in their own manner is also important.
Rape-Trauma Syndrome: Acute Phase

- Occurs immediately after the assault
- May last for a few weeks
- Lifestyle disorganized
- Somatic symptoms are common
- Reaction to crisis includes disruptions in cognitive, affective, and behavioral functions
- May have different emotional presentations
  - Expressed style
  - Controlled style (most common)

Rape-Trauma Syndrome: Long-Term Reorganization Phase

Reactions likely to be experienced include:

- Intrusive thoughts/re-experiencing
- Avoidance
- Hyperarousal

Implementation

For survivors to return to their previous level of functioning they must:

- Fully mourn their losses
- Experience anger
- Work through their terrifying fears

Specialized Sexual Assault Services

- Sexual Assault Nurse Examiners (SANEs)
  - RNs with specialized training in caring for sexual assault patients
  - Demonstrated competency in conducting medical and legal evaluations
  - Ability to be an expert witness in court
  - Sexual assault response team (SART)

Emergency Department: Sexually Assaulted Individuals

Victim who arrives at the ED should:

- Not be left alone.
- Have privacy provided.
- Be a priority in triage.
- Receive psychologic support, medical care, documentation of pertinent history, and a thorough physical examination.

Emergency Department: Collection of Specimens—Forensic Evidence

- Institutional protocol is followed, and “rape kits” are used for evidence collection.
- Body fluids and DNA are correctly preserved.
- If a date rape drug suspected, then a urine sample should be collected.
- Individuals have the right to refuse legal and medical examinations.
- Consent forms must be signed to collect evidence and to provide treatment.
- “Chain of custody” is followed until the incident is turned over to authorities.
Emergency Department: Documentation of Rape

- Treatment and documentation needs to be accurately and meticulously documented because documentation constitutes legal evidence:
  - Instead of alleged, use reported.
  - Instead of refused, use declined.
  - Instead of intercourse, use penetration.
  - Instead of “in no acute distress,” describe the behavior.

Basic Level Interventions

Counseling
- RAINN (Rape, Abuse, and Incest National Network)
  - [https://www.rainn.org/](https://www.rainn.org/)
  - National Sexual Assault Hotline (24 hours): 800-656-HOPE (4673)
- Nonjudgmental care
- Emotional support
- Confidentiality
- Listen and let survivor talk

Basic Level Interventions

Continued

Promotion of self-care activities
- Provide detailed written information concerning referral and follow-up options

Case management
- After initial evaluation:
  - Provide follow-up assessment within 24 to 48 hours
  - Provide follow-up visits at 2, 4, and 6 weeks
- Advanced practice intervention
  - Psychotherapy

Evaluation

Sexual assault survivors are considered to be recovered if they are relatively free of any signs or symptoms of acute stress disorder and PTSD.

Audience Response Questions

1. By virtue of the legal definition of the relationship, rape cannot occur within a marriage.
   A. True
   B. False

2. Flashbacks, frightening thoughts, recurrent memories or dreams are associated with which category of symptoms in posttraumatic stress disorder?
   A. Re-experiencing
   B. Hyperarousal
   C. Avoidance
   D. Emotional lability