SEXUAL ASSAULT & TRAUMA-INFORMED CARE

PSYCHIATRIC / MENTAL HEALTH | NCLEX 2026 TEST PLAN | HIGH-YIELD REVIEW

1 DEFINITION & OVERVIEW

Sexual assault: any non-consensual sexual act — force, threat, or inability to consent (intoxication, unconsciousness, minor, cognitive impairment).

Trauma-Informed Care (TIC): approach that assumes trauma is common, prioritizes safety & choice, and avoids re-traumatization.

Why it matters: the nurse is often the FIRST point of contact — the tone of your response directly impacts survivor recovery and willingness to disclose.

2 PATHOPHYSIOLOGY (Trauma Response)

Threat perceived → Amygdala activated → HPA axis → cortisol → Sympathetic surge

4 F Responses: **Fight** • **Flight** • **Freeze** *(tonic immobility — most common & often misread by juries)* • **Fawn** *(appease)*

Chronic activation → *limbic dysregulation, hippocampal shrinkage, impaired memory encoding* → **PTSD, dissociation, hypervigilance, fragmented recall.**

3 SIGNS & SYMPTOMS

⚡ ACUTE (Rape Trauma Syndrome)

Expressed style: crying, shaking, anger, restlessness
Controlled style: *calm, composed, flat affect — NOT denial!*
Physical: bruising, genital/anal trauma, STI exposure, bite marks
Cognitive: fragmented memory, confusion, dissociation, guilt/shame

⏳ LONG-TERM / REORGANIZATION

PTSD: flashbacks, nightmares, avoidance, hyperarousal
Mood: depression, anxiety, panic, anhedonia
Behavior: substance use, self-harm, eating/sexual dysfunction
🚨 **RED FLAGS: suicidal ideation, plan, or access to means; active self-harm; severe dissociation; ongoing threat from perpetrator.**

4 PRIORITY NURSING INTERVENTIONS

ORDER OF PRIORITY: Airway/Breathing/Circulation → Safety & Stabilization → Evidence → Psychosocial

1. **ABC first** Treat life-threatening injuries before anything else
2. **Provide safety** Private room; NEVER leave patient alone
3. **Believe & validate** "I believe you. This was not your fault."
4. **Obtain INFORMED consent** Before exam, photos, or evidence collection — pt may refuse
5. **Call SANE/SAFE nurse** If available — specialized forensic exam
6. **Preserve evidence** No bath/douche/eat/drink/brush teeth/change clothes
7. **Chain of custody** Paper bags (not plastic), sealed, signed, witnessed
8. **Offer prophylaxis** EC, STI tx, HIV PEP, HepB — within 72 hrs
9. **Document objectively** Patient's own words in quotes; no opinions
10. **Assess suicide risk** Ask directly; safety plan; referrals

📞 **RAINN Hotline: 1-800-656-HOPE (4673)** • *24/7 confidential support* • *online.rainn.org*

5 PHARMACOLOGY

Drug / Class	Purpose / Mechanism	Key Nursing Points
Levonorgestrel (Plan B)	Emergency contraception — prevents ovulation/fertilization	Within 72 hrs; most effective within 24 hrs
Ceftriaxone + Doxycycline + Metronidazole	STI prophylaxis: gonorrhea / chlamydia / trichomoniasis	Give empirically; check pregnancy status
Tenofovir-Emtricitabine + Raltegravir (HIV PEP)	28-day post-exposure prophylaxis — blocks HIV replication	Start ASAP, within 72 hrs; repeat HIV test 6 wk/3 mo/6 mo
Hep B vaccine ± HBIG	Active + passive immunity if unvaccinated	Confirm vaccination status first
SSRIs (sertraline, paroxetine)	First-line for PTSD — ↑ serotonin, regulates mood/anxiety	4–6 wk onset; suicide risk monitoring; serotonin syndrome
Prazosin	α-1 blocker — reduces PTSD nightmares	Orthostatic hypotension — rise slowly; first-dose syncope
⚠️ **Avoid long-term benzos**	*Dependence risk; may blunt trauma processing in therapy*	*Short-term only if severe acute agitation*

6 NCLEX TEST TRAPS ⚠️

✗ **WRONG answer:** *Do the SANE exam first.* ✓ **RIGHT:** ABC → stay with patient → then consent-based exam.
✗ **WRONG:** *"Calm patient was probably fine."* ✓ **RIGHT:** Controlled style of RTS is COMMON — affect ≠ severity.
✗ **WRONG:** *Let patient shower before exam if requested.* ✓ **RIGHT:** Educate about evidence preservation; respect choice.
✗ **WRONG:** *Ask "Why were you there?"* ✓ **RIGHT:** Use open-ended, non-judgmental questions. Never imply blame.
✗ **WRONG:** *Report every adult case to police automatically.* ✓ **RIGHT:** Competent adults choose. Always report minors, elders, dependent adults.

7 PATIENT EDUCATION

- ✓ "It was NOT your fault." Reinforce this repeatedly.
- ✓ Expect emotional waves — RTS phases are normal.
- ✓ Follow-up STI testing: 2 wks, 3 mo, 6 mo.
- ✓ HIV testing: 6 wks, 3 mo, 6 mo.
- ✓ Pregnancy test follow-up in 2–3 wks.
- ✓ Learn PTSD red flags → seek therapy early.
- ✓ Safety plan — change locks, block contact, share plan.
- ✓ Connect to advocate / support group / trauma-focused CBT.

8 MEMORY BOOSTERS

💡 S.A.N.E. CARE

Safety first (physical + emotional)
Advocacy – believe, validate, refer
Non-judgmental, patient-led care
Evidence preservation + consent

💡 SAMHSA's 4 R's of TIC

Realize – widespread impact of trauma
Recognize – signs & symptoms in all
Respond – integrate knowledge into care
Resist re-traumatization actively