



SEXUAL ASSAULT & TRAUMA-INFORMED CARE

PSYCHIATRIC / MENTAL HEALTH

NCLEX 2026 TEST PLAN

HIGH-YIELD REVIEW

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DEFINITION & OVERVIEW

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

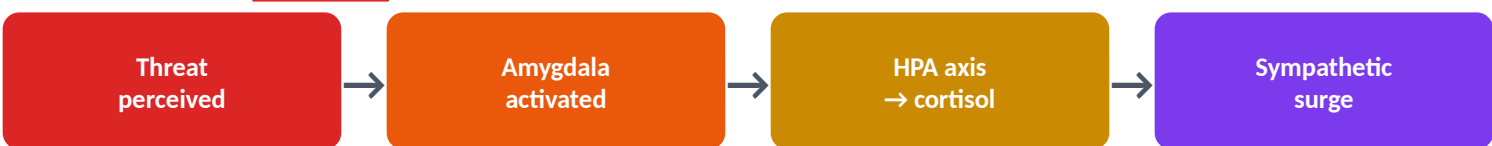
Trauma-Informed Care (TIC): approach that assumes trauma is common, prioritizes safety & choice, and avoids re-traumatization.

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.

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PATHOPHYSIOLOGY (Trauma Response)



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.**

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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.

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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

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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

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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.

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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.

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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