Because rape survivors frequently enter the healthcare system by way of the emergency department, nurses are often the first to counsel them. Because the caregiver’s values, attitudes, and beliefs will necessarily affect the competence and focus of the care, nurses who work with rape survivors must understand their own attitudes and beliefs about rape and rape survivors and resolve any conflicts that may exist.

In addition to examining their own attitudes and beliefs, nurses must be mindful of the potential for increased complexity of treatment with rape survivors who are members of different ethnic or cultural backgrounds. For example, a woman’s membership in a particular ethnic or cultural group could affect her willingness to disclose all the details of a rape, her willingness to follow up with community resources or to seek counseling, and her willingness to prosecute. Being aware of potential cultural differences is important when discussing future courses of action available to rape survivors.

**Nursing Assessment and Diagnosis**

Policies for admitting and examining rape survivors vary among institutions. A woman who has been raped is under great stress and needs the sensitive care of professionals who are aware of her special needs. The first priority is creating a safe, secure milieu. Professionals should gather admission information in a quiet, private room and reassure the woman that she is not alone, will not be abandoned, and is safe from a second attack.

A full mental status examination should be performed, both for the purpose of planning care and as possible courtroom evidence. Scrupulous documentation is essential because the survivor’s medical record is often used in the courtroom to verify her testimony if the rapist is prosecuted.

Examples of nursing diagnoses that may apply to the rape survivor include the following:

- **Fear** related to invasion of personal space secondary to rape
- **Powerlessness** related to inability to regain sense of control secondary to rape

**Nursing Plan and Implementation**

Table 9–4 outlines the general nursing actions that are appropriate during each of the phases of recovery. It is imperative that control be returned to the woman as quickly as possible. The nurse can return control by encouraging the woman to make contact. When feasible, the woman should decide on the sequence of forensic events, such as pulling her own hair (head and pubic), having blood drawn after clothes are collected rather than before, and so forth. In this way the nurse helps her deal with her crisis in small, manageable increments. The nurse should encourage the woman to express her feelings and reassure her that anger and fear are normal, appropriate responses. The nurse can also address expressed or unexpressed guilt by assuring the woman that the rape was not her fault.

By explaining the forensic examination and the general sequence of events in the emergency department, the nurse alleviates the client’s anxiety related to fear of the unknown. The woman should know what is going to happen and why and how she can assist in each phase of the examination.

Throughout the experience, the nurse acts as the survivor’s advocate, providing support without usurping decision making. The nurse need not agree with all the survivor’s decisions but should respect and defend her right to make them.

The family members or friends on whom the survivor calls also need nursing care. Like those of the survivor, the reactions of the family will depend on the values to which they ascribe. Some family members or partners may blame the survivor for the rape and feel angry with her for not having been more careful. They may also incorrectly view the rape as a sexual act rather than as an act of violence. They may feel personally wronged or attacked and see the survivor as being devalued or unclean. Their reactions may compound the survivor’s crisis. By spending some time with family members before their first interaction with the survivor, the nurse can reduce their anxiety and help them examine and reconcile their feelings, sparing the woman further trauma. In some cases, the nurse may want to refer