specifically as the type of trauma that may result in post-traumatic stress disorder. Rape victims may also experience one of the anxiety disorders, mood disorders, or sexual dysfunctions discussed in the DSM-IV-TR.

**Outcome Identification: NOC**

The long-term goal of intervention is to help survivors of rape return to their precrisis level, or achieve a higher level of functioning. The following outcome behaviors demonstrate that the crisis has been resolved in an adaptive fashion:

- Control over remembering—the client can elect to recall or not recall the rape; flashbacks and nightmares decrease.
- Affect tolerance—feelings can be felt, named, and endured without overwhelming arousal or numbing.
- Symptom mastery—anxiety, fear, depression, and sexual problems have decreased and are more manageable.
- Reconnection—ability to trust and attach to others increases.
- Meaning—the client has discovered some tolerable meaning for the trauma and for the self as a trauma survivor; feels empowered.

**Planning and Implementation: NIC**

It is important to support defense mechanisms until the client is able to cope with the reality of the assault. Give her ample time to respond to simple questions; anxiety will decrease her ability to perceive input, thereby slowing her response time. If the client is unable to express her feelings, acknowledge the difficulty by saying, “I understand that it’s difficult for you to describe your feelings right now. That’s okay. You may be able to talk about them later.” Communicate your knowledge and understanding of the usual emotional responses to rape. Statements such as “People usually experience a number of feelings, like anxiety, fear, embarrassment, guilt, and anger” will reassure her that her feelings are a normal reaction to rape. Use the Your Self-Awareness feature on page 644 to help you understand your own feelings and attitudes.

**Encouraging Coping**

Encourage the client to talk about the rape. Many clients will have a compulsive need to recount the assault. The emotional arousal of the trauma contributes to this intense pressure to talk. Listen patiently and supportively, understanding that compulsive retelling is a natural way the victim uses to gradually desensitize herself to the trauma.

Identify specific coping behaviors clients used during the rape such as screaming, fighting, talking, blacking out, and/or remaining passive. Initially, clients may experience distortions related to self-blame or guilt. Recognizing that their behavior was an adaptive mechanism for survival will raise their self-esteem and decrease their feelings of guilt. Repeatedly tell clients it was not their fault. Emphasize that survival is the most important outcome. Reassure them that they did the best they could under the degree of fear that rape

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**Nursing Diagnosis: NANDA**

The health care team must quickly establish physical and mental status priorities. Attention must then be given to long-range physical, emotional, social, and legal concerns of the survivor.

The nursing diagnosis for clients who have been raped is Rape-Trauma Syndrome. If clients suffer from reactivated symptoms of a previous physical illness or mental disorder, or if they rely on alcohol or drugs to manage their trauma, they are given the more specific nursing diagnosis of Rape-Trauma Syndrome: Compound Reaction. The nursing diagnosis of Rape-Trauma Syndrome: Silent Reaction is applied when the client experiences high levels of anxiety, an inability to discuss the trauma, abrupt changes in relationships with men and/or changes in sexual behavior, and the onset of phobic reactions.

There is no corresponding DSM-IV-TR diagnosis for Rape-Trauma Syndrome. Rape is, however, mentioned