

It is common for rape victims to delay seeking help, especially in cases of acquaintance or date rape. Nurses can be most supportive by acknowledging the painful and sometimes confusing feelings that surround such experiences and by focusing on the fact that the victim is seeking assistance now.

The young person is always told in advance in understandable terms exactly what to expect in the way of tests and procedures and the explanation is accompanied by strong emotional support. The victim is examined thoroughly, including nongenital areas, for evidence of injury that might substantiate the use of force.

The forensic examination of a sexual assault victim must follow strict legal requirements. The medical record may provide key evidence for the legal case. Practitioners specially trained for rape examination should be used when possible. Nurses are often members of this group and are known as **sexual assault nurse examiners (SANEs)**. Evaluation for STIs is an important part of the evaluation. The following procedures are recommended for the initial examination: nucleic acid amplified testing (NAAT) for chlamydia and gonorrhea; wet mount and culture or point-of-care testing of a vaginal swab specimen for trichomoniasis; and a serum sample for HIV infection, hepatitis B, and syphilis. Decisions to perform these tests should be made on an individual basis. Repeat testing for chlamydia and gonorrhea can be done at 2 weeks if prophylactic treatment was not administered. Serologic tests for syphilis and HIV infection can be repeated 6 weeks, 3 months, and 6 months after the assault if infection in the assailant could not be ruled out ([Workowski, Berman, and Centers for Disease Control and Prevention, 2010](#)).

Prophylactic treatment for chlamydia, gonorrhea, and trichomoniasis is recommended. Vaccination for hepatitis B should be administered if the patient has not been previously vaccinated. Follow-up doses of vaccine should be administered 1 to 2 and 4 to 6 months after the first dose. Female victims should be provided with emergency contraception. The recommendation for HIV prophylaxis varies depending on the geographic area, the circumstances of the assault, and the known HIV status of the perpetrator. The CDC ([Workowski, Berman, and Centers for Disease Control and Prevention, 2010](#)) maintains updates and