

In the United States, it is illegal for anyone to have sexual intercourse with a child ranging in age of 12 to 18 years old (Oudekerk, Guarnera, and Reppucci, 2014). These laws protect the health and safety of children incapable of protecting themselves. When consensuality is considered in statutory rape laws and cases, it implies that adolescents are morally and socially responsible for sexual contact that occurs with adults. This does not afford adolescents the same protections provided to children younger than 12 years old (Oudekerk, Guarnera, and Reppucci, 2014).

Nurses can obtain information about their state statutory rape reporting responsibilities from state or local child protective services agencies, legal counsel, rape crisis organizations, state or local law enforcement agencies, or the state nurses' association. The limits of confidentiality should be clearly reviewed with each adolescent patient before beginning the interview about sexual activity.

### Diagnostic Evaluation

Rape victims may exhibit a variety of reactions (Box 16-3), and the circumstances of the initial medical evaluation may be frightening and stressful. The initial contact with the rape victim must be supportive, because the interrogation and associated activities have the potential to add to the trauma of the sexual assault. First of all, the victim needs to know that she (or he) is (1) all right, and (2) not being blamed for the situation.

#### **Box 16-3**

### Clinical Manifestations of Rape Victims

May display a variety of emotions and behaviors, such as:

- Hysterical crying
- Giggling
- Agitation
- Feelings of degradation
- Anger and rage