

EDAPT Interpersonal Violence Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What is the difference between IPV screening and risk assessment, and when should each be used?**
 - A. Screening estimates likelihood of future harm; risk assessment identifies presence of IPV; use screening only after safety planning.**
 - B. Screening and risk assessment are the same.**
 - C. Screening identifies the presence of IPV; risk assessment estimates the likelihood of future harm and lethality; use screening in initial encounters and risk assessment in safety planning and crisis situations.**
 - D. Risk assessment identifies the presence of IPV; screening estimates future harm; use risk assessment in initial encounters.**

- 2. What is the role of 24/7 crisis resources in IPV crisis intervention?**
 - A. Connect to 24/7 resources as a component of crisis intervention.**
 - B. They are optional.**
 - C. They are only for administrative staff.**
 - D. They should be avoided to not overwhelm the survivor.**

- 3. Traffickers may be which of the following relationships to victims?**
 - A. Only family members**
 - B. Only strangers**
 - C. Family members, friends, partners, acquaintances, or strangers**
 - D. Co-workers**

- 4. Strategies identified by nurses to combat lateral violence include?**
 - A. Strengthening collegial relationships**
 - B. Increasing workload**
 - C. Gossiping about co-workers**
 - D. Isolating staff**

- 5. Which term describes aggression from one nurse toward a coworker at the same organizational level?**
- A. Horizontal violence**
 - B. Vertical violence**
 - C. Lateral violence**
 - D. Workplace violence**
- 6. What best describes balancing confidentiality and safety in IPV practice?**
- A. Always maintain confidentiality at all costs**
 - B. Always disclose to authorities**
 - C. Balance confidentiality with safety planning, consult supervision, document decisions**
 - D. Never consult others**
- 7. Which form of child abuse is defined as nonaccidental physical injury to a child and may include punching, beating, or kicking?**
- A. Physical**
 - B. Sexual**
 - C. Emotional**
 - D. Neglect**
- 8. Which clinician response is appropriate when addressing trauma bonding in IPV survivors?**
- A. Validation, psychoeducation, safety planning, and support for independent help-seeking.**
 - B. Dismiss concerns and urge patience.**
 - C. Immediately recommend separation without safety planning.**
 - D. Only focus on legal action.**
- 9. Which safety steps are commonly recommended when someone experiences stalking?**
- A. Document incidents, inform trusted contacts, enhance digital safety, obtain protective orders, and involve law enforcement.**
 - B. Ignore stalking unless violence occurs.**
 - C. Rely only on informal support and avoid legal actions.**
 - D. Wait for a court to intervene without documenting incidents.**

10. Which social determinants of health have a direct relationship with intimate partner violence (IPV)?

- A. Economic and gender inequality**
- B. Alcohol or substance use**
- C. Unemployment**
- D. Poverty**

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Answers

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1. C
2. A
3. C
4. A
5. A
6. C
7. A
8. A
9. A
10. A

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Explanations

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1. What is the difference between IPV screening and risk assessment, and when should each be used?
 - A. Screening estimates likelihood of future harm; risk assessment identifies presence of IPV; use screening only after safety planning.
 - B. Screening and risk assessment are the same.
 - C. Screening identifies the presence of IPV; risk assessment estimates the likelihood of future harm and lethality; use screening in initial encounters and risk assessment in safety planning and crisis situations.**
 - D. Risk assessment identifies the presence of IPV; screening estimates future harm; use risk assessment in initial encounters.

Screening is a quick check to see if intimate partner violence may be present in a patient, typically done with all patients during an initial encounter. Risk assessment, on the other hand, is a deeper evaluation that estimates the likelihood of future harm and potential lethality, and it guides safety planning in crisis situations. This distinction matters because you want to detect IPV early with screening, then, if flagged or if danger appears imminent, conduct a risk assessment to determine how immediate the risk is and what protective actions are needed. The correct choice reflects this flow: screening identifies the presence of IPV, while risk assessment estimates future harm and lethality, and screening is used in initial encounters while risk assessment is used for safety planning and crisis situations. The other options mix up the roles or say the processes are the same, which doesn't align with how screening and risk assessment are intended to function in practice.

2. What is the role of 24/7 crisis resources in IPV crisis intervention?

- A. Connect to 24/7 resources as a component of crisis intervention.**
- B. They are optional.
- C. They are only for administrative staff.
- D. They should be avoided to not overwhelm the survivor.

Connecting to 24/7 crisis resources is essential in IPV crisis intervention because danger and distress can arise at any time, not just during business hours. These round-the-clock options provide immediate emotional support, safety planning, and access to critical services such as shelters, medical advocacy, legal assistance, and counseling. By linking survivors to these resources, you ensure they have continuous, reliable help to stabilize the situation, assess risk, and take concrete steps to stay safe. This isn't optional; it's about removing barriers to urgent help and meeting survivors where they are. The other ideas miss the urgent, around-the-clock nature of crisis work or misplace the resources as something for staff rather than for the survivor's immediate safety needs.

3. Traffickers may be which of the following relationships to victims?

A. Only family members

B. Only strangers

C. Family members, friends, partners, acquaintances, or strangers

D. Co-workers

Traffickers can operate in many different roles within a victim's life. They aren't limited to one kind of relationship. A trafficker may be a family member, a friend, an intimate partner, an acquaintance, a coworker, or even a stranger. The common thread is control and coercion, not the label of the relationship. For example, family members or intimate partners may groom or threaten to maintain control, while strangers or recruiters may lure someone with false job offers. Because trafficking can involve people close to the victim or complete outsiders, the comprehensive option that includes all these possibilities is the best answer.

4. Strategies identified by nurses to combat lateral violence include?

A. Strengthening collegial relationships

B. Increasing workload

C. Gossiping about co-workers

D. Isolating staff

Strengthening collegial relationships helps counter lateral violence by creating a culture of mutual respect, open communication, and shared responsibility for a healthy work environment. When nurses form supportive networks, set clear expectations for behavior, and engage in regular, constructive feedback, hostile behaviors are less tolerated and more likely to be addressed early. Strategies include team-building, mentorship programs, interprofessional collaboration, and formal conflict-resolution training, along with accessible reporting and supportive leadership. By contrast, increasing workload adds stress and can escalate tensions; gossiping about coworkers spreads harm and erodes trust; isolating staff removes crucial support and accountability, making it harder to prevent or respond to abuse. Strengthening collegial relationships is the most effective approach here.

5. Which term describes aggression from one nurse toward a coworker at the same organizational level?

- A. Horizontal violence**
- B. Vertical violence**
- C. Lateral violence**
- D. Workplace violence**

Aggression between coworkers at the same level is described as horizontal violence. This term captures peer-to-peer aggression among colleagues who hold similar positions in the organization, such as nurses on the same unit. The behaviors can be verbal put-downs, undermining a coworker's work, spreading rumors, social exclusion, or other non-physical acts that undermine a peer. It's different from vertical violence, which involves someone higher or lower in the hierarchy directing aggression toward a nurse, and from workplace violence as a broader category that can include physical violence and incidents across different levels. Sometimes you'll see the term lateral violence used interchangeably, but the core idea is the same: harm directed at a coworker at the same rank.

6. What best describes balancing confidentiality and safety in IPV practice?

- A. Always maintain confidentiality at all costs**
- B. Always disclose to authorities**
- C. Balance confidentiality with safety planning, consult supervision, document decisions**
- D. Never consult others**

Balancing confidentiality with safety means recognizing that keeping information private is important, but it isn't absolute when someone's safety is at risk. In IPV work, you partner with the client on safety planning, assess risk, and clearly identify what information must be shared to reduce harm. The best approach is to involve the client in decisions about disclosure, use risk assessment to guide actions, and seek supervision when the risk is unclear or complex. You also document what was decided and why, which creates a clear record of safety steps and the rationale behind any disclosures. This approach respects the client's autonomy and dignity while prioritizing safety, and it provides accountability and guidance for difficult decisions. Other options fall short because they either protect confidentiality at all costs, which can undermine safety; mandate disclosure to authorities in every case, which ignores context and client involvement; or avoid consulting others, which can lead to inconsistent or unsafe decisions. The balanced, collaborative strategy that includes safety planning, supervision, and thorough documentation is the most responsible way to handle confidentiality and safety in IPV practice.

7. Which form of child abuse is defined as nonaccidental physical injury to a child and may include punching, beating, or kicking?

- A. Physical**
- B. Sexual**
- C. Emotional**
- D. Neglect**

Physical abuse describes nonaccidental physical injury inflicted on a child. It means harm is intentional or caused by someone responsible for the child, rather than an accident. Examples include punching, beating, or kicking, and injuries may be seen in various locations or patterns that don't match the given story. This form is distinct from other types of harm: sexual abuse involves inappropriate sexual acts or exposure; emotional abuse harms a child's mental or emotional well-being; neglect is the failure to provide for basic needs like food, housing, or medical care. Because it specifically centers on intentional physical harm, it best fits the description of nonaccidental physical injury to a child.

8. Which clinician response is appropriate when addressing trauma bonding in IPV survivors?

- A. Validation, psychoeducation, safety planning, and support for independent help-seeking.**
- B. Dismiss concerns and urge patience.**
- C. Immediately recommend separation without safety planning.**
- D. Only focus on legal action.**

Addressing trauma bonding in IPV survivors requires a trauma-informed, validating approach that centers safety and survivor autonomy. Trauma bonds form through cycles of abuse, intermittent care, and fear-driven attachment, which can make leaving feel overwhelming or unsafe. The best clinician response starts with validating the survivor's lived experience—acknowledging their feelings, confusion, or ambivalence without judgment. Alongside this, provide psychoeducation about how trauma bonds develop and why they persist, helping the survivor understand their reactions rather than blaming themselves. A practical safety plan is essential. This includes assessing immediate risk, identifying safe exits from moments of danger, connecting with housing or shelter resources if needed, establishing trusted contacts, and outlining steps for accessing help when needed. Supporting independent help-seeking is crucial: encourage and assist the survivor in finding resources, services, and supports they can access on their own terms, while respecting confidentiality and pace. This approach combines empathy, information, safety, and empowerment, which aligns with best practices for working with trauma bonding. Responses that dismiss concerns, urge patience without support, push for separation without planning, or focus only on legal action fail to address both safety and the survivor's psychological needs.

9. Which safety steps are commonly recommended when someone experiences stalking?

- A. Document incidents, inform trusted contacts, enhance digital safety, obtain protective orders, and involve law enforcement.**
- B. Ignore stalking unless violence occurs.**
- C. Rely only on informal support and avoid legal actions.**
- D. Wait for a court to intervene without documenting incidents.**

When someone experiences stalking, a practical safety plan emphasizes steps that create a clear record, mobilize support, reduce opportunities for the stalker, and bring in legal protections and authorities. Documenting incidents is essential because it builds a concrete history of behavior—dates, times, locations, what happened, and any evidence like messages, screenshots, or witness statements. This record helps responders understand the pattern, supports any legal actions, and strengthens investigations. Informing trusted contacts creates a safety network. People who know what’s happening can check in, provide a quick respond-or-alert mechanism, and help when you feel unsafe, making you less isolated. Enhancing digital safety is also important because stalking often involves online or tech-enabled behavior. This includes changing passwords, enabling two-factor authentication, tightening privacy settings, reviewing who can see your information, and blocking or reporting the stalker on platforms. Obtaining protective orders is about using legal tools to set clear boundaries that restrict contact and proximity. They can deter the stalker and provide a formal basis for enforcement, though they don’t guarantee safety on their own. Involving law enforcement ensures immediate protection when there is direct danger and helps pursue investigations and possible charges. Reporting incidents and sharing the documentation you’ve gathered makes it easier for responders to act and can lead to urgent protections. These steps work together to reduce risk, support ongoing safety, and connect you with necessary resources. Ignoring stalking or waiting for violence to occur before taking action leaves you more vulnerable.

10. Which social determinants of health have a direct relationship with intimate partner violence (IPV)?

- A. Economic and gender inequality**
- B. Alcohol or substance use**
- C. Unemployment**
- D. Poverty**

This item tests how social determinants shape IPV risk, especially through power and resource dynamics. Economic inequality coupled with gender inequality creates a social environment where control, dependence, and limited safety options make intimate partner violence more likely and harder to escape. When gender norms favor one partner and restrict the other's autonomy, violence can function as a means of enforcing that imbalance, which is why these factors have a direct link to IPV. Alcohol or substance use is a known risk factor that can escalate violence, but it reflects a behavioral context rather than the structural power dynamics that underlie IPV. Unemployment and poverty are important economic conditions that influence stress and vulnerability, yet they don't inherently capture the gendered power relationship that directly drives IPV.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://edaptinterpersonalviolence.examzify.com>

We wish you the very best on your exam journey. You've got this!

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