

# EDAPT INTERPERSONAL VIOLENCE PRACTICE EXAM (SAMPLE)

**STUDY GUIDE**



**SAMPLE STUDY GUIDE  
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR  
THE FULL VERSION STUDY GUIDE**

<https://edaptinterpersonalviolence.examzify.com>



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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. Which item in the nurse's assessment would require immediate attention as a potential indicator of abuse?**
  - A. Black eye
  - B. Deformity to the left wrist and radius
  - C. Father is reluctant to leave his son's side
  - D. He has trouble thinking every day
  
- 2. What should clinicians document when obtaining consent for protective orders and enforcement actions?**
  - A. Document counseling on orders, client decisions, understanding of terms, service-of-process, enforcement steps, and attach the actual order details.
  - B. Document only the date of the session.
  - C. Document that the client refused any protection.
  - D. Document that the order was not explained.
  
- 3. It is estimated that \_\_\_\_\_ of workplace incidents are never reported, and as many as 80% have witnessed horizontal violence with a \_\_\_\_\_ percentage.**
  - A. More than half; Higher
  - B. Less than a quarter; Moderate
  - C. A third; Low
  - D. All incidents; Very high
  
- 4. Which factors are relevant to parenting time decisions in IPV cases?**
  - A. Children's exposure risk, safety of caregivers, parenting time considerations, protective orders, and coordination with child welfare services.
  - B. Parenting time should be based solely on parental work schedules.
  - C. Parenting time is not affected by IPV.
  - D. Deny all parenting time in all IPV cases.
  
- 5. What are protective orders and how should they be integrated into safety planning?**
  - A. Legal orders restricting contact by the perpetrator; ensure understanding of terms, jurisdiction, enforcement, and incorporate them into safety strategies and escalation steps.
  - B. Informal agreements only; not legally enforceable.
  - C. Orders that require the survivor to provide shelter to others.
  - D. Pet protective orders for household pets.

- 6. In a case where a teenager is diagnosed with genital herpes, which action by the nurse is most appropriate?**
- A. Document the visit without discussing sexual history
  - B. Interview the teen in the waiting room with the parent present
  - C. Interview the teen in the presence of the parent in the exam room
  - D. Accompany the teenager to a private room to obtain a sexual history
- 7. A priority nursing diagnosis for this client is \_\_\_\_.**
- A. Hope
  - B. Powerlessness
  - C. Anxiety
  - D. Risk for violence
- 8. 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
- 9. Which statement reflects a recommended step when addressing a potential trafficking case in care planning?**
- A. Immediately involve law enforcement and arrest
  - B. Withhold information about services
  - C. Provide the adult client with options for services, reporting, and resources
  - D. Delay safety planning until after discharge
- 10. Child abuse and neglect is an important public health concern affecting children, families, and communities.**
- A. Public
  - B. Private
  - C. Mental
  - D. Physical

## **Answers**

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

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## **Explanations**

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**1. Which item in the nurse's assessment would require immediate attention as a potential indicator of abuse?**

- A. Black eye
- B. Deformity to the left wrist and radius**
- C. Father is reluctant to leave his son's side
- D. He has trouble thinking every day

*The key idea here is that visible physical injuries suggesting a fracture demand immediate concern for possible abuse. A deformity of the left wrist and radius points to a broken bone, and in children fractures can be a sign of non-accidental trauma. This requires urgent evaluation to confirm the injury, check for other hidden injuries, ensure the child's safety, and comply with mandatory reporting if abuse is suspected. While other signs like a black eye can occur from either accidents or abuse and aren't definitive on their own, and a caregiver's reluctance to leave the child's side or the child's daily cognitive difficulties could have various explanations, they don't provide the same immediate, concrete indicator of potential abuse as a suspected fracture does.*

**2. What should clinicians document when obtaining consent for protective orders and enforcement actions?**

- A. Document counseling on orders, client decisions, understanding of terms, service-of-process, enforcement steps, and attach the actual order details.**
- B. Document only the date of the session.
- C. Document that the client refused any protection.
- D. Document that the order was not explained.

*When obtaining consent for protective orders, what matters is a complete record of informed consent. This means documenting that the clinician provided counseling about what the protective order entails, captured the client's decisions about proceeding, confirmed the client's understanding of the terms, explained how service of process will occur, outlined the enforcement steps, and attached or included the actual order details in the record. This thorough documentation ensures the client genuinely understands what they are agreeing to, creates a clear legal record for future reference, supports safety planning, and protects both the client and the clinician if questions arise later. Only documenting the date of the session misses the critical elements of informed consent. Noting that the client refused protection without context or implying the order was not explained would misrepresent the situation and fail to demonstrate that appropriate counseling and verification of understanding occurred.*

3. It is estimated that \_\_\_\_\_ of workplace incidents are never reported, and as many as 80% have witnessed horizontal violence with a \_\_\_\_\_ percentage.

- A. More than half; Higher
- B. Less than a quarter; Moderate
- C. A third; Low
- D. All incidents; Very high

*Underreporting of workplace incidents combined with a high level of peer-to-peer aggression shows how common and unaddressed the issue can be. The statement that more than half of incidents go unreported aligns with data suggesting substantial underreporting in many workplaces, often due to fear of retaliation, doubt that reporting will lead to change, or a culture that normalizes mistreatment. At the same time, as many as 80% of employees report witnessing horizontal violence, which is a very high level of exposure to peer-to-peer aggression. The descriptor for the second blank should indicate that the witnessed percentage is higher than the underreporting percentage, hence "higher." The other options don't fit this pattern: underreporting figures like less than a quarter or a third contradict the common understanding of significant underreporting, and saying all incidents are unreported doesn't mesh with the 80% witnessing figure.*

4. Which factors are relevant to parenting time decisions in IPV cases?

- A. Children's exposure risk, safety of caregivers, parenting time considerations, protective orders, and coordination with child welfare services.
- B. Parenting time should be based solely on parental work schedules.
- C. Parenting time is not affected by IPV.
- D. Deny all parenting time in all IPV cases.

*In IPV cases, parenting time decisions must be made with safety at the forefront, recognizing how violence affects both children and caregivers. The best choice reflects that several factors matter together: the risk of the child being exposed to violence, the safety of the caregiver, how parenting time is structured and supervised, any protective orders in place, and coordination with child welfare services to implement a safe plan. These elements help create arrangements that protect children while allowing appropriate contact when it can be safe, such as supervised visits or transfers at neutral sites as needed. Approaches that base decisions solely on work schedules ignore safety considerations and exposure risks. Saying IPV doesn't affect parenting time is incorrect because safety and risk directly influence what is appropriate. Denying all parenting time in every IPV case is too extreme; many situations can involve carefully monitored contact with solid safety planning.*

**5. What are protective orders and how should they be integrated into safety planning?**

- A. Legal orders restricting contact by the perpetrator; ensure understanding of terms, jurisdiction, enforcement, and incorporate them into safety strategies and escalation steps.**
- B. Informal agreements only; not legally enforceable.
- C. Orders that require the survivor to provide shelter to others.
- D. Pet protective orders for household pets.

*Protective orders are legally enforceable court orders that restrict the perpetrator's contact and proximity to the survivor (and often to children). The strength of the correct approach is in recognizing that these orders are not just documents; they come with specific terms, enforcement mechanisms, and jurisdictional rules that directly shape safety actions. Knowing the exact terms (who is covered, what behavior is prohibited, where contact is prohibited), how long the order lasts, and how to enforce it (police, courts, and enforcement procedures) allows a survivor to plan with clear legal leverage. This information informs practical safety steps: carrying certified copies of the order, sharing copies with trusted people, planning routes and routines to avoid contact, coordinating with work, school, housing, and child care, documenting violations, and having an escalation plan if the order is violated (including contacting law enforcement and seeking extensions or modifications as needed). The other options miss the essential point. Some describe informal agreements that aren't legally enforceable, which undermines safety when enforcement is needed. Others introduce irrelevant notions (like a survivor's obligation to shelter others or pet-only orders) that don't address protecting the survivor from the abuser through enforceable legal means.*

**6. In a case where a teenager is diagnosed with genital herpes, which action by the nurse is most appropriate?**

- A. Document the visit without discussing sexual history
- B. Interview the teen in the waiting room with the parent present
- C. Interview the teen in the presence of the parent in the exam room
- D. Accompany the teenager to a private room to obtain a sexual history**

*Respecting adolescent confidentiality is essential when gathering sensitive information. When a teenager is diagnosed with genital herpes, obtaining an accurate sexual history in a private setting is crucial for effective counseling, risk reduction, and appropriate treatment. Interviewing the teen alone in a private room helps create a safe space where they can be honest about sexual activity, number of partners, protection use, and exposure history without fear of parental judgment or disclosure. This honest disclosure improves the quality of the history, guides appropriate education about transmission and prevention, and supports decisions about partner notification and follow-up care. In contrast, interviewing in the waiting room or with a parent present can hinder candor and compromise care. Therefore, accompanying the teenager to a private room to obtain a sexual history is the most appropriate action.*

7. A priority nursing diagnosis for this client is \_\_\_\_\_.

- A. Hope
- B. Powerlessness**
- C. Anxiety
- D. Risk for violence

*Powerlessness is the central issue for someone experiencing interpersonal violence because the person often feels trapped and unable to control what happens to them. This sense of lost power affects decisions, sense of self-worth, and ability to take safe actions. Labeling powerlessness as the nursing diagnosis foregrounds interventions that restore autonomy: validate the person's experiences, offer choices, provide information about options, and actively involve them in safety planning and decisions about care. Addressing this internal feeling helps reduce distress and creates a foundation for further safety and coping strategies. Anxiety can accompany the situation, but it's a symptom rather than the defining issue to target first. While assessing for risk is essential, the prompt's focus is on the client's internal experience, and powerlessness best captures what the client needs from nursing care to regain a sense of control. Hope reflects a positive frame, not a problem to diagnose.*

8. 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.*

**9. Which statement reflects a recommended step when addressing a potential trafficking case in care planning?**

- A. Immediately involve law enforcement and arrest
- B. Withhold information about services
- C. Provide the adult client with options for services, reporting, and resources**
- D. Delay safety planning until after discharge

*Empowering the adult client with options for services, reporting, and resources is the best approach because it centers autonomy and safety through a trauma informed, collaborative process. By presenting what help is available, how reporting could proceed, and where to access supports, you give the client meaningful choices and control over their path. This fosters trust, reduces coercion, and helps tailor a plan that aligns with the person's readiness and priorities—whether that includes medical or mental health care, safe housing, legal assistance, or ways to report the situation. Providing options also supports practical safety planning. It signals that help exists without forcing a direction, which is crucial in trafficking cases where power dynamics and fear can complicate decision making. While there may be circumstances where reporting to authorities or protective services is appropriate or requested, the default is to inform and collaborate, not to dictate. Withholding information or delaying safety planning undermines trust and can increase risk, whereas offering resources and choices strengthens engagement and safety.*

**10. Child abuse and neglect is an important public health concern affecting children, families, and communities.**

- A. Public**
- B. Private
- C. Mental
- D. Physical

*The main idea here is recognizing that child abuse and neglect is viewed as a public health issue because it affects the health and well-being of the population, not just individual families. A public health framing focuses on how widespread the problem is, its impact on communities, and how prevention, surveillance, reporting, and policy can reduce harm for all children. That's why the best choice is Public—it reflects the societal scope and the need for population-level solutions, resources, and programs. Mental and physical describe types of harm, not the scope of the issue, and private would imply it's only a private family matter, which misses the broader public health perspective.*

## 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](mailto: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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