Menstruation, Menopause, Abortion, Abuse Exam 2 Practice (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

1. Which are common manifestations of endometriosis?

A. Acute infection and fever.

B. Weight gain.

C. Frequent migraines.

D. Dysmenorrhea, heavy irregular periods, chronic fatigue, and infertility.

2. Which of the following is NOT a sign of human trafficking?

A. Poor health

B. Signs of neglect

C. Having access to personal documents and freedom to move

D. Being coached

3. What are the phases of the ovarian cycle?

A. Follicular phase, ovulation, and luteal phase.

B. Proliferative, secretory, ischemic, and menstrual phases.

C. Ovulation, menstrual, and ischemic phases.

D. Follicular, secretory, and ischemic phases.

4. Which statement best reflects a common misconception about violence from women?

A. Women are never violent.

B. Men are always the perpetrators.

C. Violence from women towards men receives no attention.

D. Violence from women towards men receives minimal attention despite its occurrence.

5. What is the role of Sexual Assault Nurse Examiners (SANEs)?

A. Provide trauma-informed care

B. Document evidence

C. Support survivors of sexual assault

D. All of the above

6. In the Cycle of Violence, which phase comes after the reconciliation phase?

A. Tension building

B. Incident of violence

C. Avoidance

D. Calm

7. What is the primary female sex hormone?

A. Estrogen

B. Progesterone

C. Testosterone

D. Relaxin

8. Which of the following lists the PALM causes of abnormal uterine bleeding (AUB)?

A. Polyp, Adenomyosis, Leiomyoma (fibroids), Malignancy and Hyperplasia.

B. Coagulopathy, Ovulatory dysfunction, Endometrial abnormalities, Not yet classified.

C. Infections, Endometriosis, Ovarian cysts, Cervical polyps.

D. Hormonal imbalance, Uterine cancer, Thyroid disease, Diabetes

9. What is a significant risk associated with medication abortion?

A. About 2% risk of complications, including incomplete expulsion and infection

B. About 10% risk of hemorrhage

C. No risk

D. 50% risk of abortion failure

10. What is the gold standard for identifying osteoporosis?

A. CT scan

B. MRI

C. Dual-energy x-ray absorptiometry (DEXA) scan

D. Ultrasound

Answers

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

Explanations

1. Which are common manifestations of endometriosis?

A. Acute infection and fever.

B. Weight gain.

C. Frequent migraines.

D. Dysmenorrhea, heavy irregular periods, chronic fatigue, and infertility.

Endometriosis causes tissue similar to the lining of the uterus to grow outside the uterus, leading to cyclical and chronic symptoms tied to menstrual hormones. The most characteristic manifestations are dysmenorrhea (painful periods), heavy or irregular menstrual bleeding, ongoing fatigue from chronic pain (and sometimes anemia), and infertility due to pelvic scarring and adhesions. This combination aligns with the description of dysmenorrhea, heavy irregular periods, chronic fatigue, and infertility, making it the best fit. Acute fever and infection would point to pelvic inflammatory disease rather than endometriosis. Weight changes and frequent migraines aren't typical defining features of endometriosis.

2. Which of the following is NOT a sign of human trafficking?

A. Poor health

B. Signs of neglect

C. Having access to personal documents and freedom to move

D. Being coached

Trafficking involves coercion, control, and deprivation of autonomy. When someone is being exploited, you typically see health problems from neglect or abuse, and clear signs that their care or safety is being controlled. Signs of neglect reflect living conditions and lack of proper care, which are common in trafficking situations. Being coached is another red flag, because traffickers often train victims on what to say to appear legitimate or to avoid suspicion. Having access to personal documents and the freedom to move, on the other hand, is not a sign of trafficking. Those factors indicate autonomy and the ability to control one's own movement, which runs counter to the coercive control central to trafficking.

3. What are the phases of the ovarian cycle?

A. Follicular phase, ovulation, and luteal phase.

B. Proliferative, secretory, ischemic, and menstrual phases.

C. Ovulation, menstrual, and ischemic phases.

D. Follicular, secretory, and ischemic phases.

The ovarian cycle has three phases driven by follicle development and Hormone fluctuations: the follicular phase, ovulation, and the luteal phase. In the follicular phase, FSH stimulates several follicles to grow, estrogen rises as the follicles mature, and the dominant follicle prepares for release. Ovulation is the mid-cycle event where a surge of LH triggers the release of the egg from the dominant follicle. The luteal phase follows, with the remaining follicular cells forming the corpus luteum, which secretes progesterone (and some estrogen) to support possible implantation. If fertilization doesn't occur, the corpus luteum regresses, hormone levels fall, and the cycle restarts with menstruation. Others describe phases tied to the endometrium rather than the ovary—proliferative and secretory refer to the lining's response to hormones, menstrual is shedding, and ischemic isn't a standard ovarian-cycle phase.

4. Which statement best reflects a common misconception about violence from women?

A. Women are never violent.

B. Men are always the perpetrators.

C. Violence from women towards men receives no attention.

D. Violence from women towards men receives minimal attention despite its occurrence.

Violence by women toward men does occur, but it is often overlooked or underreported because of gender norms and biases in how violence is discussed and studied. The best choice acknowledges that this violence happens yet receives minimal attention compared with male-perpetrated violence, reflecting how society and research tend to focus more on men as aggressors and women as victims. This explains why it's easy to miss or downplay female-perpetrated violence against men. It's not accurate to say women are never violent, since there are documented cases. It's also not true that men are always the perpetrators, as women can be perpetrators as well. And while violence by women toward men is not ignored entirely, it does not receive no attention at all; the attention it does get is typically far less than that given to violence against women or to male-perpetrated violence.

5. What is the role of Sexual Assault Nurse Examiners (SANEs)?

A. Provide trauma-informed care

B. Document evidence

C. Support survivors of sexual assault

D. All of the above

SANEs provide a comprehensive, trauma-informed response to sexual assault that combines medical care, forensic evidence collection, and survivor advocacy. They assess and treat injuries, offer preventive care (like STI prophylaxis or pregnancy prevention) and address immediate safety needs. They follow standardized forensic exam procedures to document injuries, collect and preserve evidence, and ensure proper labeling and chain-of-custody. They also support survivors emotionally, explain options for reporting, and accompany them through the process, including coordination with law enforcement or prosecutors if the survivor chooses. By integrating medical care, meticulous evidence documentation, and ongoing support and referrals, SANEs cover the full range of needs a survivor may have in the aftermath.

6. In the Cycle of Violence, which phase comes after the reconciliation phase?

A. Tension building

B. Incident of violence

C. Avoidance

D. Calm

In the Cycle of Violence, the reconciliation (honeymoon) phase is followed by a calm period. This calm is a temporary lull where conflict subsides, the abuser may apologize or promise to change, and the relationship feels peaceful for a time. Because this sense of safety and normalcy returns, it sets the stage for tensions to rise again, starting the cycle anew. So the phase that comes after reconciliation is the calm period, before tensions build once more and the cycle repeats.

7. What is the primary female sex hormone?

A. Estrogen

B. Progesterone

C. Testosterone

D. Relaxin

The main idea here is which hormone most drives female sexual development and the menstrual cycle. Estrogen, produced mainly by the ovaries, is the dominant female sex hormone. It fuels puberty changes, supports the growth of the reproductive tract, and regulates the menstrual cycle by promoting the thickening of the uterine lining in the first half of the cycle and coordinating feedback to control other hormonal signals. Progesterone is essential for preparing and sustaining the uterine lining in the second half of the cycle and during pregnancy, but it works after estrogen has prepared the lining. Testosterone is primarily the male sex hormone, though women have it in smaller amounts and it doesn't drive the cycle in the same way. Relaxin is involved mainly in pregnancy to loosen ligaments and prepare the cervix, not in routine female sex-characteristic development. So estrogen is the best answer because it plays the central role in female sexual development and cycle regulation.

8. Which of the following lists the PALM causes of abnormal uterine bleeding (AUB)?

A. Polyp, Adenomyosis, Leiomyoma (fibroids), Malignancy and Hyperplasia.

B. Coagulopathy, Ovulatory dysfunction, Endometrial abnormalities, Not yet classified.

C. Infections, Endometriosis, Ovarian cysts, Cervical polyps.

D. Hormonal imbalance, Uterine cancer, Thyroid disease, Diabetes

PALM-COEIN is a framework used to classify abnormal uterine bleeding by dividing causes into structural and non-structural categories. The structural group, known as PALM, includes four specific uterine-related problems: Polyp, Adenomyosis, Leiomyoma (fibroids), and Malignancy or Hyperplasia. These are physical or anatomic factors that can alter the lining or cavity of the uterus and lead to abnormal bleeding. The list that fits PALM is the one that includes Polyp, Adenomyosis, Leiomyoma, Malignancy and Hyperplasia because it enumerates those exact structural factors. The other options describe non-structural causes or conditions not grouped under PALM. For example, COEIN covers non-structural issues like coagulopathy, ovulatory dysfunction, endometrial abnormalities not caused by a structural lesion, and conditions not yet classified. Some items in the other choices refer to infections, endometriosis, ovarian cysts, or systemic diseases, which are not part of the PALM structural category.

9. What is a significant risk associated with medication abortion?

A. About 2% risk of complications, including incomplete expulsion and infection

B. About 10% risk of hemorrhage

C. No risk

D. 50% risk of abortion failure

Medication abortion uses two medicines to end a pregnancy: one to stop the pregnancy from continuing and another to trigger contractions to expel it. It is very safe, with a small overall risk of complications—about 2%. The most common issues are incomplete expulsion, which may require a follow-up procedure, and infection. This is why the estimate around 2% including incomplete expulsion and infection best matches what's typically observed. It's not zero, and it isn't as high as 10% or 50%; serious problems like heavy hemorrhage are uncommon. If there are warning signs such as very heavy bleeding, fever, or severe pain, medical care should be sought promptly.

10. What is the gold standard for identifying osteoporosis?

A. CT scan

B. MRI

C. Dual-energy x-ray absorptiometry (DEXA) scan

D. Ultrasound

Measuring bone mineral density with a DEXA scan is the gold standard for identifying osteoporosis. This test directly quantifies how dense the bones are, especially at the hip and spine, which are the most predictive sites for fracture risk. The results are expressed as a T-score, with a value at or below -2.5 defining osteoporosis according to established criteria, providing a standardized threshold to diagnose and guide treatment. DEXA is preferred because it is accurate, reproducible, widely available, and involves only a small amount of radiation, making it suitable for screening and monitoring over time. Other imaging methods have limitations: CT can estimate bone density but involves higher radiation and is not routinely used for diagnosis; MRI doesn't provide a reliable measure of bone density; ultrasound can assess peripheral bone properties but cannot diagnose osteoporosis or predict fracture risk as reliably as DEXA.

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://mensmenopauseabortionabuse2.examzify.com

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