

Cheap Nursing CEUs

Preventing Intimate Partner Violence

1. Which description best reflects how this course defines intimate partner violence (IPV)?

- A. Any physical injury that occurs between two adults living in the same household, regardless of whether they have a romantic relationship
 - B. Abuse or aggression occurring in a current or former romantic relationship, including spouses or dating partners, which may happen once or recur over months or years
 - C. Violence that occurs repeatedly over at least six months between married partners who share finances and children
 - D. Any conflict involving yelling or arguing between romantic partners, regardless of intent to harm or control
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2. A patient reports that her ex-partner repeatedly pressured her to send sexual photos and participate in explicit video chats when she did not want to, threatening to end the relationship if she refused. According to the course content, how is this behavior classified?

- A. Sexual violence within intimate partner violence, because it involves coerced non-physical sexual acts without consent
 - B. Stalking, because it uses technology to monitor and contact the victim at a distance
 - C. Psychological aggression, because no physical contact occurred and the harm is mainly emotional
 - D. Economic abuse, because the threats focused on ending the relationship rather than causing physical harm
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3. Which scenario best illustrates gaslighting as a form of psychological aggression in IPV?

- A. A partner refuses to let the victim work and requires them to ask for money for basic needs
 - B. A partner sends dozens of text messages per hour demanding to know where the victim is and whom they are with
 - C. A partner repeatedly insists events did not happen as the victim remembers, making them question their memory, feelings, and sanity over time
 - D. A partner humiliates the victim in public by calling them names in front of friends and coworkers
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4. Which of the following most clearly exemplifies economic abuse as described in the course?

- A. A partner limits access to household funds, sabotages the victim's attempts to gain employment, and requires the victim to hand over their income
- B. A partner becomes jealous when the victim spends time with coworkers and demands constant text updates
- C. A partner frequently insults the victim's intelligence and calls them names during arguments

D. A partner checks the victim's phone daily and insists on knowing all their passwords

5. A nurse is counseling a patient who describes that her new partner has begun criticizing small things, becomes increasingly jealous, calls or texts her repeatedly when she is with friends, and is discouraging her from seeing her family. According to the content, how should the nurse interpret these behaviors?

- A. They are normal manifestations of cultural expectations around commitment and therefore do not indicate increased risk
 - B. They are typical adjustment difficulties in new relationships and rarely progress to more severe forms of abuse
 - C. They are primarily indicators of the reconciliation phase following a prior acute incident of abuse
 - D. They are early warning signs of power and control dynamics and may represent subtle beginnings of IPV
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6. A patient describes a recent episode in which her partner became extremely aggressive, physically assaulted her, and she felt focused solely on survival. She reports this was the shortest but most brutal part of an ongoing pattern. Which phase of Walker's Cycle of Abuse does this most closely represent?

- A. Acute battering (incident of abuse) phase
 - B. Tension-building phase
 - C. Honeymoon (reconciliation) phase
 - D. Calm phase
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7. According to the description of the Power and Control Wheel, what does the outer ring of the wheel represent?

- A. The protective behaviors used by friends and family to interrupt the abuse cycle
 - B. Physical and sexual violence that reinforces and maintains the abusive tactics shown in the inner ring
 - C. The victim's coping strategies that buffer the impact of psychological aggression
 - D. Societal-level risk factors such as poverty and weak legal systems surrounding the relationship
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8. Which pattern best illustrates coercive control as distinct from a single episode of IPV?

- A. A partner frequently shouts during disagreements but never limits the victim's movements or decisions
- B. A one-time incident where a partner slaps the victim during an argument but later expresses remorse
- C. A partner sends flowers and apologetic messages after every argument to convince the victim to stay

D. A partner consistently takes the victim's vehicle to work so the victim cannot go to their job, imposes rigid rules the victim must follow, and uses these ongoing restrictions to isolate and degrade them

9. Oppression theory, as applied to IPV in this course, emphasizes which of the following?

- A. Abusive behavior arises mainly from individual psychopathology and is largely independent of cultural or legal context
 - B. Patriarchal norms, discriminatory laws, and economic inequality create conditions that enable coercive control and limit avenues of protection for victims
 - C. IPV persists primarily because victims lack adequate conflict-resolution skills and anger management training
 - D. The cycle of violence within a relationship is biologically determined and unaffected by broader social structures
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10. Which statement about IPV during pregnancy is most consistent with the course content?

- A. Physical IPV is the predominant form in pregnancy, affecting about 30% of pregnant women, with emotional abuse occurring in fewer than 10%
 - B. IPV risk uniformly decreases during pregnancy because perpetrators avoid harming the fetus, but rises sharply only after delivery
 - C. IPV is more common among pregnant women than preeclampsia or gestational diabetes, and women with unplanned or unwanted pregnancies are about four times more likely to experience IPV
 - D. Pregnant women with strong social support and higher income have similar IPV risk as those with low income and limited support
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11. Which statement about IPV risk among LGBTQ+ individuals is supported by the course content?

- A. Transgender individuals are at the highest risk of IPV and are about twice as likely as others to experience physical forms of abuse
 - B. Lesbian couples experience substantially higher rates of IPV than heterosexual couples, whereas gay male couples rarely report IPV
 - C. IPV is significantly less common in same-sex dating relationships than in heterosexual relationships due to reduced gender role conflict
 - D. LGBTQ+ adolescents experience similar rates of dating violence as their heterosexual peers when controlling for other risk factors
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12. According to the course, how does firearm availability relate to IPV risk and outcomes in the United States?

- A. Firearm ownership in the home mainly increases the risk of self-harm but has little documented association with IPV-related homicide

- B. The presence or access to firearms increases the credibility of threats, and more women are killed by an intimate partner using guns than by all other methods combined
 - C. Risk of IPV is increased only when both partners own firearms, because mutual armament escalates conflict
 - D. Gun ownership by male partners does not change the likelihood of them threatening their partner, but it changes the lethality if violence occurs
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13. What does the course report about the impact of witnessing parental IPV on a son's later risk of perpetrating IPV?

- A. Sons who witness IPV are about twice as likely to become victims but not perpetrators of IPV in adulthood
 - B. Witnessing parental IPV has minimal impact on later perpetration risk once the child reaches adulthood and leaves the home
 - C. A son who has witnessed his father abusing his mother is about 700 times more likely to abuse his own partner as an adult
 - D. Daughters who witness IPV have a higher risk of perpetrating IPV than sons who witness the same violence
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14. A recent meta-analysis cited in the course identified the most important protective factor against perpetrating IPV. Which factor was it?

- A. Having a high household income regardless of relationship quality
 - B. Growing up in a family that avoids verbal conflict and does not argue in front of children
 - C. Having a mindset that one is responsible for one's own actions
 - D. Living in a neighborhood with low crime rates but limited community involvement
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15. Which pattern of physical findings should make a nurse particularly suspicious of IPV, based on the course content?

- A. Unwitnessed injuries to the head, neck, dental structures, or face, especially when multiple injuries are present in various stages of healing
 - B. Single contusions confined to the shins and forearms after a fall witnessed by several bystanders
 - C. Isolated thoracic or abdominal bruising without any associated head or neck trauma
 - D. Minor hand abrasions in a patient who reports frequent sports participation
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16. Which cluster of health consequences is most clearly associated with IPV exposure according to the course?

- A. Isolated gastrointestinal symptoms without associated pain, mood disturbance, or sleep disruption
- B. Primarily acute musculoskeletal injuries with minimal long-term effects on mental health or health-related quality of life

- C. A transient increase in stress that resolves quickly once physical injuries heal, with little impact on chronic disease risk
 - D. Depression, post-traumatic stress disorder, anxiety disorders, sleep difficulties, alcohol use disorders, and increased risky sexual behavior
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17. How does the course describe the impact of children's exposure to IPV on their development?

- A. It primarily causes short-term behavioral problems in preschool but has no measurable effects on brain development or later academic outcomes
 - B. It alters physiological stress-response systems, reduces the ability to tolerate stress, impairs attachment and emotional regulation, leads to lower academic performance, and increases rates of PTSD and depression
 - C. It strengthens resilience in most children by acclimating them to conflict and making them less reactive to stress in adulthood
 - D. It affects emotional development but has not been linked to changes in caregiver attachment or social relationships with peers
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18. A patient completes the HITS (Hurt, Insult, Threaten, Scream) screening tool with the following responses: 3 (sometimes), 3 (sometimes), 2 (rarely), and 2 (rarely). Based on the scoring guidelines provided in the course, how should the nurse interpret this result?

- A. The total score is 10, which meets or exceeds the cutoff of 10, so this is a positive screen for IPV
 - B. The total score is below 12, so it does not meet the threshold for a positive screen on HITS
 - C. Because at least one item is rated as 'sometimes,' the screen is automatically considered negative under HITS criteria
 - D. HITS does not use a numerical cutoff; any non-zero total score is interpreted as a positive screen for IPV
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19. Which approach best reflects the case-finding strategy and LIVES framework recommended in the course for responding to possible IPV?

- A. Focusing primarily on documenting physical injuries and deferring any discussion of emotional impact or safety planning to community agencies
 - B. Asking every patient a rapid checklist of yes/no IPV questions and immediately contacting law enforcement whenever any item is positive
 - C. Relying solely on routine written screening forms without discussing results, to avoid influencing the patient's choices or emotional state
 - D. Using knowledge of risk factors and clinical indicators to identify high-risk patients, then Listening with empathy, Inquiring about needs, Validating their experience, Enhancing safety, and facilitating access to Support
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20. A patient discloses ongoing IPV to a nurse. Which initial response is most aligned with trauma- and violence-informed care (TVIC) principles described in the course?

- A. The nurse focuses on gathering detailed chronological information about every abusive incident, even if the patient appears overwhelmed, to ensure complete documentation
 - B. The nurse expresses concern by asking, “Why don’t you just leave if it’s that bad?” and encourages the patient to make a quick decision to separate
 - C. The nurse validates the disclosure by saying, “You are not alone; many people experience violence, and everyone deserves to feel safe at home,” then asks about the patient’s safety and offers options for support without pressuring them
 - D. The nurse reassures the patient that the partner probably did not mean to cause harm and suggests the couple seek joint counseling immediately
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