NCLEX MENTAL HEALTH • 2026 TEST PLAN

Abuse, Neglect & *Violence*

High-yield clinical judgment reference for the NCLEX. Safety first. Believe the survivor. Report when mandated.

PSYCHOSOCIAL INTEGRITY | SAFETY & INFECTION CONTROL | MANDATORY REPORTING

08
SECTIONS

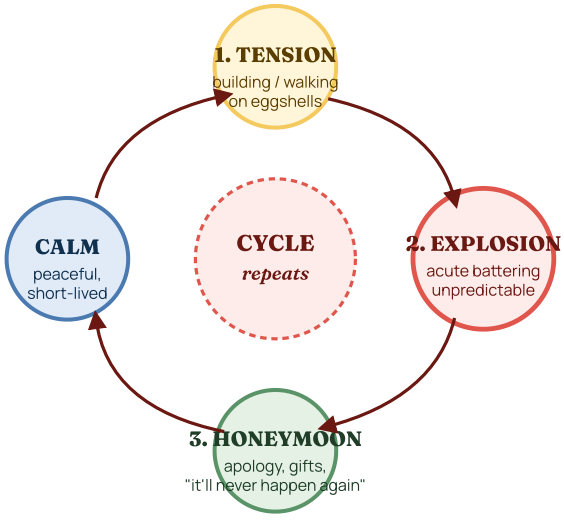
1 Definition & Overview

- **Abuse** = intentional infliction of physical, sexual, emotional, or financial harm on another person — or failure to provide care (neglect).
- Occurs across the lifespan: **child abuse**, **intimate partner violence (IPV)**, and **elder abuse**.
- Nurses are MANDATORY REPORTERS for suspected abuse of children, elders, and dependent adults — suspicion is enough; proof is NOT required.

TYPES OF ABUSE

- Physical
- Emotional
- Sexual
- Financial
- Neglect
- Abandonment

2 Pathophysiology — The Cycle of Violence



⚠ Key concept

With each cycle, **violence increases in frequency & severity**. The honeymoon phase *shortens or disappears* over time — this traps the victim in the relationship and is a major reason people stay.

- **Trauma bond** forms during honeymoon phase → releases dopamine/oxytocin.
- **Learned helplessness** develops as repeated escape attempts fail.
- **Leaving is the most dangerous time** — risk of homicide *peaks* when victim attempts to leave.

3 Signs & Symptoms

Early / Subtle Findings

- Injury **story doesn't match** the physical findings
- Delayed seeking care (hours or days later)
- Flat affect, **avoids eye contact**, flinches when touched
- Partner/caregiver answers for the victim, won't leave the room
- Anxiety, depression, sleep disturbances, somatic complaints
- Frequent ED visits, "accident-prone" history

Late / Severe Findings

- Bruises in **various stages of healing** (different colors)
- **Patterned injuries** — belt marks, bite marks, cigarette burns, loop marks
- Injuries on **non-bony, protected areas**: abdomen, back, inner thighs, buttocks, genitals
- Fractures in infants < 1 year (especially long bone, rib, or spiral)
- Malnutrition, dehydration, pressure injuries, poor hygiene (*neglect*)
- STIs or pregnancy in a child (*sexual abuse — always reportable*)

RED FLAG FINDINGS — REPORT IMMEDIATELY

- **TEN-4 rule:** bruising on Torso, Ears, Neck in kids < 4 yrs
- Burns with **sharp demarcation lines** ("stocking/glove" immersion burns)
- Genital trauma, STI, or pregnancy in a prepubescent child
- Victim states "*I'm afraid of my partner*" — always take seriously
- Retinal hemorrhages + subdural hematoma (*Shaken Baby / AHT*)
- Spiral femur fracture in a non-ambulatory infant
- Untreated pressure ulcers or severe dehydration in elder
- Suicidal ideation or self-harm in a known abuse victim

4 ☆ Priority Nursing Interventions

A **ABCs & Life-Threatening Injuries FIRST**
Airway, Breathing, Circulation before anything else. Treat acute trauma, hemorrhage, or head injury. **Physiologic safety precedes psychosocial intervention.**

S **Ensure Immediate SAFETY — Separate from Abuser**
Interview the victim **alone** in a private, quiet room. Never let the suspected abuser remain present. Assess suicidal/homicidal ideation.

1 **ASSESS — use open-ended, nonjudgmental language**
"Tell me what happened." "I'm worried about your safety." **Believe the survivor.** Do not ask "why did you stay?"

2 **DOCUMENT objectively & preserve evidence**
Record **verbatim quotes** (in quotation marks), body map with measurements, photographs of injuries. Do NOT bathe, change, or discard clothing in suspected sexual assault.

3 **REPORT — mandatory for children, elders, dependent adults**
Report to **CPS, APS, or law enforcement**. You need only a *reasonable suspicion* — not proof. Reporting in good faith grants legal immunity.

4 **PROVIDE resources & develop a safety plan**
Hotline numbers, shelter referral, "go-bag" with documents/meds/cash, code word with trusted person. **Respect competent adult autonomy** — you cannot force them to leave.

5 **THERAPEUTIC COMMUNICATION — validate & empower**
"This is not your fault." "You didn't deserve this." Avoid minimizing, rescuing, or giving advice. Build trust without pressuring disclosure.

5 Pharmacology

Sertraline / Paroxetine — SSRI

MECHANISM
Increases serotonin → ↓ anxiety, intrusive memories, hyperarousal.

USE
First-line for PTSD following abuse/trauma.

SIDE EFFECTS
GI upset, sexual dysfunction, insomnia; **suicidality ↑ in < 25 yrs**.

NURSING
Full effect takes 4–6 wks; do not stop abruptly; screen for serotonin syndrome.

Prazosin — A_1-BLOCKER

MECHANISM
Blocks α_1 adrenergic receptors centrally → reduces sympathetic surge.

USE
PTSD-related nightmares & sleep disturbance.

SIDE EFFECTS
Orthostatic hypotension, first-dose syncope, dizziness.

NURSING
Give at **bedtime**; rise slowly; monitor BP.

Levonorgestrel (Plan B) — EC

MECHANISM
Delays ovulation; prevents fertilization.

USE
Emergency contraception after sexual assault — best within **72 hrs** (up to 120 hr).

SIDE EFFECTS
Nausea, spotting, breast tenderness, headache.

NURSING
Offer routinely in SANE exam; **not an abortifacient**.

Ceftriaxone + Doxycycline + Metronidazole — ABX

MECHANISM
Broad-spectrum empiric coverage.

USE
STI prophylaxis post-sexual assault (gonorrhea, chlamydia, trich).

SIDE EFFECTS
GI upset; metronidazole + alcohol → **disulfiram reaction**.

NURSING
Add HIV PEP (tenofovir/emtricitabine + raltegravir) within 72 hr; Hep B vaccine + HBIG if unvaccinated; tetanus PRN.

6 ⚠ NCLEX Test Traps

TRAP — DON'T DO THIS Interviewing the victim with the partner/caregiver in the room because "it's awkward to ask them to leave."	**CORRECT PRIORITY** Always interview **alone** — ask the companion to wait outside. Privacy = safety.
TRAP "Why don't you just leave him?" or pressuring a competent adult to leave the relationship.	**CORRECT PRIORITY** Respect **autonomy**. Provide resources and safety plan; the decision is the survivor's.
TRAP "I'll report only if I'm 100% sure abuse is occurring."	**CORRECT PRIORITY** **Reasonable suspicion** triggers mandatory reporting for children/elders. Proof is the investigator's job, not yours.
TRAP Confronting the suspected abuser to "get their side of the story."	**CORRECT PRIORITY** **Never confront** — escalates risk to the victim. Document and report only.
TRAP Telling the sexual assault survivor to "shower before the exam so you're comfortable."	**CORRECT PRIORITY** **Preserve evidence** — no bathing, douching, changing clothes, urinating, or eating/drinking until SANE exam is complete.
TRAP Documenting your interpretation: *"Patient appears to have been beaten by husband."*	**CORRECT PRIORITY** Use **verbatim quotes**: *"Patient states, 'My husband hit me with a belt.'"* + objective findings + body map.

7 Patient Education

Build a Safety Plan

- "Go-bag" hidden: cash, IDs, meds, copies of documents
- Code word with trusted friend/family
- Pre-identified safe place to flee
- Keep phone charged; memorize key numbers

Recognize Escalation

- Threats to kill, choking, weapons = HIGH risk
- Pregnancy, separation increase danger
- Strangulation is a **lethality marker**
- Call 911 if in immediate danger

Emotional Recovery

- "It is not your fault" — validate repeatedly
- Trauma-focused therapy (CBT, EMDR)
- Support groups reduce isolation
- Expect PTSD-like symptoms; they are treatable

Protect Children

- Witnessing IPV = a form of child abuse
- Teach "tell a trusted adult" rule
- Never promise confidentiality to a child
- Regular pediatric visits for safety screens

Legal Resources

- Restraining / protective order
- Legal aid clinics & victim advocates
- Evidence preservation matters in court
- Crime victim compensation programs

Hotlines & Shelters

- Shelters offer 24/7 safe housing
- Hotlines are free, confidential, multilingual
- Text options for when calling isn't safe
- Teach: reach out **before** a crisis

NATIONAL DV HOTLINE

1-800-799-SAFE (7233)

Childhelp: 1-800-422-4453 • Adult Protective Services: 1-800-677-1116 • RAINN: 1-800-656-HOPE

24/7 • FREE

8 Memory Boosters & Mnemonics

SAFE Questions — Screening

S	A	F	E
Stress/Safety at home?	Afraid or Abused?	Friends/Family know?	Emergency plan?

TEN-4 Bruising Rule — Child abuse

T	E	N	4
Torso	Ears	Neck	Age < 4 yrs

*Bruises in these areas in a child under 4 are **abuse until proven otherwise**. "Those who don't cruise rarely bruise."*

Cycle of Violence — Pattern

T	E	H
Tension building	Explosion	Honeymoon

"The Egg Hatches" — each cycle's egg hatches more violent than the last.

BASE — Elder Neglect — Assessment

B	A	S	E
Bruises/Breaks	Abrasions	Sores (pressure)	Emaciation

Nurse's Priority: ADD R — NCLEX order

A	D	D	R	✓
ABCs first	Detach abuser	Document verbatim	Report + Resources	Respect autonomy

Pattern Recognition — Red Flag Combos

- Inconsistent story + delayed care = **abuse suspected**
- Spiral fracture in non-ambulatory infant = **non-accidental**
- Retinal hemorrhage + altered LOC in infant = **shaken baby**
- Elder with untreated wounds + soiled clothing = **neglect**
- STI in a child = **sexual abuse — ALWAYS report**

REMEMBER: *Safety > Therapy • Believe the survivor • Document verbatim • Report with suspicion, not proof • Never confront the abuser*