

Summary of USPSTF Draft Recommendation

Screening for Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults

October 2024



What is this draft recommendation about?

This recommendation focuses on screening for intimate partner violence (IPV), also known as domestic violence, and screening for caregiver abuse of older and vulnerable adults. **Intimate partner violence** includes physical violence, sexual violence, emotional abuse, or stalking by a partner in a close personal relationship. **Caregiver abuse** is when a trusted person harms an older or vulnerable adult. The term “caregiver” generally refers to someone who provides assistance with daily activities



What does the USPSTF recommend?



The USPSTF recommends that clinicians screen for intimate partner violence in pregnant and postpartum people and women of reproductive age.



The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for caregiver abuse and neglect of older or vulnerable adults.

So, what does that mean?

To help identify IPV, healthcare professionals should screen all pregnant and postpartum people and women of reproductive age (about 15 to 44 years old) for intimate partner violence. Individuals who screen positive should be connected to ongoing services that provide a range of emotional, social, and behavioral support.

While caregiver abuse of older and vulnerable adults is a serious issue, there is not enough evidence to recommend for or against screening in primary care. Healthcare professionals should use their judgment when deciding whether or not to screen for abuse in this group.



Who is this draft recommendation for?

The recommendation on screening for IPV applies to pregnant and postpartum people and women of reproductive age. The recommendation on screening for caregiver abuse applies to adults age 60 years or older and all vulnerable adults. Vulnerable adults refers to people 18 years or older who rely on a caregiver due to physical or mental disability, or both, and are unable to protect themselves.



Why is this draft recommendation and topic important?

- Intimate partner violence affects millions of people in the United States and can have devastating consequences for a person’s health and well-being.
- People experiencing intimate partner violence and other types of abuse may not tell others about their abuse or ask for help. Healthcare professionals should consider this when making screening decisions.
- Evidence shows that there are screening tools that can detect intimate partner violence in women of reproductive age and pregnant people.
- Unfortunately, abuse among older and vulnerable adults is common. It can include physical abuse, sexual abuse, emotional or psychological abuse, neglect, abandonment, and financial abuse by a trusted person.

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What are the benefits?

Screening for IPV allows healthcare professionals to identify the risk for abuse early so the person can be connected to the care they need to stay safe.

There is not enough evidence to determine the benefits of screening for abuse of older and vulnerable adults.



What are the harms?

Screening pregnant and postpartum people and women of reproductive age for IPV is unlikely to cause any serious harms.

There is not enough evidence to determine if there are harms associated with screening for caregiver abuse of older and vulnerable adults in primary care.



Where can I learn more?

[Intimate Partner Violence Prevention](#) (Centers for Disease Control and Prevention)

[Intimate Partner Violence Assistance Program](#) (U.S. Department of Veterans Affairs)

[Abuse of Older Persons](#) (Centers for Disease Control and Prevention)

[National Center on Elder Abuse](#) (U.S. Department of Health and Human Services)

[Elder Abuse](#) and [Spotting the Signs of Elder Abuse](#) (National Institute on Aging)



How can I comment?

Visit the USPSTF [website](#) to read the full draft recommendation and submit a comment.



The Task Force welcomes comments on this draft recommendation.



Comments must be received between October 29, 2024, and November 25, 2024.



All comments will be considered as the Task Force finalizes the recommendation.