

Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults

The U.S. Preventive Services Task Force (Task Force) has issued **final** recommendations on *Screening for Intimate Partner Violence (IPV) and Abuse of Elderly and Vulnerable Adults*.

The IPV recommendation applies to women ages 14 to 46 who do not show signs or symptoms of abuse or other forms of IPV. The statement also discusses screening elderly and vulnerable adults for abuse and neglect.

The Task Force reviewed recent research studies on tools that health care professionals can use to screen women for IPV. It also reviewed studies on

the benefits and harms of screening for IPV and abuse of elderly and vulnerable adults by health care professionals. This statement summarizes what the Task Force learned: (1) Primary care clinicians should screen women of childbearing age (ages 14 to 46) for IPV and refer those who screen positive to programs or support services. (2) There is not enough evidence to determine the potential benefits and harms of screening all elderly and vulnerable adults for abuse and neglect in primary care offices.

This fact sheet explains the recommendation and what it might mean for you.

What is intimate partner violence (IPV)?

IPV, also known as domestic violence, is physical, sexual, or psychological harm by a current or former partner or spouse. Stalking is also a form of IPV.

What is abuse of elderly or vulnerable adults?

This involves physical, sexual, or psychological harm done to an older person or to an adult who can't take care of him or herself. This kind of abuse also includes neglecting or abandoning the person or taking advantage of him or her financially.

Facts About IPV and Abuse of Elderly and Vulnerable Adults

IPV is common in the United States and has serious physical and emotional effects on people and families. It is hard to know exactly how many people experience IPV because it is not always reported. However, it is thought that nearly 31 percent of women and 26 percent of men report experiencing IPV at some time during their lives.

IPV injures and kills people. It also leads to many health problems. As a result of IPV, women can develop sexually transmitted diseases and other reproductive disorders. They also can become pregnant. If a woman is already pregnant when she is abused, she is more likely to have a premature baby or a baby with low birth weight.

Women and men who experience IPV suffer pain and can develop nervous or stomach disorders, severe headaches, and other physical problems. IPV leads to mental health problems such as depression, post-traumatic stress disorder, anxiety, alcohol and drug abuse, and suicidal behavior. Teens and young adults who are abused can suffer from low self-esteem or eating disorders, and can engage in risky sexual behavior.

Abuse of elderly and vulnerable adults also is a serious and common problem. There is not much information about how many elderly and vulnerable adults are abused, but different studies report that 2 percent to as many as 25 percent of people in these groups may experience abuse or neglect. This kind of abuse is often not reported because of fear or shame.

Potential Benefits and Harms of Screening for IPV and Abuse of Elderly and Vulnerable Adults

The main potential benefit of screening for IPV and of screening elderly and vulnerable adults for abuse is to identify people who are being abused so they can get help. The Task Force found that IPV screening can identify current or past abuse and increased risk of future abuse in women of childbearing age who do not show signs and symptoms of abuse. The Task Force also found that programs and support services can reduce violence, abuse, and physical and mental harms for women who have experienced IPV. The potential harms of IPV screening and programs are small.

There are very few studies on how to effectively screen for and prevent IPV against men. Very little information is also available on this issue for women who are beyond their childbearing years. More research is needed on IPV among these important groups.

Abuse and neglect of elderly and vulnerable populations is a very serious problem, but the Task Force found no evidence about whether screening can successfully identify elderly or vulnerable adults who are being abused. The Task Force also did not find evidence that screening can help prevent abuse or reduce its harms. Although we hope screening will help people who are being hurt get help, some worry that screening can put people at greater risk and actually result in harm. It is important to learn how to screen both effectively and safely. More research is needed in all of these areas.

The Final Recommendations on Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: What Do They Mean?

Here are the Task Force's final recommendations on screening for intimate partner violence and abuse of elderly and vulnerable adults. The recommendations have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends screening (Grade B), it is because the screening has more potential benefits than potential harms. When there is not enough evidence to judge potential benefits and harms, the Task Force does not make a recommendation for or against screening—it issues an **I Statement**. The Notes explain key ideas.

Visit the Task Force Web site to read the [full recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grades. An [evidence report](#) provides more detail about the studies the Task Force reviewed.

1 The Task Force recommends that **clinicians** screen **women of childbearing age** for intimate partner violence and provide or refer women who **screen positive** to **intervention services**. **Grade B**

2 The Task Force concludes that the current **evidence is insufficient** to assess the balance of the benefits and harms of screening all elderly or **vulnerable adults** for abuse and neglect.
I Statement

Notes

- 1 clinicians**
Health care professionals, including doctors, nurses, physicians assistants, and nurse practitioners.
- women of childbearing age**
Women between the ages of 14 and 46.
- screen positive**
Answers to screening questions that suggest a woman has been abused, is being abused, or is at risk of abuse.
- intervention services**
Programs such as counseling, home visits, referrals to community services, and support. These services can be provided by clinicians, nurses, social workers, mentors, or community workers.
- 2 evidence is insufficient**
The Task Force did not find enough information on screening in this population to determine potential benefits and harms.
- vulnerable adults**
Those age 18 or older who cannot take care of themselves because they have a mental, physical, or developmental disability or they have brain damage.

Screening for IPV and Referral to Programs and Support Services

Because women often don't want to report IPV, talking about it during an office visit is one way to bring it out in the open so that a health care professional can provide help. If you are a woman in your childbearing years, your clinician may talk with you about IPV. Or, he or she may ask you to complete a questionnaire about IPV.

If your answers suggest that you have been abused or may be at risk for abuse, your clinician can refer to you a program or to support services. These programs and services include counseling, home visits, referrals to community services, and other kinds of support. Programs and services are provided by clinicians, nurses, social workers, mentors, or community workers.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed. Recommendations only address services offered in the primary care setting or services referred by a primary care clinician.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the **final recommendation statement**. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About IPV and Abuse of Elderly and Vulnerable Adults

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Intimate Partner Violence
(Centers for Disease Control and Prevention)
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Take Steps to Protect Yourself from Relationship Violence
(healthfinder.gov)
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Talk with Your Teen About Healthy Relationships
(healthfinder.gov)
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Elder Maltreatment
(Centers for Disease Control and Prevention)
- 
National Center on Elder Abuse
(U.S. Administration on Aging)

Additional Resources for Clinicians

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