

## U.S. Preventive Services Task Force Issues Final Recommendation Statement on Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults

*Clinicians should screen all women of reproductive age for intimate partner violence and provide those who need help with ongoing support services*

WASHINGTON, D.C. – October 23, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement and evidence summary on screening for intimate partner violence, elder abuse, and abuse of vulnerable adults. Based on its review of the evidence, the Task Force recommends that clinicians screen all women of reproductive age for intimate partner violence and provide or refer those who screen positive to ongoing support services that provide a range of emotional, social, and behavioral support. **This is a B recommendation.**

### Grades in this recommendation:

**B:** Recommended.

**I:** The balance of benefits and harms cannot be determined.

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Intimate partner violence, also known as domestic or dating violence, is a serious and common public health issue that affects millions of Americans—more than 1 in 3 women (36%) experience intimate partner violence in their lifetime. Intimate partner violence is physical, sexual, or psychological harm caused by a romantic or sexual partner. It can have devastating immediate effects (injury and death) and other health consequences, many with long-term effects (mental illness, substance abuse, suicidal behavior, sexually transmitted infections, and unintended pregnancy). Factors that increase the risk of intimate partner violence include being exposed to violence as a child, young age, unemployment, substance abuse, marital difficulties, and economic hardships.

“Women experiencing intimate partner violence often don’t tell others about it and don’t ask for help,” says Task Force member John Epling, M.D., M.S.Ed. “The good news is that clinicians can make a real difference for women suffering from intimate partner violence by helping to identify them and getting them the support they need.”

The Task Force found that screening tools can help detect intimate partner violence among women and ongoing support services can reduce physical and sexual violence and psychological abuse in women of reproductive age.

In men, intimate partner violence is also a serious issue, but there is a significant lack of research on screening and interventions. As a result, the Task Force is calling for more research in men, as well as in women beyond reproductive age.

Additionally, the Task Force found a lack of evidence on the benefits and harms of screening for elder abuse or abuse of vulnerable adults among those without any recognized signs or symptoms of abuse. Adults are considered vulnerable when they cannot protect themselves due to age, disability, or both. **This is an I statement** (insufficient evidence) and not a recommendation for or against the practice.

“The Task Force is once again calling for more research on what works in screening for and treating elder abuse and abuse of vulnerable adults,” says Task Force member Melissa Simon, M.D., M.P.H. “Primary care clinicians should continue to use their best judgment when deciding whether to screen

older and vulnerable adults and to connect those who they suspect may be experiencing abuse with resources as appropriate.”

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment from April 24, 2018 to May 21, 2018.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Epling is a professor of family and community medicine at the Virginia Tech Carilion School of Medicine in Roanoke, VA. He is the medical director of research for family and community medicine, is the medical director of employee health and wellness for the Carilion Clinic, and maintains an active clinical primary care practice.

Dr. Simon is the George H. Gardner professor of clinical gynecology, the vice chair of clinical research in the Department of Obstetrics and Gynecology, and a professor of preventive medicine and medical social sciences at Northwestern University Feinberg School of Medicine. She is the founder of the Chicago Cancer Health Equity Collaborative and a member of the Robert H. Lurie Comprehensive Cancer Center.

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