

## U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults

*Clinicians should screen pregnant and postpartum people and women of reproductive age for intimate partner violence*

WASHINGTON, D.C. – October 29, 2024 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for intimate partner violence and caregiver abuse of older or vulnerable adults. The Task Force recommends that clinicians screen pregnant and postpartum people and women of reproductive age for intimate partner violence. **This is a B grade.** The Task Force also determined that there is not enough evidence to recommend for or against screening for caregiver abuse of older adults and vulnerable adults. **This is an I statement.**

### 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 violence, is a serious issue that affects millions of people in the United States, with nearly half of all women experiencing it in their lifetimes. Intimate partner violence includes physical violence, sexual violence, psychological aggression, or stalking perpetrated by a partner. It can cause a wide range of serious and devastating health effects, such as bruises, broken bones, pain, anxiety, depression, sexually transmitted infections, unintended pregnancy, and risk of death.

“People experiencing intimate partner violence may not tell others about their abuse or ask for help,” says Task Force member David Chelmos, M.D. “The good news is clinicians can make a real difference for women of reproductive age and pregnant and postpartum people by screening them for intimate partner violence and connecting those who need it to support services.”

There are several effective screening tools that can be used in primary care, and most consist of a brief questionnaire to assess current or recent abuse. Clinicians should refer those who screen positive to ongoing supportive services that provide a range of emotional, social, and behavioral support. The Task Force found that the most effective support services included multiple sessions, such as frequent at-home visits, and addressed both intimate partner violence and other related issues that can contribute to the risk of abuse, including health, family, and social needs. Brief interventions were not found to be effective.

Intimate partner violence in men is also a serious issue, but there is a lack of research on screening and interventions for intimate partner violence in men. The Task Force is calling for more studies among this population, as well as in women no longer of reproductive age.

The Task Force also reviewed the research on screening for caregiver abuse of older or vulnerable adults but did not find enough evidence to recommend for or against screening. Caregiver abuse is when a trusted person harms an older adult (age 60 or older) or a vulnerable adult (one who is unable to care for themselves due to age, disability, or both). Abuse of older or vulnerable adults can be physical, sexual, emotional, or financial and may

include neglect or abandonment. The Task Force is calling for more research on the benefits and harms of screening for caregiver abuse of older or vulnerable adults.

“In the absence of evidence, primary care clinicians should use their best judgment when deciding whether or not to screen older and vulnerable adults for caregiver abuse,” says Task Force member Tumaini Coker, M.D., M.B.A. “Healthcare professionals should evaluate any individual with signs of abuse or who expresses concerns about caregiver abuse so they can get the help they need.”

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at <https://www.uspreventiveservicestaskforce.org>. Comments can be submitted from October 29, 2024, through November 25, 2024, at <http://www.uspreventiveservicestaskforce.org/tfcomment.htm>.

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

Dr. Chelmow is the Leo J. Dunn professor of obstetrics and gynecology and chair of the Department of Obstetrics-Gynecology at Virginia Commonwealth University (VCU) School of Medicine in Richmond, Virginia. He has been chair since 2010 and recently completed service as interim dean for the VCU School of Medicine.

Dr. Coker is division head of General Pediatrics and professor of pediatrics at the University of Washington School of Medicine and Seattle Children’s. She serves as the co-director of the University of Washington’s Child Health Equity Research Fellowship, which is funded by the National Institutes of Health.

**Contact: USPSTF Media Coordinator at [Newsroom@USPSTF.net](mailto:Newsroom@USPSTF.net) / (301) 951-9203**