

U.S. Preventive Services Task Force Issues Draft 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. – April 24, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review 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 (37%) experience intimate partner violence in their lifetimes. 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 put women at increased risk include being exposed to violence as a child, young age, unemployment, substance abuse, marital difficulties, and economic hardships.

“Clinicians can make a real difference for women suffering from intimate partner violence by helping identify them and getting them the support they need,” says Task Force member John Epling, M.D., M.S.Ed. “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 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.

The Task Force also found that there is not enough evidence to determine the benefits or harms of screening for elder abuse or abuse of vulnerable adults. 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.

“Unfortunately, the Task Force was unable to make a recommendation about elder abuse and abuse of vulnerable adults due to a complete lack of evidence,” says Task Force member Melissa Simon, M.D., M.P.H. “Until more research is available, clinicians should continue to use their clinical judgment and connect patients who they suspect may be the victims of abuse with resources as appropriate.”

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from April 24, 2018 to May 21, 2018 at 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 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 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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