

U.S. Preventive Services Task Force Issues New Recommendation and Draft Statement:

Final Recommendation: Screening for Intimate Partner Violence and Abuse of Elderly or Vulnerable Adults

Draft Statement: Primary Care Interventions to Prevent Child Maltreatment

WASHINGTON, D.C. – January 22, 2013 – The U.S. Preventive Services Task Force (Task Force) today released:

- A final recommendation on screening women of childbearing age for intimate partner violence and screening elderly or vulnerable adults to prevent abuse or neglect
- A draft statement on interventions to prevent the maltreatment of children, including child abuse or neglect, from birth to 18 years old

Intimate partner violence (IPV), or domestic abuse, affects as many as 1 in 3 women and 1 in 4 men during their lifetime. This abuse can cause serious immediate and long-term health consequences for those affected and often goes undetected or unreported. Fortunately, new research shows that screening and support programs offered in primary care can help prevent violence against women.

As a result, the Task Force recommends that clinicians screen all women of childbearing age for intimate partner violence and provide or refer women who screen positive to intervention services.

“We have made significant progress in building the evidence base to effectively prevent violence against women,” said Virginia Moyer, M.D., M.P.H., U.S. Preventive Services Task Force chair. “We now have the primary care methods and the means to help prevent violence against women in their reproductive years.”

In the same final statement, the Task Force also found that – although abuse of men, abuse of middle-aged women, and abuse and neglect of elderly and vulnerable adults can have equally devastating consequences as IPV among younger women– there is currently not enough evidence about how primary care clinicians can effectively screen and intervene.

The Task Force’s final recommendation on screening women of childbearing age for intimate partner violence will be published online in the *Annals of Internal Medicine*, as well as on the

Task Force Web site at <http://www.uspreventiveservicestaskforce.org>. A fact sheet that explains the recommendation statement in plain language is also available.

In a separate draft statement addressing the very serious issue of child maltreatment, the Task Force determined that there is not enough evidence about how primary care clinicians can intervene to prevent abuse among children who show no signs of maltreatment.

The Task Force is providing an opportunity for public comment on this draft statement until February 18. All public comments will be considered as the Task Force develops its final recommendation. The Task Force's draft statement on child maltreatment will be posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from January 22 to February 18, 2013 at www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment.

“The bottom line is that more research is needed on how primary care clinicians can effectively screen and protect all populations, including older and vulnerable adults, middle-aged women, men, and children, from abuse and violence,” said Task Force member and pediatrician David Grossman, M.D., M.P.H.

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

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