

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for intimate partner violence, elder abuse, and abuse of vulnerable adults. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from April 24, 2018 to May 21, 2018. The Task Force welcomes your comments.

Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults

The Task Force has issued a **draft recommendation statement** on *Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults*.

The Task Force found that clinicians can make a real difference for women suffering from intimate partner violence by helping identify them and getting them the support they need. The Task Force recommends that

clinicians should screen all women of reproductive age for intimate partner violence and provide or refer any woman who screens positive for ongoing support services.

While elder abuse and abuse of vulnerable adults are serious issues, the Task Force found that there is not enough evidence on how clinicians can effectively screen for and address such abuse.

What is intimate partner violence?

Intimate partner violence, also known as domestic or dating violence, is physical, sexual, or psychological harm caused by a partner or spouse. It also includes stalking.

What are elder abuse and abuse of vulnerable adults?

Elder abuse and abuse of vulnerable adults involve physical, sexual, emotional, and psychological abuse. They also include neglect, abandonment, and taking advantage of someone financially.

Elder abuse is when a trusted person causes harm to an older adult.

Vulnerable adults are adults who cannot take care of him or herself.

Facts about Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults

Intimate partner violence is also known as domestic or dating violence. It includes physical, sexual, or psychological harm caused by a partner or spouse. It also includes stalking. Partners may be dating partners, ongoing sexual partners, or married partners. They may be heterosexual, gay, or lesbian; together or no longer together as a couple; and living or not living together.

Intimate partner violence is a serious and common public health issue in the United States. It can have devastating consequences to one's health and wellbeing. More than one in three women and nearly one in three men experience intimate partner violence in their lifetimes. Women are more likely to experience severe physical violence than men. Almost one quarter of women will experience severe physical violence in their lifetime. Intimate partner violence can have devastating effects such as injury and death. It can also have other negative consequences, including mental illness, substance abuse, suicidal behavior, sexually transmitted infections, unintended pregnancy, and chronic pain and other disabilities. Some of these can last a long time.

Intimate partner violence during pregnancy can have additional impacts on the health and wellbeing of the baby, such as low birth weight, preterm birth, and death of the fetus or newborn baby.

Factors that put women at higher risk include:

- Being exposed to violence as a child,
- Young age,
- Being unemployed,
- Substance abuse,
- Marital problems, and
- Financial problems.

Elder abuse is when a trusted person, such as a caregiver or family member, causes harm to an older adult, generally aged 60 years or older. A vulnerable adult is any adult who cannot take care of him or herself due to age, disability, or both. Elder abuse and abuse of vulnerable adults can include various types of abuse, such as physical, sexual, emotional, or psychological abuse, as well as neglect, abandonment, and taking advantage of someone financially. Both elder abuse and abuse of vulnerable adults can have negative health consequences, such as death and depression.

Potential Benefits and Harms of Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults

Individuals who experience intimate partner violence or other types of abuse often don't tell others about it and don't ask for help. Therefore, the Task Force reviewed evidence on screening and support services for intimate partner violence, elder abuse, and abuse of vulnerable adults.

The Task Force found that there are screening tools that can detect intimate partner violence among women of reproductive age who do not show any signs or symptoms of abuse and that ongoing support services can reduce intimate partner violence.

Among pregnant women who are experiencing intimate partner violence, ongoing support services can also improve birth outcomes, such as very low birth weight and very preterm birth. The Task Force found no harms of screening or treatment for intimate partner violence.

There are very few studies on how to effectively screen for and address intimate partner violence among women who are beyond their reproductive years and among men. More research is needed on intimate partner violence among these important groups.

Both elder abuse and abuse of vulnerable adults are deeply troubling. More research is needed to help inform what works in screening for and treating elder abuse and abuse of vulnerable adults.

Clinicians should be aware of the reporting requirements in their state and local community for elder abuse or abuse of vulnerable adults and connect patients who they suspect may be victims with resources as appropriate.

The Draft Recommendation on Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: What Does It Mean?

Here is the Task Force's draft recommendation on screening for intimate partner violence, elder abuse, and abuse of vulnerable adults. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is 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.

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

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

- 1** The USPSTF recommends that clinicians screen for [intimate partner violence](#) in [women of reproductive age](#) and provide or refer women who screen positive to [ongoing support services](#). **(Grade B)**
- 2** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for [abuse and neglect](#) in all [older or vulnerable adults](#) (i.e., those who are physically or mentally dysfunctional).
(I Statement)

Notes

- 1** [intimate partner violence](#)
Intimate partner violence, also known as domestic or dating violence, is physical, sexual, or psychological harm caused by a partner or spouse. It also includes stalking.
- [women of reproductive age](#)
A woman of reproductive age is any woman who can get pregnant. The reproductive age for women varies.
- [ongoing support services](#)
These types of services include counseling and home visits; address multiple risk factors and provide a range of emotional, social, and behavioral support; and are provided multiple times.
- 2** [abuse and neglect](#)
This includes physical, sexual, emotional, or psychological abuse, as well as neglect, abandonment, and taking advantage of someone financially. Elder abuse is typically done by a trusted person.
- [older or vulnerable adults](#)
Older adults are 60 years of age or older. A vulnerable adult is any adult who cannot take care of him or herself due to age, disability, or both.




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

The Task Force is an independent, volunteer 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, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

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 Intimate Partner Violence, Elder Abuse, or Abuse of Vulnerable Adults](#)

-  **Intimate Partner Violence: Definitions**
(Centers for Disease Control and Prevention)
-  **Watch for Signs of Relationship Violence**
(healthfinder.gov)
-  **Teen Dating Violence**
(Centers for Disease Control and Prevention)
-  **Elder Abuse: Risk and Protective Factors**
(Centers for Disease Control and Prevention)
-  **Elder Abuse**
(National Institute on Aging)
-  **National Center on Elder Abuse**
(U.S. Administration on Aging)

 [Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between April 24 and May 21, 2018.



All comments will be considered for use in writing final recommendations.