Screening for Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults

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Clinicians

What does the USPSTF recommend?



Women of reproductive age including those who are pregnant and postpartum:

Screen women of reproductive age, including those who are pregnant and postpartum for intimate partner violence.



Older and vulnerable adults:

The evidence is insufficient to assess the balance of benefits and harms of screening for caregiver abuse and neglect in older or vulnerable adults.



To whom does this recommendation apply?

This recommendation applies to women of reproductive age, including those who are pregnant and postpartum.



What's new?

This recommendation is consistent with the 2018 USPSTF recommendation.



How to implement this recommendation?

Screen women of reproductive age, including those who are pregnant and postpartum for intimate partner violence with use of a brief questionnaire to assess current or recent abuse. In those who screen positive, evaluate and if appropriate provide or refer for evidence-based interventions that include multiple components and ongoing support.

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What additional information should clinicians know about this recommendation?

IPV affects persons of all ages, racial, ethnic, and socioeconomic backgrounds. In a recent systematic review, individual factors that consistently increased the risk of IPV included experiencing other forms of violence within the relationship, alcohol misuse, and mental health factors (posttraumatic stress disorder, depression, threats of self-harm, borderline personality disorder).

When deciding whether to screen for caregiver abuse in older or vulnerable adults, clinicians should consider the following factors:

• Potential preventable burden for caregiver abuse of older adults: Prevalence estimates of abuse in older adults vary, but abuse is common. Risk factors for experiencing abuse include isolation, lack of social support, functional impairment, poor physical health, cognitive impairment, low socioeconomic status, and history of being in an abusive relationship.

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.

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What additional information should clinicians know about this recommendation? (cont.)

- Potential preventable burden for abuse of vulnerable adults: Based on estimates from a recent survey in noninstitutional settings, persons with disabilities were more likely to experience violence (violent crime, rape or sexual assault, robbery, aggravated assault, and simple assault) compared with persons without disabilities (approximately 46 per 1000 persons with a disability vs 12 per 1000 persons without a disability).
- **Potential harms:** Potential harms of screening for abuse in older or vulnerable adults include shame, guilt, self-blame, retaliation or abandonment by perpetrators, and the repercussions of false-positive results (eg, labeling and stigma).

Why is this recommendation and topic important?

Intimate partner violence (IPV) affects millions of US residents across the lifespan and is often unrecognized. Abuse of older or vulnerable adults by a caregiver or someone else they may trust is common and can result in significant injury, death, and long-term adverse health consequences.



What are other relevant USPSTF recommendations?

The USPSTF recommends screening for depression in adolescents and adults. The USPSTF found insufficient evidence to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment in children and adolescents younger than 18 years without signs and symptoms of or known exposure to maltreatment. Related recommendations from the USPSTF are available at https://www.uspreventiveservicestaskforce.org/uspstf/



What are additional tools and resources?

Intimate partner violence

The CDC's report "Intimate Partner Violence Prevention: Resource for Action" highlights strategies based on the best available evidence to help states and communities prevent IPV, support survivors, and lessen the harms of IPV.

The National Academies of Sciences, Engineering, and Medicine's report "Essential Health Care Services Addressing Intimate Partner Violence" presents findings from research and deliberations and recommendations for leaders of health care systems, federal agencies, health care providers, emergency planners, and those involved in IPV research.

The US Department of Veterans Affairs' Intimate Partner Violence Assistance Program is committed to helping veterans, their partners, and Veterans Affairs staff who are affected by IPV.

Abuse of older or vulnerable adults

The Administration for Community Living (ACL) features resources for older adults and adults with vulnerabilities. ACL's National Family Caregiver Support Program highlights services to provide state and community-based coordinated support for caregivers.

The CDC highlights information on abuse in older persons, including resources on strengthening prevention strategies.

The National Institutes of Health's National Institute on Aging features several resources that could assist primary care clinicians who care for older adults, including information on healthy aging and spotting signs of abuse in older adults.

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.

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Where to read the full recommendation statement?

Visit the USPSTF website or the *JAMA* website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.