Evidence Gaps Research Taxonomy Table
Research To Address Evidence Gaps in Preventive Services for the USPSTF
Topic: Screening for IPV and Caregiver Abuse in Older adults

To fulfill its mission to improve health by making evidence-based recommendations for preventive services, the USPSTF routinely highlights the most critical evidence gaps for making actionable preventive services recommendations. As summarized in the research needs and gaps table (Table 2) in the recommendation statement, the USPSTF often needs additional evidence to create the strongest recommendations for everyone and especially for persons with the greatest burden of disease.

In this table, the USPSTF summarizes key bodies of evidence needed on screening for intimate partner violence and caregiver abuse in older adults. For each of the evidence gaps listed below, the USPSTF provides guidance to researchers and funders on the types of studies needed.

The research taxonomy is intended to provide general guidance to investigators. Investigators are encouraged to develop research designs that are responsive to the research taxonomy outlined in the table, in collaboration with their research teams and areas of expertise and experience. The research developed will be reviewed according to standard USPSTF criteria for inclusion in its evidence report; inclusion criteria are summarized in the final Research Plan Screening for Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adultsand Procedure Manual (https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/procedure-manual).

Research Gap: Intimate Partner Violence	Key Questions* or Contextual Questions	Direct/ Indirect Pathway†	Type of Gap‡	Study Characteristics	Population	Intervention/ Comparison	Outcomes/ Timing	Setting
Studies are needed to assess the accuracy of screening tools in at-risk populations.	KQ2	Indirect	Grade assignment	Randomized trials, Cross-sectional and cohort studies of diagnostic accuracy	Adolescents and adults including men, same-sex couples, and people who reported a gender that differs from their sex	Screening instruments compared with an acceptable reference standard (verified or self-reported abuse or validated screening instrument for abuse)	Sensitivity, specificity, positive and negative predictive values, positive and negative likelihood ratios, diagnostic odds ratios, and relative risks for future abuse	Feasible for use in U.S. primary care settings
Studies of interventions that have been shown effective in pregnant and postpartum women are needed in other populations.	KQ4	Indirect	Grade assignment	Randomized trials	Adolescents and adults who are not pregnant or postpartum, men, people who reported a gender that differs from their	Multicomponent, intensive interventions that provide direct services for IPV (e.g., counseling) and address barriers to seeking help compared to usual care	Reduced exposure to IPV as measured by a validated instrument, self-report frequency of abuse (e.g., number of physical assaults), or discontinuation of an unsafe relationship	Feasible for referral from or delivery in U.S. primary care settings

					sex, and older age groups			
Studies of screening followed by interventions that have been shown effective in pregnant and postpartum women are needed in other populations.	KQ1	Direct	Grade assignment	Randomized Trials	Adolescents and Adults including men and people who reported a gender that differs from their sex	Screening followed by effective interventions compared to no screening or usual care	Reduced exposure to IPV as measured by a validated instrument (e.g., Conflict Tactics Scale) self-report frequency of abuse (e.g., number of physical assaults), or discontinuation of an unsafe relationship; physical morbidity caused by IPV	Feasible to be offered in US primary care settings
Research Gap: Caregiver Abuse in Older and Vulnerable Adults	**Key Questions[1] or Contextual Questions**	**Direct/ Indirect Pathway[2]**	**Type of Gap[3]**	**Study Characteristics**	**Population**	**Intervention/ Comparison**	**Outcomes/ Timing**	**Setting**
Studies are needed to assess the accuracy of screening tools for caregiver abuse in older adults and caregiver abuse in vulnerable adults, especially tools that can be delivered in the primary care setting and consider the abilities (and vulnerabilities) of these populations to engage in screening.	KQ2	Direct and indirect	Grade assignment	Randomized and non-randomized studies	Adults (age 60 years or older) and vulnerable adults (age 18 years or older)	Eligible instruments must be compared with an acceptable reference standard (verified or self-reported abuse or validated screening instrument for abuse	Sensitivity, specificity, positive and negative predictive values, positive and negative likelihood ratios, diagnostic odds ratios, and relative risks for future abuse	Feasible for use in U.S. primary care settings
Studies are needed on the benefits and harms of screening for and interventions to reduce caregiver abuse in older or vulnerable adults.	KQ 1,3,4,5	Direct and indirect	Grade assignment	Randomized and non-randomized studies	Adults (age 60 years or older) and vulnerable adults (age 18 years or older)	KQ1, 3: screened vs unscreened, KQ 4/5: No treatment, usual care, attention control, or wait-list control	KQ1, 4: Reduced exposure to caregiver abuse or neglect, or physical, mental morbidities associated with abuse or neglect, mortality, or quality of life KQ3,5: Harms of screening or interventions	Feasible for referral from or delivery in U.S. primary care settings

* Key questions are an integral part of the approach to conducting systematic reviews the Task Force uses in its recommendation process. Along with the analytic framework, these questions specify the logic and scope of the topic, and are critical to guiding the literature searches, data abstraction, and analysis processes. Source USPSTF Procedure manual 3.2.2 Procedure Manual [link to Procedure Manual)

† The direct pathway is typically derived from RCTs of the targeted screening or preventive intervention that adequately measure the desired health outcomes in the population(s) of interest. If certainty for net benefit cannot be derived from the direct pathway, then the Task Force determines if the evidence is sufficient across the key questions and linkages in the indirect pathway to determine overall certainty.

‡ Types of gaps may include: grade assignment (moving from an I to a letter grade), change in letter grade (e.g., C to B, C to D), health disparities (e.g., populations with a disproportionate burden of the condition), combined (e.g., grade assignment and health disparities), and general gap (e.g., uptake of a clinical preventive service).

Abbreviations: KQ=key question; CQ=contextual question; USPSTF=U.S. Preventive Services Task Force