

U.S. Preventive Services Task Force Issues Final Recommendation Statement on Screening for Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults

Women of reproductive age, including those who are pregnant and postpartum, should be screened for intimate partner violence; more research needed on caregiver abuse

WASHINGTON, D.C. – June 24, 2025 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening for intimate partner violence and caregiver abuse of older or vulnerable adults. The Task Force recommends that clinicians screen women of reproductive age, including those who are pregnant and postpartum, for intimate partner violence. **This is a B grade.** The Task Force also determined that there is not enough evidence to recommend for or against screening for caregiver abuse and neglect of older adults and vulnerable adults. **This is an I statement.**

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 violence, is a serious issue that affects millions of people in the United States, with nearly half of all women experiencing it in their lifetimes. It can include physical and sexual violence, psychological aggression, and stalking by a partner. Intimate partner violence can cause a wide range of serious and devastating health effects, such as bruises, broken bones, pain, anxiety, depression, sexually transmitted infections, unintended pregnancy, and risk of death. People experiencing intimate partner violence may not tell others about their abuse or ask for help.

“Intimate partner violence can have devastating consequences on health and wellbeing and often goes unrecognized,” says Task Force member David Chelmow, M.D. “Fortunately, screening women of reproductive age is an effective way for clinicians to connect those who need it to care.”

Primary care clinicians can use several effective tools to screen for intimate partner violence. Most screening tools consist of a brief questionnaire to assess current or recent abuse. Clinicians should refer those who screen positive to ongoing supportive services that provide a range of emotional, social, and behavioral support. The evidence shows that the most effective support services included ongoing care across multiple sessions, such as frequent at-home visits, and addressed both intimate partner violence and other related issues that can contribute to the risk of abuse, including health, family, and social needs. Based on the evidence, the Task Force found that brief interventions were not effective in preventing future intimate partner violence.

While intimate partner violence in men is also a serious issue, there is not enough evidence to recommend for or against screening men. The Task Force is calling for more studies on screening and interventions for intimate partner violence in men, as well as in women who are no longer of reproductive age.

The Task Force also reviewed the research on screening for caregiver abuse of older or vulnerable adults but did not find enough evidence to recommend for or against screening. Caregiver abuse is when a trusted person harms an older adult (age 60 or older) or a vulnerable adult (one who is unable to care for themselves due to age,

disability, or both). Abuse of older or vulnerable adults can be physical, sexual, emotional, or financial and may include neglect or abandonment. The Task Force is calling for more research on the benefits and harms of screening for caregiver abuse of older or vulnerable adults.

“More research is critically needed on screening older and vulnerable adults for caregiver abuse,” says Task Force member Tumaini Coker, M.D., M.B.A. “Importantly, this recommendation is only for those without recognized signs or symptoms of abuse, so we encourage healthcare professionals to evaluate any individual who expresses concerns, reports symptoms, or shows signs of abuse and then connect them to the care they need to stay safe.”

The Task Force’s final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at: <https://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement and evidence review were available for public comment from October 29, 2024, to November 25, 2024.

The Task Force is a scientifically independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Chelmow is the Leo J. Dunn professor of obstetrics and gynecology and chair of the Department of Obstetrics-Gynecology at Virginia Commonwealth University (VCU) School of Medicine in Richmond, Virginia. He has been chair since 2010 and recently completed service as interim dean for the VCU School of Medicine. As an OB/GYN, Dr. Chelmow provides the full range of inpatient care, including labor and delivery, and sees patients in the outpatient setting, providing a combination of specialty and well-person care. He has taught residents and medical students in obstetrics and gynecology for more than 30 years.

Dr. Coker is division head of General Pediatrics and professor of pediatrics at the University of Washington School of Medicine and Seattle Children’s. She is the former and founding research director for Seattle Children’s Center for Health Outcomes and currently serves as the co-director of a child health research fellowship at the University of Washington, which is funded by the National Institutes of Health. Dr. Coker has practiced primary care for 20 years, caring for infants, children, and adolescents, and teaches medical students and residents at Seattle Children’s Odessa Brown Children’s Clinic.

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