

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

The US Preventive Services Task Force (USPSTF) has recently published recommendations on screening for intimate partner violence, elder abuse, and abuse of vulnerable adults.

The Problem of Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults

Intimate partner violence, also called domestic or dating violence, can be physical, sexual, or psychological (for example, stalking). It is a major problem in the United States, with potentially serious health effects including injury, mental illness, substance abuse, unintended pregnancy, and death.

Elder abuse refers to harm caused to an adult older than 60 years by a trusted person such as a family member or caregiver. Abuse of vulnerable adults refers to harm caused to someone who cannot care for himself or herself because of old age, disability, or both. Abuse in these situations can be physical, sexual, psychological, neglectful, or financial.

What Tests Are Used to Screen for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults?

There are several questionnaires that are used for screening for intimate partner violence. Examples include the Humiliation, Afraid, Rape, Kick (HARK); Hurt/Insult/Threaten/Scream (HITS); Extended Hurt/Insult/Threaten/Scream (E-HITS); Partner Violence Screen (PVS); and Woman Abuse Screening Tool (WAST). The USPSTF did not find any reliable screening tools for elder abuse or abuse of other vulnerable adults.

What Is the Patient Population Under Consideration for Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults?

This USPSTF recommendation applies to women of reproductive age as well as older or vulnerable adults without recognized signs and symptoms of abuse.

What Are the Potential Benefits and Harms of Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults?

The potential benefit of screening for intimate partner violence is finding and helping women of reproductive age who are at risk. There is evidence that available screening questionnaires can detect cases of intimate partner violence, and there is also evidence that providing interventions (ongoing support services) for women of reproductive age who screen positive reduces violence, abuse, and physical or mental harm. There is currently not enough evidence on

potential harms of screening for intimate partner violence, but they are most likely small. There is also currently not enough evidence on potential benefits vs harms of screening for abuse of older or vulnerable adults.

How Strong Is the Recommendation to Screen for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults?

The USPSTF concludes with moderate certainty that screening for intimate partner violence in women of reproductive age and providing women who screen positive with ongoing support services has a moderate net benefit. The USPSTF concludes that there is not enough evidence to assess the balance of benefits vs harms of screening for elder abuse or abuse of vulnerable adults.

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Population



Women of reproductive age and older or vulnerable adults without recognized signs and symptoms of abuse
Intimate partner violence, elder abuse, and abuse of vulnerable adults are common and serious problems in the United States.

USPSTF recommendation



Clinicians should screen for intimate partner violence in women of reproductive age and refer those who screen positive to support services.



There is not enough evidence to make a conclusion about screening for abuse and neglect in older or vulnerable adults.

FOR MORE INFORMATION

US Preventive Services Task Force

<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening1>



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