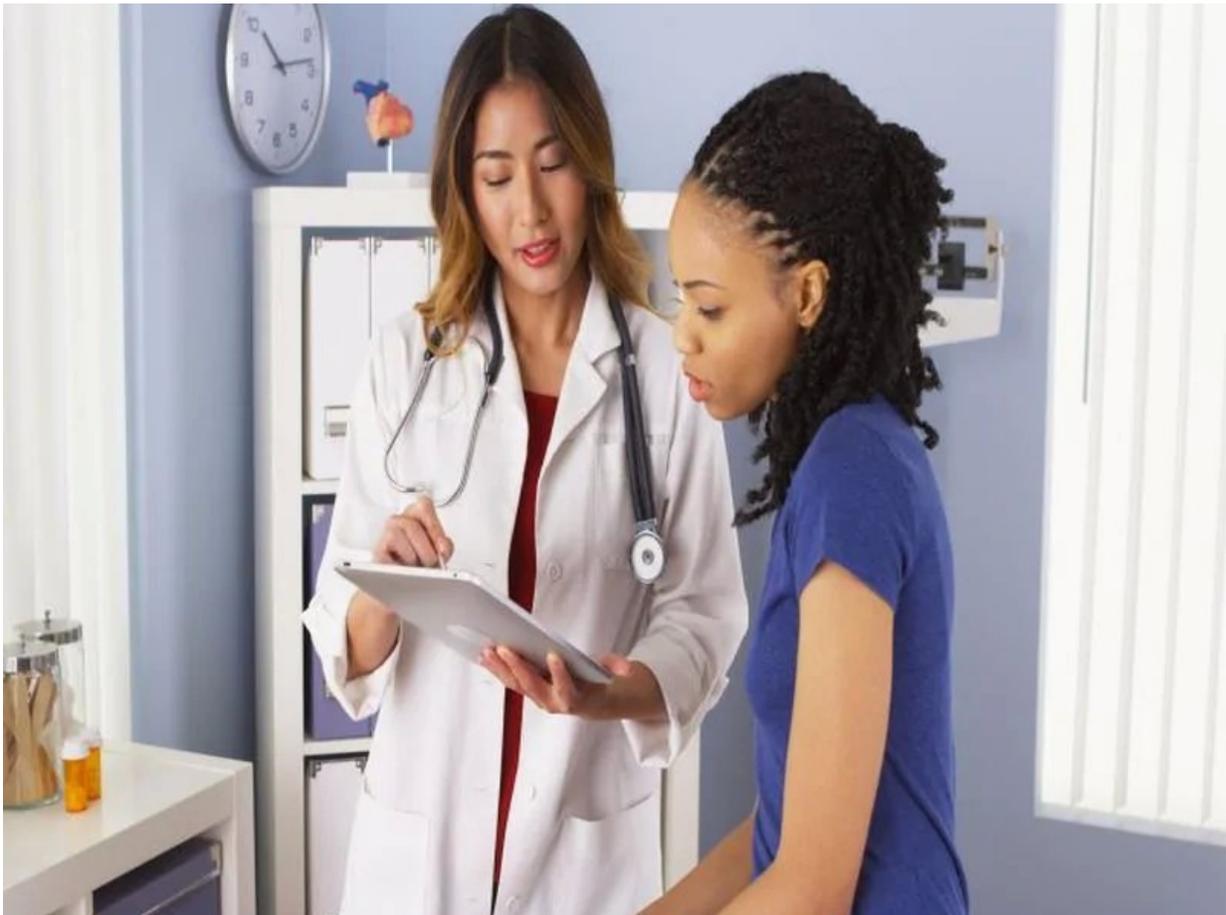


# USPSTF recommends screening women for partner violence

October 24 2018

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(HealthDay)—Clinicians should screen women of reproductive age for

intimate partner violence (IPV) and refer women to ongoing support services if necessary, according to a U.S. Preventive Services Task Force (USPSTF) final recommendation statement published in the Oct. 23/30 issue of the *Journal of the American Medical Association*.

Cynthia Feltner, M.D., from the University of North Carolina at Chapel Hill, and colleagues conducted a systematic literature review to identify evidence on screening and interventions for IPV, elder abuse, and abuse of vulnerable adults to update the USPSTF's 2013 recommendations.

The researchers identified 30 studies representing 14,959 participants. Based on three [randomized clinical trials](#) that compared IPV screening to no screening, there were no significant improvements in outcomes (such as IPV or quality of life) over three to 18 months, and two studies reported no harms of screening. Based on five studies that assessed tools to detect any past-year IPV in women, sensitivity ranged from 65 to 87 percent and specificity ranged from 80 to 95 percent. For detecting current abuse, the accuracy of five tools (four studies) varied widely, with sensitivity ranging from 46 to 94 percent and specificity ranging from 38 to 95 percent. Two studies evaluating interventions for pregnant women with screen-detected IPV revealed significantly less IPV among women receiving a home visit intervention or a behavioral counseling intervention. There were no studies that evaluated screening or interventions for [elder abuse](#) or abuse of vulnerable adults.

"Women experiencing [intimate partner violence](#) often don't tell others about it and don't ask for help," [task force](#) member John Epling, M.D., said in a statement. "The good news is that clinicians can make a real difference for women suffering from intimate partner violence by helping to identify them and getting them the support they need."

**More information:** [Evidence Report](#)  
[Final Recommendation Statement](#)

[Editorial](#)

[Editorial](#)

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