PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	How, why, for whom and in what context, do sexual health clinics provide an environment for safe and supported disclosure of sexual violence: protocol for a realist review
AUTHORS	Caswell, Rachel; Maidment, Ian; Ross, Jonathan; Bradbury-Jones, C

VERSION 1 – REVIEW

REVIEWER	Rabiya Majeed-Ariss School of Healthcare, University of Leeds
REVIEW RETURNED	16-Mar-2020

GENERAL COMMENTS	This realist review of how disclosures of sexual violence can be handled by sexual health services is an important piece of work. It is good to see that the review is registered on PROSPERO as well as the protocol being submitted for publication. This will support transparency of the process and provide a clear audit trail. In particular - helpful to have detailed methods in this manuscript. The introduction draws on relevant international literature setting the scene well for this work. It could be improved somewhat by making clear what country the cited research is from, this extra detail is important context for the reader. For example, there is no mention that reference 4 refers to an Indian population. Or that reference 11 refers to a US study. Similarly, where the primary research is from the UK, this should be noted in the text. The sentence on page 6 "It is in this setting that people frequently seek care after sexual violence and where this review will focus" would benefit from some clarity as to whether by "this setting" the authors are referring to the UK context or internationally to integrated sexual health services. On the first sentence of page 7, 'sexual violence services/SARCs' are notable by their absence. These services are mentioned later in the protocol but it would be useful for their importance to be emphasised at this earlier juncture. Within the first paragraph of page 7, this sentence is unclear in its meaning and perhaps the phrasing needs to be reconsidered "However the provision of medico-legal services assumes secondary importance to that of general health care services (i.e. the treatment of injuries, assessment and management of pregnancy and sexually transmitted infections (STIs)) 17, and service providers must be mindful of individual choice around reporting sexual violence to the police."

There is good detail in the methods for readers without an expertise in realist review. This level of detail in the protocol will be useful for the authors to refer to when they go on to publish the realist review findings - meaning that paper's word count can be utilised in reporting review findings in sufficient detail.

The final paragraph on page 10 lists participant demographics of importance - while it considers immigration status, ethnicity is not noted. ALthough ethnicity is later noted in Box 2 it would be useful to also note it as an important variable here in the text.

Box 1 and Box 2 are helpful demonstrations of the CMO configuration and framework.

I enjoyed reading this protocol and look forward to reading the findings in due course. I recommend publishing with minor revisions as noted here. Also some minor editorial comments made on the attached PDF.

Best wishes
Dr Rabiya Majeed-Ariss

REVIEWER	Gary Groot University of Saskatchewan Canada
REVIEW RETURNED	05-Apr-2020

GENERAL COMMENTS	The reviewer provided a marked copy with additional comments. Please contact the publisher for full details.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1
-I have added clarity to where studies are from in the introduction section
-regarding page 6 sentence I have clarified what is meant by 'this setting'. This is specialist integrated sexual health services in the UK.
- I have added more detail about SARCs.
-I have reworded the paragraph regarding other referral pathways including to SARCS to the following: Individuals have further needs in addition to immediate sexual health care, and the sexual health sector can act as an important referral point for other services, for example, for forensic medical examination, social welfare support, community mental health support and legal aid. All individuals should be provided with access to the criminal justice system and there will be those in whom timely referral to forensic services is warranted.17 An important referral pathway, particularly for those who wish (or are unsure) to report to police, is for a sexual assault forensic examination. In the U.K., Sexual Assault Referral Centres (SARC) offer a range of services including forensic examinations that allows evidence to be stored and reporting to be considered at a later date
-Ethnicity has been added as an important variable
-Minor editorial comments also addressed

Reviewer 2
1. Refined' I have removed this word and the term 'being developed' will suffice.
2. I agree and have removed the word 'substantive' and have left, 'programme theories'.
3. Agree. 'Methods' changed to 'approach'.
4. Missing word inserted
5. As this journal has a general readership I wanted to ensure readers had enough background to

understand the rationale for disclosure to staff within the sexual health setting before embarking on the how why, for whom and in what circumstances. However I recognise the importance of keeping in the confines of the review, as well limitations with word count, and so have removed one of the introductory paragraphs. In response to comment 6, there are various places an individual can choose to access support after sexual violence and I wanted to ensure readers understood the setting I am studying. In the feedback, the second reviewer has requested information on SARCs (another location patients can attend after sexual violence) to be included in the background. I hope I have achieved a balance in what is now included.

6. See point 5

7. Typo corrected

8. Typo corrected

9. See point 5

10. I have re-worded this paragraph to better connect the various concepts around disclosure into the CMO structure:

Despite recognising that sexual health services are selected by individuals as a place to disclose sexual violence and get help, it is not known what aspects of the sexual health service create a conducive environment for safe disclosure of sexual violence. With a wide range of people accessing this setting, for example in respect of age, gender, ethnicity (the realist "context"), the service may need to adapt its environment and how it works (the realist "mechanism)" if it is to meet specific needs around safe disclosure (the realist "outcome").

11. I have re-worded this paragraph to say the following:

Applied realism aims to move beyond identifying which context enables a mechanism to be triggered, and instead to 'explain(s) why the explanations are different in different contexts or for different sub-groups.'1 Westhorp encourages a deeper understanding of the way contexts work when facilitating the triggering of mechanisms. She argues there is an additional mechanism at work within the context itself, allowing the programme mechanism to fire (or constrain its firing).

12. I have explained the 'resource and response' aspects of the mechanism in the Methodology section. I agree that the example given was not well described in terms of CMO. I have therefore changed it to: If healthcare professionals are trained in trauma-informed care ("context") they will recognise the importance of, and offer, patient choice ("resource of mechanism"), so that patients feel empowered ("response of mechanism") and become more likely to make a disclosure ("outcome").

13. I have called this an initial scoping exercise as what was performed fits well with definitions of this type of review. According to Grant and Booth (2009), scoping reviews are "preliminary assessment of potential size and scope of available research literature. Aims to identify nature and extent of research evidence (usually including ongoing research)." (Grant MJ, Booth A. A typology of reviews: an analysis of 14 review types and associated methodologies. Health Inf Libr J. 2009;26(2):91–108.) Munn et al describes one purpose of a scoping review as to identify key characteristics or factors related to a concept, in keeping with this review on disclosure of sexual violence (Munn, Z., Peters, M.D.J., Stern, C. et al. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. BMC Med Res Methodol 18, 143 (2018)).

This initial scoping review is also in keeping with Pawson's initial steps for a realist review. Pawson uses the term 'Exploratory background search' with its purpose 'to get a feel for the literature': "A background search to get a feel for the literature – what is there, what form it takes, where it seems to be located, how much there is. This is almost the very first thing the reviewer should do." (Pawson R, Greenhalgh T, Harvey G, et al. Realist review--a new method of systematic review designed for complex policy interventions. J Health Serv Res Policy 2005;10 Suppl 1:21-34)

Although a formal definition for a rapid review does not exist it has been described as 'a type of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a short period of time'. (Khangura S, Konnyu K, Cushman R, Grimshaw J, Moher D. Evidence summaries: the evolution of a rapid review approach. Syst Rev. 2012;1:10).

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14. Grammar improved. Sentence to read: Three initial CMO configurations were agreed from the findings of the initial literature scoping exercise, a discussion with the advisory group and a meeting with doctoral supervisors.

15. 'Outcome' is amended to plural, as although the desired outcome is of safe and supported disclosure of sexual violence, it will important to note when an unintentional (harmful) disclosure outcome is identified.

16. Agree, the review question was already done. (change 'is' to 'was')

17. To include more detail for the reader on the scoping exercise I have added the sentence:
An initial scoping exercise was undertaken by RJC using two database searches, CINAHL and PSYINFO (see Appendix 1 for search terms). All titles were reviewed by RJC. During this exercise the reviewer sought to capture broad and recurring themes about safe and supported disclosure of sexual violence in order to theorise potential CMO configurations. From these, 63 articles more relevant to the topic area, were reviewed in more depth as they provided potential key realist contexts and mechanisms.

18. I have added more detail regarding the advisory group meeting were finding from the scoping exercise were brought:
Findings from the scoping exercise were discussed with the advisory group. Themes were prioritised with what were felt to be important contexts and potential mechanisms for addressing the review question; what are the key underpinning mechanisms, in differing contexts, leading to safe and supported disclosure of sexual violence? The IPTs resulting from the scoping review and advisory group meeting are expressed initially using the CMO configuration (see Box 2). The advisory group also discussed the desired outcome and the importance of recognising that disclosure is not always beneficial for individuals, particularly if healthcare providers are unaware of the potential harm that can occur during the disclosure process.

19. In response to the reviewers comment regarding construction of the inclusion/exclusion criteria based on the initial scoping review and advisory group meeting, I have included clarification within the second section of 'Planned review strategy':

Three initial CMO configurations were agreed from the findings of the initial literature scoping exercise, a discussion with the advisory group and a meeting with doctoral supervisors.

The IPTs resulting from the scoping review and advisory group meeting are expressed initially using the CMO configuration (see Box 2).

Using these CMO frameworks, an iterative searching scheme with inclusion and exclusion criteria was devised (Table 1) and are planned for the following databases: AMED (Allied and Complementary Medicine), BNI (British Nursing Index), CINAHL (Cumulative Index of Nursing and Allied Health Literature), Cochrane database, Embase, HMIC (Health Management Information Consortium), Medline, PsyInfo and Pubmed.

20. See point 19

21. I have reworded this section and removed the sentence the reviewer has highlighted. See point 18.

22. The purpose of the interviews is two-fold; to add to theory building and secondly to check the relevance of programme theories that have already been proposed. I have therefore changed the paragraph to read:
Around four to six key informant interviews (KII) are planned. Individuals, including service users who have experienced sexual violence, health care professionals and third sector professionals with relevant expertise, will provide a source of primary data contributing to theory building. In addition, KII will serve as a check of the relevance of the theories already proposed.

23. I have amended this section in order to give an example of what we will be looking for in broader

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literature during the RR:

Therefore the searches will include sources from a range of fields so that learning from other settings can be incorporated into the review and contribute to greater understanding of potential contexts and mechanisms. For example, one CMO identified healthcare staff trained in trauma-informed as an important context, with the potential to trigger causal mechanisms. The authors plan to employ searches that include the concept of trauma-informed care beyond that found in Sexual Health Setting. This will include searches from other specialist domains such as from mental health and substance abuse practice and research.

24. Typo corrected

25. To ensure sufficient data has been found so that IPTs are sufficiently coherent and plausible the authors will use findings from a range of literature, key informant interviews and advisory group input. I have made this clearer in the review.

26. Key informant interviews will help to see if the IPTs make sense (point 22). Also, the review is part of a larger project and the IPTs generated will be used in a realist evaluation with additional interviews etc.

27. Thank you for your comments regarding substantive and mid-range theory. I have re-worked this paragraph. I have also stated the purpose of substantive theory at this stage: The final task will involve drawing on substantive theory to help further identify mechanisms and features of context, and in order to make sense of the pattern of findings

VERSION 2 – REVIEW

REVIEWER	Gary Groot University of Saskatchewan Canada
REVIEW RETURNED	10-May-2020

GENERAL COMMENTS	Well done revision. I have no further concerns. Best with your work.