

Supplementary file one: Prospero protocol

A mixed method systematic review of interventions in all settings for male victims of Domestic Violence and Abuse (DVA)

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Review question

What is the effect of supportive interventions for male victims of DVA?

What is the experience of male victims of DVA exposed to supportive interventions?

Objectives

- 1) To identify any quantitative studies describing interventions and advocacy support for male victims of DVA and to evaluate their effectiveness in terms of men's' outcomes and process outcomes including cost.
- 2) To identify any qualitative studies describing men's experiences of interventions/ advocacy support (feasibility and acceptability of interventions; barriers and facilitators to effectiveness; immediate and long term impact) for male victims of DVA and to synthesis the main findings.
- 3) To identify any qualitative studies describing men's help seeking as male victims of DVA and to synthesis the main findings.
- 4) To identify any mixed method studies of interventions and advocacy support for male victims to achieve the same objectives as above.
- 5) To present and or synthesize the results from the mixed method review with an appropriate methodology e.g. mixed method synthesis, mapping or logic model in order to inform the design of an intervention for male victims of DVA.

Searches

Searches of peer-reviewed international literature in health, social science and legal bibliographic databases and in the grey literature. In addition we will contact the authors of papers included at full paper stage. We will also perform forward (via Google Scholar) and backward (reference lists) reference searches of papers included at full paper stage. There will be no language or date restrictions.

Databases:

MEDLINE (1966 to present);
EMBASE (1980 to present);
CINAHL (Cumulative Index to Nursing and Allied Health Literature) (1982 to present);
CENTRAL (The Cochrane Library)

PsycINFO (1806 to present)
LILACS (1982 to present) access by web
British Nursing Index (BNID) (1994 to present)
Health Management Information Consortium (1979 to present)
ERIC (1966 to present)
Social Sciences Citation Index (**SSCI**) (1956-) & Conference Proceedings
Citation Index - Social Science & Humanities (1990-) **via Web of Science
Core Collection**

International Bibliography of the Social Sciences (IBSS) 1951 to present
Social Services Abstract (1956 to present);

NIHR Research Register

EThOS (for PhD theses)

Trial registers

*www.who.int/trialsearch/ International (which covers
National Health and Medical Research Council Clinical Trial Center (NHMRC)
Australasian, <https://www.clinicaltrialsregister.eu/> EU,
<https://clinicaltrials.gov/> USA)

Types of study to be included

Studies of any design, quantitative, qualitative or mixed method in peer reviewed papers or theses relating to interventions for male victims of DVA including all research designs with no geographical limits.[3 categories: Interventions, self-directed help seeking, unmet needs] Reports in the grey literature, including those evaluating interventions and advocacy support for male victims in any UK-based setting will also be included.

Condition or domain being studied

Domestic violence and abuse, is defined as any incident or pattern of incidents of controlling coercive or threatening behaviour, violence or abuse between people aged 18 or over who are or have been intimate partners or family members, regardless of gender or sexuality. [<https://www.gov.uk/guidance/domestic-violence-and-abuse>]

Participants/ population

Male victims (≥ 18 years) experiencing the condition. It will also include populations which might also be perpetrators of DVA. If we find studies which include participants both above and under 18 years of age we will include if the data for the 18 years plus population is presented separately or can be obtained as separate data from the authors.

Intervention(s), exposure(s)

Any intervention which provides practical and/or psychological support to male victims of DVA including:

Legal advice
Counselling
Local male victims' support
Debt counselling
Psychoanalytic/psychodynamic psychotherapy
Cognitive Behavioural Therapy (CBT)
Mindfulness-based stress reduction
Telehealth
Shelter/refuge
Safety strategies
Primary care/GP
Drug/alcohol counselling
Media awareness/campaigns
Psycho-educational support groups
Case management programs,
Educational programs
Home visits by counsellors or police.

Comparator(s)/ control

Any comparator/control groups, when relevant

Outcome(s)

The review seeks to include all victim-related outcomes. We have presented the main broad categories of outcomes with some specific examples of measures but this list is not exhaustive and our approach is to be inclusive on outcomes due to the limited evidence base on our review question. We will exclude any studies, if the outcomes combine men's and women's data and it is not possible to separate out the men's data. We will contact authors to check if they can provide us with the separate data

Primary outcomes – men-related outcomes

Psychological health outcomes

Self-esteem E.g. Perlow Self-Esteem Scale (PSES), Rosenberg's Self-Esteem Scale, Personal Progress Scale-Revised (PPS-R)

Depression/anxiety E.g. Beck Depression Inventory

Suicidal thoughts e.g. using CDC BRFSS

Posttraumatic symptoms (Re-experiencing, avoidance and hyper-alertness)
E.g. Posttraumatic Stress Disorder Symptoms Scale, CAPS

Expression of anger E.g. Anger Expression Subscale from the State-Trait Anger Expression

Specific mental health conditions E.g. Structured Clinical Interview for Axis I disorders SCID-I/P

Traumatic events E.g. The Trauma History Questionnaire (THQ) to measure lifetime history of traumatic events

Behavioural outcomes

Protective health behaviours

Reduction/changes in violent behaviours

E.g. Index of Readiness Scale to measure readiness for healthy behaviour change
Self-Care Index (SCI) to assess preventive and protective health related behaviours.

Interpersonal/ self-reported skills/communication/conflict management

E.g. Conflict Tactics Scale Revised (CTS-2)

Alcohol/drug use

Knowledge and Attitudes of towards DVA E.g. Couple Violence Scale (CVS)

Physical health outcomes

General health and well-being e.g. SF-36

Improved health outcomes

E.g. Medical Outcomes Study (MOS)

Social support outcomes

E.g. Social Support Survey (SSS) to measure social support and positive social interaction, the Inventory of Socially Supportive Behaviours

Family-related outcomes

Secondary outcomes – process outcomes

Violence outcomes

Calls to a DV hotline/service, reports of partner abuse/decrease in recurrence of violence, Use of primary care services

Safety outcomes

Potential harm of such interventions (adverse events)

Financial outcomes

E.g. Conservation of Resources–Evaluation (to measure resource loss or gains) and economic cost-consequences analysis

Feasibility/implementation outcomes

E.g. any measures for the above such as flow of participants through service

Risk of bias (quality) assessment

We are searching for publications describing any type of study design which is investigating an intervention for male victims of DVA. This is likely to cover a broad range of study designs from controlled studies to evaluation of existing services. We will use an appropriate risk of bias assessment for each study type.

We will use the Cochrane EPOC criteria for Risk of bias for studies with a separate control group Randomised controlled trials (RCTs) Non-randomised controlled trials (NRCTs) Controlled before-after (CBA) studies. Nine standard criteria are suggested for all RCTs, NRCTs and CBA studies. We will use the Critical Appraisal Skills Programme (CASP) for qualitative studies. (<http://www.casp-uk.net/#!casp-tools-checklists/c18f8>).

For mixed method studies we will use the appraisal tool devised by Long *et al* in 2002 and updated in 2005 (https://usir.salford.ac.uk/13070/1/Evaluative_Tool_for_Mixed_Method_Studies.pdf)

Strategy for data synthesis

If there are ≥ 3 intervention studies suitably homogenous quantitative data we will conduct meta-analysis. If we cannot pool data between intervention studies we will report our findings in a narrative summary with content analysis. [Cochrane handbook]

If the qualitative studies draw upon interpretative forms of data analysis that produce 'thick descriptions' (Geertz 1994) and have theoretical utility, we will conduct a meta-ethnography (Noblit and Hare 1988). If studies lack theoretical utility but are thematically rich, albeit 'thinner descriptions' (Tong, 2012), we will conduct a thematic synthesis (Thomas & Harden 2008). Thematic synthesis was developed to address research questions relating to intervention need, appropriateness and acceptability and for this reason may be the more appropriate methodology in this review.

Analysis of subgroups or subsets

We do anticipate that there will be sufficient data for this type of analysis