PROSPERO International prospective register of systematic reviews

Determining the efficacy of interventions to reduce intimate partner violence (IPV) perpetration by men who use substances: a systematic review and meta-analysis

Alyson Huntley, Danielle Stephens-Lewis, Amy Johnson, Mary McMurran, Juliet Henderson, Elizabeth Gilchrist, Louise Howard, Gene Feder, Gail Gilchrist

Citation

Alyson Huntley, Danielle Stephens-Lewis, Amy Johnson, Mary McMurran, Juliet Henderson, Elizabeth Gilchrist, Louise Howard, Gene Feder, Gail Gilchrist. Determining the efficacy of interventions to reduce intimate partner violence (IPV) perpetration by men who use substances: a systematic review and meta-analysis. PROSPERO 2017:CRD42017056596 Available from http://www.crd.york.ac.uk/PROSPERO_REBRANDING/display_record.asp?ID=CRD42017056596

Review question(s)

To determine the efficacy of interventions to reduce IPV perpetration by men who use substances.

Specific objectives:

• Evaluate what interventions work for whom

• Identify and source effective interventions to inform intervention development

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 as well as any additional experts known to us. 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);

PsycINFO (1806 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 for ongoing studies/trials

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)

References will downloaded to, and managed in Endnote. The references will be dual-screening by two reviewers independently first by title and abstract and then by full paper using the inclusion/exclusion criteria developed from the PICOD. Disagreements will be resolved by a third reviewer.

Types of study to be included
Randomised controlled trials (RCTs) or controlled (nRCTs)

Condition or domain being studied
IPV perpetration by men who use substances.

Participants/ population
Male intimate partner violence perpetrators

1) who are receiving treatment for substance use; or

2) for whom results are presented separately for those who use substances

Intervention(s), exposure(s)
Any interventions (individual, group, couples therapy) targeting intimate partner violence (IPV) perpetration by men who use substances.

Interventions can be aimed at preventing

1) IPV perpetration;

2) both IPV perpetration and substance use or

3) alcohol related aggression.

Comparator(s)/ control
Treatment as usual or “an intervention of lesser time or intensity”

Context
Inclusion criteria

1. RCT or nRCT of intervention that targets IPV/relationships, or substance use (eg. some couples therapy) or both (integrated) substance use and IPV/relationships; and

2. Sample includes adult males who use substances (alcohol or drugs) OR the sample must include adult males where at least 60% are described as having an alcohol or drug problem OR where substance use presented as an outcome of the intervention, and

3. Outcome MUST include acts of IPV OR marital satisfaction/conflict OR survivor outcomes.

Outcome(s)
Primary outcomes
a) change in behaviour of perpetrator

• Reduction in IPV perpetration (eg. number of days, number of acts - self-reported experience of IPV victimisation using validated assessments (eg CTS2) and/or criminal justice data)

• Reduction in substance use (eg. number of days or quantity used - self-reported use using validated screening tools such as TLFB, AUDIT, and/or urinalysis/ breathalyser)

b) Improvement in well-being of survivors

• Reduction in IPV victimisation (eg. number of days, number of acts - self-reported experience of IPV victimisation using validated assessments (eg CTS2) and/or criminal justice data)

• Improvement in marital satisfaction (eg. Self-reported experience of marital satisfaction using validated assessments)

• Reduction in substance use (eg. number of days or quantity used - self-reported use using validated screening tools such as TLFB, AUDIT, and/or urinalysis/ breathalyser)

• Mental health (eg. depression or anxiety symptom scores using validated screening tools such as PHQ-9, GAD-7)

• Social participation (using validated assessments such as Social Participation Scale)

Secondary outcomes
None

Data extraction, (selection and coding)
Once relevant references are identified data will be extracted into custom-designed word tables. These tables will not only include patient demographics, basic study description but also details on the interventions and the control treatment plus all relevant outcome measures and results.

Risk of bias (quality) assessment
We will use the Cochrane criteria for Risk of bias.[1]

Strategy for data synthesis
Tables will be developed to extract data from the studies.The Template for Intervention Description and Replication (TIDieR) checklist [2] will be used to describe the interventions included in the review.

The main comparison is intervention versus usual care or “an intervention of lesser time or intensity” for all of the pre-specified outcomes if data is sufficient in number and suitable in statistical and intervention/methodological heterogeneity.

Data are likely to be continuous data and thus mean differences or standardised mean differences will be calculated.

Meta-analysis of data using a random effects model will be performed using Review Manager Version 5.1 if there are at least two randomised controlled trials with combinable data for any of our pre-specified outcomes.[3]

Meta-analysis of data from controlled trials will also be performed in the same manner if the authors judge that included controlled trials are both reasonably resistant to biases and relatively homogeneous in this respect.[4]

Intervention and methodological diversity/heterogeneity of included studies will be discussed by the authors and the greater research team as to the suitability of combining them in meta-analysis. [3]

Statistical heterogeneity will be estimated using the I-squared (I2) statistic. If the I2 is >50% it may be indicative of substantial heterogeneity. We will perform sensitivity analysis based on statistical heterogeneity. [3]

Plots of intervention effects estimates in the form of forest plots will be produced stratified according to risk of bias at study level. We will follow Cochrane guidance that recommends not combining high risk or unclear risk studies in a meta-analysis.[5]

If we cannot pool data between intervention studies we will report our findings in a narrative summary.[3]

Analysis of subgroups or subsets
As we interested in the individual effectiveness of components of interventions we will conduct a meta-regression to

investigate the contribution of individual components of interventions e.g. CBT, motivation therapy. This subgroup-analysis will be conducted in Revman Version 5.1 in which interventions with components of interest were compared with those that did not have these components. Whilst this analysis is not as robust as the main meta-analyses as the studies are unlikely to have been powered for this purpose, this will help inform the design of our integrated intervention.[6]

References

1. Higgins JPT, et al. The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. BMJ. 2011; 343: d5928.

2. Hoffmann TC et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ 2014; 348 doi: https://doi.org/10.1136/bmj.g1687

3. Cochrane handbook Chapter 9: Analysing data and undertaking meta-analyses accessed at http://handbook.cochrane.org/chapter_9/9_analysing_data_and_undertaking_meta_analyses.htm

4. Taggart DP, D'Amico R, Altman DG. Effect of arterial revascularisation on survival: a systematic review of studies comparing bilateral and single internal mammary arteries Lancet 2001; 15;358(9285):870-5.

5. Cochrane handbook Chapter 8: Assessing risk of bias in included studies. accessed at http://handbook.cochrane.org/chapter_8/8_assessing_risk_of_bias_in_included_studies.htm

6. Cochrane handbook Chapter 9: What are subgroup analyses? 98: http://handbook.cochrane.org/chapter_9/9_6_2_what_are_subgroup_analyses.htm

Contact details for further information

Dr Gilchrist

National Addiction Centre

Institute of Psychiatry, Psychology and Neuroscience

King's College London

4 Windsor Walk

London SE5 8BB

gail.gilchrist@kcl.ac.uk

Organisational affiliation of the review

Institute of Psychiatry, Psychology and Neuroscience

http://www.kcl.ac.uk/ioppn/depts/addictions/research/drugs/ADVANCE.aspx

Review team

Dr Alyson Huntley, University of Bristol
Dr Danielle Stephens-Lewis, University of Worcester
Ms Amy Johnson, University of Worcester
Professor Mary McMurran, University of Nottingham
Ms Juliet Henderson, Kings College London
Professor Elizabeth Gilchrist, University of Worcester
Professor Louise Howard, Kings College London
Professor Gene Feder, Kings College London
Dr Gail Gilchrist, Kings College London

Anticipated or actual start date
01 October 2016

Anticipated completion date
30 September 2017

Funding sources/sponsors
National Institute of Health Research funded Programme Grant for Applied Research (RP-PG-1214-20009)

Conflicts of interest
None known

Language
English

Country
England

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
Humans; Intimate Partner Violence; Male; Risk Factors; Spouse Abuse

Stage of review
Ongoing

Date of registration in PROSPERO
08 February 2017

Date of publication of this revision
08 February 2017

Stage of review at time of this submission	Started	Completed
Preliminary searches	No	Yes
Piloting of the study selection process	No	Yes
Formal screening of search results against eligibility criteria	No	Yes
Data extraction	Yes	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No