Systematic Reviews

PROTOCOL

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An evaluation of education videos for women experiencing domestic and family violence in healthcare settings: protocol for a mixed methods systematic review

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Abstract

Background Domestic and family violence (DFV) is a significant public health issue that poses a high risk to women, globally. Women experiencing DFV have higher rates of healthcare utilisation than women not experiencing DFV. Healthcare services are therefore well placed to address DFV and deliver education and awareness interventions to women. Video interventions are a strategy to deliver education to women, while overcoming barriers such as language, literacy, lack of rapport with clinician, or unwillingness to disclose. The current review will aim to further understand the characteristics, methods of evaluation, and outcomes of DFV video education interventions for perinatal women.

Methods The review will be reported in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) statement. A systematic search will be conducted of the following databases: Medline, Embase, PsycINFO, PsycArticles, Scopus, and Web of Science Core Collection. Two independent reviewers will screen titles and abstracts against the inclusion criteria, followed by a full text screening of eligible articles. A third reviewer will resolve discrepancies. All study types will be included. Only studies published in English will be included. Risk of bias will be assessed using the Quality Assessment with Diverse Studies (QuADS) tool. Data will undergo an aggregate mixed method synthesis informed by The Joanna Briggs Institute, before being analysed using a thematic approach.

Discussion This systematic review will provide evidence on best practice for the creation, delivery, and evaluation of DFV video interventions for women in the peripartum.

Systematic review registration PROSPERO registration number CRD42023475338.

Keywords Domestic and family violence, DFV, IPV, Video, Education, Intervention

Background

Domestic and family violence (DFV) against women is considered a significant public health concern that affects around one in three women globally [1] and is the leading cause of hospitalisations for women and girls aged 15–54 years in Australia [2]. The risk of DFV is disproportionately higher in the perinatal period, with 25% of women who experience DFV reporting it to have started during pregnancy [3, 4]. The impacts

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on women and children experiencing or witnessing DFV can be long-lasting and substantial. DFV can increase the risk of pregnancy complications (including miscarriage, stillbirth, pre-eclampsia, premature birth or low birth weight infants), chronic pain, gastrointestinal disorders, cognitive impairment, and mobility issues [5–7]. It has also been associated with an increase in long-term mental health issues in both women and children (such as anxiety and depression, post-traumatic stress disorder, eating disorders, suicide attempts, and substance abuse) [1, 6, 8].

Healthcare services, such as emergency departments, mental health services, specialty services, and outpatient care, are used more frequently by women suffering from DFV than those who are not [9]. These services are frequently encouraged to screen and manage DFV in patients and are well-placed to identify, and provide assistance, to women experiencing DFV. Maternity services have also been identified as having an important role in addressing DFV, as women in the perinatal period have regular appointments with these services, and.

there is an increased likelihood of continuity of care [10]. Many women choose not to disclose DFV for a number of reasons, including shame, guilt, denial, fear of perpetrator, lack of trust in clinicians, and fear of child service involvement [11–13]. Other barriers to disclosure or identification prevalent within healthcare settings have been identified as clinician time limitations, language barriers, lack of training, and lack of continuity of care [13–15]. While a number of strategies, such as routine enquiry, have been embedded within many healthcare facilities to better identify and support women experiencing DFV [16], a large proportion have still not been addressed. Previous research has revealed that even when women disclose, many clinicians are unsure how to support or refer women appropriately [15, 17].

One strategy to target women without relying on clinician screening or disclosure by women is to deliver information to women via alternative methods such as videos. Education and awareness videos can be on display in numerous areas that are frequented by women who may be experiencing DFV. These videos can be presented in numerous languages, overcoming the barrier of requiring interpreters, and with captions for the hearing impaired. Video and audio presentations allow for engagement with women with low literacy skills. They can educate the public using easy-to-understand examples and situations with animations, real-life actors, or images, and display information regarding available support services. This form of education can reach a large audience without making women feel targeted or put on the spot by clinicians during the screening process.

Videos can be included in interventions, shown directly to women on smart devices in the clinic, or emailed to women who attend maternity services. Videos have the benefit of overcoming a number of barriers, such as language, clinician time, training, knowledge, and may be preferable for women who have not developed a rapport with their healthcare provider. If women do not wish to approach clinicians for support, videos can be used to provide useful education to women regarding what constitutes DFV, their rights, and their options for support or further information. It is anticipated that repeated exposure to awareness and education campaigns will impact women's attitudes and knowledge of DFV, assisting them to move from the precontemplation or contemplation phase of behaviour, to contemplation or action [18]. Videos can increase women's knowledge of the laws around DFV, the services available, and may lead to increased help-seeking in the future.

Methods

Research aims

The aim of this systematic review is to synthesise all evidence relating to video education for DFV used in healthcare settings. This will be done in order to better understand the characteristics of education videos, how they are being disseminated, how they are being evaluated, and the outcomes of these interventions.

Research questions

The primary research questions for this review are as follows:

1. What literature exists on the creation, delivery, and evaluation of video education interventions for women experiencing DFV?
2. What are the characteristics of these interventions?
3. How do these studies evaluate the benefits or acceptability of these interventions?
4. What are the outcomes for women who have been exposed to video education interventions?

Study design

This protocol was registered in the International prospective register of systematic reviews (PROSPERO) database with the registration number CRD42023475338. The review will be reported in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) statement (see Additional file 1) [19].

Eligibility criteria

Types of studies

This review will include all peer reviewed publications that include primary data. This review will include all quantitative (such as case–control, cross-sectional, cohort, randomised control trials and quasi-experimental) and qualitative studies (such as focus groups or individual interviews). Studies that do not include primary data (reviews, opinion and commentary papers, dissertations, posters, and conference abstracts) will be excluded. No date or location restrictions will be placed on the search. Articles published in languages other than English will be excluded.

Participants

Studies must include women attending a hospital or community health service who may be experiencing DFV or may be at risk of experiencing DFV. No age restriction will apply.

Intervention

Included studies must utilise a video intervention or recording that aims to increase women's knowledge, awareness, or help-seeking relating to DFV. Studies must include a measure of impact of the intervention on participants, or feedback from women regarding the usefulness, benefits, and/or acceptability of the intervention.

Comparator

Studies may include interventions to usual care, placebo, or an alternative intervention. Studies may also be conducted with no control or comparator group.

Outcomes

The review will report on the prevalence and characteristics of video interventions for women experiencing DFV, and the characteristics of tools or measures used to evaluate these video interventions. The review will evaluate included studies for impacts of video interventions on women's knowledge and awareness of DFV, available DFV services, and women's help-seeking behaviours. The review will also collate and report on participant opinions, feedback, and suggestions regarding video interventions.

Information sources

Databases to be searched will include Medline (PubMed), Embase (Elsevier), PsycINFO (EBSCOhost), PsycArticles (EBSCOhost), Scopus (Elsevier), and Web of Science Core Collection (Clarivate). The reference lists of all included papers will also be searched. As will the reference lists of other similar, completed systematic reviews to ensure that no existing papers are overlooked.

Search strategy

The primary search strategy, using title, abstract, and keywords will be [(Video* OR Video OR recording OR videotape OR "Videotape recording") AND ("Domestic violence" OR "intimate partner violence" OR "family violence" OR DFV). Medical subject terms (MeSH headings) will be used where appropriate, and the primary search strategy will be modified to meet the specific requirements of the search syntax in each database (see Additional file 2 for full search criteria for individual databases).

Study selection

The screening process will be conducted in two stages. In the first stage, included studies will be imported into the Covidence [20] online web application for screening and removal of duplicates. Two independent reviewers will screen all papers by title and abstract against the pre-selected inclusion and exclusion criteria. Studies that meet all criteria will be included into the second stage. The second stage will involve full text screening by two independent reviewers to decide whether studies will be included in the final review. Any discrepancies between the two reviewers at either screening stage will be resolved by a third reviewer. No prioritization techniques will be included in the screening of articles.

Risk of bias assessment

All studies that are included in the final review will be assessed for quality using the Quality Assessment with Diverse Studies (QuADS) tool. This tool was chosen for its demonstrated inter-rater reliability ($k=0.66$) and its ability to assess both qualitative and quantitative studies [21]. In the event that only qualitative studies are identified in the final review, the Joanna Briggs Institute (JBI) critical appraisal tool for qualitative research [22] will be used to assess risk of bias.

Data extraction

Two independent reviewers will extract data from study included in the final review. Once extraction has concluded, all data will be compared and contrasted, with a third reviewer resolving any conflict should reviewers disagree on any extracted findings. Data will be extracted based on pre-defined criteria recorded in a working spreadsheet. Where data is missing from an evidence source, authors of the articles will be contacted with a request for these missing data. Data to be extracted from the identified papers will include general characteristics of the study (year, location, sample size, follow-up, and duration); characteristics of participants (age, DFV status, ethnicity, number of children, gestational age), setting (inpatient, residential, or community),

characteristics of the intervention (video subject matter and objectives, length, location and format of screening), evaluation (method of evaluation and tools used), and outcomes (changes in participant knowledge, awareness, or help seeking behaviours, participant feedback, participant acceptability or satisfaction, follow-up duration, and attrition).

Data synthesis

Data synthesis for this review will be informed by The Joanna Briggs Institute 'aggregate mixed method synthesis', which is based upon the Bayesian approach for translating quantitative data into qualitative [23]. A convergent segregated method will be utilised as we anticipate that qualitative and quantitative data will address different, but related, dimensions of the phenomenon of interest [24]. This approach will ensure a simplified method of combining data without distorting the findings of the individual studies. The systematic literature review will use a thematic approach designed by Braun and Clarke [25] for qualitative data analysis, as thematic approach organises data according to themes and is comparatively more successful in revealing commonality in literature. Hence, common themes will be identified and highlighted as results and discussion will be made. The existing gap in literature will be identified and highlighted. We do not anticipate that the review will identify a large number of high-quality, or homogenous studies. We therefore do not plan to conduct any meta-analyses.

Discussion

To our knowledge, this will be the first systematic review to synthesise all available data relating to video education interventions for DFV. In a world of rapidly improving technologies, video education interventions have become cheaper and simpler to create and disseminate. Whether these are delivered on screens in clinic waiting rooms, via email, smart-devices, or social media, it is inevitable that technology-based education will predominate. Understanding the outcomes of these forms of education interventions will add to the current knowledge regarding the most appropriate tools and techniques to implement for supporting women experiencing DFV. Video interventions may play an important role alongside other existing strategies, such as routine screening, pamphlets and posters, and DFV liaison specialists. It is important to understand how these interventions may benefit women and how best to evaluate these tools. Our review will deliver important knowledge regarding the evaluation of these interventions, barriers and enablers to delivery, optimal characteristics, and women's opinions and feedback to ensure that they are appropriate and acceptable. The review will also compare the findings with relevant studies to form a comprehensive overview of video interventions to support screening and response to DFV.

Abbreviations

DFV	Domestic and family violence
IPV	Intimate partner violence
JBI	The Joanna Briggs Institute
QuADS	Quality Assessment with Diverse Studies tool
PRISMA-P	Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s13643-024-02625-x.

Additional file 1: PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) 2015 checklist: recommended items to address in a systematic review protocol*.

Additional file 2: Search strategy.

Authors' contributions

The study was conceptualised by G.B. G.B. and S.A. contributed to the development of the systematic review plan and design. All authors contributed to refining the search strategy, eligibility criteria, data synthesis plan, and risk of bias assessment. K.G. wrote the draft manuscript. G.B. and S.A. reviewed and edited the final manuscript.

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Availability of data and materials

All data generated or analysed during this study are included in this published article and its supplementary information files.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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