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Research Article

Enabling Workplace and Community Responses to Domestic Abuse: A Mixed Method Systematic Review of Training for Informal Supporters

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Alongside formal agencies and specialist services, informal and social networks play a pivotal role in responding to domestic abuse in the community. Friends, relatives, and neighbours are uniquely placed to recognise domestic abuse, respond to victim-survivors, and refer to wider services. Yet, informal networks may not know how to respond and feel overwhelmed or ill-equipped to offer support. This mixed method systematic review examined the role of training for equipping and enabling informal supporters to respond to disclosures of abuse. To do so, four bibliographic databases, alongside specialist repositories and websites, were searched for empirical studies of educational programmes tailored towards informal networks. Nine included studies were subject to data extraction and quality appraisal by two members of the review team. A thematic synthesis of qualitative data was undertaken to identify the characteristics of training deemed important by informal supporters. The findings focused on engaging informal supporters in the issue of domestic abuse, training content, materials, and delivery. The themes were translated into ten recommendations and juxtaposed with studies reporting quantitative evidence of effectiveness. The resulting matrix was used to identify five characteristics of successful training for informal supporters. These included training content that covered (a) warning signs and nature of domestic abuse, (b) impacts of abuse, and (c) how to respond/local resources. Tailoring training to the context/audience and the use of nontext formats were also evidenced by included studies. The review highlights the potential of educational programmes for enabling community responses to victim-survivors. Such interventions offer opportunities for formal agencies to collaborate with informal networks and strengthen the societal-wide response to domestic abuse.

1. Introduction

Domestic abuse (DA) is a widespread and serious issue around the world. Estimates suggest that globally, a third of women have experienced physical or sexual violence from a current or former intimate partner [1]. Domestic abuse refers to physical, sexual, economic, or psychological abuse and/or controlling, coercive, or threatening behaviour perpetrated by adults who are, or have been, personally connected to each other [2]. Studies highlight that domestic abuse has significant social, public health, and economic consequences [3, 4] and so warrants a robust, multisectoral response. This study focuses on the role of friends, relatives, colleagues, and community members (defined here as informal supporters) in responding to DA in workplace and community settings.

In the Global North, policy and practice responses to DA have included a diverse set of interventions, involving multiple agencies and actors [5]. Alongside frontline services such as police, social workers, and healthcare professionals, community responses to domestic abuse have gained increasing prominence since the COVID-19 pandemic [6]. During this period, informal supporters used creative ways to initiate and maintain support for victim-survivors [7]. This is indicative of the wider significance of informal and social networks who have always been, and continue to be,

uniquely placed to recognise domestic abuse, respond, and refer to wider services [8]. In comparison to professionals, informal supporters often live or work in close proximity to the victim-survivor and so may be able to identify warning signs and help victim-survivors identify behaviours as abusive [7, 9]. Established, mutual relationships of trust and interactions that take place in private/home settings, often undeveloped in formal services, provide further opportunities to identify DA [7, 10, 11].

Studies highlight that mobilizing community members alongside formal services can improve outcomes for victim-survivors and foster help-seeking [6]. Helpful responses from informal networks are associated with improvements in mental and physical health and increased feelings of safety [12–14]. Informal networks can also play an important role in linking victim-survivors with the police, legal services, and domestic abuse agencies and supporting decisions to make changes in their relationships, if and when desired [15–17].

Friends, family, or community members, however, may not know how to respond and feel overwhelmed or ill-equipped to offer support [18–20]. Seeking to overcome such barriers, a growing range of interventions are tailored towards informal networks and their skills, capacity, and/or motivation to provide positive support [21, 22]. Systematic reviews show that training and educational activities offer promising impacts on informal supporters' knowledge and attitudes [23–25]. These echo reviews of DA training in healthcare and policing, where there is growing understanding of the outcomes and characteristics of effective programmes [26–31]. Such conclusions are primarily based on quantitative assessments. Yet, qualitative research can provide new, deeper insight into educational interventions from the perspective of the trainees [32]. Utilising qualitative data, this systematic review aims to identify the features of DA training deemed important by informal supporters. By juxtaposing these characteristics with quantitative evidence of effectiveness, the review then aims to pinpoint features of successful training in workplace and community settings.

The rationale for focusing specifically on training tailored towards informal supporters, as distinct from professionals, is four-fold. First, education on DA may constitute a compulsory, discrete part of a wider training programme for professionals [26] although not for all professions, e.g., General Practice trainees [33]. In comparison, training for informal supporters is often voluntary and provided in community settings, such as in faith organisations [34] and tends to be a stand-alone, brief intervention, such as workplace training [23].

Second, the content of training may differ. Healthcare professionals use structured tools to identify DA (such as clinical screening tools or risk assessments), and so, training focuses on the use of such tools [35, 36]. Informal networks, however, determine the existence or escalation of abuse through more improvisational methods based on their relationship with the victim-survivor and their prior knowledge of the situation [7, 9]. Further, professionals may be taught about clear and well-articulated protocols for intervening and referring victim-survivors of abuse [30]. Yet, such prespecified pathways are typically not appropriate for informal responders. Indeed, informal supporters can provide a broad range of support that may be invisible or discounted by formal services such as tailoring responses to the victim-survivor's identity or personal history [37].

Third, individual and social factors shape the provision of informal support. Studies suggest that particular groups, such as women and ethnic minorities, are most likely to seek and provide informal support [7, 14, 38]. Therefore, such factors may influence the design and delivery of training in community contexts.

Fourth, with growing political attention on societal responses to DA (such as the "Enough" campaign in the UK https://enough.campaign.gov.uk/) and practitioner interest in informal support [37], there is a need to better understand the potential of educational interventions for enabling community responses to DA.

2. Research Questions

The aim of the systematic review was to improve the understanding of DA training programmes tailored towards informal supporters and pinpoint the characteristics of successful educational interventions. To do so, the following research questions were addressed:

RQ 1: what are informal supporters' views of DA training?

RQ 2: what are the characteristics of effective DA training tailored towards informal supporters?

3. Methods

A mixed method review [39] was undertaken with a sequential, staged approach to integrating qualitative and quantitative research [40]. In the first stage, a qualitative synthesis was conducted to identify themes based on informal supporters' views of training. These were then translated into recommendations. In the second stage, a matrix juxtaposed these recommendations alongside quantitative evidence of impact (based on outcome evaluations) to identify characteristics of effective training. The PRISMA checklist was used to guide the reporting of the methods and findings of the review [41].

The review followed an EPPI-Centre approach [42], guided by the following underlying principles: (1) the review aimed to address policy/practice relevant questions and utilised different types of empirical evidence from both academic and grey literature sources. The inclusion of credible grey literature (defined as reports written by respected colleagues or organisations working in DA) is valued by the DA sector [43] and so was deemed important for this review. (2) The review was undertaken collaboratively, and stakeholder engagement was valued [25, 44]. The review team was composed of university academics and researchers at a domestic abuse nongovernmental organisation. The project engaged with wider stakeholder groups through an Advisory board composed of individuals with lived experience of abuse, frontline DA service providers,

and two DA specialists. Three online meetings were held over the course of the project to inform the direction and methods of the review.

3.1. Search Strategy. A comprehensive search was devised to identify all studies on informal support interventions published up to and including July 2021, from which interventions using education/training were identified. The search strategy was undertaken using four bibliographic databases (ASSIA, PsychInfo, PubMed, and Social Policy and Practice), two specialist databases of systematic reviews (Social Systems Evidence and Campbell Collaboration), two databases dedicated to domestic abuse reports (National Resource Centre on Domestic Violence, World Health Organisation Violence Against Women Database), and websites with policy-orientated research (European Commission). Search strings were developed and piloted, drawing on terms used in similar reviews [24, 45]. The strings combined the concepts of domestic abuse (including domestic violence, domestic abuse, and intimate partner violence) and informal support (including social support, social network, and support system). Search terms were used in bibliographic databases and other websites that supported Boolean search functions. Websites of domestic abuse organisations in the UK were identified and hand-searched by one member of the team (for full details of the search strategy, see [22]).

3.2. Inclusion Criteria. As a mixed method review, studies were included if they provided any empirical data (qualitative or quantitative) on educational/training interventions tailored towards informal supporters. Eligible interventions included a curriculum that aimed to improve the response from friends, colleagues, neighbours or community members, current nonabusive partners, or any family member (based on the definition in [45]). The sample needed to include informal supporters and reports were excluded if the study did not report data specifically for this population (e.g., reporting data from a mixed sample of informal supporters and practitioners). Only English language reports were included.

3.3. Study Selection. All references were imported into EPPI-Reviewer [46], specialist web-based systematic review software, to undertake the screening, data extraction, and quality appraisal stages of the review. Screening was initially undertaken on title and abstracts, followed by full text. For each of these screening phases, a sample of reports was screened independently by two members of the team until a high level of consistency was reached. Decisions on complex studies were discussed and resolved by the whole team.

3.4. Data Extraction. A data extraction tool was developed to capture details about the study methods, sample, intervention, and findings. Two reviewers extracted the data independently, and then a final version was agreed. Coding disagreements were resolved through discussion with a third reviewer.

3.5. Quality Appraisal. The Mixed Method Appraisal Tool (MMAT) [47] was used to assess all included studies. In addition, the ACCODS checklist [48] was used to appraise grey literature. Two reviewers independently applied both tools and then reached agreement on the overall judgement for each study. A principle of "good enough" quality [49] was used to decide whether and how studies could contribute to the syntheses. "Good enough" studies met at least 40% of the MMAT criteria for the appropriate study design and/or were deemed to offer "significant" and "authoritative" contributions based on the ACCODS tool.

3.6. Synthesis. A sequential design was used to integrate the findings from different syntheses to answer the overarching research question [50]. In the first stage, thematic analysis was used to inductively code and generate descriptive themes from included studies with qualitative data. These descriptive themes were translated into analytical themes by tabulating the evidence to identify the extent, pertinence, and consistency of findings across studies [51]. Descriptive themes with data from two or more studies were used to generate analytic themes (those that "went beyond" the original findings of the studies, [52]). These themes were translated into recommendations [50]. In the second stage, these recommendations were juxtaposed with studies that reported quantitative findings from quasiexperimental evaluations of the interventions (reported separately in [53]). This allowed for comparison of the recommendations from the qualitative studies with evidence of effectiveness [50]. To assure the quality of the synthesis, characteristics of effective training were identified where the quantitative evidence was judged to be moderate/high quality (40% or more on MMAT quantitative dimension) and consistent (two or more higher quality studies, supported by lower quality studies).

4. Results

Of the 9,345 records identified, nine studies were deemed eligible for inclusion in the review (Figure 1).

4.1. Study Characteristics. The main characteristics of the included studies are presented in Table 1. The majority were conducted in North America ($n = 5$) with further studies undertaken in the UK ($n = 2$), Vietnam ($n = 1$), and "globally" ($n = 1$). Sample sizes ranged from 13 to 1899 informal supporters. The studies focused on specific types of informal supporter: workplace supervisors or colleagues ($n = 4$), faith leaders ($n = 3$), community members ($n = 3$), and/or peers ($n = 1$). Two studies included more than one type of informal supporter [57, 61]. None of the studies examined interventions aimed at informal supporters who identified as friends or relatives of victim-survivors.

Sample demographics, where reported, were diverse in terms of gender and ethnicity. Three studies included a majority female sample, two had a majority male sample, and one included an equal proportion of men and women. While most studies did not report population ethnicities ($n = 5$), two had majority Caucasian samples, one had

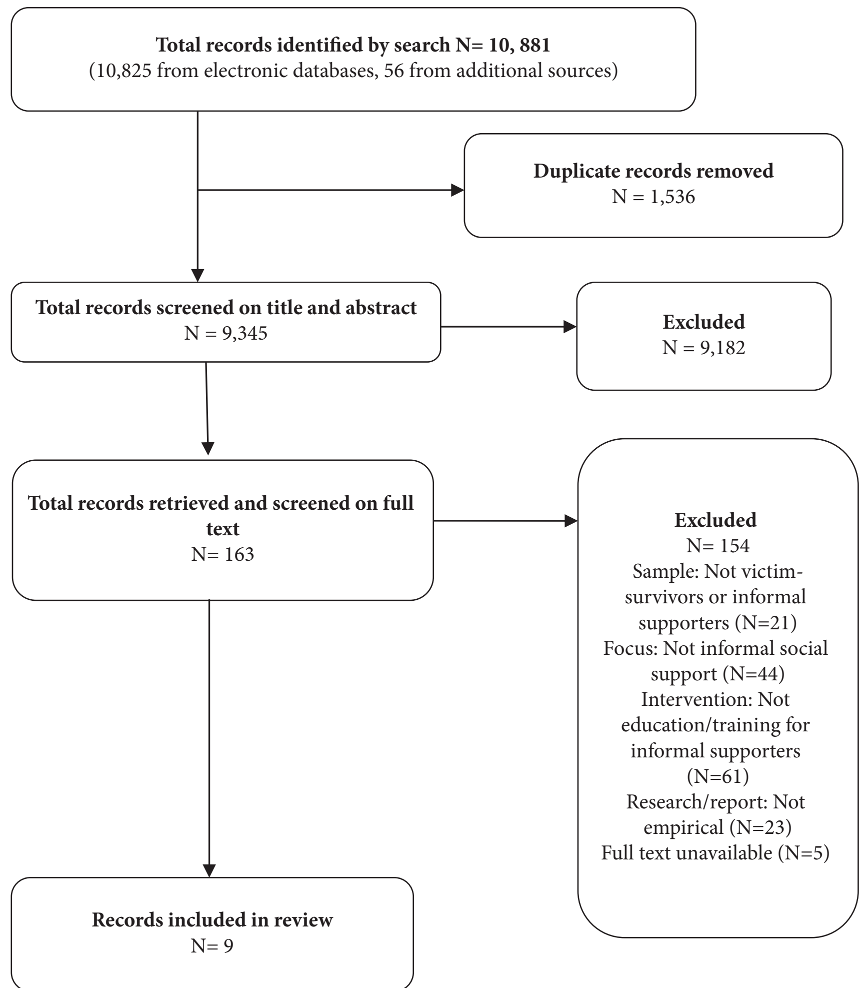

Figure 1: Flow of records through the review.

majority Korean American, and one African American sample. Two of the studies reported that informal supporters had prior experience of DA.

4.2. Study Design and Quality. Included studies were diverse in study design with the majority ($n = 6$) using both qualitative and quantitative approaches. Two studies only used quantitative designs, including a randomised controlled trial and a quasiexperimental study. Only one study was purely qualitative. All studies were judged to be "good enough" to contribute to the synthesis.

Seven studies of variable methodological quality addressed research question 1. Three studies had weak qualitative approaches, only fulfilling 20% of the qualitative MMAT criteria, but were judged to offer authority and significance to the field based on the AACODS tool [57, 59, 62]. Three studies fulfilled 40% of MMAT [55, 58, 60], and one study had a strong approach, fulfilling 100% of MMAT [61].

Six studies included quantitative data to address RQ 2. Four of these were considered to offer robust evidence as they fulfilled 40% or more of the appropriate MMAT quantitative dimension [54, 56, 58, 60]. Lower quality evidence was provided by two further studies [57, 62].

4.3. Intervention Characteristics. DA training was delivered in the workplace ($n = 4$), community ($n = 3$), or faith-based settings ($n = 2$). These were typically one-off sessions, ranging between one and four hours, for workplace colleagues/supervisors and faith leaders. In comparison, training in the community, for peers or lay people, was longer in duration (up to 18 hours) and included multiple sessions. Across all interventions, the curricula provided information on DA, seeking to dispel myths and raise awareness while considering the impacts on, and needs of, victim-survivors. The training also provided information on how to respond and/or how to refer victim-survivors to specialist services.

4.4. Synthesis

4.4.1. Informal Supporters' Views of DA Training. Themes from seven included studies were grouped under three headings: engaging informal supporters with the issue of

Table 1: Characteristics of included studies.

Author (year) country	Type of informal supporter/sample	Training intervention	Study design and methods	Quality appraisal
Choi et al. (2019) [54] USA Contributed to stage 2 synthesis	Faith leaders Total sample $n = 54$ Female 24%, male 76%; ethnic/racial minority (Korean or Korean American) 100%	Intervention name: Korean clergy for healthy families Attendance: Voluntary Delivery: Online Format: Presentation/lecture Duration: Between 1.5 and 3 hours Content: Understanding DVA within Korean community and how to respond Trainer: Unspecified	Study design: Randomised controlled trial Data collection: instruments Self-completion questionnaire, unvalidated, researcher developed Data analysis: Analysis of variance	MMAT Quantitative randomized controlled trial (RCT) 100% AACODS N/A
Debbonaire et al. (2011) [55] UK Contributed to stage 1 synthesis (no quantitative data for stage 2)	Workplace colleagues Total sample $n = 28$ (T1 questionnaires), $n = 8$ (T2 questionnaires and interviews) Female (100%) Ethnicity not reported	Intervention name: not reported Attendance: Voluntary Delivery: Face to face Format: Presentation/lecture Duration: 2-day train the trainers session for HR professionals, "short" briefings for managers Content: Not reported Trainer: Domestic abuse organisation ran training for HR; HR ran training for managers Multicomponent intervention	Study design: Before and after Qualitative Data collection: instruments Qualitative interviews Self-completion questionnaires Unvalidated, researcher developed Data analysis: SPSS "Qualitative analysis techniques"	MMAT Quantitative nonrandomised 0% Qualitative 40% AACODS *Strengths*: Authority, coverage, date, significance *Weaknesses*: Accuracy, objectivity
Drumm et al. (2018) [56] USA Contributed to stage 2 synthesis	Faith leaders Total sample $n = 104$ (pre- and post-test), $n = 72$ (1 yr follow up) Female (~4%) and male (96%), ethnic/racial minority (~16% hispanic) and majority (~84% white)	Intervention name: not reported Attendance: Compulsory Delivery: Face to face Format: Workshop Duration: 4 hours Content: Understanding and responding to DVA Trainer: Researchers/Unspecified	Study design: Before and after Data collection: instruments Self-completion questionnaire, researcher developed Data analysis: Analysis of variance	MMAT Quantitative nonrandomised: Immediate 80% 12 months 40% AACODS N/A

Table 1: Continued.

Author (year) country	Type of informal supporter/sample	Training intervention	Study design and methods	Quality appraisal
Flanigan (2011) [57] Canada Contributed to stage 1 and stage 2 syntheses	Workplace colleagues; community members Total sample $n = 1899$ (surveys), $n = 60$ (interviews) Female and male (unspecified gender ratio), ethnicity not reported	Intervention name: Neighbours, friends and families campaign Attendance: Voluntary Delivery: Face to face Format: Presentation/lecture Duration: one off, one hour session for workplace; unspecified for community Content: "basic information on risk factors and warning signs"; unspecified for community training Trainer: public service facilitators in workplaces (who had received two-day training session to deliver presentation); unspecified for community training Multicomponent intervention	Study design: Before and after, qualitative interviews, quantitative surveys Data collection: instruments Self-completion questionnaire, unvalidated researcher developed Data analysis: SPSS, not reported	MMAT Qualitative 20% Quantitative nonrandomised 0% Quantitative descriptive 20% AACODS *Strengths*: Authority, coverage, date, significance *Weaknesses*: Accuracy, objectivity
Glass et al. (2010) [58] USA Contributed to stage 1 and stage 2 syntheses	Workplace colleagues Total sample $n = 53$ Female (~50%) and male (~50%), ethnicity not reported	Intervention name: not reported Attendance: Not reported Delivery: Online Format: Video Duration: one off, one hour session Content: The impacts of abuse, strategies used by abusers to control victim, support needs of victims, methods for supporting/helping victims Trainer: Automated, online (no human trainer)	Study design: Qualitative focus groups, before and after, quantitative questionnaires Data collection: instruments Self-completion questionnaire Unvalidated, researcher developed Data analysis: Analysis of variance Qualitative analysis not reported	MMAT Qualitative 40% Quantitative nonrandomised 80% Quantitative descriptive 80% AACODS N/A

Table 1: Continued.

Author (year) country	Type of informal supporter/sample	Training intervention	Study design and methods	Quality appraisal
Pillinger (2020) [59] global Contributed to stage 1 synthesis	Workplace colleagues Total sample not reported Gender and ethnicity not reported	Intervention name: Vodafone's global policy on domestic violence and abuse Attendance: Compulsory in some workplaces Delivery: Online Format: Presentation/lecture, webinars Duration: Not reported Content: recognising the signs of domestic violence and abuse, knowing how to respond and refer Trainer: Unspecified but carried out in partnership with domestic abuse organisations Multicomponent	Study design: Qualitative interviews, quantitative questionnaires Data collection: instruments Self-completion questionnaire Data analysis: Not reported	MMAT Qualitative 20% Quantitative descriptive 0% AACODS *Strengths*: Authority, date, significance *Weaknesses*: Accuracy, coverage, objectivity
Ross (2013) [60] USA Contributed to stage 1 and stage 2 syntheses	Peers Total sample $n = 13$ Female (100%), ethnic/racial minority: African American (20%), African (26.6%), Caribbean (40%). Ethnic/racial majority: White (6.7%)	Intervention name: Not reported Attendance: Voluntary Delivery: Face to face Format: Unspecified Duration: 18 hours in total (9×2 hour sessions) Content: Understanding DVA and support/services Trainer: Researcher/unspecified	Study design: Qualitative questionnaires, RCT Data collection: instruments Instruments: validated domestic violence self-efficacy (DVSE) adult self-expression scale (ASES) Herth hope index (HHI) Data analysis: SPSS, t tests, chi-square, and Pearson (r) analyses	MMAT Qualitative 40% Quantitative RCT 40% AACODS N/A
Schuler et al. (2011) [61] Vietnam Contributed to stage 1 synthesis	Faith leaders, community members, neighbours Total sample $n = 146$ (interviews) Gender and ethnicity not reported	Intervention name: not reported Attendance: not reported Delivery: Face to face Format: Workshops; unspecified Duration: unspecified Content: unspecified Trainer: unspecified Multicomponent intervention	Study design: Qualitative interviews and focus groups Data collection: instruments Unvalidated, researcher developed Data analysis: Grounded theory approach	MMAT Qualitative 100% AACODS N/A

Table 1: Continued.

Author (year) country	Type of informal supporter/sample	Training intervention	Study design and methods	Quality appraisal
Women's Aid (2020) [62] UK Contributed to stage 1 and stage 2 syntheses	Community members Total sample $n = 645$ (sample 1, before and after evaluation forms), $n = 424$ (sample 2 questionnaires and qualitative interviews) Female (81.5% sample 1, 99% sample 2), male (18.5% sample 1, 1% sample 2), nonbinary (0.3% sample 1) Ethnic minority (sample 1 Asian/Asian British 6.5%, Black/African/Caribbean/Black British African 3.2%, mixed ethnic 2.2%, sample 2 16% BAME or other white) and ethnic majority (sample 1 73.7% white British; sample 2 84% white British)	Intervention name: Ask Me Attendance: Voluntary Delivery: Face to face Format: Presentations/lectures; workshops Duration: 12 hours Content: Awareness of DVA, challenging myths, listening to victim-survivors, supporting and signposting Trainer: specialists in domestic abuse alongside partnership with domestic abuse organisations Multicomponent intervention	Study design: Qualitative interviews before and after, Data collection: instruments Self-completion questionnaire, unvalidated, researcher developed Data analysis: Not reported	MMAT Qualitative 20% Quantitative nonrandomised 0% AACODS *Strengths*: Authority, date, significance *Weaknesses*: accuracy, coverage, objectivity

domestic abuse, training content and materials, and training delivery. These themes are narratively described as follows and summarised in Table 2.

4.4.2. Engaging Informal Supporters with the Issue of DA

(1) Training Gives Everyone the Right and Responsibility to Respond. In community and workplace settings, studies highlighted that training helped informal supporters to recognise that "everybody has a role to play" in responding to domestic violence and abuse. Training can support individual's recognition of their "right" to intervene [61] and was understood to give permission to individuals to respond to DA: "what were the benefits of the training? Gemma: I would say permission to do something about something that's happening in the workplace" [55]. Training also highlights "the importance of taking action to address abuse, and that it is everyone's responsibility" [57].

(2) Engage All Informal Supporters in Training. Mandatory training for supervisors was deemed crucial in one study [59], and two further studies that highlighted the importance of ensuring senior management were involved [55, 57]. One of these studies also highlighted the importance of ensuring "that male employees are attending these training sessions cos that doesn't seem to be" [55].

(3) Domestic Abuse is Difficult to Talk about. Studies highlighted the difficulties of engaging informal supporters on the topic of DA as it is a "difficult subject" [55] with "a great deal of stigma and aversion connected with DV that makes it hard to address in workplaces and society in general" [57].

4.4.3. Training Content and Materials

(1) Provide Information on How to Respond. In workplace settings, participants valued training that provided practical information on how to respond to disclosures of abuse. This included information on in-house resources, local community organisations, and formal services [55, 57–59]. Participants also recognised the value of training to improve knowledge of "how to respond in empathetic and non-judgemental ways" [59].

(2) Raise Awareness and Understanding of DA. Studies reported that training stimulated greater awareness and understanding of DA, opening "people's eyes to the reality" [57]. This awareness was associated with better understanding and a new perspective through which to view cases of abuse [55].

(4) Provide Information on the Impacts on Victim-Survivors. Participants valued curricula that provided information about the impacts of abuse on victim-survivors [58, 59].

(5) Training Needs to be Tailored to the Audience. Five studies identified that training methods and content needed to be appropriate for the audience and tailored towards their needs. This ranged from tailoring training to pastors' "abilities and motivations" [56] to context-specific resources such as "steps supervisors can take to support victims" [58]. Studies identified the importance of developing strategies "to meet people where they are," building relationships and trust "especially those with diverse populations who may not inherently trust outsiders, and who often are more receptive to hearing the message from community leaders and in appropriate contexts" [57]. Indeed, studies highlighted the importance of developing culturally appropriate material that, for example, focuses on cultural values that shape perceptions of DA and delivering training in suitable community locations [54, 56–58, 60].

(6) Inclusive Materials that Avoid Stereotypes. Participants valued inclusive materials that represented diverse communities (in terms of gender, sexuality, and culture) [57, 58, 62]. This included the need to "honour and acknowledge the trauma and experiences of male survivors of violence" [57] and recognise that abuse takes place in LGBTQ + communities. While participants liked "the diversity represented in the training," they also raised concerns that the materials may propagate unhelpful stereotypes such as "the inclusion of Latinos suggested inaccurately that domestic violence is a larger problem in the Latino community" [58].

(7) Use Visuals, Statistics, and Case Scenarios. Two studies reported that visuals, statistical content "that validate[s] the importance of the materials," [57] and "the use of a "case scenario" to walk participants through local resources were helpful [57].

4.4.4. Training Delivery

(1) Trainers with Professional Experience/Expertise in DA. Three studies recognised the value of trainers who had professional experience and/or expertise relevant to the field of DA. This was seen to equip trainers with skills to address the challenges of the topic and provide relevant insights and models of expertise in this area [55, 57, 59]: "It brought home how important it was to get over our discomfort in dealing with domestic violence and that we needed some professional training to facilitate this" [57].

(2) Bringing Together Individuals with Different Perspectives, from Different Sectors. Studies identified the importance of training that involved informal supporters with different perspectives and from across sectors. This was understood to foster information sharing and problem solving. Studies pointed to the value of "sharing actual experiences and anxieties" [55].

4.4.5. Features of Effective DA Training. Included studies were used to assess whether each of the ten recommended features were supported by robust, quantitative evidence of effect. This was based on findings of effectiveness reported separately (as reported in [53]).

Table 2: Summary of themes, extent of qualitative evidence, and recommended features.

Theme	Number of studies (total $n = 7$)	Recommended features
Engaging informal supporters in the issue of domestic abuse		
Training gives everyone right and responsibility to respond	3	Mandatory training
Engage all informal supporters in training	3	
Domestic abuse is difficult to talk about	2	Acknowledge discomfort of DA
Training content and materials		
Information on how to respond	4	Curricula content includes (a) warning signs and nature of domestic abuse, (b) impacts, and (c) how to respond and local resources
Raise awareness and understanding of domestic abuse	3	
Information on impacts of abuse on victim-survivors	2	
Training tailored to audience	2	Tailor training to audience
Inclusive materials that avoid stereotypes	3	Diverse representation in materials but without stereotyping
Visuals, statistics, and case scenarios useful	2	Use nontext formats in materials
Training delivery		
Trainers with professional experience/expertise in DA training	3	Involve DA specialists in the delivery of training
Bringing together individuals with different perspectives, from different sectors	2	Diverse attendees (experience, sector) and group learning formats

Five of the ten recommended features had sufficient evidence to suggest that they were characteristics of effective DA training (see Table 3). These included training content that covered (a) warning signs and nature of domestic abuse, (b) impacts of abuse, and (c) how to respond/local resources. Two further recommended features, with sufficient evidence, included tailored training and using nontext formats. Successful training was tailored to the type of informal supporter in terms of their cultural background [54, 56] and their role as a community advocate [62] or workplace supervisor [58]. Nontext formats included "charts, images, statistics, and videos" [54].

The evidence for the remaining five recommended features was less clear. Two of the features were not supported by the quantitative evidence: mandatory training, and delivery alongside the domestic abuse sector. Of the high-quality evaluations, mandatory training was present in one intervention [56] and absent in two [54, 60]. Working alongside the DA sector was present in one training intervention but absent in three. Therefore, it is difficult to draw inferences about the role and significance of mandatory training or working alongside the DA sector for the effectiveness of the intervention. There was inconclusive evidence about whether training should include diverse attendees and group learning formats. This feature was both present and absent in interventions evaluated by studies of variable methodological quality.

There were insufficient details about the training interventions to determine the significance of the remaining two recommended features. None of the studies explicitly reported whether the intervention acknowledged the discomfort surrounding domestic abuse when recruiting trainees or delivering the training. Similarly, only one study reported whether teaching materials included diverse representations.

5. Discussion

This mixed method systematic review highlights the potential of DA training for enabling informal supporters to respond to disclosures of abuse. The findings provide insight into effective DA training in workplace and community settings, generating practical recommendations for organisations that are designing and delivering training in these contexts (see Table 4).

The qualitative synthesis found that training is valued for bringing DA to the fore in workplace or community settings, despite being a difficult subject, and so sharing the responsibility to respond. Effective training curricula cover the warning signs and nature of DA, the impacts of abuse, and information on how to respond. These results echo the findings of systematic reviews of DA training in the workplace [23] and professional healthcare settings [27, 30]. Such information is likely to be important because it addresses barriers to responding to victim-survivors, identified by informal supporters, namely, not knowing what to do or feeling ill-equipped to offer support [18–20]. This suggests that training can help informal supporters to deal with difficult conversations and improve their response to disclosures of abuse [63]. Such curricula align with the skills and knowledge that victim-survivors require from their informal networks: empathetic listening and offers of practical support [14, 64].

The review found that informal supporters valued nontext based educational materials, such as visuals or statistics, and these constituted a feature of effective training. This finding is also echoed in professional training contexts where interactive approaches, using role play, case studies, and videos are associated with improved knowledge in DA [27, 65, 66].

The findings highlight that informal supporters valued training programmes that were tailored to the audience and recognised the unique role or position of the informal supporter. Effective training for informal supporters needs to respond to their role and capacity as, for example, colleague, acquaintance, or pastor. Wider literature suggests that informal supporters define their role in different ways, whether this is "being a listener" as a friend [9] or "walking alongside" individuals as pastoral counsellor [34]. Training therefore needs to be tailored towards the defining features of the informal supporter role. While none of the studies included interventions that targeted friends or family, there is wider evidence to suggest that closer, more ingrained relationships between victim-survivor and informal supporter may be less receptive to educational intervention [67]. Therefore, the quality and type of relationship between the informal supporter and the victim-survivor are important for shaping educational content and delivery. Indeed, the review identified that successful curricula provided resources tailored to the context in which the training was delivered (e.g., workplace policies or community resources) and recognised the importance of cultural values in shaping responses to DA. The qualitative synthesis specifically highlighted the importance of inclusive materials that recognise diverse experiences of abuse, without stereotyping. The importance of tailoring interventions to the needs of specific groups of victim-survivors and informal supporters reflects wider recognition that DA interventions need to address intersecting social and cultural factors [68, 69].

There was insufficient evidence in the review to draw inferences about whether mandatory recruitment and the involvement of the DA sector are key ingredients for effective training programmes. Wider studies suggest that both features are useful for understanding DA training and associated impacts. First, effective training in professional contexts commonly involve DA educators or experts [30, 70] and the DA sector plays a key role in advancing community education programmes [62]. Therefore, it seems likely that DA specialists contribute to effective training, but more research is needed. Second, the review found that training was effective whether enrolment in the programme was voluntary or compulsory [56, 59]. Broader evidence suggests that giving employees the choice to participate in training is associated with more positive outcomes than compulsory attendance [71]. However, voluntary training may also lead to unintended consequences such as the enrolment of groups who are already predisposed to providing support. Studies highlight that social reactions to disclosures of abuse

Table 3: Summary of recommended features and extent of quantitative evidence, by quality of study.

Recommended feature	Number of higher quality studies evaluating training including feature	Number of higher quality studies evaluating training without feature	Not reported	Number of lower quality studies evaluating training including feature	Number of lower quality studies evaluating training without feature	Not reported
Engaging informal supporters in the issue of domestic abuse						
Mandatory training	1 [56]	2 [54, 60]	1 [58]	0	2 [57, 62]	0
Acknowledge discomfort	0	0	4 [54, 56, 58, 60]	0	0	2 [57, 62]
Training content and materials						
Curricula content includes (a) warning signs and nature of domestic abuse	4 [54, 56, 58, 60]	0	0	2 [57, 62]	0	0
Curricula content includes (b) impacts	2 [58, 60]	0	2	1 [62]	0	1 [57]
Curricula content includes (c) how to respond and local resources	4 [54, 56, 58, 60]	0	0	2 [57, 62]	0	0
Tailored training	4 [54, 56, 58, 60]	0	0	1 [57]	1 [62]	0
Diverse representation in materials but without stereotyping	1 [58]	0	3 [54, 56, 60]	0	0	2 [57, 62]
Use nontext formats in materials	2 [54, 58]	0	2 [56, 60]	1 [62]	0	1 [57]
Training delivery						
Work alongside domestic abuse sector	1 [60]	3 [54, 56, 58]	0	2 [57, 62]	0	0
Diverse attendees (experience, sector) and group learning formats	1 [60]	1 [58]	2 [54, 56]	1 [62]	1 [57]	0

Table 4: Recommendations for practice, research, and policy.

Practice	Develop training programmes that: (i) Provide information on the warning signs and nature of DA, the impacts of abuse on victim-survivors, guidance on how to respond (e.g., empathetic listening), and details about relevant resources (e.g., local specialist services) (ii) Incorporate nontext educational materials (use visuals, statistics, and case scenarios in the training) (iii) Tailor the training to the audience "meet people where they are" (e.g., providing information applicable to the workplace or community setting, building relationships of trust, and ensuring that materials are culturally appropriate) In delivering the training, consider (i) Involving educators or experts in domestic abuse (ii) Whether recruitment to training should be mandatory or voluntary
Research	(i) Undertake qualitative studies to develop understanding of informal supporters' experiences and views of education/training programmes and whether/how such interventions can meet their needs (ii) Ensure full and transparent reporting of educational interventions and research processes (iii) Evaluate the role of mandatory recruitment and working alongside DA sector in workplace and community training (iv) Support organisations that design and deliver training (e.g., employers/nongovernmental organisations/voluntary sector) to develop and apply research methods to evaluate their programmes
Policy	(i) Invest in training or educational activities aimed at informal supporters (ii) Investment in specialist DA services is required alongside to respond to additional demand

are shaped by gender and race [72], with women more likely to identify and respond to abuse than men [7] and individuals from minoritized ethnic groups most likely to provide culturally sensitive support [73, 74]. Indeed, studies find that women are more likely than men to elect to undertake DA training in professional contexts [66]. Therefore, voluntary training may further exacerbate the burden on specific informal supporters, lead to small numbers participating in the training [75], or foster a differentiated response across the setting [76]. While compulsory training is not possible to administer in all settings, e.g., amongst neighbours or community members, mandatory training in informal contexts such as workplaces or faith organisations may potentially broaden community support for DA victim-survivors, recognising that it is "everyone's responsibility" to respond [57].

5.1. Strengths and Limitations. Overall, the review makes substantive contributions to knowledge by foregrounding the views of trained informal supporters and providing insight into the utility of training in workplace and community settings. By synthesising qualitative research, this mixed method review provides deeper understanding of the impacts of training, maximises the diverse evidence base, and generates inferences that offer practical application (see Table 4). However, the evidence base included few studies and small sample sizes. This means that conclusions are tentative and research gaps remain. None of the studies evaluated educational activities aimed at friends or relatives of victim-survivors, and qualitative data were relatively scarce. Therefore, more research is needed to explore informal supporters' views of training, especially those from family and close social networks. Moreover, scant details of the training intervention were provided in studies, such as the content of the curricula, and so improved reporting is necessary to share learning for future educational activities [27] (see Table 4). Yet, it is also important to note that the literature on training in community settings and workplaces has only recently emerged. Twenty years ago, for example, systematic reviews were lamenting the absence of studies on staff education/training programmes [77]. The small and developing evidence base is therefore an important step forward.

The conclusions of this study were underpinned by sound systematic review methods that adhered to EPPI-Centre standards [42]. The project was inherently collaborative, considered good practice in DA research, and engaged with key stakeholders [25]. The search strategy was comprehensive and included grey literature to reflect the value attributed to such sources by the DA sector [43]. Screening and data extraction processes adhered to methodological expectations and included consensus decision-making. Despite these strengths, more comprehensive handsearching methods would be useful to identify international grey literature (such as websites of international domestic abuse organisations and citation checking). Further, screening all the items by two independent reviewers, rather than a sample of all records, would improve the reliability of the review.

6. Conclusion

This review foregrounds the unique role played by informal supporters in responding to victim-survivors of DA in community settings. Training and educational initiatives

offer opportunities for public health professionals and the wider DA sector to work with, and alongside, informal networks to optimise the society-wide response to DA [37]. This review identifies key characteristics of educational interventions to maximise impacts and meet the needs of the trainees. In isolation, training for informal supporters is not sufficient for building links with victim-survivors or sustaining an adequate social and community response to DA. Additional interventions are required to provide care and assistance to informal networks, who identify adverse impacts associated with offering support [45] while also improving opportunities for the disclosure of DA in formal settings. Moreover, the provision of positive support from informal networks is associated with further help-seeking [16], and so, investment in specialist DA services needs to remain a priority (see Table 4).

Data Availability

The qualitative and quantitative data supporting this systematic review are from previously reported studies, which have been cited. The processed data are available from the corresponding author upon request.

Conflicts of Interest

The authors declare that they have no conflicts of interest with respect to the research, authorship, and/or publication of this article.

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References

[1] World Health Organisation, *Violence against Women Prevalence Estimates*, World Health Organization, Geneva, Switzerland, 2021.

[2] Domestic Abuse Act, 2021, https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted.

[3] M. Ellsberg, H. A. Jansen, L. Heise, C. H. Watts, and C. Garcia-Moreno, "Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study," *The Lancet*, vol. 371, no. 9619, pp. 1165–1172, 2008.

[4] R. Oliver, B. Alexandar, S. Roe, and M. Wlasny, "The economic and social costs of domestic abuse," Research Report 107, Home Office, London, UK, 2019.

[5] N. Trabold, J. McMahon, S. Alsobrooks, S. Whitney, and M. Mittal, "A systematic review of intimate partner violence interventions: state of the field and implications for practitioners," *Trauma, Violence, and Abuse*, vol. 21, no. 2, pp. 311–325, 2020.

[6] B. Kim and M. Royle, "Domestic violence in the context of the COVID-19 pandemic: a synthesis of systematic reviews," *Trauma, Violence, and Abuse*, vol. 25, Article ID 152483802311555, 2023.

[7] A. Gregory and E. Williamson, "'I think it just made everything very much more intense': a qualitative secondary analysis exploring the role of friends and family providing support to survivors of domestic abuse during the COVID-19 pandemic," *Journal of Family Violence*, vol. 37, 2021.

[8] R. Klein, *Responding to Intimate Violence against Women: The Role of Informal Networks*, Cambridge University Press, Cambridge, UK, 2012.

[9] M. McKenzie, K. L. Hegarty, V. J. Palmer, and L. Tarzia, "Walking on eggshells: a qualitative study of how friends of young women experiencing intimate partner violence perceive their role," *Journal of Interpersonal Violence*, vol. 37, no. 9–10, Article ID 0886260520969238, 2020.

[10] L. A. Goodman, D. Epstein, N. Nnawulezi, E. Zhang, H. Hailes, and A. Slocum, "Informal help-seeking in moments of acute danger: intimate partner violence survivors' emergency outreach efforts and the forces that shape them," *Journal of Interpersonal Violence*, vol. 38, Article ID 088626052211195, 2022.

[11] R. L. Heron and M. C. Eisma, "Barriers and facilitators of disclosing domestic violence to the healthcare service: a systematic review of qualitative research," *Health and Social Care in the Community*, vol. 29, no. 3, pp. 612–630, 2021.

[12] M. L. Beeble, D. Bybee, C. M. Sullivan, and A. E. Adams, "Main, mediating, and moderating effects of social support on the well-being of survivors of intimate partner violence across 2 years," *Journal of Consulting and Clinical Psychology*, vol. 77, no. 4, pp. 718–729, 2009.

[13] A. L. Coker, P. H. Smith, M. P. Thompson, R. E. McKeown, L. Bethea, and K. E. Davis, "Social support protects against the negative effects of partner violence on mental health," *Journal of Women's Health and Gender-Based Medicine*, vol. 11, no. 5, pp. 465–476, 2002.

[14] K. M. Sylaska and K. M. Edwards, "Disclosure of intimate partner violence to informal social support network members: a review of the literature," *Trauma, Violence, and Abuse*, vol. 15, no. 1, pp. 3–21, 2014.

[15] B. Liang, L. Goodman, P. Tummala-Narra, and S. Weintraub, "A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence," *American Journal of Community Psychology*, vol. 36, no. 1–2, pp. 71–84, 2005.

[16] N. Shin and E. Park, "The influence of informal support on battered women's use of formal services," *Journal of Aggression, Maltreatment and Trauma*, vol. 30, no. 9, pp. 1203–1219, 2021.

[17] H. Zapor, C. Wolford-Clevenger, and D. M. Johnson, "The association between social support and stages of change in survivors of intimate partner violence," *Journal of Interpersonal Violence*, vol. 33, no. 7, pp. 1051–1070, 2018.

[18] J. R. Goodkind, T. L. Gillum, D. I. Bybee, and C. M. Sullivan, "The impact of family and friends' reactions on the well-being of women with abusive partners," *Violence Against Women*, vol. 9, no. 3, pp. 347–373, 2003.

[19] A. Gregory, G. Feder, A. Taket, and E. Williamson, "Qualitative study to explore the health and well-being impacts on adults providing informal support to female domestic

violence survivors," *BMJ Open*, vol. 7, no. 3, Article ID e014511, 2017.
[20] R. E. Latta and L. A. Goodman, "Intervening in partner violence against women: a grounded theory exploration of informal network members' experiences," *The Counseling Psychologist*, vol. 39, no. 7, pp. 973–1023, 2011.
[21] S. Budde and P. Schene, "Informal social support interventions and their role in violence prevention: an agenda for future evaluation," *Journal of Interpersonal Violence*, vol. 19, no. 3, pp. 341–355, 2004.
[22] K. Schucan Bird, N. Stokes, C. Rivas, and M. Tomlinson, "PROTOCOL: informal social support interventions for improving outcomes for victim-survivors of domestic violence and abuse: an evidence and gap map," *Campbell Systematic Reviews*, vol. 18, no. 3, 2022.
[23] A. Adhia, B. Gelaye, L. E. Friedman, L. Y. Marlow, J. A. Mercy, and M. A. Williams, "Workplace interventions for intimate partner violence: a systematic review," *Journal of Workplace Behavioral Health*, vol. 34, no. 3, pp. 149–166, 2019.
[24] E. Ogbe, S. Harmon, R. V. D Bergh, and O. Degomme, "A systematic review of intimate partner violence interventions focused on improving social support and/mental health outcomes of survivors," *PLoS One*, vol. 15, no. 6, Article ID e0235177, 2020.
[25] K. Schucan Bird, N. Stokes, C. Rivas et al., "Training informal supporters to improve responses to victim-survivors of domestic violence and abuse: a systematic review," *Trauma, Violence, and Abuse*, Article ID 15248380231189192, 2023.
[26] J. S. Ambikile, S. Leshabari, and M. Ohnishi, "Curricular limitations and recommendations for training health care providers to respond to intimate partner violence: an integrative literature review," *Trauma, Violence, and Abuse*, vol. 23, no. 4, pp. 1262–1269, 2022.
[27] N. Kalra, L. Hooker, S. Reisenhofer, G. L. Di Tanna, and C. García-Moreno, "Training healthcare providers to respond to intimate partner violence against women," *Cochrane Database of Systematic Reviews*, vol. 2021, no. 5, 2021.
[28] A. Millar, M. Saxton, C. Øverlien, and R. Elliffe, "Police officers do not need more training; but different training. Policing domestic violence and abuse involving children: a rapid review," *Journal of Family Violence*, vol. 37, 2021.
[29] C. Serrano-Montilla, L. M. Lozano, M. Alonso-Ferres, I. Valor-Segura, and J.-L. Padilla, "Understanding the components and determinants of police attitudes toward intervention in intimate partner violence against women: a systematic review," *Trauma, Violence, and Abuse*, vol. 24, Article ID 152483802110293, 2021.
[30] W. Turner, M. Hester, J. Broad et al., "Interventions to improve the response of professionals to children exposed to domestic violence and abuse: a systematic review," *Child Abuse Review*, vol. 26, no. 1, pp. 19–39, 2017.
[31] E. Zaher, K. Keogh, and S. Ratnapalan, "Effect of domestic violence training: systematic review of randomized controlled trials," *Canadian Family Physician*, vol. 60, no. 7, pp. 618–624, 2014.
[32] S. M. McMahon, G. L. Hoge, L. Johnson, and S. McMahon, "Stand up and do something: exploring students' perspectives on bystander intervention," *Journal of Interpersonal Violence*, vol. 36, no. 7–8, pp. NP3869–NP3888, 2021.
[33] R. Cox and G. Feder, "Domestic abuse education in UK GP training schemes: cross-sectional study," *Education for Primary Care*, vol. 33, no. 5, pp. 303–307, 2022.
[34] J. D. Houston-Kolnik, N. R. Todd, and M. R. Greeson, "Overcoming the "holy hush": a qualitative examination of protestant christian leaders' responses to intimate partner violence," *American Journal of Community Psychology*, vol. 63, no. 1–2, pp. 135–152, 2019.
[35] D. Minsky-Kelly, L. K. Hamberger, D. A. Pape, and M. Wolff, "We've had training, now what?: qualitative analysis of barriers to domestic violence screening and referral in a health care setting," *Journal of Interpersonal Violence*, vol. 20, no. 10, pp. 1288–1309, 2005.
[36] J. E. Storey, A. L. Gibas, K. A. Reeves, and S. D. Hart, "Evaluation of a violence risk (threat) assessment training program for police and other criminal justice professionals," *Criminal Justice and Behavior*, vol. 38, no. 6, pp. 554–564, 2011.
[37] L. A. Goodman, V. Banyard, J. Woulfe, S. Ash, and G. Mattern, "Bringing a network-oriented approach to domestic violence services: a focus group exploration of promising practices," *Violence Against Women*, vol. 22, no. 1, pp. 64–89, 2016.
[38] O. Femi-Ajao, S. Kendal, and K. Lovell, "A qualitative systematic review of published work on disclosure and help-seeking for domestic violence and abuse among women from ethnic minority populations in the UK," *Ethnicity and Health*, vol. 25, no. 5, pp. 732–746, 2020.
[39] M. J. Grant and A. Booth, "A typology of reviews: an analysis of 14 review types and associated methodologies," *Health information & libraries journal*, vol. 26, no. 2, pp. 91–108, 2009.
[40] A. Harden, J. Thomas, M. Cargo et al., "Cochrane Qualitative and Implementation Methods Group guidance series—paper 5: methods for integrating qualitative and implementation evidence within intervention effectiveness reviews," *Journal of Clinical Epidemiology*, vol. 97, pp. 70–78, 2018.
[41] M. J. Page, J. E. McKenzie, P. M. Bossuyt et al., "The PRISMA 2020 statement: an updated guideline for reporting systematic reviews," *British Medical Journal*, vol. 372, 2021.
[42] D. Gough, S. Oliver, and J. Thomas, *An Introduction to Systematic Reviews*, SAGE, Thousand Oaks, CA, USA, 2nd edition, 2017.
[43] E. A. Casey, T. P. Lindhorst, and C. Willey-Sthapit, "Assessing the evidence: how Systems that address intimate partner violence evaluate the credibility and utility of research findings," *Journal of Family Violence*, 2020.
[44] R. Rees and S. Oliver, "Stakeholder perspectives and participation in reviews," in *An Introduction to Systematic Reviews*, D. Gough, S. Oliver, and J. Thomas, Eds., pp. 19–42, SAGE Publications, Inc, Thousand Oaks, CA, USA, 2nd edition, 2017.
[45] A. Gregory, E. Williamson, and G. Feder, "The impact on informal supporters of domestic violence survivors: a systematic literature review," *Trauma, Violence, & Abuse*, vol. 18, no. 5, pp. 562–580, 2017.
[46] J. Thomas, S. Graziosi, J. Brunton et al., *EPPI-reviewer: Advanced Software for Systematic Reviews, Maps and Evidence Synthesis*, EPPI Centre, UCL Social Research Institute, University College London, London, UK, 2023.
[47] Q. Hong, P. Pluye, S. Fàbregues et al., "Mixed methods appraisal tool (MMAT), version 2018," in *Registration of Copyright*, Canadian Intellectual Property Office, Gatineau, Canada, 2018.
[48] J. Tyndall, *AACODS Checklist*, Flinders University, Adelaide, Australia, 2010.
[49] R. Stewart, C. van Rooyen, K. Dickson, M. Majoro, and T. de Wet, "What is the impact of microfinance on poor people? A systematic review of evidence from sub-Saharan

Africa," Technical report, EPPI-Centre, Social Science Research Unit, University of London, London, UK, 2010.
[50] J. Thomas, K. Sutcliffe, A. Harden et al., "Children and Healthy Eating: a systematic review of barriers and facilitators," Technical report, EPPI Centre, Social Science Research Unit, Institute of Education, University of London, London, UK, 2003.
[51] K. Sutcliffe, H. Burchett, R. Rees, G. J. Melendez-Torres, C. Stansfield, and J. Thomas, "What are the critical features of successful Tier 2 lifestyle weight management programmes for children aged 0-11 years? A systematic review to identify the programme characteristics, and combinations of characteristics, that are associated with successful outcomes," Technical report, EPPI Centre, Social Science Research Unit, Institute of Education, University College London, London, UK, 2016.
[52] E. Barnett-Page and J. Thomas, "Methods for the synthesis of qualitative research: a critical review," *BMC Medical Research Methodology*, vol. 9, no. 1, p. 59, 2009.
[53] K. Schucan Bird, N. Stokes, M. Tomlinson, and C. Rivas, "Ethically driven and methodologically tailored: setting the agenda for systematic reviews in domestic violence and abuse," *Journal of Family Violence*, 2023.
[54] Y. J. Choi, P. Orpinas, I. Kim, and K. S. Ko, "Korean clergy for healthy families: online intervention for preventing intimate partner violence," *Global Health Promotion*, vol. 26, no. 4, pp. 25–32, 2019.
[55] T. Debbonaire, N. Blacklock, and N. Sharp, "It's a difficult subject, isn't it? Piloting Refuge and Respect's Domestic Violence Resources for Employers in 'Nordby' County Council: An Evaluation Report," Refuge and Respect, Report, 2011.
[56] R. D. Drumm, J. Thayer, L. L. Cooper et al., "Clergy training for effective response to intimate partner violence disclosure: immediate and long-term benefits," *Journal of Religion and Spirituality in Social Work: Social Thought*, vol. 37, no. 1, pp. 77–93, 2018.
[57] A. Flanigan, *Evaluation of Neighbours, Friends and Families*, Centre for Research and Education on Violence Against Women and Children, London, Canada, 2011.
[58] N. Glass, T. Bloom, N. Perrin, and W. K. Anger, "A computer-based training intervention for work supervisors to respond to intimate partner violence," *Safety and Health at Work*, vol. 1, no. 2, pp. 167–174, 2010.
[59] J. Pillinger, "Learnings from vodafone's global policy on domestic violence and abuse," 2020, https://www.vodafone.com/sites/default/files/2020-11/learnings-from-vodafones-global-policy-on-domestic-violence-and-abuse.pdf.
[60] A. Ross, "Impact of psychoeducational advocacy training as compared to psychoeducational support group as an empowering tool for female survivors of domestic violence," Dissertation, Fordham University ProQuest Dissertations Publishing, Bronx, NY, USA, 2013.
[61] S. Schuler, Q. Trang, V. Ha, and H. Anh, "Qualitative study of an operations research project to engage abused women, health providers, and communities in responding to gender-based violence in vietnam—sidney ruth schuler, quach thu trang, vu song ha, hoang tu anh, 2011," *Violence Against Women*, vol. 17, no. 11, pp. 1421–1441, 2011.
[62] Women's Aid, "Change that lasts impact briefing," 2020, https://www.womensaid.org.uk/wp-content/uploads/2020/11/Change-That-Lasts-Impact-Briefing.pdf.
[63] L. M. Tutty, C. Ogden, K. Wyllie, and A. Silverstone, "When I'd dealt with my issues, I was ready to give back: peer leader's perspectives of support groups for women abused by intimate partners," *Journal of Aggression, Maltreatment and Trauma*, vol. 26, no. 2, pp. 155–174, 2017.
[64] A.-M. Nolet, C. Morselli, and M.-M. Cousineau, "The social network of victims of domestic violence: a network-based intervention model to improve relational autonomy," *Violence Against Women*, vol. 27, no. 10, pp. 1630–1654, 2021.
[65] N. Crombie, L. Hooker, and S. Reisenhofer, "Nurse and midwifery education and intimate partner violence: a scoping review," *Journal of Clinical Nursing*, vol. 26, no. 15–16, pp. 2100–2125, 2017.
[66] D. Sammut, J. Kuruppu, K. Hegarty, and C. Bradbury-Jones, "Which violence against women educational strategies are effective for prequalifying health-care students?: a systematic review," *Trauma, Violence, and Abuse*, vol. 22, no. 2, pp. 339–358, 2021.
[67] K. M. Edwards and C. M. Dardis, "Disclosure recipients' social reactions to victims' disclosures of intimate partner violence," *Journal of Interpersonal Violence*, vol. 35, no. 1–2, pp. 53–76, 2020.
[68] C. P. Alvarez, P. M. Davidson, C. Fleming, and N. E. Glass, "Elements of effective interventions for addressing intimate partner violence in latina women: a systematic review," *PLoS One*, vol. 11, no. 8, Article ID e0160518, 2016.
[69] S. Tripathi and S. Azhar, "A systematic review of intimate partner violence interventions impacting south asian women in the United States," *Trauma, Violence, and Abuse*, vol. 23, no. 2, pp. 523–540, 2022.
[70] S. Sprague, A. Swaminathan, G. P. Slobogean et al., "A scoping review of intimate partner violence educational programs for health care professionals," *Women and Health*, vol. 58, no. 10, pp. 1192–1206, 2018.
[71] A. Gegenfurtner, K. D. Könings, N. Kosmajac, and M. Gebhardt, "Voluntary or mandatory training participation as a moderator in the relationship between goal orientations and transfer of training," *International Journal of Training and Development*, vol. 20, no. 4, pp. 290–301, 2016.
[72] S. E. Ullman, "Correlates of social reactions to victims' disclosures of sexual assault and intimate partner violence: a systematic review," *Trauma, Violence, and Abuse*, vol. 24, no. 1, Article ID 15248380211016012, 2021.
[73] R. Fiolet, L. Tarzia, M. Hameed, and K. Hegarty, "Indigenous peoples' help-seeking behaviors for family violence: a scoping review," *Trauma, Violence, and Abuse*, vol. 22, no. 2, pp. 370–380, 2021.
[74] R. Sultana, B. Ozen-Dursun, O. Femi-Ajao, N. Husain, F. Varese, and P. Taylor, "A systematic review and meta-synthesis of barriers and facilitators of help-seeking behaviors in south asian women living in high-income countries who have experienced domestic violence: perception of domestic violence survivors and service providers," *Trauma, Violence, and Abuse*, vol. 24, Article ID 152483802211261, 2022.
[75] P. O'Campo, M. Kirst, C. Tsamis, C. Chambers, and F. Ahmad, "Implementing successful intimate partner violence screening programs in health care settings: evidence generated from a realist-informed systematic review," *Social Science and Medicine*, vol. 72, no. 6, pp. 855–866, 2011.
[76] K. M. Baird, A. S. Saito, J. Eustace, and D. K. Creedy, "Effectiveness of training to promote routine enquiry for domestic violence by midwives and nurses: a pre-post evaluation study," *Women and Birth*, vol. 31, no. 4, pp. 285–291, 2018.
[77] J. E. Swanberg, T. Logan, and C. Macke, "Intimate partner violence, Employment,and the workplace: consequences and future directions," *Trauma, Violence, and Abuse*, vol. 6, no. 4, pp. 286–312, 2005.