

Title

Ambulance clinicians' identification and management of male victims of intimate partner violence: A systematic review protocol

Authors

Jenny Mackay (guarantor; corresponding author)*

Nottingham Trent University
Rm 4011 Chaucer Building
50 Shakespeare Street
Nottingham NG1 4FQ
jennifer.mackay@ntu.ac.uk

Chris Pritchard*

chris.pritchard@ntu.ac.uk

Ronnie Jieru Yan*

jieru.yan@ntu.ac.uk

Isla Kuhn[†]

ilk21@cam.ac.uk

Eleanor Barker[†]

ejb87@medschl.cam.ac.uk

*School of Social Sciences, Nottingham Trent University, [†]University of Cambridge Medical Library, University of Cambridge School of Clinical Medicine

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Background/rationale

The negative and often severe consequences of intimate partner violence (IPV) have been documented on a global scale for many decades now (Lysova et al., 2019; WHO, 2012; Campbell, 2002; Coker et al., 2002), with public health bodies arguing that IPV is a serious public health issue (NICE, 2021; CDC, 2020). Although traditionally understood as a set of behaviours perpetrated by men against women, research has highlighted the numbers of women who perpetrate IPV against both male and female partners (Esquivel-Santoveña & Dixon, 2012; Stiles-Shields & Carroll, 2015). This stemmed from research conducted in the 1980s, which first highlighted the numbers of men who reported being subjected to violence and/or abuse by female partners (Straus, 2009). In fact, this research was summarised in a meta-analysis by Archer (2000), who showed that, when examining act-based measures of IPV, women were more likely than men to use physical aggression against their partners. Ongoing controversy surrounding these claims exists, with arguments against these findings suggesting that act-based measures do not consider context nor perpetration of IPV in self-defence (DeKeseredy, 2016; Dasgupta, 2002). This has thus created a

disparity in our understanding of the needs and experiences of male victims of IPV compared to female victims.

Although this disparity exists, more recently there has been a burgeoning research interest and activism concerning the plight of men victimised by IPV; this includes a growing understanding of the seriousness of this issue for men (Bates, 2019; Bates, 2020), the barriers they face to accessing services (Wallace et al., 2019) and the differing impact of this behaviour (Hine et al., 2020). However, despite the movement to consider IPV a public health phenomenon and despite our developing understanding of male victims of IPV, it is still unclear how male victims of IPV are responded to by the different health practitioners that they may come into contact with.

There are many different forms of IPV, as identified in the definitions of this phenomenon; IPV can be physical, emotional/psychological, financial, sexual and/or encompass controlling behaviours (WHO, 2012; Home Office, 2013). However, it is often the physical injuries associated with IPV that brings the problem to the attention of others, notably health professionals. Injuries such as broken bones, lacerations and head trauma have been associated with IPV (Donnelly et al., 2016), and may require immediate attention from medical practitioners. Alongside law enforcement, paramedics and other ambulance clinicians are often the first to respond to incidents involving physical IPV (Hall & Becker, 2002) and potentially have access to victim's and perpetrator's homes that others do not (Mackey, 2017). Indeed, one study found that 71% of ambulance service staff had encountered disclosures of domestic violence in their career (Donnelly et al., 2016) and another that 90% of ambulance service staff reported attending at least one domestic violence call in the preceding year (Mason et al., 2010). Barriers to reporting IPV victimisation are widely researched (Robinson et al., 2020) with lack of awareness, fear of disbelief and previous negative experiences with clinicians noted as common reasons for lack of reporting in both women and men (Robinson et al., 2020; Machado et al., 2016; Othman et al., 2014; Beaulaurier et al., 2008). Therefore, ambulance clinicians are perhaps afforded a unique opportunity to identify and thus manage victims of physical IPV that is not available to other front-line practitioners in the field (Sawyer et al., 2018).

Previous literature exploring the link between ambulance clinicians and IPV has largely focused on women as victims (Sawyer et al., 2018; Donnelly et al., 2016; Edlin et al., 2010). A literature review published four years ago (Mackey, 2017) aiming to explore how paramedics identify and manage IPV victims, found five papers meeting inclusion criteria. Only one of these papers explicitly explored paramedics knowledge of male victims of IPV, alongside that of female victims. Sawyer et al. (2016) conducted a systematic review exploring the outcomes of IPV education programmes for a range of allied health care practitioners, which included paramedics alongside dentists, nurses and social workers; the authors acknowledge that whilst the papers reviewed did not specify if the content of the education interventions were for female or male victims, all studies worked on the assumption that the victims would be female. It is therefore unclear what the state of knowledge is regarding how ambulance clinicians are equipped to identify and manage victims of IPV when they are men.

As a result of this gap in knowledge, the aims of the current systematic review are to explore i) how ambulance clinicians identify male victims of IPV; ii) how ambulance clinicians manage male victims of IPV; and iii) what the experiences of ambulance clinicians are in relation to male victims of IPV. A key component of this review is the inclusion of grey literature in order to search for policy (organisational, local and national) which may exist to give guidance to ambulance clinicians in responding to male victims of IPV. NICE (2014: p. 61) in their public health guideline for domestic violence and abuse, acknowledge there is a lack of research on "working with men who experience domestic violence and abuse" and one of their recommendations for research is to

explore interventions for those who suffer domestic violence and abuse other than mothers, for example fathers or grandparents. This further demonstrates the need to understand the role that ambulance clinicians in supporting male victims of IPV.

Objectives

The primary outcome is to review literature covering the international picture that is written in English or Mandarin related to the experiences of, and strategies employed by, ambulance clinicians when they respond to male victims of intimate partner violence. Therefore, the research question to be addressed by this systematic review is:

In relation to ambulance clinicians responding to adult male victims of intimate partner violence:

- *How do they identify this population?*
- *How do they manage this population?*
- *What are their experiences?*

It is not anticipated that methodologies of studies will enable a meta-analysis, as the review is aiming to synthesise knowledge in the field. Therefore, a narrative synthesis/summary of the included studies will be presented.

As detailed in the background, research with male victims of IPV is a relatively new area of study, with a particular paucity of research exploring ambulance clinicians experiences with this population. Thus, the authors anticipate finding few papers that fit the criteria for this review. Therefore, a secondary outcome for the review will be to review the literature covering the international picture that is written in English and Mandarin exploring ambulance clinicians responses to all victims (regardless of sex/gender) with the same research question as outlined above:

In relation to ambulance clinicians responding to adult victims of intimate partner violence:

- *How do they identify this population?*
- *How do they manage this population?*
- *What are their experiences?*

Eligibility criteria		
Items	Inclusion criteria	Exclusion criteria
1) Language	<input type="checkbox"/> English <input type="checkbox"/> Mandarin	<input type="checkbox"/> Not in English or Mandarin
2) Publication type	<input type="checkbox"/> Peer reviewed article <input type="checkbox"/> Book chapter <input type="checkbox"/> Book <input type="checkbox"/> Thesis <input type="checkbox"/> Unpublished article <input type="checkbox"/> Conference paper <input type="checkbox"/> Policy paper	<input type="checkbox"/> Newspaper articles <input type="checkbox"/> Book reviews
3) Study type (where applicable)	<input type="checkbox"/> Primary study <input type="checkbox"/> Review	

4) Study design (where applicable)	<input type="checkbox"/> Longitudinal <input type="checkbox"/> Prospective <input type="checkbox"/> Quantitative <input type="checkbox"/> Qualitative <input type="checkbox"/> Retrospective <input type="checkbox"/> Case control <input type="checkbox"/> Cross-sectional	
5) Sampling method	All types considered	
6) Study population	<input type="checkbox"/> Adult ≥18 <input type="checkbox"/> Victim of IPV (as defined by the study) <input type="checkbox"/> Ambulance clinician	If the population is <i>only</i> : <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Adolescent <input type="checkbox"/> Boys <input type="checkbox"/> Girls If populations have been studied <i>alongside</i> Adult (≥18) then these are included <input type="checkbox"/> Hospital practitioner/clinician <input type="checkbox"/> Dispatch staff
7) Date of Publication	Since 1990	Before 1990
Restrictions on dates reflects the growth in research with male victims of IPV in the last three decades.		

Information sources

Databases to be searched:

- EMBASE
- MEDLINE
- CINAHL
- PsycInfo
- PsycArticles
- Scopus
- Web of Science

A search using a search engine, google, will be run to obtain relevant grey literature. To reduce bias and aid in reproducibility, the search will be run from a university network, in incognito mode, with private results turned off, signed out search activity turned off, and verbatim mode turned on. Some large, known, journal sites will be excluded, as relevant journal articles will be located via the database search.

The first 100 results (10 pages) will be extracted into a spreadsheet and then blindly reviewed by two authors to screen for relevance.

Contact with male victim focused charitable bodies to ascertain if aware of policies:

- ManKind Initiative
- Men's Aid
- Abused Men in Scotland

- Mensline Australia

Scoping search

A scoping search was carried out by the CP on 13/03/2021, to help identify an appropriate strategy. The search was carried out on the database PsycInfo with no filters and using the following search terminology:

Set#	Searched for
S1	MAINSUBJECT.EXPLODE("Domestic Violence") OR MAINSUBJECT.EXPLODE("Abuse Reporting") OR MAINSUBJECT.EXPLODE("Dating Violence") OR MAINSUBJECT.EXPLODE("Intimate Partner Violence")
S2	MAINSUBJECT.EXPLODE(Battered Females)
S3	[STRICT] ("Intimate" OR "domestic" OR "family" OR "spous*" OR "Mari*" OR "Dating" OR Date* OR "Intimate Partner*") NEAR/3 (("abus*" OR "batter*" OR "violen*") OR ("sex* assault" OR "sex* coercion" OR "sex* abuse" OR "rape" OR "sex* offenc*" OR "penetrat*"))
S4	IPV OR ("intimate terrorism") OR "Coercive Control*" OR TI,AB((batter*))
S5	S1 OR S2 OR S3 OR S4
S6	MAINSUBJECT.EXPLODE("Emergency Personnel") OR MAINSUBJECT.EXPLODE("Emergency Services")
S7	[STRICT] "Paramedic*" OR "EMT*" OR "EMS" OR ("first respon*") OR "Ambulance*"
S8	[STRICT] ("emergency medic*" NEAR/2 (technician* or service*))
S9	("pre-hospital" OR ("hospital" NEAR/2 ("pre*" OR "out of")))
S10	S6 OR S7 OR S8 OR S9
S11	S5 AND S10

This search retrieved 1000 papers, notably including several target papers that had been retrieved in the reading for the background research for this protocol. The scoping search helped authors develop a search strategy for the full systematic review which considers variations on each of the search terms to be included (see below).

Search strategy

Research librarians (IK and EB) will conduct the searches. An example of the search strategy as applied to the database PsycInfo is presented below:

Set#	Searched for
S1	MAINSUBJECT.EXPLODE("Domestic Violence") OR MAINSUBJECT.EXPLODE("Abuse Reporting") OR MAINSUBJECT.EXPLODE("Dating Violence") OR MAINSUBJECT.EXPLODE("Intimate Partner Violence")
S2	MAINSUBJECT.EXPLODE(Battered Females)
S3	("Intimate" OR "domestic" OR "spous*" OR "Mari*" OR "Dating" OR Date* OR "partner*" or "husband*" or "wife" or "wives" or "girlfriend*" or "boyfriend*" or "famil*") NEAR/2 (("abus*" OR "batter*" OR "violen*" OR "coerc*" OR "assault*" OR "harm*" OR "trauma*" OR hurt* OR control*) OR ("sex* assault" OR "sex* coerc*" OR "sex* abuse" OR "rape*" OR "sex* offenc*" OR "penetrat*"))
S4	IPV OR ("intimate terrorism") OR "Coercive Control*" OR TI,AB((batter*))
S5	(report* OR alert* OR confess* OR confid*) NEAR/2 (("abus*" OR "batter*" OR "violen*" OR "coerc*" OR "assault*" OR "harm*" OR "trauma*" OR hurt* OR control*) OR ("sex* assault" OR "sex* coerc*" OR "sex* abuse" OR "rape*" OR "sex* offenc*" OR "penetrat*"))
S6	S1 OR S2 OR S3 OR S4 OR S5
S7	MAINSUBJECT.EXPLODE("Emergency Personnel") OR MAINSUBJECT.EXPLODE("Emergency Services")
S8	"Paramedic*" OR "EMT*" OR "EMS" OR ("first respon*") OR "Ambulance*"
S9	("emergency medic*" NEAR/2 (technician* or service*))
S10	("pre-hospital" OR ("hospital" NEAR/2 ("pre*" OR "out of*")))
S11	S7 OR S8 OR S9 OR S10
S12	S6 AND S11

The Search Strategy for Grey Literature is as follows:

("Intimate Partner Violence" OR "Domestic Violence" OR "Domestic Abuse") AND ("Ambulance" OR "Ambulances" OR "Paramedic" OR "Paramedics" OR "EMT" OR "Emergency Medical Technician" OR "Emergency Medical Technicians" OR "EMS" OR "Emergency Medical Services" OR "Emergency Medical Service") -site:ajp.paramedics.org -site:journals.sagepub.com -site:*.ncbi.nlm.nih.gov -site:tandfonline.com -site:*.bmj.com -site:sciencedirect.com -site:onlinelibrary.wiley.com

Study records and data items

All references will be added to a Refworks database, accessed by all authors. Duplicates will be removed at this point. Once duplicates have been removed, references will then be exported to Rayyan, a web application that enables collaboration on systematic review screening and application of inclusion/exclusion criteria (Ouzzani et al., 2016). Papers will then be screened for inclusion based on their title and abstract. All papers will be screened by the third author, and the

first and second author will take 50% of the papers each to screen blindly. Thus, all papers will be screened by two reviewers in order to assess for agreement and reliability between authors, which will be measured using Cohen's Kappa. If there is disagreement at this stage, a paper will automatically be included for the full text read (at which point inclusion and exclusion criteria will be applied again). Where there is any ambiguity about the suitability of articles, the full text will be retrieved, read and judged against the eligibility criteria.

Of those papers included in the title and abstract screening, full texts will be accessed and the eligibility criteria will be applied again. The third author will screen all papers at the full text stage, and the first and second author will take 50% of the papers each to screen blindly. Thus all papers will again be screened by two reviewers. For any discrepancy in decision whether to include at this stage, the reviewer who has not yet read that paper will be consulted and through discussion and consensus, come to agreement about inclusion of the text in the review. Where papers are excluded, clear reasons will be recorded on Rayyan, and presented in a table in the review. Additional studies will also be identified by reviewers either when they appear in the references section of eligible articles or where they have appeared in previous reviews and systematic reviews. These will be added to the Rayyan database if they fit the eligibility criteria.

Data will be extracted from the articles by JY and entered onto an electronic spreadsheet which will be initially piloted by the first two authors. A proportion of texts will be examined by a second reviewer, who will extract data using the same electronic spreadsheet. The data to be extracted will include year of publication, authors, country, type of source (whether it's a policy/ a study/ a guideline), purpose/objective of the article, sample characteristics for studies (victims of IPV and ambulance clinicians), the method used (interview, survey etc.), outcome data (including: how ambulance clinicians identify and manage male victims of IPV; what experiences ambulance clinicians have of responding to male victims of IPV; and outcomes of incidents) or policy (or other) guidance (including how ambulance clinicians identify, manage and respond to male victims of IPV). All authors will review the data extraction to ensure there is consistency between reviewers.

Data items

The data extracted will depend on the publication type. For primary research, reviews or other writing of empirical studies, data extracted will include: demographic data, population details, methodology, and outcome data that relates to either i) identification of victims; ii) management of victims; or iii) experiences of ambulance clinicians in relation to victims of IPV. For policy papers, data extracted will include: country of origin, target audience details, sector details, guidance or recommendations given.

Risk of bias in individual studies

Quality of included studies will be assessed, to consider study design, participants, data collection and data analysis. The Mixed Methods Appraisal Tool will be used to quality assess empirical studies. No papers will be excluded based on the quality assessment, as this review is seeking to explore the state of knowledge in the field. However, quality assessment will be commented on in the narrative synthesis of the review as part of the discussion about the state of knowledge.

Data synthesis

As there is no comparator being investigated, and following preliminary reading after the scoping search, it is expected that there will a lack of homogeneity of design across studies. Therefore, a narrative synthesis will likely be completed for this review.

The weight of evidence (WoE) framework proposed by Gough (2007) will be used to ensure that generic comments on study design (as identified through the quality assessment) can be combined with how well the specific study addresses the research question. This framework will be used to develop the narrative synthesis. Data will be presented in a tabular format for each article, including each of the judgement criteria from the WoE framework. The synthesis will include the number of studies and study characteristics, such as study design, along with a summary of the characteristics of the targeted population (e.g., gender of victims, number and type of ambulance clinicians) and the outcome of the experiences of ambulance clinicians relevant to this review. This will be presented in the text of the review, and tables included where suitable to summarise the information.

With the anticipation of few papers being found in relation to the primary outcomes, there will be no lower limit on the number of papers to be included; this may result in an empty review, however authors note that this is an important finding in itself. Outcome data to be synthesised relates directly to the research question - how ambulance clinicians identify, manage and respond to male victims of IPV. Where qualitative studies are identified in the review, a meta-aggregative approach will be taken to data synthesis in order to present the themes found across papers.

Meta biases

As this review is aiming to assess the state of knowledge in this field, grey literature will be sought from a number of sources, including charities, local ambulance services, and policy papers. This will be sourced via an advanced Google search strategy. Bias is to therefore be limited by these search strategies and sources of data.

Confidence in cumulative evidence

Describe how the strength of the body of evidence will be assessed (such as GRADE)
As this review is aiming to assess the state of knowledge in this field and likely to find a lack of homogeneity across the design of studies, an assessment of the quality of evidence is not likely to be needed. The authors intention is to review existing documentation and literature, synthesising this into a narrative review to aid understanding of how ambulance clinicians identify, manage and have experienced male victims of IPV.

References

Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin*, 126(5), 651–680. <https://doi.org/10.1037/0033-2909.126.5.651>

Beaulaurier, R. L., Seff, L. R., & Newman, F. L. (2008). Barriers to help-seeking for older women who experience intimate partner violence: A descriptive model. *Journal of Women & Aging*, 20(3-4), 231-248. <https://doi.org/10.1080/08952840801984543>

Bates, E. A. (2019). "I Am Still Afraid of Her": Men's Experiences of Post-Separation Abuse. *Partner abuse*, 10(3), 336-358. <https://doi.org/10.1891/1946-6560.10.3.336>

Bates, E. A. (2020). "No one would ever believe me": An exploration of the impact of intimate partner violence victimization on men. *Psychology of Men & Masculinities*, 21(4), 497–507. <https://doi.org/10.1037/men0000206>

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The lancet*, 359(9314), 1331-1336. [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8)

Centers for Disease Control and Prevention. (2020, October 9). *Intimate Partner Violence*. [https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html#:~:text=Intimate%20partner%20violence%20\(IPV\)%20is,or%20former%20partner%20or%20spouse.](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html#:~:text=Intimate%20partner%20violence%20(IPV)%20is,or%20former%20partner%20or%20spouse.)

Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American journal of preventive medicine*, 23(4), 260-268. [https://doi.org/10.1016/S0749-3797\(02\)00514-7](https://doi.org/10.1016/S0749-3797(02)00514-7)

Dasgupta, S. D. (2002). A framework for understanding women's use of nonlethal violence in intimate heterosexual relationships. *Violence against women*, 8(11), 1364-1389. <https://doi.org/10.1177/107780102237408>

DeKeseredy, W. S. (2016). Understanding woman abuse in intimate heterosexual relationships: The enduring relevance of feminist ways of knowing. *Journal of family violence*, 31(8), 1043-1046. <https://doi.org/10.1007/s10896-016-9861-8>

Donnelly, E. A., Oehme, K., & Melvin, R. (2016). What do EMS personnel think about domestic violence? An exploration of attitudes and experiences after participation in training. *Journal of forensic and legal medicine*, 38, 64-69. <https://doi.org/10.1016/j.jflm.2015.11.020>

Edlin, A., Williams, B., & Williams, A. (2010). Pre-hospital provider recognition of intimate partner violence. *Journal of forensic and legal medicine*, 17(7), 359-362. <https://doi.org/10.1016/j.jflm.2010.08.004>

Esquivel-Santoveña, E. E., & Dixon, L. (2012). Investigating the true rate of physical intimate partner violence: A review of nationally representative surveys. *Aggression and Violent Behaviour*, 17(3), 208-219. <https://doi.org/10.1016/j.avb.2012.02.002>

Gough, D. (2007). Weight of evidence: A framework for the appraisal of the quality and relevance of evidence. *Research Papers in Education*, 22(2), 213-228. <https://doi.org/10.1080/02671520701296189>

Hall, M., & Becker, V. (2002). The front lines of domestic violence: Training model for rural EMS personnel. *Journal of Psychosocial Nursing and Mental Health Services*, 40(9), 40-48. <https://doi.org/10.3928/0279-3695-20020901-11>

Hine, B., Bates, E. A., & Wallace, S. (2020). "I Have Guys Call Me and Say 'I Can't Be the Victim of Domestic Abuse'": Exploring the Experiences of Telephone Support Providers for Male Victims of Domestic Violence and Abuse. *Journal of Interpersonal Violence*, 1-32. <https://doi.org/10.1177/0886260520944551>

Home Office. (2013). Definition of Domestic Violence and Abuse: Guide for local areas. Retrieved April 15, 2020 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

Lysova, A., Dim, E. E., & Dutton, D. (2019). Prevalence and consequences of intimate partner violence in Canada as measured by the national victimization survey. *Partner abuse*, 10(2), 199-221. <https://doi.org/10.1891/1946-6560.10.2.199>

Machado, A., Hines, D., & Matos, M. (2016). Help-seeking and needs of male victims of intimate partner violence in Portugal. *Psychology of Men & Masculinity*, 17(3), 255–264. <https://doi.org/10.1037/men0000013>

Mackey, B. (2017). Paramedic identification and management of victims of intimate partner violence: A literature review. *Australasian Journal of Paramedicine*, 14(4), 1-7. <https://doi.org/10.33151/ajp.14.4.510>

Mason, R., Schwartz, B., Burgess, R., & Irwin, E. (2010). Emergency Medical Services: a resource for victims of domestic violence?. *Emergency Medicine Journal*, 27(7), 561-564. <http://dx.doi.org/10.1136/emj.2009.084129>

National Institute for Health and Care Excellence. (2014, February 26). *Domestic Violence and Abuse: Multi-agency working*. Retrieved April 15, 2020 from: <https://www.nice.org.uk/guidance/ph50/resources/domestic-violence-and-abuse-multiagency-working-pdf-1996411687621>

National Institute for Health and Care Excellence. (2021). *A public health prevention approach to domestic abuse: the 'Be a Lover not a Fighter' campaign in Cheshire & Merseyside*. Retrieved April 15, 2020 from <https://www.nice.org.uk/sharedlearning/a-public-health-prevention-approach-to-domestic-abuse-the-be-a-lover-not-a-fighter-campaign-in-cheshire-merseyside>

Othman, S., Goddard, C., & Piterman, L. (2014). Victims' barriers to discussing domestic violence in clinical consultations: a qualitative enquiry. *Journal of interpersonal violence*, 29(8), 1497-1513. <https://doi.org/10.1177/0886260513507136>

Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan—a web and mobile app for systematic reviews. *Systematic reviews*, 5(1), 1-10. <https://doi.org/10.1186/s13643-016-0384-4>

Robinson, S. R., Ravi, K., & Voth Schrag, R. J. (2020). A Systematic review of barriers to formal help seeking for adult survivors of IPV in the United States, 2005–2019. *Trauma, Violence, & Abuse*, 1-17. <https://doi.org/10.1177/1524838020916254>

Sawyer, S., Coles, J., Williams, A., & Williams, B. (2018). Paramedics as a new resource for women experiencing intimate partner violence. *Journal of interpersonal violence, 36*(5-6), 1-20.
<https://doi.org/10.1177/0886260518769363>

Sawyer, S., Coles, J., Williams, A., & Williams, B. (2016). A systematic review of intimate partner violence educational interventions delivered to allied health care practitioners. *Medical education, 50*(11), 1107-1121. <https://doi.org/10.1111/medu.13108>

Stiles-Shields, C., & Carroll, R. A. (2015). Same-sex domestic violence: Prevalence, unique aspects, and clinical implications. *Journal of Sex & Marital Therapy, 41*(6), 636-648.
<https://doi.org/10.1080/0092623X.2014.958792>

Straus, M. A. (2009). Why the overwhelming evidence on partner physical violence by women has not been perceived and is often denied. *Journal of Aggression, Maltreatment & Trauma, 18*(6), 552-571. <https://doi.org/10.1080/10926770903103081>

Wallace, S., Wallace, C., Kenkre, J., Brayford, J., & Borja, S. (2019). Men who experience domestic abuse: a service perspective. *Journal of Aggression, Conflict and Peace Research, 11*(2), 127-137.
<https://doi.org/10.1108/JACPR-03-2018-0353>

World Health Organisation. (2012). *Understanding and addressing violence against women*. Retrieved April 15, 2020 from
https://apps.who.int/iris/bitstream/handle/10665/77431/WHO_RHR_12.43_eng.pdf?sequence=1