Couple-based interventions for secondary and tertiary prevention of intimate partner violence: A systematic review of randomized controlled trials

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Abstract

Background: Intimate partner violence (IPV) is the most tragic form of gender inequality and has devastating effects on women worldwide. A couple/family-based intervention approach has been developed and tested to address obstacles preventing intimate partner violence.
Purpose: This review aimed to examine couple-based interventions for secondary and tertiary intimate partner violence prevention.
Methods: The researcher searched the electronic databases ProQuest, Scopus, PubMed, Science Direct, SpringerLink, and Taylor & Francis for relevant articles. This review includes English/Indonesian research articles published between 2012 and 2022. This study reviewed various types of secondary and tertiary intimate partner violence prevention interventions and their effectiveness in reducing the incidence of intimate partner violence against women. Risk of bias assessment was performed used A Revised Cochrane Risk of Bias Tools for Randomized Controlled Trial (RoB 2).
Results: From the search findings, 1,819 articles were found, of which fifteen were included in the review, comprising twelve secondary preventive interventions and three tertiary prevention interventions make up these fifteen articles. Couple-based interventions for secondary prevention include gender transformative interventions, enhancing relationships with partners, bolstering the family economy, and encouraging men's participation in women's reproductive health and parenting. Cognitive-behavioral therapy predominates interventions for tertiary prevention to eliminate risk factors.
Conclusion: This article recommends using couple-based interventions under the population's inherent risk factors and pays close attention to the safety of the implementation process.

Keywords: couple-based intervention; couple therapy; intimate partner violence; violence against women

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Introduction

Violence against women is a significant public health issue, affecting an estimated 30% of women worldwide (World Health Organization, 2021). The most prevalent form of violence against women throughout the world is intimate partner violence (IPV). IPV is the most tragic form of gender inequality and has devastating effects on women worldwide (Simons & Sutton, 2021). According to the systematic review conducted by Sardinha et al. (2022), which analysed global, regional, and national prevalence estimates of intimate partner violence against women, approximately 27% of women worldwide between the ages of 15 and 49 experience physical or sexual violence conducted by their husbands or intimate partners. IPV is a traumatic experience with significant adverse effects on its victims; hence, the global prevalence of IPV is cause for concern.

Femicide, or the intentional killing of women due to gender inequality, is a tragic consequence of IPV (United Nations Office on Drugs and Crime, 2018a). There are at least 50,000 domestic violence cases globally, of which 30,000 victims were murdered by their husbands or ex-husbands

(United Nations Office on Drugs and Crime, 2018a, 2018b). Besides death, IPV is also associated with depression and severe mental disorders in female survivors (Chandan et al., 2020); repeatedly abused female victims of IPV are more likely to suffer from depression, severe anxiety, and PTSD (Swartout et al., 2012).

Efforts must be implemented to prevent violence against women to reduce the various losses associated with IPV. Intimate partner violence prevention interventions fall into three categories: primary, secondary, and tertiary (García-Moreno et al., 2015; Kirk et al., 2017; Murray & Graybeal, 2007). According to the three types of literature, primary prevention in IPV is an action to prevent the first incident of IPV. This prevention is carried out in groups that are not at risk or in groups of women who have never experienced violence. Secondary prevention focuses on high-risk groups experiencing IPV, and aims to detect IPV early and prevent an existing incident from escalating. The third criterion, tertiary prevention, is aimed at female victims of IPV (women at high risk of repeated IPV) so they do not suffer from death, disability, depression, and other fatal consequences. Primary prevention is necessary to reduce instances of IPV over time. However, secondary and tertiary prevention is urgent since they are acute, and it takes a long time to alter deeply rooted social beliefs (Kirk et al., 2017).

Awolaran et al. (2022) conducted a systematic review of several studies on personal/individual interventions for preventing IPV against women. These interventions for women include counselling, advocacy, provision of shelter, psychoeducation, training, and economic empowerment (Awolaran et al., 2022). The literature review recommends interventions that improve the quality of relationships with partners to reduce the incidence of IPV.

This indicates that we must begin focusing on partner/family interventions to prevent and mitigate IPV (Dunkle et al., 2020). To address obstacles in preventing IPV cases, a couple/family-based intervention approach has been developed and tested (Keilholtz & Spencer, 2022). This approach raises concerns about the safety of victims due to forced reconciliation and demands shared accountability (Armenti & Babcock, 2016); however, if this intervention is managed responsibly, it has the potential to reduce the frequency and severity of partner violence (Dunkle et al., 2020). Moreover, several previous studies have shown that victims no longer face a high risk of experiencing IPV when they involve their partners in addressing IPV jointly (Stith et al., 2011). This fact is supported by research by Karakurt et al. (2016) which demonstrates that couple therapy can reduce or eliminate instances of violence, particularly among couples who experience situational violence. Therefore, this review will identify couple-based interventions for secondary and tertiary IPV prevention.

Methods

Design

Based on the Population, Interest, and Context (PICo) format, the clinical question in this review focuses on, for women at high risk for intimate partner violence (P), what are the family/couple-based interventions (I), employed for secondary and tertiary intimate partner violence prevention (Co)? This systematic review has been registered in Prospero with ID Number CRD42023406278.

Search Method

This systematic review was limited to English/Indonesian research articles published between 2012 and 2022. Researchers located articles by using ProQuest, PubMed, ScienceDirect, Scopus, SpringerLink, and Taylor & Francis databases. Researchers searched for relevant articles by using the Boolean operators “OR” and “AND” in conjunction with the following keywords: (“intimate partner violence” OR “domestic violence” OR “domestic abuse” OR “intimate partner abuse” OR “violence against women”) AND (“couple therapy” OR “couple-based intervention” OR “family intervention”). Researchers identified and evaluated relevant articles based on the titles and abstracts of the research. The researchers then reviewed compliance with the inclusion criteria by reading the full text of the articles that had been screened. If it was discovered that the number of articles that met the criteria varied after the selection process, the researchers engaged in discussions until a consensus was reached.

Inclusion and exclusion criteria

This systematic review’s eligibility criteria were randomized controlled trials (RCTs), research on couple/family-based interventions for women at high risk of IPV, and the study’s location in any country. The exclusion criteria for this systematic review included research in which the participants were homosexual couples and/or unmarried teenage couples/couples who did not live together. Reduction in the frequency and/or severity of violence experienced by women was the outcome assessed in this systematic review. The selection of studies for this systematic review is guided by PRISMA guidelines 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analysis 2020). The selection of these studies is depicted in Figure 1’s chart.

Data extraction

This systematic review examined the effectiveness of various interventions for the secondary and tertiary prevention of IPV in reducing the frequency and/or severity of IPV. Consequently, the data extracted for this systematic review included study location, characteristic of participants, intervention descriptions, duration, research outcomes instrument, and security protocol.

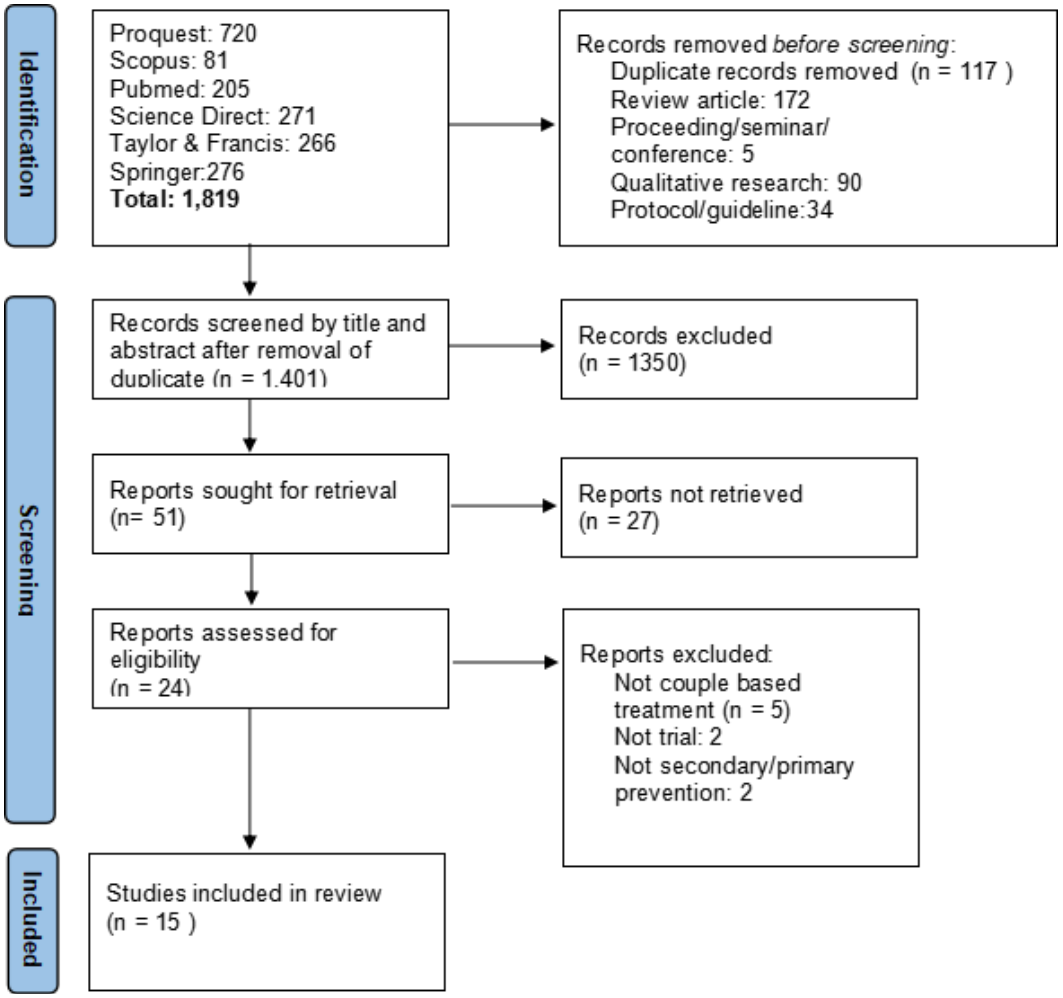

Figure 1. PRISMA Flow Diagram

Quality Appraisal

The authors also assessed the risk of bias in each study used A Revised Cochrane Risk of Bias Tools for Randomized Controlled Trial (RoB 2). The reason for adopting RoB 2 in this review is that all included studies are RCTs.

Results

In this systematic review, fifteen research articles met the inclusion criteria. Twelve articles are couple-based secondary prevention intervention studies aimed at populations at high risk for or who have experienced mild to moderate IPV. The remaining articles concentrate on couple-based interventions for victims of moderate to severe IPV (tertiary prevention). Table 2 summarizes the description of each study.

Population, geography, and research sample Nine of the fifteen studies were conducted in Sub-Saharan Africa, including three in Rwanda and six in Ethiopia, Zambia, Burkina Faso, Nigeria, Tanzania, and Côte d'Ivoire. The location of one study was in Iran, two studies in India, and five additional studies were conducted in the United States. The majority of female and male research participants in sub-Saharan Africa had low levels of education and low socioeconomic standing (Chatterji et al., 2020; Doyle et al., 2018; Dunkle et al., 2020; Gupta et al., 2013; Halim et al., 2019; Ismayilova et al., 2018; John et al., 2022; Sharma et al., 2020).

Research Intervention

Twelve papers examined couple/family-based secondary violence reduction approaches. Eight studies performed gender transformation interventions (Chatterji et al., 2020; Doyle et al., 2018; Dunkle et al., 2020; Gupta et al., 2013; Halim et al., 2019; John et al., 2022; Raj et al., 2016; Schumm et al., 2018); interventions aimed at enhancing the quality of romantic relationships (Bradley et al., 2012; Chatterji et al., 2020; Doss et al., 2020; Dunkle et al., 2020; John et al., 2022; Salivar et al., 2020; Sharma et al., 2020; Taft et al., 2022; Taft, Macdonald et al., 2016); campaigns for the prevention of violence with community partners (Chatterji et al., 2020; Dunkle et al., 2020); and instructing fatherhood and male participation in the reproductive health of women as partners (Babaheidarian et al., 2021; Doyle et al., 2018; John et al., 2022; Raj et al., 2016; Sharma et al., 2020).

Table 1. Risk of Bias Assessment used RoB 2

Author (years)	Ran-domi-za-tion Process	Ran-domi-za-tion Process (point 1b for cRCT)	Deviations from the intended interven-tions	Missing outcome data	Mea-sure-ment of the outcome	Selection of the reported result	Overall Bias
Dunkle et al. (2020)	SC	Low	Low	Low	Low	Low	SC
Doyle et al. (2018)	Low		Low	Low	Low	Low	Low
Raj et al. (2016)	SC	SC	Low	Low	Low	Low	High
Sharma et al. (2020)	Low	Low	Low	Low	Low	Low	Low
Ismayilova et al. (2018)	High	Low	Low	Low	Low	Low	High
John et al. (2022)	Low	Low	Low	Low	Low	Low	Low
Chatterji et al. (2020)	Low	Low	Low	Low	Low	Low	Low
Doss et al. (2020)	SC		Low	Low	Low	Low	SC
Gupta et al. (2013)	Low		Low	Low	Low	Low	Low
Halim et al. (2019)	Low	Low	Low	Low	Low	Low	Low
Bradley et al. (2014)	Low		Low	Low	Low	Low	Low
Taft et al (2016)	Low		Low	Low	Low	Low	Low
Murray et al. (2020)	Low		Low	Low	Low	Low	Low
Babaheidarian et al. (2021)	SC		SC	Low	Low	Low	High
Hartmann et al. (2021)	SC		Low	Low	Low	Low	SC

Note: SC (some concern), cRCT (clustered randomized controlled trial)

Several studies integrated partner interventions with individual interventions, such as safe housing provision (Doyle et al., 2018), economic strengthening interventions (Gupta et al., 2013; Halim et al., 2019; Ismayilova et al., 2018), and livelihood development (Ismayilova et al., 2018).

The following three articles conduct couple-based tertiary IPV prevention intervention studies. Most tertiary prevention strategies, such as cognitive-behavioral therapy, aim to eliminate factors that can trigger IPV; thus, spouses quit drinking alcohol (Hartmann et al., 2021) and consuming drugs (Murray et al., 2020). Meanwhile, another study counsels pregnant women and their partners or families to prevent IPV. More detailed explanation is summarized in Table 2.

Research Result

Only Bradley et al. (2012), Raj et al. (2016), Chatterji et al. (2020) and Sharma et al. (2020) demonstrate the ineffectiveness of couple-based interventions in reducing the overall violence dimension.

Risk of Bias

Risk of bias assessment in this review used A Revised Cochrane Risk of Bias Tools for Randomized Controlled Trial (RoB 2) developed by Sterne et al. (2019). We evaluated six domains in risk of bias assessment which are displayed in Table 1.

Discussion

Most research on couple-based interventions for the secondary prevention of IPV is based on population-level risk factors. In countries with solid patriarchal cultures, such as Sub-Saharan African nations, India, and Iran, gender equality and gender norm education/counselling interventions were conducted

Table 2. Description of study

Author (year)	Location	Participant	Intervention	Duration	Measurement and follow up interval	Security Protocol
Secondary Prevention Intervention						
Dunkle et al. (2020)	Rwanda	The participants were a married couple who resided in Rwanda and participated in village savings and loans.	The interventions of Indashyikirwa include intensive participatory training with partners on gender equality, improving/improving communication, conflict management, and improving relationships with partners; community-based activism with partners to campaign for the prevention of IPV in the community; and the provision of safe homes).	The total duration of the intervention was roughly 2.5 years (20 sessions).	Physical/sexual violence that assessed using WHO violence against women tools at baseline, 12, and 24 months post baseline.	This research's professional counsellor was present to alleviate distress during the intervention. All deaths and significant adverse events discovered among participants during the follow-up data collection were investigated. In addition, the interview process was conducted separately with female and men participants.
Doyle et al. (2018)	Rwanda	Rwandan married/ living couple with children under five, ages 21 to 35, residing in Rwanda.	Men are engaged in maternal and child health through a structured curriculum of fifteen sessions. Session topics include gender equality, fatherhood, communication with partners, IPV prevention, parenting, and men's participation in maternal reproductive health.	Men who participated in the Bandebereho intervention were required to attend 15 sessions (totalling approximately 45 hours), on the other hand, their partners were required to attend 8 sessions. (approximately twenty-four hours total).	Physical violence that assessed using WHO-multicountry study and emotional violence that assessed using instrument that developed by the researcher. The assessment conducted in baseline, 9 and 12 months after intervention.	The interview process was conducted separately with female and men participants. The male participant did not notice any questions regarding violent experiences in the female participants' questionnaire. The participants were also given the study team's contact number to ensure their safety.

Cont. Table 2. Description of study

Author (year)	Location	Participant	Intervention	Duration	Measurement and follow up interval	Security Protocol
Raj et al. (2016)	Rural Maharastra, India.	A couple between 18 and 30 who have lived together for three months speak Marathi. Location for research in rural Maharastra, India.	Health professionals provide three sessions of gender equity (GE) counselling and family planning (FP) services as part of CHARM. The male participants received counselling and education in the first two sessions related to FP and GE material. In the third session, the men and their partners returned to counselling and education regarding FP and GE.	The intervention was administered in three monthly sessions, lasting between 20 and 40 minutes. Then follow-up was carried out at 9 and 18 months.	IPV that assessed by India's Demographic and Health Survei in baseline, 9, and 18 months after intervention.	Not explicitly mentioned
Sharma et al. (2020)	Rural Ethiopia	18-49-year-old married or cohabiting couples residing in an Ethiopian settlement.	In the context of a coffee ceremony, the Unite for a Better Life (UBL) programme is a participatory intervention related to gender transformation and strengthening relationships with partners (traditional Ethiopian forum). This program's curriculum consists of fourteen interactive and skill-building sessions.	The total intervention time is 38 hours (14 sessions).	Physical and emotional violence that assessed using WHO multicountry study and sexual violence that assessed using questionnaire developed by the authors. The assessment performed at baseline and 24 months post baseline.	The interview process was conducted separately with female and men participants. The male participant did not notice any questions regarding violent experiences in the female participants' questionnaire.
Ismayilova et al. (2018)	Burkina Faso.	Couples/households with children aged 10 to 15 categorised as impoverished (lowest level of poverty) based on the Participatory Wealth Ranking (PWR) are legally married.	Interventions for women's economic empowerment include training in financial management, village cooperative savings/loan savings, start-up capital grants to launch and expand businesses, and mentoring for livelihood development. The family coaching intervention in the Trickle Up Plus group is an additional economic strengthening intervention. This intervention has components of gender equality and awareness of family members regarding women's reproductive health issues and the prevention of IPV.	These interventions last between 35 and 45 minutes, and each session lasts approximately five months.	Physical violence that assessed using Women's Status Module and Domestic Violence Module that assessed at baseline and a year post baseline.	This study's evaluator had been trained to assure the participants' safety. The evaluator provided the phone number of the local authority at the Ministry of Social Action if they discovered severe physical violence among the participants.

Cont. Table 2. Description of study

Author (year)	Location	Participant	Intervention	Duration	Measurement and follow up interval	Security Protocol
John et al. (2022)	Ibadan, Nigeria.	In particular communities in Ibadan, Nigeria, women between 18 and 35 live with their partners.	The GS intervention in the first group (GS arm) consisted of four sessions to increase gender equality knowledge and critical awareness. In addition, this intervention provides instruction in conflict resolution, negotiation, and communication. In three sessions, the intervention in the second group (GSFL arm) consists of the intervention in the first group (GS arm) plus financial literacy and household budget management interventions. Interventions in the third group were GS interventions, household financial literacy, and contraceptive counselling.	The study intervention was carried out for more than six weeks. Each session is two hours long, and each session is held weekly. .	Physical, emotional, and sexual violence that assessed using WHO's Multi-Country Study on Women's Health and Domestic Violence Against Women at baseline and 6 months post baseline.	The interview process was conducted separately with female and men participants. The author inquired about the violent experiences of the female participants; however, they did not ask the same question of the male participants.
Chatterji et al. (2020)	Rwanda	Individuals aged 18 and 49 have been in a relationship for at least six months and have never received Indashyikirwa intervention.	Indashyikirwa is a 21-session curriculum for couples that encourages healthy relationships, enhances couple communication, and reduces male dominance and violence.	This intervention spanned twenty sessions and two and a half years.	Physical, emotional, and sexual, and economic abuse that assessed using WHO violence against women tools at baseline, 12, and 24 months post baseline.	The interview process was conducted separately with female and men participants. The author inquired about the violent experiences of the female participants; however, they did not ask the same question of the male participants.
Doss et al. (2020)	The United States	Couples with low incomes in the United States	ePREP. The intervention group completed six hours of online content. This intervention's weekly online content focuses on communication skills, commitment, and partner activities. OurRelationship. couples in the OurRelationship group complete seven-hour programmes designed to help them focus on, comprehend and resolve relationship issues. Couples complete most of the activity independently before coming together for a structured conversation to conclude each phase. The OurRelationship program's facilitators employ IBCT techniques, such as integrated detachment, emphatic joining, and problem-solving.	This intervention was conducted for six weeks, one to two hours per week.	IPV that assessed using National Domestic Violence Hotline at baseline and 6 months post baseline.	This study excluded participants who indicated experiencinc-ing severe domestic violence.

Cont. Table 2. Description of study

Author (year)	Location	Participant	Intervention	Duration	Measurement and follow up interval	Security Protocol
Gupta et al. (2013)	Côte d'Ivoire, West Africa	Female over >18 who has never received a Village Savings and Loans Associations (VSLA) programme and has a partner who has been in a relationship for at least a year.	The VSLA intervention, or village savings and loan association, is a programme that enables women to save money, borrow money at low-interest rates, and gain access to emergency or social funds. The GDG intervention is a couple-based intervention that aims to raise awareness about the role of women in the household, gender equality in relationships, and financial goals and decisions.	This intervention consists of eight sessions over four months (every two weeks), each lasting between 1.5-2.5 hours, for a total duration of 12-20 hours.	Physical/sexual violence that assessed using the WHO Multi-Country study on Women's Health and Domestic Violence at baseline and a year post baseline.	The interview process was conducted separately with female and men participants.
Bradley et al. (2014)	The United States	Couple that commited to relationshp at least a year, aged >18 years, experienced mutual physical and psychological aggression, had at least one biological child aged <12 years old, low income couple.	CHRP intervention encouraged couple to have discussions about relationship problems and exposed to presentation of evidence based information to enlighten them about communication skill and helahty relationship.	This intervention had 22 weekly sessions, two hours per session. Total duration was 44 hours.	Intimate partner violence that assessed using The Conflict Tactics Scale (CTS-2) at baseline, and 6, 12, and 18 months after intervention.	This study excluded participants who indicated experiencincing severe domestic violence. . The study's facilitators were trained to ensure the safety of each participant during the research process.
Halim et al. (2019)	Tanzania	Women aged more than 18 years old with their partner and lived together in Tanzania	All women in the treatment group and control received economic empowerment program (saving and loan), bussiness training, financial literacy, violence and HIV prevention. Whereas, men in control group did not receive any kind of treatment. Men in intervention 1 arm obtained gender transformative training via male peer group and men in intervention 2 arm obtained the treatment in intervention 1 arm plus community gender dialogue that involved local leader.	Gender transformative training via male peer group has conducted in 22 sessions in total duration 24 hours. Then, total duration of community gender dialog was 6-8 hours that completed in two days.	Physical, emotional, and sexual, and economic abuse that assessed used the WHO's Multi-Country Study on Women's Health and Domestic Violence against Women at baseline and three months post intervention.	The interview process was conducted separately with female and men participants.

Cont. Table 2. Description of study

Author (year)	Location	Participant	Intervention	Duration	Measurement and follow up interval	Security Protocol
Taft et al. (2016)	The United States	A male veteran/military member and his partner, over 18, were assigned to manage the United States conflict in Iraq or Afghanistan. The couple lived together and reported experiencing relationship distress. One of the partners reported psychological violence above the 75th percentile of the Revised Conflict Tactics Scales questionnaire (CTS2) Psychological Aggression Subscale.	SAH-C is a trauma-informed cognitive-behavioural group therapy that addresses difficulties in processing social information correlated with IPV. This group therapy focuses on topics such as trust, intimacy, and control pertinent to relationship distress and may have been triggered by trauma. Each group receives a brief overview of a variety of topics along with interactive exercises designed to strengthen skills and group cohesion. The following session included psychoeducation regarding sexual aggression. Then, between sessions, groups must complete tasks/activities with their partners to increase intimacy, decrease violence, and improve the session-learned skills..	This intervention is administered 10 times weekly for two hours per session, for 20 hours.	Physical/psychological violence that assessed using Revised Conflict Tactics Scales (CTS2) at baseline, immediately after intervention, 6, and 12 months after intervention.	Not explicitly mentioned
Tertiary prevention intervention						
Murray et al. (2020)	Zambia	In Zambian couples older than >18, female partners report moderate to severe physical/ sexual violence (as measured by the Severity of Violence Against Women Scale [SVAWS] score). In contrast, male partners engage in harmful alcohol abuse.	CETA comprises nine interventions that rely heavily on CBT: engagement, introduction/psychoeducation, safety, reducing drug/addictive substance use, cognitive coping, restructuring, problem-solving, behavioural activation, relaxation, and exposure (live and imaginary). The two additions to CETA are, in brief, the use of addictive substances/alcohol and safety from violence.	Nine untul twenty four hours of total intervention time (90-60 minutes per session). 6-12 sessions per week, depending on participant needs)	Physical/psychological violence that assessed using SVAWS physical/sexual violence subscale at baseline, 4-5 months after intervention, 12 and 24 months post baseline.	Intervention and control group obtained monthly safety check-in phone calls from the study team.

Cont. Table 2. Description of study

Author (year)	Location	Participant	Intervention	Duration	Measurement and follow up interval	Security Protocol
Babaheidarian et al. (2021)	Sahneh City, Iran	Pregnant women and their partners/ families, including pregnant women who have experienced moderate-to-severe violence, have lived together for at least one year. Location of research in Sahneh City, Iran	This study's intervention consisted of three 45-minute sessions of counselling provided to pregnant women and their partners/family members. The content of the counselling materials is derived from the responses to the questionnaire. The first session discussed the effects of IPV on pregnancy, factors that can cause violence, efforts to reduce violence, empowering families to solve life's problems, promoting effective communication, stress management, and behaviours that enhance marital and sexual relations.	Total intervention duration: 2 hours and 15 minutes (3 sessions).	IPV that assessed using the questionnaire of domestic violence against women of Mohseni Tabrizi et al. at baseline, one, and four months after intervention.	Before and after the study, participants assessed the associated risks and complications due to the research intervention. Based on the assessment findings, participants would be excluded from the trial and referred to other services if the study team had any concerns regarding the high risk of adverse events resulting from participation. The research team contacted the participants frequently to ensure no adverse events occurred during the study. After the study, all participants would meet with the psychiatrist for an assessment of their mental health.

Cont. Table 2. Description of study

Author (year)	Location	Participant	Intervention	Duration	Measurement and follow up interval	Security Protocol
Hartmann et al. (2021)	Jaya Nagar, Bengaluru, India	18-to-40-year-old married couples in which the male partner is an alcoholic abuser, and the female partner has experienced physical, psychological, or sexual partner violence.	Incentive Group Men in the incentive group were required to blow into a breathalyser twice daily for four weeks and were compensated for each negative BrAC score. During orientation, couples learn that their commitment to abstaining from alcohol determines their eligibility for rewards. Participants are provided with a goal-setting activity in which they allocate educational, personal, and business savings incentives Incentive and BCT Group This intervention involves BCT therapy partners. Four weekly BCT sessions on alcohol use and communication are offered. BCT sessions were initiated two weeks after the beginning of the incentive programme for men in order to reduce and stabilise men's drinking habits. After each session, the couple is assigned a house task, such as a "daily trust contract", in which the man must inform his partner that he is attempting to abstain from alcohol, and her partner must assure her of his unwavering support.	This study last approximately four weeks.	IPV that assessed using Indian Family Violence and Control Scale (IFVCS) at baseline dan four months after intervention.	The participant would obtain counselling sessions with professional staff suppose they were indicated to be experiencing distress during the intervention. The study team also frequently contacted the participants to ensure their safety.

(Chatterji et al., 2020; Doyle et al., 2018; Dunkle et al., 2020; Gupta et al., 2013; Halim et al., 2019; John et al., 2022; Raj et al., 2016; Schumm et al., 2018). This is consistent with the findings of OlaOlorun and John (2021) which determined that gender equality education (gender transformative intervention) for married couples in Nigeria could substantially increase women's participation in household decision-making. Increasing women's participation in household decision-making decreases their risk of experiencing partner violence (Ebrahim & Atteraya, 2019).

In regions where most of the population has a low socioeconomic status, secondary prevention also includes interventions aimed at transforming gender roles and bolstering the local economy. This systematic review of economic strengthening interventions focuses exclusively only for women (Gupta et al., 2013; Halim et al., 2019; Ismayilova et al., 2018) or women with their partners (John et al., 2022). Economic strengthening interventions that target women only seek to increase women's autonomy (Ismayilova et al., 2018). Economically powerless women are vulnerable to IPV since they rely on their husbands and are typically unable to stop IPV (Mishra et al., 2014; Pineda et al., 2023). Moreover, economic strengthening interventions for couples aim to reduce the likelihood of IPV resulting from household conflicts (John et al., 2022). Research by Mishra et al. (2014) explained that husbands are stressed and frustrated by their families' poor socioeconomic conditions, and, as a result, they resort to violence against their wives. This is supported by Stöckl et al. (2021) who found that family financial security may reduce IPV. Economic empowerment of the family is essential for managing finances and attaining financial security. However, the articles by Bradley et al. (2012) and Doss et al. (2020) reviewed in this systematic review did not provide economic strengthening interventions for low-income couples. This was because the research focused on interventions to improve the quality

of relationships due to family economic difficulties.

Couple-based interventions for secondary prevention of IPV that focus on improving the quality of relationships are found in the research by Bradley et al. (2012), Doss et al. (2016), and Taft et al. (2016). These studies only used relationship quality improvement interventions since the participants were couples at high risk of experiencing relationship distress. Research by Antle et al.(2011) proved that interventions that focused on promoting healthy relationships correlated with a decrease in the incidence of IPV.

Several studies have combined healthy relationship promotion with gender transformation interventions (Doyle et al., 2018; Dunkle et al., 2020; Halim et al., 2019; John et al., 2022; Salivar et al., 2020; Sharma et al., 2020). Relationship dissatisfaction is prevalent among participants with low socioeconomic status who reside in regions with a strongly patriarchal culture. Based on research by LaMotte et al. (2018), relationship-strengthening interventions are required because the lower the quality of the couple's relationship, the higher the risk of one partner experiencing IPV (LaMotte et al., 2018). The three primary causal factors most frequently cited by the sample (LaMotte et al.,2018; Tubalawonya et al.,2019) are poor communication, lack of mutual trust with partners, and difficulty managing family finances. This addresses the significance of the content about effective communication, conflict management, and financial literacy that was reviewed in several studies in this review (Chatterji et al., 2020; Doyle et al., 2018; Dunkle et al., 2020; John et al., 2022; Salivar et al., 2020; Sharma et al., 2020).

In addition, there are interventions involving men in reproductive health and parenting to reduce the frequency of IPV (Babaheidarian et al., 2021; Doyle et al., 2018; John et al., 2022; Raj et al., 2016; Sharma et al., 2020). This is consistent with Haryanto's (2018) research, which demonstrated that interventions involving men in women's reproductive health and child care increased knowledge and positively correlated with changes in men's attitudes and behavior. Changes in men's attitudes and behaviors result in egalitarian relationships, increasing relationship satisfaction and child care and decreasing IPV in Indonesia (Haryanto, 2018).

Sharma et al. (2020) conducted research that resulted in gender transformative interventions and improved relationships for their participants. However, this intervention had no significant effect on reducing IPV incidence. The majority of male and female participants (> 70%) in this study had never received a formal education. These characteristics match those of the participants in the studies conducted by Gupta et al. (2013) and Ismayilova et al. (2018). That research by Gupta et al. (2013), Ismayilova et al. (2018) and Sharma et al. (2020) did not affect reducing physical violence between partners suggests that gender transformative interventions and improving the quality of relationships are insufficient to reduce the incidence of IPV among populations with low educational attainment. Interventions to strengthen the family economy must be implemented concurrently with gender-transformative interventions and promote healthy relationships for populations with predominantly low levels of education (Matjasko et al., 2018). Studies by Gupta et al. (2013) and Ismayilova et al. (2018) did provide participants with economic strengthening interventions. However, this intervention was only provided to women on an individual basis. It did not involve partners as a family, even though research indicates a correlation between an increase in a husband's education and income and a decrease in physical violence in relationships (McCloskey et al., 2016; Stöckl et al., 2021). Besides that, for women who live in a patriarchal environment, economic strengthening interventions that only engage women increase the number of IPV since the male spouse experiences feeling threatened by financially independent women.

This explanation can also strengthen findings by Chatterji et al. (2020). Chatterji et al. (2020) and Dunkle et al. (2020) carried out the Indashyikirwa intervention in at-risk groups; however Chatterji et al. (2020) found that the intervention had no significant impact on reducing IPV, whereas Dunkle et al. (2020) found that the intervention significantly reduced IPV. In Chatterji et al.'s (2020) analysis of the characteristics of the participants, it was discovered that the majority (more than 50%) of the participants were women, who are the backbone of the family or responsible for meeting daily needs. In contrast to the research conducted by Dunkle et al. (2020), which was dominated by husbands who contribute to the family's economic well-being, this study was dominated by wives who contribute to the family's economy. Based on these characteristic, Chatterji et al. (2020) concluded that their study participants had a higher risk factor for violence since the majority of husbands were unemployed or financially insecure. This can be considered that interventions to strengthen the family economy involving couple (husbands and wives) can be added to Indashyikirwa.

Tertiary prevention interventions include cognitive-behavioral therapy and counselling. Cognitive-behavioral therapy in tertiary prevention aims to eliminate risk factors for IPV associated with perpetrators while retaining the participation of partners. This systematic review administered cognitive behavioral therapy to violent offenders who reported substance abuse and alcoholism (Hartmann et al., 2021; Murray et al., 2020). This is consistent with the findings of Easton and Crane (2016) who concluded that cognitive-behavioral therapy interventions to overcome alcohol and drug addiction had a positive effect on reducing the incidence of IPV.

Couples-based interventions can be undertaken

in developed and developing countries. However, each country has obstacles to implementing couple-based secondary and tertiary prevention interventions. In developing countries, a potential challenge is the strong patriarchal culture that causes women to fear social stigma should they request and receive interventions from formal institutions (Goodson & Hayes, 2021; Pioske, 2017). In addition, there is a limited number of available services offering interventions in developing nations (Asay et al., 2016). A possible challenge in developed countries is that women who are victims of violence are more inclined to seek assistance and leave their partners due to contemporary culture (Asay et al., 2016), making it challenging to promote couple-based interventions.

The topic of couple-based interventions in developing countries should be dominated by gender equality, economic strengthening, and women's empowerment. As pertains to developed countries, additional study on the causes and risk factors of intimate partner violence is required to determine the appropriate content of couple-based interventions.

Additionally, the safety aspects of couple-based secondary and tertiary prevention interventions must be considered. This aspect of safety must be investigated further; thus, practitioners who administer couple-based interventions can consider the safety of IPV victims. All safety protocols used in the studies of this review are compiled in Table 2. The security aspects that have been carried out by researchers in the articles in this study are in line with the recommendations in the study by Babcock et al. (2017) which recommended couple-based interventions only for couples who experience situational violence, including: 1) Violence resulting from poor quality relationships, with a low chance of physical violence; 2) Spouses do not engage in substance misuse or suffer from mental problems that can enhance the physical violence risk; 3) Violent offenders who accept responsibility for the violence they perpetrate without blaming their partners; 4) Violence that occurs from an incapacity to adapt to a given circumstance, as opposed to a desire for power and control. This aspect is being considered by researchers/academicians and practitioners; thus couple-based treatments, particularly in tertiary prevention, are conducted infrequently in either research or health services.

Limitations

This review's search was restricted to English and Indonesian, which may have contributed to language bias. However, we conducted a literature search across six reputable databases to compile as many relevant articles as possible. Another limitation is that most included articles in this review had either some concern or a high risk of bias due to randomization, blinding, and the absence of an active placebo. Consequently, the bias assessment of each article was described using Cochrane RoB 2.

Conclusions

Regarding safety, this systematic review concluded that couple-based interventions are practical. The effectiveness of these interventions will increase if they are based on risk factors, such as gender transformative interventions for populations with strong patriarchal cultures, relationship-strengthening interventions for populations at risk of experiencing relationship distress, and family economic strengthening interventions for populations with low educational and socioeconomic status. However, a single intervention is insufficient to reduce/prevent IPV; combining multiple interventions will strengthen the effectiveness of these interventions. Couple-based interventions in tertiary IPV prevention require a higher level of expertise due to cognitive behavioral therapy, which only experts or certified practitioners can perform. Tertiary prevention interventions are risky; therefore, a qualified security protocol is required. These interventions must also consider security aspects, such as establishing a safe house that IPV victims can access, providing resources for victims to seek assistance, and regularly contacting them to ensure their safety. In addition, the researcher suggests additional research to compare the effectiveness of family-based interventions involving partners and other family members, as this research is limited.

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