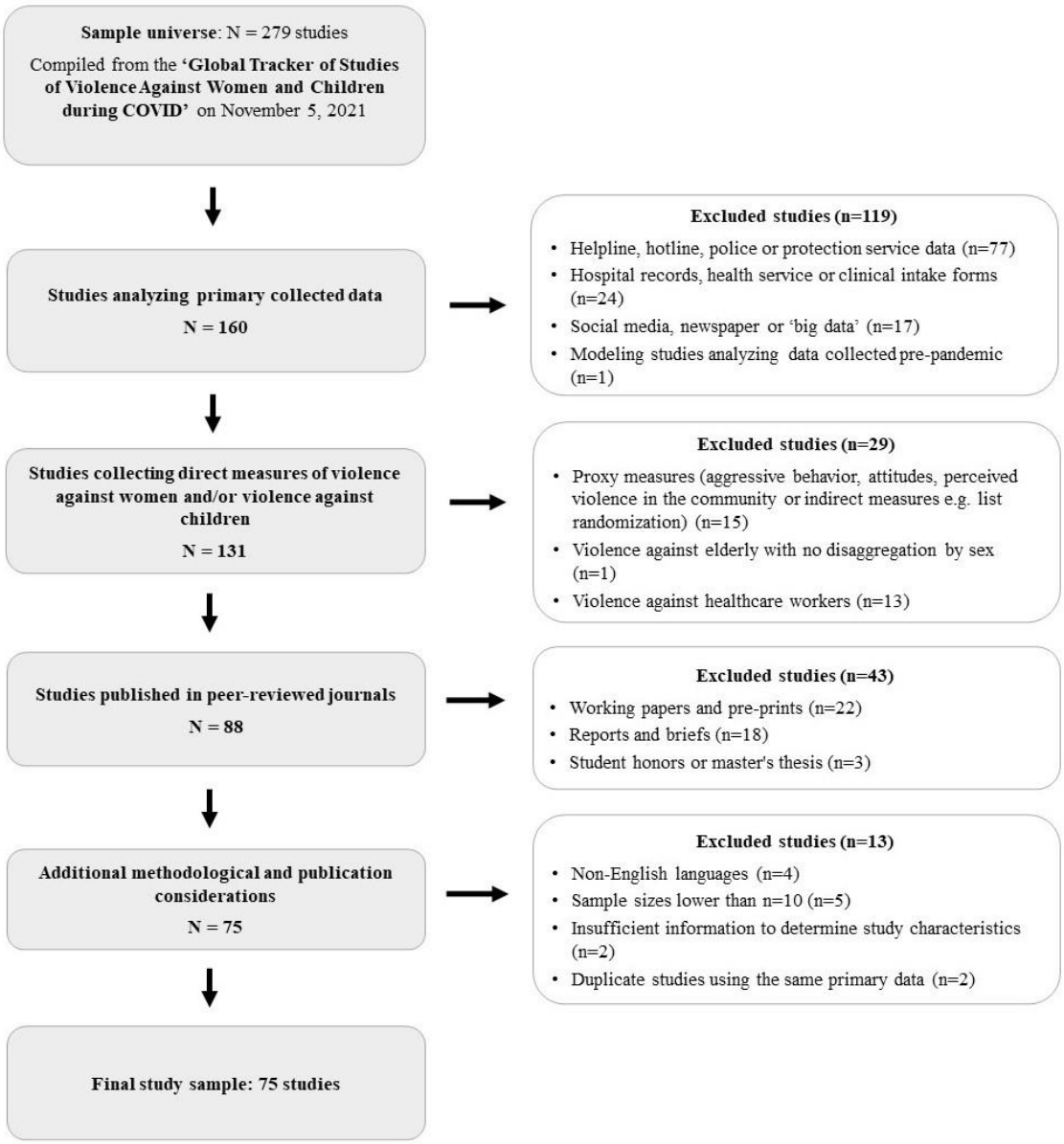
Supplementary file: Ethical reporting of research on violence against women and children: A review of current practice and recommendations for future guidelines

Figure A1. Flow diagram of study selection



Notes: The tracker is an open access database of analysis studies compiled through weekly searches of google scholar ("COVID-19" AND "violence", hits = 3,250), as well as studies found via multiple listservs, newsletters and social media posts. Parameters for inclusion are: 1) Violence against women and/or violence against children studies (excludes studies only analyzing violence against men), 2) studies analyzing psychological/emotional, physical and sexual violence experienced in and outside the home, including attitudes and proxy measures (exclude broader forms of gender-based violence, e.g. child marriage, female genital mutilation, child labor etc.) and self-harm (suicide, self-injury) as well as surveys and data from service provider, 3) No restrictions on study methodology, location or type of publication.

Table A1. Included study characteristics

No	Study	Location	Methods	Sample	Mode of data collection	Type of measure	Report	Violence measure(s) / themes explored (recall period)
1	AboKresha et al. (2021)	Egypt	Quant	1,118 parents of children <18 years	Web-based	VAC	Proxy	Child abuse screening tool (ICAST-P) (last 2 weeks)
2	Abrahams et al. (2021)	South Africa	Quant	885 women aged ≥ 15 years	Telephone	VAW	Self	Composite Abuse Scale, short form (last 12 months)
3	Abuhammad (2020)	Jordan	Quant	687 women aged 18-55 years	Web-based	VAW	Self	24 questions, scale NR (during COVID-19)
4	Adibelli et al. (2021)	Turkey	Quant	332 women aged ≥ 18 years	Face-to-face; Web-based	VAW	Self	Domestic violence against women scale (recall NR)
5	Ajayi et al. (2021)	Nigeria	Qual	30 men & women in 3 FGDs aged 30-60 years	Face-to-face	VAW	Proxy	IPV (during lockdown)
6	Alharbi et al. (2021)	Saudi Arabia	Quant	2,254 women aged ≥ 18 years	Web-based	VAW	Self	WHO multi-country study IPV tool (before & after COVID-19)
7	Aolymat (2021)	Jordan	Quant	200 women aged ≥ 18 years	Web-based	VAW	Self	Domestic abuse, scale NR (during COVID-19)
8	Arenas-Arroyo et al. (2021)	Spain	Quant	8,951 women aged 18-60 years	Web-based	VAW	Self	IPV, scale NR (before & during COVID-19)
9	Augusti et al. (2021)	Norway	Quant	3,545 adolescents age 13-16	Web-based	VAC	Self	Modified Parent-Child Conflict Tactics Scale; witnessing domestic violence; sexual abuse; online sexual abuse, scales NR (during COVID-19)
10	Behera et al. (2021)	India	Mixed	45 women aged 21-61 years	Telephone	VAW	Self	Domestic violence, scale NR (recall NR)
11	Boxall et al. (2020)	Australia	Quant	15,000 women aged ≥ 18 years	Web-based	VAW	Self	Physical &/or sexual IPV; Stalking; Psychological Maltreatment of Women Inventory–Short Form (last 3 months)
12	Cannon et al. (2021)	United States	Quant	374 men & women > 18 years	Web-based	VAW	Self	IPV, scale NR (last 10 weeks, during COVID-19)
13	Cano-Lozano et al. (2021)	Spain	Quant	2,245 youth aged 18-25 years	Web-based	VAW	Proxy	Child-to-parent Violence Questionnaire, youth version; The Violence Exposure Scale (domestic violence sub-scale) (during confinement)
14	Chatzifotiou & Andreadou (2021)	Greece	Qual	15 female survivors aged 30-50 years	Face-to-face	VAW	Self	IPV (during the pandemic)
15	Chung et al. (2020)	Singapore	Quant	258 parents of children ≤ 12 years	Web-based	VAC	Proxy	Harsh parenting (during lockdown)

No	Study	Location	Methods	Sample	Mode of data collection	Type of measure	Report	Violence measure(s) / themes explored (recall period)
16	Das et al. (2021)	India	Qual	50 women aged 15-49 years	Telephone; Web-based	VAW	Self	Domestic violence (lifetime & during lockdown)
17	Das et al. (2021b)	India	Quant	159 women aged 15-49	Face-to-face	VAW	Self	WHO multi-country survey IPV tool (last 2 months)
18	Dekel & Abrahams (2021)	South Africa	Qual	16 female survivors aged 20-52 years	Telephone	VAW	Self	IPV (during COVID-19 lockdowns)
19	Diaz et al. (2021)	United States	Quant	417 female youth aged 15-28 years	Web-based	VAW	Self	Adverse Childhood Experiences scales, sexual abuse & IPV (during COVID-19)
20	Ebert & Steinert (2021)	Germany	Quant	3,818 women aged 18-65 years	Web-based	VAC; VAW	Proxy; Self	Modified WHO multi-country study IPV tool, short form; Corporal punishment of children, scale NR (last month)
21	Egger et al. (2021)	Kenya	Quant	8,572 households (female respondents)	Telephone	VAC; VAW	Proxy; Self	Emotional, physical & sexual IPV; Child physical punishment, scale NR (last 2 weeks)
22	El-Nimr et al. (2021)	Cross-country	Quant	490 women ≥ 18 years	Web-based	VAW	Self	Modified WHO IPV instrument (before & after lockdown)
23	Every-Palmer et al. (2020)	New Zealand	Quant	2,426 men & women aged 18-90 years	Web-based	VAW	Self	Physical assault; Harassment & threatening behavior; sexual assault, scales NR (during lockdown)
24	Gebrewahd et al. (2021)	Ethiopia	Quant	682 women aged ≥ 18 years	Face-to-face	VAW	Self	WHO multi-country survey IPV tool (during COVID-19)
25	Ghimire et al. (2020)	Nepal	Quant	556 men & women aged ≥ 18 years	Web-based	VAW	Proxy; Self	IPV; interpersonal violence, scales NR (during lockdown)
26	Gibbons et al. (2021)	Argentina	Quant	1,502 women ≥ 18 years	Web-based	VAW	Self	WHO multi-country survey IPV tool (1 year prior & 2 months during quarantines)
27	Gresham et al. (2021)	United States	Quant	1,803 men & women	Web-based	VAW	Self	Experience with Battering Scale; Abusive Behavior Inventory (during COVID-19)
28	Gulesci et al. (2021)	Bolivia	Quant	511 male & female youth aged 16-19 years	Telephone	VAW	Self	Gender-based violence, scale NR (last 3 months)
29	Hamadani et al. (2021)	Bangladesh	Quant	2,174 women average age 24 years	Telephone	VAW	Self	WHO multi-country survey IPV tool (since March 2020)
30	Haq et al. (2020)	Pakistan	Quant	389 women	Web-based	VAW	Self	Emotional, verbal & physical violence, scale NR (during lockdown)

No	Study	Location	Methods	Sample	Mode of data collection	Type of measure	Report	Violence measure(s) / themes explored (recall period)
31	Hastuti et al. (2021)	Indonesia	Qual	20 female survivors in 12 IDIs & 1 FGD	Face-to-face	VAW	Self	Violence against women (during COVID-19)
32	Huq et al. (2021)	India	Qual	586 female survivors primarily aged 20-49 years	Telephone	VAW	Self	Violence against women (during COVID-19)
33	Ibitoye & Ajagunna (2021)	Nigeria	Qual	45 women aged 15-49 years	Face-to-face	VAW	Self	Sexual violence & abuse (during COVID-19)
34	Jetelina et al. (2020)	United States	Quant	1,759 men & women aged ≥ 18 years	Web-based	VAW	Self	Extended Hurt, Insulted, Threatened & Screen (E-HITS) construct (change since COVID-19)
35	Jung et al. (2020)	Germany	Mixed	3,545 men & women average age 40 years	Web-based	VAW	Self	Interpersonal violence, scale NR (last 4 weeks)
36	Karp et al. (2021)	Kenya	Mixed	756 female adolescents & youth aged 15-24 years; 57 female adolescents & youth aged 15-24 years	Telephone	VAC; VAW	Self	Modified IPV Conflict Tactics Scale (last month)
37	Lampe et al. (2021)	Germany	Quant	67 male & female adult survivors average age 49 years	Telephone	VAW	Self	Modified Hurt-Insult-Threaten-Scream (HITS) scale (last 2 weeks)
38	Lawson et al. (2020)	United States	Quant	342 parents of children aged 4-10 years	Web-based	VAC	Proxy	The Conflict Tactics Scale Parent-Child version (last 2 weeks)
39	Lee et al. (2021)	United States	Quant	291 male & female adults aged ≥ 18 years	Web-based	VAW	Self	Verbal & physical fights, scale NR (last 2 weeks during COVID-19)
40	Machlin et al. (2021)	United States	Quant	120 primary caregivers of children aged 4-11 years	Web-based	VAC; VAW	Proxy	Conflict Tactics Scale (last 8 weeks during COVID-19)
41	Maftei & Danila (2021)	Romania	Quant	1,113 men & women aged 18-65 years	Web-based	VAW	Proxy; Self	Cyber Aggression in Relationships Scale (CARS) (last 6 months)
42	Mahapatro et al. (2021)	India	Quant	36 female survivors	Telephone	VAW	Self	Domestic violence, scale NR (during COVID-19)
43	Mahmood et al. (2021)	Iraq	Quant	346 women aged 19-66 years	Web-based	VAW	Self	Modified WHO multi-country survey IPV tool (before & during lockdown)
44	Moawad et al. (2021)	Egypt	Quant	509 women aged ≥ 18 years	Web-based	VAW	Self	Modified WHO multi-country survey VAW tool (during COVID-19)
45	Moya et al. (2021)	Colombia	Quant	1,376 primary caregivers of children aged 2-5 years	Face-to-face; Telephone	VAW	Self	Victim of violence, scale NR (recall NR)

No	Study	Location	Methods	Sample	Mode of data collection	Type of measure	Report	Violence measure(s) / themes explored (recall period)
46	Muldoon et al. (2021)	Canada	Quant	216 women ≥ 16 years	Web-based	VAW	Self	Modified WHO multi-country survey IPV tool (before & during pregnancy & postpartum)
47	Naghizadeh et al. (2021)	Iran	Quant	250 women average age 31 years	Face-to-face	VAW	Self	Modified WHO multi-country survey IPV tool (during COVID-19)
48	Oguntayo et al. (2020)	Nigeria	Quant	356 men & women aged ≥ 18 years	Web-based	VAW	Self	Composite Abuse Scale for IPV, short form (lifetime, recent & current)
49	Ojeahere et al. (2021)	Nigeria	Quant	474 men & women aged 18-65 years	Web-based	VAW	Self	IPV, scale NR (prior to & during lockdown)
50	Parrott et al. (2021)	United States	Quant	510 men & women ≥ 18 years	Web-based	VAW	Proxy	Psychological Aggression & Physical Aggression subscales of the Revised Conflict Tactics Scale (6 months before & since lockdown)
51	Pattojoshi et al. (2020)	India	Quant	560 women average age 37 years	Web-based	VAW	Self	Spousal violence, scale NR (before or since COVID-19 lockdown)
52	Phillimore et al. (2021)	Cross-country	Qual	52 male & female survivors aged 20-60 years	Telephone; Web-based	VAW	Self	Structural & gender-based violence (before & during COVID-19)
53	Pinchoff et al. (2021)	Kenya	Quant	2,009 men & women ≥ 18 years	Telephone	VAW	Self	Household violence, scale NR (due to COVID-19)
54	Plasilova et al. (2021)	Czech Republic	Quant	429 women ≥ 18 years	Web-based	VAW	Self	Modified WHO multi-country survey IPV tool (last 3 months)
55	Poonam et al. (2020)	India	Quant	300 men & women	Web-based	VAW	Self	Domestic violence, scale NR (during lockdown)
56	Raj et al. (2020)	United States	Quant	2,081 men & women ≥ 18 years	Web-based	VAW	Self	IPV & forced sex, scale NR (lifetime)
57	Rayhan & Akter (2021)	Bangladesh	Quant	605 women aged 16-49	Face-to-face	VAW	Self	WHO multi-country survey IPV tool (since COVID-19)
58	Sabri et al. (2020)	United States	Qual	45 female survivors	Telephone	VAW	Self	IPV, stalking & controlling behaviors (during COVID-19)
59	Sari et al. (2021)	Netherlands	Quant	206 parents of toddlers	Web-based	VAC	Proxy	Modified Parent-Child Conflict Tactics Scale (last 2 weeks)
60	Schokkenbroek et al. (2021)	Belgium	Quant	1,491 men & women ≥ 18 years	Web-based	VAW	Self	Aggression subscale of the Conflict and Problem Solving Scales, short version (during lockdown)
61	Sediri et al. (2020)	Tunisia	Quant	751 women aged 18-69 years	Web-based	VAW	Self	Domestic violence, scale NR (before & during lockdown)
62	Sharma & Khokhar (2021)	India	Quant	94 men and women ≥ 20 years	Web-based	VAW	Self	Domestic violence, scale NR (last year & changes during lockdown)

No	Study	Location	Methods	Sample	Mode of data collection	Type of measure	Report	Violence measure(s) / themes explored (recall period)
63	Shokair & Hamza (2020)	Egypt	Quant	160 child survivors in 5th or 6th grade	Face-to-face	VAC	Self	Family Violence Diagnosing Scale (lifetime)
64	Siegel & Lahav (2021)	Israel	Quant	710 men & women aged 18-81 years	Web-based	VAC	Self	Childhood Trauma Questionnaire (lifetime)
65	Soron et al. (2021)	Bangladesh	Quant	136 men & women aged 17-50 years	Web-based	VAW	Self	Domestic violence, scale NR (lifetime & during lockdown)
66	Spencer et al. (2021)	United States	Quant	365 men & women aged 17-78 years	Web-based	VAW	Proxy	Adapted Universal Violence Prevention Screening Protocol (last year)
67	Steinhoff et al. (2021)	Switzerland	Quant	786 youth average age of 22 years	Web-based	VAW*	Proxy	Adaptation of the Conflict Tactics Scale (last 2 weeks)
68	Tadesse et al. (2020)	Ethiopia	Quant	617 women aged ≥ 16 years	Face-to-face	VAW	Self	WHO multi-country survey IPV tool (last 3 months)
69	Tesfaw et al. (2021)	Ethiopia	Quant	1,288 men & women aged ≥ 18 years	Face-to-face	VAW	Self	Sexual violence, scale NR (during the pandemic)
70	Teshome et al. (2021)	Ethiopia	Quant	464 women	Face-to-face	VAW	Self	WHO multi-country survey IPV tool (lifetime & change during the pandemic)
71	Tierolf et al. (2021)	Netherlands	Mixed	87 families, including caregivers of children aged 8-18 years or children aged 8-18 years; 30 caregivers & 9 children (same age ranges)	Telephone; Web-based	VAW	Proxy; Self	Revised Conflict Tactics Scale Parent Child & Revised Conflict Tactics Scale-2 (last year); Child abuse & IPV (during COVID-19)
72	Vijayathi Indu et al. (2021)	India	Quant	209 women aged 18-55 years	Face-to-face	VAW	Self	Domestic Violence Questionnaire (last 12 months)
73	Yamaoka et al. (2021)	Japan	Quant	5,344 parents of children aged 0-17 years	Web-based	VAC; VAW	Proxy	Child maltreatment & domestic violence, scales NR (during the pandemic)
74	Yari et al. (2021)	Iran	Quant	203 women aged 19-65 years	Web-based	VAW	Self	WHO multi-country survey IPV tool (during quarantine)
75	Zhang et al. 2021	China	Quant	1,062 children aged 12-16 years	Web-based	VAC	Self	Violence Against Children Survey measures (lifetime before & during lockdown)

Notes: Quant = quantitative; Qual = qualitative; Mixed = mixed methodologies (both quantitative and qualitative); NR = not reported; * = may include components related to VAC, however it is unclear due to the phrasing of violence measures; For mode of data collection, if not explicitly mentioned in the publication, it is assumed that data was collected face-to-face; For type of violence, in cases where participants spanned VAC and VAW categories, for simplicity a study was assigned to the majority category (i.e., VAC if the majority of the same was under age 18 and otherwise, VAW); For type of report, all measures other than self-experienced measures are categorized as proxy reports, including measures of perpetration, as violence is experienced by someone else in the household or community.

Table A2. Descriptive statistics for ethical items by journal discipline of publication

	All studies N=75		Public health N=40		Medical N=17		Social science N=18	
	n	%	n	%	n	%	n	%
Domain 1: Institutional Review Board								
1. Ethics clearance	75	0.87	40	0.95	17	0.94	18	0.61
Domain 2: Interviewer selection, training & support								
2. Interviewer selection	30	0.33	17	0.35	5	0.40	8	0.25
3. Interviewer training	30	0.13	17	0.12	5	0.20	8	0.13
4. Interviewer safety & support	30	0.03	17	0.06	5	0.00	8	0.00
Domain 3: Sampling & engaging with respondents								
5. Sampling design	75	0.05	40	0.03	17	0.00	18	0.17
6. Informed consent	75	0.84	40	0.88	17	0.94	18	0.67
7. Informed assent (minors)	6	0.83	4	1.00	..	..	2	0.50
8. Participant incentives	75	0.31	40	0.33	17	0.35	18	0.22
9. Interview privacy & safety	75	0.21	40	0.23	17	0.12	18	0.28
10. Participant feedback	75	0.00	40	0.00	17	0.00	18	0.00
Domain 4: Referrals & adverse events								
11. Referral information	75	0.25	40	0.30	17	0.24	18	0.17
12. Adverse event protocol	75	0.08	40	0.13	17	0.00	18	0.06
13. Facilitated referrals (minors)	6	0.00	4	0.00	..	..	2	0.00
14. Mandatory reporting (minors)	13	0.08	10	0.10	..	..	3	0.00
Total (among non-missing items)	75	0.31	40	0.33	17	0.31	18	0.26

Notes: The first column under each category (n) shows the total number of eligible studies for which the checklist item is applicable (the denominator from which the score is calculated), while the second column under each category (%) reflects the percentage meeting (scoring 'Yes') to each checklist item, among those applicable. Items 7, 13 and 14 only apply to certain studies, those that either target minors for interviews, ask minors violence questions directly or ask about VAC. Items 2, 3 and 4 only apply to studies that use interviewers to collect data, and do not apply to web-based data collection.

Table A3. Ethics coding for individual items by study

Ethics items		**IRB**	**Interviewer selection & training**			**Sampling & engaging with participants**						**Referrals & adverse events**			
No	**Study**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**
1	AboKresha et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	No
2	Abrahams et al. (2021)	Yes	No	No	No	No	Yes	NA	Yes	No	No	No	No	NA	NA
3	Abuhammad (2020)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
4	Adibelli et al. (2021)	Yes	No	No	No	No	Yes	NA	No	No	No	No	No	NA	NA
5	Ajayi et al. (2021)	No	No	No	No	No	No	NA	No	No	No	No	No	NA	NA
6	Alharbi et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
7	Aolymat (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
8	Arenas-Arroyo et al. (2021)	Yes	NA	NA	NA	No	No	NA	Yes	No	No	No	No	NA	NA
9	Augusti et al. (2021)	Yes	NA	NA	NA	No	Yes	Yes	No	No	No	No	No	No	No
10	Behera et al. (2021)	Yes	Yes	No	No	No	Yes	NA	No	No	No	No	No	NA	NA
11	Boxall et al. (2020)	Yes	NA	NA	NA	Yes	Yes	NA	Yes	Yes	No	Yes	No	NA	NA
12	Cannon et al. (2021)	Yes	NA	NA	NA	No	No	NA	No	No	No	No	No	NA	NA
13	Cano-Lozano et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
14	Chatzifotiou & Andreadou (2021)	Yes	No	No	No	No	Yes	NA	No	No	No	No	No	NA	NA
15	Chung et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	No	No	NA	No
16	Das et al. (2021)	Yes	No	No	No	No	No	NA	No	No	No	No	No	NA	NA
17	Das et al. (2021b)	No	No	No	No	No	Yes	NA	No	No	No	No	No	NA	NA
18	Dekel & Abrahams (2021)	Yes	No	No	Yes	No	Yes	NA	No	No	No	Yes	Yes	NA	NA
19	Diaz et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	No	Yes	NA	NA
20	Ebert & Steinert (2021)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	Yes	No	NA	No
21	Egger et al. (2021)	Yes	Yes	No	No	No	Yes	NA	No	Yes	No	No	No	NA	No
22	El-Nimr et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
23	Every-Palmer et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	Yes	No	NA	NA
24	Gebrewahd et al. (2021)	Yes	Yes	No	No	No	Yes	NA	No	Yes	No	No	No	NA	NA
25	Ghimire et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	No	No	NA	NA
26	Gibbons et al. (2021)	No	NA	NA	NA	No	No	NA	Yes	No	No	No	No	NA	NA
27	Gresham et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	Yes	No	Yes	No	NA	NA
28	Gulesci et al. (2021)	Yes	Yes	Yes	No	No	No	NA	No	Yes	No	Yes	Yes	NA	NA
29	Hamadani et al. (2021)	Yes	Yes	No	No	No	Yes	NA	Yes	Yes	No	Yes	No	NA	NA
30	Haq et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA

Ethics items		**IRB**	**Interviewer selection & training**			**Sampling & engaging with participants**						**Referrals & adverse events**			
No	**Study**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**
31	Hastuti et al. (2021)	Yes	No	No	No	No	Yes	NA	No	No	No	No	No	NA	NA
32	Huq et al. (2021)	Yes	Yes	Yes	No	No	Yes	NA	No	Yes	No	No	No	NA	NA
33	Ibitoye & Ajagunna (2021)	No	No	No	No	No	Yes	NA	No	No	No	No	No	NA	NA
34	Jetelina et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
35	Jung et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
36	Karp et al. (2021)	Yes	No	No	No	No	Yes	Yes	Yes	Yes	No	Yes	No	No	No
37	Lampe et al. (2021)	Yes	No	No	No	No	Yes	NA	No	Yes	No	Yes	No	NA	NA
38	Lawson et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	No	No	NA	No
39	Lee et al. (2021)	No	NA	NA	NA	No	Yes	NA	Yes	No	No	No	No	NA	NA
40	Machlin et al. (2021)	Yes	NA	NA	NA	No	Yes	Yes	No	No	No	No	No	No	Yes
41	Maftei & Danila (2021)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	Yes	No	NA	NA
42	Mahapatro et al. (2021)	Yes	Yes	No	No	No	Yes	NA	No	Yes	No	Yes	Yes	NA	NA
43	Mahmood et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	Yes	No	Yes	No	NA	NA
44	Moawad et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
45	Moya et al. (2021)	Yes	No	No	No	No	No	NA	No	No	No	No	No	NA	NA
46	Muldoon et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	Yes	No	Yes	No	NA	NA
47	Naghizadeh et al. (2021)	Yes	No	No	No	No	Yes	NA	No	No	No	No	No	NA	NA
48	Oguntayo et al. (2020)	No	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
49	Ojeahere et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	Yes	No	NA	NA
50	Parrott et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	No	No	NA	NA
51	Pattojoshi et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	No	No	NA	NA
52	Phillimore et al. (2021)	Yes	No	No	No	Yes	Yes	NA	No	Yes	No	No	No	NA	NA
53	Pinchoff et al. (2021)	Yes	No	No	No	No	Yes	NA	No	No	No	No	No	NA	NA
54	Plasilova et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	Yes	Yes	No	No	No	NA	NA
55	Poonam et al. (2020)	No	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
56	Raj et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	Yes	No	NA	NA
57	Rayhan & Akter (2021)	Yes	Yes	No	No	No	Yes	NA	No	Yes	No	No	No	NA	NA
58	Sabri et al. (2020)	Yes	No	No	No	Yes	Yes	NA	Yes	No	No	No	No	NA	NA
59	Sari et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	No
60	Schokkenbroek et al. (2021)	Yes	NA	NA	NA	No	No	NA	No	No	No	No	No	NA	NA

Ethics items		**IRB**	**Interviewer selection & training**			**Sampling & engaging with participants**						**Referrals & adverse events**			
No	**Study**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**
61	Sediri et al. (2020)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	Yes	No	NA	NA
62	Sharma & Khokhar (2021)	No	NA	NA	NA	No	No	NA	No	No	No	No	No	NA	NA
63	Shokair & Hamza (2020)	No	No	No	No	No	No	No	No	No	No	No	No	No	No
64	Siegel & Lahav (2021)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	No	No	NA	NA
65	Soron et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
66	Spencer et al. (2021)	No	NA	NA	NA	No	No	NA	Yes	No	No	No	No	NA	NA
67	Steinhoff et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	Yes	No	No	No	No	NA	NA
68	Tadesse et al. (2020)	Yes	Yes	Yes	No	No	Yes	NA	No	Yes	No	Yes	Yes	NA	NA
69	Tesfaw et al. (2021)	Yes	No	No	No	No	Yes	NA	No	No	No	No	No	NA	NA
70	Teshome et al. (2021)	Yes	No	No	No	No	Yes	NA	No	No	No	Yes	Yes	NA	NA
71	Tierolf et al. (2021)	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No
72	Vijayathi Indu et al. (2021)	Yes	Yes	Yes	No	No	Yes	NA	No	No	No	Yes	No	NA	NA
73	Yamaoka et al. (2021)	Yes	NA	NA	NA	No	No	NA	No	No	No	No	No	NA	No
74	Yari et al. (2021)	Yes	NA	NA	NA	No	Yes	NA	No	No	No	No	No	NA	NA
75	Zhang et al. 2021	Yes	NA	NA	NA	Yes	Yes	Yes	No	No	No	No	No	No	No

Notes: NA = not applicable

Table A4: Good practice box on ethical reporting from high scoring studies

Domains	Illustrative text from high scoring studies
Institutional Review Board (IRB) [Item 1]	All work was approved by the institutional ethical review boards at the International Center for Diarrhoeal Diseases Research, Bangladesh, and Melbourne Health (2016.269) (Hamadani et al. 2021). **[Item 1]** Ethical approval was obtained from Dream Science and Technology Institutional Health Research Ethics Review Committee with approval letter of DSTC/ DHS/002/2020. Then, permission letter was written for Dessie city administration office (Tadesse et al. 2020). [**Item 1]**
Interviewer selection, training & support [Items 2-4]	To guarantee respondent's safety, enumerators were trained in each case by an expert on Child Safeguarding Policy following stringent ethical guidelines on how to ask these questions. Enumerators were instructed to take measures to verify the privacy of the interviews. Same-sex enumerators were used when possible (Gulesci et al. 2021). [**Items 2, 3, 9]** Two days training were provided for data collectors and supervisors regarding the sensitivity and personal nature of the questions, objective, and how to approach study participants with ensuring their privacy (Tadesse et al. 2020). [**Items 3, 9]** We recognized that support for participants was vital and thus, prior to each interview we asked each social worker whether he/she would be willing to meet with the women after the interview, if she felt this was needed. This would have been followed up by the first author to ensure that all participants requesting this service, received it, however, no participants requested additional therapy. Psychological support was also arranged for the first author, who conducted the interviews (Dekel &Abrahams 2021) [**Item 4, 12]**
Sampling & engaging with respondents [Items 5-10]	The safety of women participating in the survey was of paramount concern. Given the sensitive nature of the information being collected, a range of safety measures were employed. Safety measures used as part of the survey included: ● Potential respondents were approached by a social research company with an established online panel rather than by the AIC because it would be less likely to raise the suspicion of an abusive partner; ● The survey was designed with multiple landing pages and eligibility questions (including a 'safety trap') to screen out ineligible participants (eg men) from accessing the survey; ● The content of the survey, and its explicit focus on women, was revealed to respondents only after they had gone through multiple landing pages, stated they met the eligibility criteria and confirmed that they were in a safe place where they were not being observed; ● Women were advised in the information page that, if they felt that answering questions about their relationship experiences would cause them distress or make them unsafe, they should not complete the survey; ● Women who closed the survey at any point were not approached again; ● The survey was kept as short as possible and piloted to ensure that women would spend no more than 10 minutes completing all the questions; and ● Participants were provided with information about a range of support services, including services that could be contacted online or over the phone. Finally, all of the survey questions were closed-response, meaning that respondents did not have to write any responses. This limited the potential for abusive partners to use keyloggers to access information their partners provided in the survey (Boxall et al. 2020) [**Items 5, 9, 11]** The women were approached by the female counselors of MSSK over the phone. They had to be telephoned several times before they could be reached. A few limitations that were encountered in virtual communication included fear of a lack of privacy and confidentiality. In many cases, women

	were reluctant to answer questions about violence that they deemed unimportant in comparison to their immediate concerns regarding food, money, health, and the prevailing situation. Some women refused to answer questions over the phone and wanted to talk through a physical confrontation in MSSK only. However, measures were taken to minimize the risk of this non-response bias by allowing respondents to choose a suitable date and time. Thereafter, the counselor tried several times to contact the women when they could respond without the fear of their conversation being interrupted or eavesdropped. This was essential to guarantee their safety, apart from pre-serving the ethics and protocols of research so that respondents were comfortable enough to respond freely (Mahapatro et al. 2021). [**Items 5, 9]** We had obtained verbal consent from individual study participants before beginning of data collection (Tadesse et al. 2020) [**Item 6]** Verbal informed consent was obtained from participants aged 18 and older; those younger than 18 provided verbal assent with a parent/guardian providing consent (Karp et al. 2021) [**Item 7]** Participants were not compensated for their time in this study, although they had been compensated during the main trial at each visit (baseline, midline, endline). Women were warned before commencement of the intimate partner violence module and encouraged to seek privacy; they could decline to answer any module (Hamadani et al. 2021). [**Items 8, 9]** In the case of phone interviews, additional steps were taken to prevent potential perpetrators from listening to participants' answers. In particular, the interviewer provided examples of what types of actions are considered as violent; participants were asked to answer only ''yes'' or ''no'' and given the option of not answering the question if they did not feel comfortable with it. (Gulesci et al. 2021) [**Item 9**]
Referrals & adverse events [Items 11-14]	Authors provided text from the questionnaire in a technical appendix: "If you feel upset about anything (now or while completing the survey), the details of someone you can talk to will be made available to you. We have also provided the contact details for services that can support women who are experiencing violence. If you need any kind of help or support, it is available" (Boxall et al. 2020). [**Item 11]** Respondents were also provided with a list of all the institutions where a violence victim can receive help and protection as well as the procedure to file a complaint (Appendix A.2 shows pictures of the material given to participants). Enumerators received an adverse event protocol explaining what they had to do in cases of abuse (Gulesci et al. 2021). [**Items 11, 12]** The women who were victims of IPV at the time of data collection were reassured and counseled. However, women who experienced severe IPV and were in need of help were taken to Dessie referral hospital counseling care units (Tadesse et al. 2020). [**Item 12]** As per the government guidelines, follow-up measures were taken by the counselors and they were expected to call each survivor and understand their situation, extend support, and ensure their safety (Mahapatro et al. 2021). [**Item 12]** If parents or children reported prior experiences of family violence at baseline, the study reported violence exposure to child protective services if not previously reported (Machlin et al. 2021) **[Item 14]**

Notes: Table is based primarily on the five studies which reported on more than half the items in the ethics reporting checklist (Boxall et al. 2020, 75%; Tadesse et al. 2020, 64%; Gulesci et al. 2021, 55%; Hamadani et al. 2021, 55%; Mahapatro et al. 2021, 55%). In addition, examples are augmented by additional studies providing examples of rarely reported items (Dekel &Abrahams 2021; Karp et al. 2021; Machlin et al. 2021). All text included is a direct quotation.

Table A5: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 checklist

Section and Topic	Item #	Checklist item	Location where item is reported [pre-layout page references]
TITLE			
Title	1	Identify the report as a systematic review.	Title – we have specified it is a review
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	P1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	P4
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	P4
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	P5
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	P5
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	P5
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	P5
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	P6
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	P6
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	P6, Table 1
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	N/A
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	N/A
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention	P6 and 7

Section and Topic	Item #	Checklist item	Location where item is reported [pre-layout page references]
		characteristics and comparing against the planned groups for each synthesis (item #5)).	
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	P7
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	P7
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	P7
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	P7
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	N/A
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	N/A
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	N/A
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	P8 and Supplementary file P1 (Figure A1)
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	N/A
Study characteristics	17	Cite each included study and present its characteristics.	Supplementary file P2-6 (Table A1)
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	N/A
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	P22 (Table 2)
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	N/A
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	P22 (Table 2) and Supplementary file P7 (Table A2)

Section and Topic	Item #	Checklist item	Location where item is reported [pre-layout page references]
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	P22 (Table 2) and Supplementary file P7 (Table A2)
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	N/A
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	N/A
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	N/A
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	P10-11
	23b	Discuss any limitations of the evidence included in the review.	P13
	23c	Discuss any limitations of the review processes used.	P13
	23d	Discuss implications of the results for practice, policy, and future research.	P12,14
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	P7
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	P7
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	N/A
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	P15
Competing interests	26	Declare any competing interests of review authors.	P15
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	P15

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

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