Author's response to reviews

Title: Systematic review of structural interventions for intimate partner violence in low- and middle-income countries: organizing evidence for prevention

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Author's response to reviews: see over
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Dear Editor and Referees:

We wish to thank the referees and editor for their thoughtful comments. We have rewritten the manuscript in alignment with these suggestions, as detailed below.

Among comments from the referees was a request to update the review for 2013 to the present. As detailed below, repetition of the original search strategy produced an additional 1190 articles, of which 760 were unique. Initial screening and full text review identified 10 new articles meeting inclusion criteria.

We updated the manuscript text, tables, and Figure 3 (PRISMA flowchart) to reflect this. Of note, the methods, results, and discussion have been rewritten entirely.

Beyond changes suggested by referees, we have made minor changes to the manuscript, such as updating author affiliations. These are detailed after our response to referees.

**Referee 1**

We thank this referee for their review.

1. Page 3 lines 142-44: I suggest authors replace example given to illustrate point with a more appropriate example related to the health field.

We edited this sentence to include examples from multiple health fields, including IPV prevention programming.

For example, effective structural interventions include legal regulations that restrict access to pesticides and mandate single-use packaging where pesticide poisoning is a common method of suicide [12], political policies that support syringe exchange and provision where injection drug use is a common method of HIV transmission [7], and participatory or community-driven development to transform inequitable gender norms where these norms increase IPV risk for women [3].


We added the following citation. The World Health Organization multi-country study of IPV continues to be among the most comprehensive global studies.

3. Page 8, line 181-182: Kindly give examples of such secondary outcomes.

We added an additional sentence detailing this information.

Such studies (4) evaluated the impact of a structural intervention for primary and secondary prevention of male-to-female IPV in (5) World Bank-defined LMIC through (6) quantitative evaluation of the impact on (a) IPV incidence or prevalence or (b) secondary outcomes theoretically linked to IPV incidence or prevalence by the authors. Secondary outcomes included intermediate outcomes hypothesized to explain the impact of the intervention on IPV prevalence, such as increased financial autonomy and security among women or decreased acceptability of spousal violence among men.

4. Page 8, line 191-194: Please provide more detail on why interventions that did not modify the environment were excluded.

This is part of the definition of structural interventions and has been linked back to this definition accordingly.

Consistent with the definition of structural interventions [11], however, we excluded interventions that targeted risk behaviors without modifying aspects of the economic, physical, politico-legal, or social environments that produce and reproduce risk for IPV.

5. Page 11, line 285: Authors should state the purpose and outcome of inviting first authors of included studies to comment on the draft review.

We have added the following information:

Although we did not contact authors for further information, we invited first authors of the 10 studies included in the original submission to comment on any aspect of the manuscript, including data presentation and interpretation. As only one author responded, without expressed concerns, we did not repeat this step during the review update.

Referee 2

My main concerns are two-fold:

1. There have been important papers published in this field in the 26 months since the review was conducted (end date March 2013). Examples include the following:


participation in post-conflict Uganda (SSM-D-14-01580R1). Social Science & Medicine, 133, 177-188.


The authors are aware of the first as it is cited in their introduction, but did not include it in the review.

Further, there is an ever-expanding body of evidence publicly available as working papers online not cited in this paper (though indeed reviewed in the Ellsberg et al. Lancet paper), including but not limited to:


Thus, emerging evidence in the past two years not covered by this study necessitates updating the current review.

We thank you for your thoughtful and detailed response. To address this concern, we updated the review by repeating the database search for the period March 2013 to May 2015 and searching reference lists for new articles meeting inclusion criteria. These methods identified an additional 1190 articles, of which 760 were unique. Initial screening and full text review identified 10 new articles meeting inclusion criteria, and we have updated the manuscript, figures, and tables to reflect these articles. These include the aforementioned articles by Abramsky et al. and Green et al. Our search also identified the article by Bajracharya and Amin; however, it did not meet inclusion criteria.

We carefully considered the inclusion of working papers. Although the review published by Ellsberg et al. elected to include working papers, no single standard presently exists for the inclusion of peer reviewed manuscripts, working papers, and grey literature. We elected not to modify the review protocol to include working papers, instead retaining our focus on the peer reviewed literature. Although some working papers will be published and there are examples of excellent impact evaluations in the grey literature, it is not possible to differentiate consistently between those working papers that will enter the peer reviewed literature and those that will
remain in the grey literature. Focus on the peer reviewed literature ensures the inclusion of the highest quality evidence and, pragmatically, helps to ensure feasibility of the review.

2. Three of the 10 papers examined (from a total of 7 studies) in the current review were included in the aforementioned systematic reviews published in 2014. However, given that 7 of 10 papers were not included, and this study’s unique focus on structural and economic interventions, I think an argument can still be made for the value of the current study. To strengthen the added value of the current study, the discussion section on failure of some studies to find significant impacts as well as heterogeneous impacts should dig deeper into differences between the various types of economic empowerment interventions (e.g., social cash transfers v. micro-lending) to unpack differences in findings and hypothesize about mechanisms that could be at work, as well as a more in-depth discussion of differences in methodologies and how this may influence findings (quasi-experimental, RCT, observational as well as power limitations in small RCTs—for example SASA!).

Thank you. We added several sentences about economic interventions to the discussion, which now reads:

For IPV, research further must contend with risk pathways that are contextually dependent and often incompletely understood. For example, theory and empirical research continue to grapple with conflicting evidence on the relationship between economic empowerment and IPV. Theories alternately predict that economic empowerment diminishes risk by improving the status of women in their households and increasing the viability of marital exit when violence exceeds acceptable levels or increases risk by raising the likelihood that men will use violence to establish and maintain inequitable relationships, particularly in instances where empowerment challenges inequitable gender norms held by male partners or community members [29,46]. Understanding these circumstances and pathways is essential to ensuring empowerment interventions reduce IPV risk [46].

In the updated manuscript, we also organized the presentation of results by intervention type: economic, social, or economic and social. This highlighted that only four of 20 articles tested economic interventions without social components. Among these four articles, there does not appear to be sufficient information to understand mechanisms underlying heterogeneous findings.

Although our review regrettably does not permit extensive comment on this topic, other authors have tackled this important question using a broader representation of economic interventions. We cite one study in the current review and support continued exploration, including manuscripts focused on this complex issue.

Editorial Request

1. PRISMA guidelines: In accordance with BioMed Central editorial policies [http://www.biomedcentral.com/about/editorialpolicies#StandardsofReporting](http://www.biomedcentral.com/about/editorialpolicies#StandardsofReporting), could you
please ensure your manuscript reporting adheres to PRISMA guidelines (http://www.prisma-statement.org/) for reporting systematic reviews. This is so your methodology can be fully evaluated and utilized. Can you please include a completed PRISMA checklist as an additional file when submitting your revised manuscript? We would also ask that you include a completed copy of the PRISMA flowchart for your study as a figure in your manuscript.

We have included the PRISMA checklist as Supplemental Table 1 and have provided an updated PRISMA flowchart (Figure 3).

Other Changes

1. We updated the author affiliation for Christine Bourey.

2. We updated the email addresses for Christine Bourey, Whitney Williams, and Rob Stephenson.

3. Lines 39-55: The methods and results now reflect the review update. We also corrected the number of experts contacted during initial review preparation.

4. Lines 127-140: We edited this text for clarity and focus.

5. Lines 141-166: We edited this text for clarity and focus, including adding more explicit discussion of the potential benefit of structural interventions as an organizing framework for IPV prevention.

6. Line 186: We specified that the review protocol is unregistered, consistent with PRISMA reporting guidelines.

7. Line 189: The end date of the database search was updated to May 23, 2015.

8. Lines 232-235: We updated our description of the database search to reflect the original review and update.

9. Lines 242-244: We corrected the number of experts contacted during initial review preparation.

10. Lines 254-645: We rewrote the methods, results, discussion, and conclusion to reflect new findings.

11. Lines 672-683: We also updated the authors’ contributions and acknowledgements to represent better the contribution of each author and to thank Stephen Sullivan and Anna Bratcher, who assisted with this revision.