Author's response to reviews

Title: What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence

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Author's response to reviews: see over
Dear Editor,

Thank you for considering our paper: “What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women’s health and domestic violence”. I have amended the paper in line with the reviewers’ comments, and provide some additional remarks below relating to the concerns raised.

**Reviewer: Olufunmilayo Fawole**

Comment 3. At the end of each interview, irrespective of whether a woman had disclosed violence, she was offered a card, leaflet or booklet (small enough to be kept discretely) giving details of available health, support and violence-related services. Where necessary, or if the woman requested immediate assistance, referrals were made to support services.

Abstract – added the importance of education to abstract and conclusion (pgs 2 and 14).

Background – added the countries with highest and lowest prevalence of IPV to first paragraph of background (pg 3).

Methods – added numbers interviewed (pg 4) and numbers included in analysis (pg 6 under heading ‘Results’ section).

Formerly figure 1 (Now Figure 2) – inserted title

Results – While province sites tended to have higher prevalence of IPV than their urban counterparts in the same country, there were no obvious differences between urban and rural sites in terms of patterns of risk associated with the various factors explored.

Discussion – Inserted discussion on woman’s age and public health implications in the conclusion (pg 14)

- Toned down the discussion on the theory that risk of violence increases during periods of transition – this theory may help with the interpretation of our results (but our results don’t necessarily reinforce the theory) (pg 13).

**Reviewer: Oladimeji Oladepo**

1. The analysis was conducted a number of years after the data was collected, however while prevalence estimates may have changed slightly, this time-lag doesn’t undermine the validity of observed associations between risk factors and IPV.

2. Abstract

2a – inserted in abstract how respondents were selected (pg 2)

2b – addressed above (importance of education)

3. Background
Reference paper number 1 (Garcia-Moreno, et al. 2006) is a publication from the same work, presenting lifetime and past year prevalence of physical and/or sexual IPV by site, but it doesn’t explore risk factors. Another Lancet paper explores the associations between IPV and physical and mental health outcomes (Ellsberg et al. 2008). There have also been several other papers using data from individual sites, but not making comparisons between sites.

4. Methods

4a – added a new Figure 1 with operational definitions of IPV, and refer reader to this on pg 5 (the old Figure 1 is now Figure 2)

4b – Countries were selected on the basis of: the presence of local women’s groups working on violence against women that could use the subsequent data for advocacy and policy reform; absence of existing population-based data on violence against women; presence of strong potential partner organisations known to WHO; a political environment receptive to taking up the issue; absence of recent war-related conflict; representation of the different WHO regions.

Appropriate provinces were further selected on the basis of: the availability of, or the possibility of establishing support services for women who, through the course of the survey, were identified as having experienced some form of violence and needing support; location broadly representative of the country as a whole, in terms of the range of communities, ethnic groups and religions; population not marginalised and not perceived as being likely to have higher levels of partner violence than in the rest of the country. Where these criteria could not be met or financial/resource/logistical constraints limited the number of sites that could be surveyed in a specific country, the decision was made during the design stage to limit the study to one site in that country.

Within sites, a representative sample of women age 15-49 was selected using multi-stage random sampling.

While our data does not provide wholly nationally representative data for each country included in the study, the aim of this analysis is neither to make national-level inferences from our data nor to quantify differences in prevalence between countries. Instead it is to look at patterns of association between IPV and several risk factors, and explore how far these associations remain consistent or vary across a diverse range of settings. The internal validity of our estimates of associations, computed for each site separately, is not compromised by the way in which sites were selected in this study.

4c – As now inserted in the Methods section, under the heading ‘Risk-factors for IPV’ (pg 5), partner’s characteristics pertain to the woman’s current or most recent partner. As discussed under the study’s strengths and limitations (pg14), in a small number of cases this may not be the perpetrator of the violence. Any resulting misclassification of exposures would, however, bias the ORs towards the null, rather than invalidate observed associations.

4d – One eligible woman per household was randomly selected from a list of all eligible women in the household. This process was thus not affected by whether or not it was a polygamous setting.
4e – Variations in definition of ever-partnered women between sites were in place to take into account different relationship types/practices that prevail in different settings. In each site, the criteria used are designed to satisfy the objective of obtaining a sub-sample of women who have ever been in a relationship and can therefore be asked the questions on intimate partner violence. The samples are thus comparable for the analysis.

5. Findings

5a – have inserted an additional table of IPV prevalence by site, referred to on pg 4.

5b – Regrettably it is not possible from the data we have to examine the pattern of association between IPV and length of working hours in relative employment status.

Reviewer: Eme Owoaje

No changes recommended.

Finally, further to the general query raised, ethical approval was granted by the WHO Secretariat Committee for Research in Human Subjects, as stated in the Methods section. The study drew upon the International guidelines for ethical review of epidemiological studies (Council for International Organizations of Medical Science, 1993).

Thank you very much for these constructive comments and I hope I have satisfactorily answered all of your queries. I look forward to hearing from you soon regarding this manuscript.

Yours sincerely,

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