Author’s response to reviews

Title: Gender-based violence and engagement in biomedical HIV prevention, care and treatment: A scoping review

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Author’s response to reviews:

Reviewer 1

While the findings and results are good and important, I would like to suggest that the author:

• Polish the structure of the review by organizing the section to have a better narrative of the story (the author could refer to other published scoping review)

  o We have tried to revise the manuscript so it has a better narrative story, as this reviewer suggests.

• Narrow down the number of references focusing more on those relevant to the manuscript.

  o Given that both reviewers requested additional information about gender-based violence (GBV), including its definition, how it differs from intimate partner violence, and why we are focusing on GBV against women, we had to add additional citations to this manuscript. However, we have sought to limit citations elsewhere in the manuscript (except for the citations of the studies identified through the scoping review) in order to meet this reviewer’s concern.

• Should highlight the key findings, recommendation and limitation of the review.

  o We have highlighted the key findings and recommendations in the discussion and conclusion sections of this manuscript. The limitations are discussed in the discussion section.

Major Comments
1. Gender Based Violence (GBV) should include all gender identity and dynamic including heterosexual men and women, transgender women, men who have sex with men (MSM), women who have sex with women. Please refer to "HIV and gender-based violence: welcome policies and programmes, but is the research keeping up?" Sofia Gruskin et al., 2014, Reproductive Health Matters”. The author should elaborate more on why the focus is on women only in this study. A potential hint could be the global effect of the epidemic on women.

   a. We agree that it is important to highlight that GBV includes violence against individuals based on their gender identity. Accordingly, we have added a definition of GBV to the background section (page 3, lines 5-6), which acknowledges this:

   i. "Gender-based violence (GBV), defined as violence perpetrated against an individual based on their gender/gender identity(1, 2), is an important global health and human rights concern."

   b. While we recognize that GBV affects all the populations that the reviewer mentions above, we chose to limit the focus of the paper to women, including female sex workers, transgender women and women who inject drugs, due to evidence suggesting that these populations experience very high rates of GBV. We have elaborated upon this point on page 3 lines 9-13:

   i. "GBV is a common experience for women globally, with estimates suggesting that 1 in 3 women experience some form of GBV in their lifetime, primarily from an intimate partner (4). Marginalized populations including female sex workers (FSW), transgender women, and women who use drugs experience even higher rates of GBV, often perpetrated by intimate partners and non-partners, including representatives of the state (5-7)."

   c. We also state in the limitations section that we recognize that men also experience GBV, and that future research is needed to explore how GBV affects engagement in the HIV care continuum among men (page 15, lines 18-22):

   i. "Additionally, while we recognize that both women and men experience GBV, this review is focused on violence experienced by women, and the HIV service experiences of women. As such, this study does not address what is known about GBV and engagement in the HIV care continuum and PrEP among men, including men who have sex with men. This area certainly warrants further research."

   d. As suggested by this reviewer, we have also noted that globally, women are disproportionately affected by HIV. On page 3, lines 15-19 we say we say:

   i. "Globally, women are disproportionately affected by HIV—particularly in the epidemic’s epicenter in sub-Saharan Africa-- and HIV is the leading cause of death among women of reproductive age (11). FSW, transgender women, and women who inject drugs are at even greater risk for HIV acquisition and HIV-
related morbidity and mortality, due to their marginalized status in society, and the associated barriers they face in accessing HIV services (11)."

2. This is a global study since data were collected from 15 different countries; therefore the term "key population" should be clarified and contextualized (e.g. African Caribbean and Black (ACB) is key population in Canada).

   a. We have clarified that we are speaking about female sex workers, transgender women and women who inject drugs as key populations, defined by international HIV organizations such as UNAIDS, WHO and USAID. We include this detail on page 3 lines 17-21.

      i. "FSW, transgender women, and women who inject drugs are at even greater risk for HIV acquisition and HIV-related morbidity and mortality, due to their marginalized status in society, and the associated barriers they face in accessing HIV services (11). Because of this, members of these populations have been identified as ‘key populations’ by international HIV organizations including the Joint United Nations Programme on HIV/AIDS (UNAIDS)(12)."

3. The author refers to a 2015 study by Hatcher and colleagues (page 3, line 13) on HIV and Intimate Partner Violence (IPV) and should clearly elaborate on the difference and/or intersection between GBV and IPV conceptual framework.

   a. We have included a definition of GBV on page 3 lines 6-9, where we explicitly note that intimate partner violence is a form of GBV, which is perpetrated by one’s intimate partner:

      i. "GBV includes physical, sexual and psychological/emotional violence and can be perpetrated by a variety of actors, including intimate partners (referred to as intimate partner violence (IPV)), family members, community members, and representatives of the state (e.g. law enforcement officials) (1, 3)."

4. The author should clearly define the hypothesis of the study and specific aims or objectives. Furthermore, the significance of the study should be highlighted in the final paragraph of the introduction.

   a. We have more clearly stated the aims of this scoping review in the last paragraph of the background section to address this reviewer’s concern (see below) (page 5 lines 8-13). Given that this scoping review was exploratory in nature, we did not have a particular hypothesis for this effort.

      i. "The present study aimed to expand upon the prior systematic review in two ways. First, we examined the evidence regarding the relationship between GBV and HIV testing as well as PrEP use and adherence, in addition to care and
treatment. Second, we sought to identify studies that assessed the effect of GBV on engagement in the HIV care continuum and PrEP among members of key populations, including FSW, transgender women, and women who use drugs."

b. We have also added a sentence to highlight the significance of this study in the final paragraph of the background section (p5 lines 1-4):

i. "In light of the new global test and start guidelines (18), research is needed to summarize the evidence regarding the role GBV plays in engagement in the HIV testing to care continuum and PrEP among women, including members of key populations. Such a review can provide important insights into areas for future research and possible avenues for intervention."

5. In the paragraph "selecting the literature", the author states: "This is a hallmark of the scoping review methodology, as researchers are unlikely to identify relevant criteria before familiarizing themselves with the literature (26)". This statement is misleading and probably could be removed; therefore the author should have a paragraph under the "Method section" on inclusion and exclusion criteria that helped designed the search algorithm, search strategy and risk of bias assessment section.

a. In response to the reviewer’s concern about the statement being ‘misleading’, we have refined the language in the sentence on page 7, lines 4-6. It now clarifies that:

i. "Developing post-hoc exclusion criteria is a hallmark of the scoping review methodology. It is recommended to maximize the likelihood that researchers identify all relevant criteria as they familiarize themselves with the literature (26)."

b. The inclusion criteria are stated on page 5, lines 25-26 and page 6, lines1-7. We state:

i. "This scoping review was guided by Arksey and O’Malley’s (2005) methodological framework (26), and examined the known relationship between GBV and engagement in the HIV care continuum and PrEP among women, including members of key populations (FSW, female drug users, and transgender women). When examining the care continuum, we included HIV testing, linkage to and engagement in care, ART adherence and viral suppression. The team identified a search strategy based on a review of the literature and medical subject heading (MeSH) terms. We explored the three search engines (PubMed, Scopus and Web of Science) for studies published in peer-reviewed journals in English between January 2003 and November 2017. We began our search in 2003 given that the WHO and UNAIDS began their initiative to roll out ART in low and middle income countries during that year (27)."

c. We state our exclusion criteria on page 7 lines 6-12.
i. "We excluded articles that were opinion pieces, protocols describing study designs, and literature reviews (although we did include individual studies that were referred to in literature reviews that met our inclusion criteria). We also excluded papers that explored violence and only the acceptability or awareness of HIV services, as our focus was on the influence over behaviors. Finally, if papers included data from both male and female participants, we excluded those that did not disaggregate the results by sex."

d. We note our search strategy on page 6 lines 3-10:

i. "The team identified a search strategy based on a review of the literature and medical subject heading (MeSH) terms. We explored the three search engines (PubMed, Scopus and Web of Science) for studies published in peer-reviewed journals in English between January 2003 and November 2017. We began our search in 2003 given that the WHO and UNAIDS began their initiative to roll out ART in low and middle income countries during that year (27). Table 1 outlines the search terms used for each search engine. For each database, we conducted separate searches for each population given that individual searches in some cases yield different (and more) articles than a combined search."

e. From our understanding, a “risk of bias assessment” section is typically used in systematic reviews. Given that we conducted a scoping review, following Arksey & O’Malley’s (2005) methodological framework, which does not include a “risk of bias assessment,” we did not conduct such an assessment. To make this more explicit, we have added language on page 5, line 25, noting that we drew upon Arksey and O’Malley’s (2005) framework to guide this scoping review.

6. The author should include a paragraph on the outcomes (primary and secondary) of the studies as well as on how the data were extracted (data extraction).

a. Because this was a scoping review, we included both quantitative and qualitative studies. We believe this is a strength of scoping reviews as it allows researchers to provide a more comprehensive picture of the evidence related to research the question at hand. Because of this, we believe it would be confusing to readers to have an “outcomes” section, because that would only be relevant to the quantitative studies and not the other studies included in this review. As mentioned earlier, we do note on page 5 lines 25-26 and page 6 lines 1-3, that we included studies that looked at the effect of GBV on HIV testing, linkage to and engagement in care, ART adherence and viral suppression and PrEP.

b. For data extraction, we note on page 7 lines 16-18:

i. "The first author created a matrix to chart relevant information about all the sources reviewed. Specifically, the chart included details about the study design, sample size, population and relevant findings."
7. The author should also indicate if gray literature was used.
   a. We did not include gray literature in this review. We have clarified on page 6, line 5 that we only examined studies in peer-reviewed journals. Specifically, we state:
      i. "We explored the three search engines (PubMed, Scopus and Web of Science) for studies published in peer-reviewed journals in English between January 2003 and November 2017."

8. The author should elaborate more on the PrEP findings (Page 12, line 20). One reason could be that PrEP is not available in under-developing countries or some of the key population studied in this study might not have access. However, the fact that there is no study highlighting the link between PrEP and GBV could be presented as potential gaps.
   a. We agree that it is important to elaborate upon the dearth of evidence regarding the relationship between GBV and PrEP use. We have already done so in the discussion section on page 13 lines 23-26 and page 14 lines 1-3, and believe this is the best place to interpret these findings.
   b. We also agree with the reviewer’s point that it is possible that the limited research on GBV and PrEP could be due to limited accessibility of PrEP in low-resource settings. However, as we note on page 13 lines 24-26, the one study we did identify that examined the effect of GBV on PrEP use was conducted in Uganda, which is a low resource setting. We also highlight that we found no such study from higher-income countries where PrEP is more accessible and established, and argue that this is an important area for future research.
   c. Similarly, it is also possible that the key populations highlighted in this review lack access to PrEP, as well as other HIV services, due to their marginalized status in society. However, as we note in the introduction, the new WHO guidelines recommend starting all high-risk populations (including the key populations explored in this review) start PrEP after they test negative. As such, research is needed to explore this relationship, even if PrEP is not widely accessible in resource-limited settings. We elaborate upon this on page 14 lines 4-9.
   d. Finally, we also agree that the lack of studies on the effect of GBV and uptake and adherence to PrEP is a gap in the literature, and already note this on page page 13 lines 23-26 and page 14 lines 1-3.

9. In the conclusion, the author could be more specific on highlighting the recommendation and limitation of the study.
   a. We note the limitations of this review in the last paragraph of the discussion section (page 15 lines 17-22).
b. We have sought to more explicitly highlight our recommendations in the conclusion. Specifically, we now state on page 16 lines 3-6:

i. "However, this review highlighted important gaps in the literature including a dearth of research on the role GBV plays in PrEP use and adherence, limited research on the effect of GBV on engagement in HIV care and treatment and PrEP among members of key populations, and very few longitudinal studies. Future research should prioritize addressing these gaps in the literature."

Minor comments:

1. Abstract, conclusion: "This is scoping review".

a. Thank you for catching this typo. We have corrected this.

Reviewer 2

1. Methods: The authors referenced the scoping framework (Arksey and O'Malley, 2005) on several occasions throughout this manuscript. One minor revision I would suggest is to elaborate on the concept of gender-based violence discussed throughout the manuscript. Given the complexity/multi-dimensionality and nuances of this construct, I think it would be helpful to provide a brief overview on GBV, especially to readers who are familiar with the general public health literature who may be less aware of issues surrounding GBV (currently, the manuscript provides a definition of GBV as "physical, sexual, emotional violence"). Some of these nuances are already recorded in the "Findings" column in Table 2, so the authors would not have to go back to the 50+ papers to re-abstract details regarding GBV.

a. We thank the reviewer for this suggestion. We have added a more comprehensive definition of GBV in the first paragraph of the background section (page 3 lines 5-13) to address this concern. We now state:

i. "Gender-based violence (GBV), defined as violence perpetrated against an individual based on their gender/gender identity(1, 2), is an important global health and human rights concern. GBV includes physical, sexual and psychological/emotional violence and can be perpetrated by a variety of actors, including intimate partners (referred to as intimate partner violence (IPV)), family members, community members, and representatives of the state (e.g. law enforcement officials) (1, 3). GBV is a common experience for women globally, with estimates suggesting that 1 in 3 women experience some form of GBV in their lifetime, primarily from an intimate partner (4). Marginalized populations including female sex workers (FSW), transgender women, and women who use drugs experience even higher rates of GBV, often perpetrated by intimate partners and non-partners, including representatives of the state (5-7)."
2. Conclusions drawn adequate: Since this is a scoping review, the intent was to "map" the literature relevant to the target phenomenon. The conclusion section provided a synthesis of the extant research evidence, though perhaps the most important function of this section was to introduce the key concepts (at the risk of being repetitive, I would like the authors to elaborate on the GBV concept), gaps of knowledge, and types/sources of evidence about the relationship between GBV and engagement in the HIV care continuum.

a. As noted in the last point, we agree that it is important to elaborate on the concept of GBV, and we now provide an expanded definition in the introduction. We have also added more explicit language in the conclusion to highlight the gaps in knowledge (limited research exploring PrEP use and engagement in the HIV care continuum and PrEP among key populations), and the types/sources of evidence (that there was a dearth of longitudinal research) about the relationship between GBV and engagement in the HIV care continuum.