Author’s response to reviews

Title: Prevalence and Predictors of Help-seeking for Women Exposed to Spousal Violence in India - a cross-sectional study

Authors:

Malin Leonardsson (malin.leonardsson@hotmail.com)

Miguel San Sebastian (miguel.sansebastian@epiph.umu.se)

Version: 1 Date: 09 Jun 2016

Author’s response to reviews:

Dear BMC Women´s Health Editors

Thank you for the thoughtful comments and feedback on our paper. We have systematically gone through and responded to each comment or suggestion by reviewers. These comments have been reviewed and approved by all authors.

Changes made in response to comments are also given.

Yours sincerely

1. Editor’s comment: Update the literature review to include the articles noted in the reviewer's comments.

Author’s response:

>See author’s response to reviewer’s comments 6 and 7.

2. Editor’s comment: Offer more explanation for the conceptualization of the variables in the model: for example why were variables categorized as they were?

Author’s response:

>See author’s response to reviewer comment number 9 for development of why variables were allocated to the different system-levels of the ecological model.
We have also added why variables were categorized the way they were; we categorized most in the same way as in other studies that have used the same population data. See changes on p. 18-19.

3. Editor’s comment: Expand the discussion section as noted by both authors.
Author’s response:
>See author’s response under reviewer’s comments point 5 and 11.

4. Reviewer #1 comment: Background material is presented regarding the prevalence of IPV in India and cultural aspects unique to India that may be a deterrent for women seeking help. This information is contrasted with studies in other parts of the world. The organization of this section could be improved with the use of sub-headings.
Author’s response:
>We have restructured the introduction (see “Other changes” at the end in this response letter for more information about this). The sub-heading “IPV in India” has been added on p. 8, the sub-heading “Barriers to help-seeking” has been added on p. 9, and the sub-heading “Factors associated with help-seeking” has been added on p.11 in the revised manuscript.

5. Reviewer #1 comment: However, the discussion lacks depth in how the findings moves the science forward and the policy implications are weak and seemingly contradictory to the introduction. For instance, one of the policy implications was just to educate police officers and the criminal law system. An important implication that was stated was ensuring all children complete primary education to help empower women. A more in-depth discussion of how the results can be used to advocate for this and how this could be achieved would strengthen the findings.
Author’s response:
> The discussion has been changed and developed in the following ways:
> The policy recommendation has been moved from the Conclusion to the Discussion section. From p. 29-32 we have now developed the policy recommendations.
> At the beginning of p.27 we have added that our study is the first to find that age at first marriage is a significant predictor of help-seeking in India and at the beginning of p. 30 we write that this finding advocates for prevention of child marriages. Since there is already a National
Action Plan which includes multiple measures for how to prevent child marriages, we encourage the government to fulfil this strategy.

> On p. 30-31 we have developed the recommendations about educating the police and health care staff and changed our recommendation about screening. A discussion about some barriers to seeking help from the police (attitudes of the police) and barriers to screening (perceived by health care staff) has been added. Changes in our recommendations about screening are discussed more in author’s response to 11. Reviewer #2 comment.

> At p. 32 we have also recommended community-based interventions to target norms and values around violence against women. We write that political and religious leaders should be involved, and also boys and men.

> At p. 30, above the sub-heading “Methodological considerations”, we have added that the legal framework could be strengthened by including rape within marriage as a crime:

“By revealing that the proportion of women who seek help from anyone for sexual spousal violence is almost non-existent in India, our study demonstrates that sexual spousal violence is, even more so than physical and emotional spousal violence, viewed as a private matter. The legal framework could strengthen women’s rights and also influence people’s attitudes towards rape within marriage by defining rape within marriage as a crime”.

6. Reviewer #2 comment: One hesitation with this article is that this research question has already been examined with this data set. While the author state (p. 9). "To date there have been no comprehensive study in India regarding factors determining whether an individual seeks help -formal or informal- for IPV or spousal violence." For one, this reviewer herself has published an article (attached) that uses the same data to examine the prevalence and predictors of help-seeking, with perhaps a more theoretical angle. Other researchers have also addressed this same question (please see attached examples. Though replication and verification are crucial to science, and the authors code their data differently, the fundamental methods and conclusions are much the same as previous authors.

Author’s response:

> We thank the reviewer for this updating. When our article was submitted for review in November 2015, these two references had not been published so it has been an unfortunate coincidence to have 3 research groups analysing very similar research question at the same time.

We have now included both reference and state an explanation in the introduction (see p. 13). The text reads now:
“Knowledge of the factors which are associated with seeking help for IPV in India is necessary to address the problem and plan interventions. Till recently no comprehensive study in India regarding factors determining whether an individual seeks help, whether formal or informal, for IPV or spousal violence existed. However, while the current study was under review, two studies with a similar approach and using the same database were published. Paul examined the extent to which sociodemographic differences among women impacted their participation in both informal and formal help-seeking behaviours using a different conceptual framework to ours [14]. The findings indicated that education and employment were the two most important sociodemographic determinants for seeking help from both formal and informal sources. Rowan et al focused on the role of female empowerment for formal and informal help-seeking after spousal violence using a different analytical approach (Ref). They found that severe violence and injury from violence were the strongest correlates of seeking help and that overall, measures of empowerment were not related with help-seeking [13].

7. Reviewer #2 comment: The authors note that (p.9), "There have been few studies addressing help-seeking for IPV in Indian women. The author cites only two, but there has been substantial qualitative research, albeit within specific populations, such as in specific states, socio-economic strata, or health conditions (e.g., perinatal women or women with HIV).

Author’s response:

>Thanks for the comments. Two more references have been added (Rowan et al 2015; Paul 2016).

>We have also expanded the section about research about help-seeking for IPV in India by writing about reasons for not seeking help in India and perceptions of options for abused women, results from two qualitative studies (Decker et al 2013; Ragavan et al 2015). See p. 9-10.

8. Reviewer #2 comment: While the paper's methods are appropriate, I think the conceptualization and conclusion warrant more development: some conclusions drawn are very surface level, and I think the authors could have done more to review the literature on mechanisms that explain the findings and the barriers to help-seeking. For example, the authors write that "Selfblame, fear of being blamed, hoping that their partner will change are also reasons for not seeking help [13]. In addition, fear of losing housing, lack of money, lack of knowledge about support services and the perception that seeking help from formal institutions will not be useful can be obstacles for seeking help from formal institutions [14]. This indicates that IPV is viewed as a private matter in many societies." But the preceding reasons do not directly connect: self-blame and fear result in the silencing of the victim, she
or he may not simply view it as a private matter. More over, the author's context is India, but cites studies in the United States without informing the reader of this change in context.

Author’s response:

> The statement “This indicates that IPV is viewed as a private matter in many societies” has been removed from what was originally p. 6 (p. 10 in the revised manuscript) since we agree that it did not directly connect with the preceding reasons for not seeking help.

We have restructured the introduction and previous research (see more information on in "Other changes" at the end of this response letter) and on p.10 in the revised manuscript we added what contexts the research findings on reasons for not seeking help come from.

On p. 9, directly under the new sub-heading “Barriers to help-seeking” a new section about barriers to help-seeking for women in South Asia has been added (see citation below), together with examples of why women in India who had been exposed to spousal violence did not seek help: (for full text, see p. 10 in the revised manuscript)

“The discourse on IPV in South Asia is victim-blaming and focuses on what abused women have done to cause her husband to be violent and why she does not tolerate violence within marriage. Women are socialized into feeling responsible for family integrity and for solving relationship problems. This promote self-blame and make women feel responsible for the violence, which in turn affect their self-esteem and help-seeking behaviours. There is also stigma attached to seeking help for spousal violence and women are socialized into feeling shame and guilt if disclosing abuse [21]”

9. Reviewer #2 comment: The author modifies Heise's four-level ecological model to include a translevel factor. This reviewer acknowledges that in the regression model used, all variables will be operationalized as factors in the regression. But the authors could do more to explain their conceptualization of their variables. The authors do not discuss how attitudes towards violence can be influenced at each level. It is not clear how severity of violence and injury are "personal" characteristics, rather than part of the family or exo-system. Moreover, other variables could also be considered "trans-system" such as wealth.

Author’s response:

> From the end of p.18 to the middle of p.20 we now explain that the variables were allocated to different system-levels of the ecological model based on other published literature when possible. This is for example why we placed socioeconomic status (wealth index) in the exo-system (Heise 1998). We considered Severity of violence and Injury as a part of a woman’s personal history since it is something she has experienced, either recently or in the past.
In Methodological considerations on p. 33 we have added a paragraph related to the issue that variables can be considered to be part of other system-level factors:

“Although variables were allocated to the different levels of Heise’s model following the literature when possible [21,40,41], we are aware that other conceptualizations are also possible. For instance wealth was considered as an exo-system variable in our study but it could also have been included as a trans-system variable. While estimates in our model would not be modified, the interpretations of the results could have been different.”

> A reference for the statement that attitudes to violence against women are influenced by factors at all social levels, together with some examples of such factors, has been added on p. 20 (Flood & Pease 2009).

10. Reviewer #2 comment: The authors state "There may also be regional differences in the implementation of legal provisions regarding violence against wives. The lack of legal sanctions against IPV and SV in India may also contribute to reducing the proportion of women in India who seek help for SV."

And describe that help-seeking from institutions "is amongst the lowest in the world." The authors should do more to explain why regional differences occur and justify the statement that help-seeking is among the lowest in the world.

Author’s response:

> We have developed the section about the implementation of the Domestic Violence Act on p. 9. We have given examples from the literature (Ghosh and Chouduri 2011) of how the implementation differs within the country and why the Act has failed to address the problem with domestic violence. In the discussion on the middle of p. 28 we have changed the formulation “may be regional differences” to the following since there are regional differences:

“There are also regional differences in the implementation of legal provisions regarding violence against wives [22].”

> The statement that help-seeking rate in India is amongst the lowest in the world have been removed from the manuscript (see p. 7, p. 25 and first sentence on p. 34). The results were compared to the results from Palermo et al’s (2014) study which examined the help-seeking prevalence for gender-based violence. Our study alone does not show that the prevalence of help-seeking from formal institutions is among the lowest in the world.
Instead we replaced the statement that India has one of the lowest rates of help-seeking from formal institutions with this at the end of p.12:

“A study on women’s help-seeking for gender-based physical and sexual violence in 24 low and middle income countries, indicated that India had a very low prevalence of help-seeking from formal institutions for such violence compared to many other countries in the study.”

11. Reviewer #2 comment: The authors state, "Given the prevalence of IPV in India and that the rate of help-seeking is low, women should be screened for violence during all health care visits, and trained staff should be available to help and support victims". They should briefly describe any barriers to screening and cite studies describing whether screening may increase seeking help, not just identifying violence victims.

Author’s response:

> After more thoroughly reviewing the literature on screening for IPV, we have changed our recommendations about screening since there is little evidence that screening leads to a decrease in violence or better health outcomes. WHO does not recommend universal screening, and instead of going against their recommendations, we agree that resources within the health care system should focus on education health care workers in how to respond to women who disclose violence, and selective screening, instead of spending resources on universal screening. On p. 31 references to studies on screening have been added and some barriers to screening are mentioned (Ramsay et al 2002; WHO 2013; Sohani et al 2013; Fikree et al 2004). Our discussion about screening and the health care system now reads:

“Given the prevalence of IPV in India and the low help-seeking rates, it can be discussed whether women should be screened for violence during health care visits or not. As mentioned in the literature review, a study from Mumbai indicated acceptability of screening among the patients in the study since two thirds of them would be willing to disclose violence if asked about it in a health care setting [23]. There is no consensus on whether screening for IPV in health care settings is beneficial or not, but there seem to be a predominant view in the literature, including WHO guidelines, is that universal screening for IPV cannot be justified [52,53]. Several studies have found that universal screening for IPV did not decrease the recurrence of violence or improve the health of IPV victims [52,53]. In settings where prevalence of IPV is high and referral options limited, the capacity to respond to victims of IPV identified through screening is likely to be insufficient. Instead selective enquiry may be more beneficial to victims of IPV [53]. Health care providers should ask about IPV when assessing conditions that may be caused by IPV, in accordance with WHO recommendation. However, evidence from India suggests that health care providers were reluctant to asking patients about IPV, especially sexual IPV [54]. Barriers to asking patients about IPV perceived by obstetricians in Pakistan included not having a solution to the problem, feeling uncomfortable discussing the subject with patients and fear of
police involvement for the obstetricians themselves [55]. Similar barriers are likely to be perceived by health care providers in India. This point to the importance of training of health care staff in order for them to overcome reluctance to discussing IPV with patients. We recommend that efforts within the health care system should focus on training health care providers in how to respond to women who disclose violence.

Other changes to the manuscript:

> We have restructured the introduction and literature review into a more logical order. In the original manuscript we did not write anything in the three first pages about research from India or about the Indian context although it is a study about help-seeking in India. Therefore we have moved the paragraphs with factors associated with help-seeking from different contexts to p. 12.

After the introduction with prevalence of help-seeking in different countries now comes the new sub-heading “IPV in India”. After the paragraphs about gender power relations, now comes the section about acceptance of spousal violence in India (see p.8) and then the section with legal regulations on p.8 (where we have added some examples regional differences in implementation).

After the section “IPV in India” we have added the sub-heading “Barriers to help-seeking” where we write about barriers to help-seeking and reasons for not seeking help (p.9-10).

Finally, after the section “Barriers to help-seeking” we have added the sub-heading “Factors associated with help-seeking”. Here, starting on p. 11, we have the paragraphs with predictors of help-seeking that previously was on p. 6-7. After this, on p.13, we have added the two new references (Rowan et al 2015; Paul 2016) and our objectives.

> We have removed the abbreviation SV in the manuscript and replaced it with “spousal violence” because it is not a universal abbreviation (like IPV is).

> On p. 7 in the revised manuscript we removed the following text since the context is very different from that in India together with the fact that the sample was not representative:

“A Swedish study reported that help-seekers were more likely to have had children with the perpetrator than women who did not seek help [18], but the sample was not representative so the results cannot be generalised.”

The whole section about factors associated with help-seeking was moved from p.7 to p. 12. However, track changes failed to mark the move when we moved the section. Instead it looks like the whole section is removed from p.7 and a whole new one is inserted on p.12.

On p. 27 in the Discussion we therefore also removed the following text:
“This contrasts with findings from Sweden, where women with children were more likely to seek help than women with no children.”

> On p. 11 we added the following paragraph, since we think that this gives the reader essential information about help-seeking in India:

>“Women in India who seek help for spousal violence mainly turn to their own family for support, while their husband’s family and neighbours are the second and third most commonly approached sources for help [15].”

> On p. 25-26 (in the Discussion section) we relate our results on prevalence of help-seeking from formal institutions and our results on predictors of help-seeking (severity of violence, injury, education and religion) to the two articles that Reviewer #2 sent (Rowan et al 2015; Paul 2016).

> On p. 32, the sub-heading “Limitations and strength of the study” has been changed to “Methodological considerations”. At the end of this section, the strengths of the study have been removed.

> Some repeating of the results have been removed from the Conclusion section on p. 34.

> A few sentences about the policy recommendations are summarised in the Conclusion at p. 35

> On the first line of p. 36 the sub-heading “Directions for future research” has been removed and this part has been integrated into the Conclusions. We removed the statement that more research on women’s reasons for not disclosing violence is needed, since this kind of research already have been done in India. We added that attitudes to IPV among the police force and judicial system in India should be studied.

> On p. 37-38 we have added information about the availability of data and material, funding and author's contribution.