Reviewer’s report

Title: Should community health workers offer support healthcare services to survivors of sexual violence? A systematic review

Version: 0 Date: 02 Aug 2017

Reviewer: Kathryn Falb

Reviewer’s report:

Overall, the systematic review represents a strong contribution to knowledge regarding how community health workers can contribute to healthcare services for survivors of sexual violence. Not surprising, this review only found seven studies which met inclusion criteria.

The manuscript can be strengthened by minor revisions:

1. The finding that only 3 of 7 studies included information on socio-demographic characteristics of CHWs and none included information on how these factors, particularly sex of the CHW, may have contributed to outcomes is striking. The discussion could benefit from further analysis of how this information is needed with additional examples of research questions in this area, particularly when examining outcomes such as stigma, CHW attitudes, or broader feasibility and acceptability.

2. The discussion would benefit from more specificity of the outcome. For instance, while the review search terms include sexual violence, sexual abuse, and various other related terms, it is unclear how these programs may operate differently depending on whether sexual violence is perpetrated by a non-partner or sexual violence as part of intimate partner violence or as perpetrated by a caregiver. Can the authors comment in the discussion on whether the exclusion of ‘intimate partner violence’ or other terms related to child abuse may have influenced whether some studies that use CHWs may have been missed or whether they think the feasibility, acceptability, or CHW approach and general broad inferences from the review may be different based on the types and manifestations of sexual violence?

3. It may be useful to more explicitly pull out differences between LMIC settings and more high income settings within the results and discussion if the authors think CHW approaches may operate differently or if the results are truly comparable given such differences in settings.

4. The final paragraph in the results notes ‘delaying care for the survivor’. Did any of the studies include assessment of reaching the 72 hour recommendation for health services after experiencing sexual violence? This seems to be a key outcome that future studies can assess across settings for comparability.

5. One of the challenges in evaluating services for survivors is that psychosocial support (first paragraph, discussion) and other types of individualized case management services can be quite
tailored to individuals. Can the authors provide recommendations of key outcomes and constructs that should be measured across evaluations going forward both for health and other mental health/ well-being assessments? Are there particular study designs that may be more amenable to following up survivors to measure effectiveness for a variety of health outcomes that the authors would recommend?

6. Can the authors provide recommendations on how to ethically engage more survivors in research or in robust monitoring of services to increase the number of survivors interviewed for evidence generation on this CHW delivery approach?

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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