

Peer Review File

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Reviewer A

Comments:

Through qualitative methods and analysis, the authors gain important insight to inform development of a support service for gender based violence for a marginalized population of women. Please see my comments below:

1. line 103 - please site evidence for an emotional hotline intervention to address GBV

RESPONSE: We have added this citation.

2. line 121-123 How were the outreach workers and data collectors identified? Are they part of a larger GBV organization?

RESPONSE: We have added information about the organization.

3. line 209 Please clearly state N (number of participants) in first line of results.

RESPONSE: We have included this information (58 participants).

4. Why was WhatsApp chosen as the service of choice for a hotline for this population? What percent of the population uses whatsapp in Cambodia? How many FEW participants already had whatsapp on their phone? I don't see discussion with participants of what the best platform would be and why, i.e. every participant uses whatsapp, or whatsapp fit most of the criteria to meet the needs described by this population.

RESPONSE: We have added several lines on page 5 to address this question.

Reviewer B

Comments:

The authors have presented a well-written manuscript describing preliminary qualitative work to design a WhatsApp hotline for female entertainment workers in Cambodia.

1. Overall, better situation of the work related to other hotline/phone/mHealth/case management interventions for GBV and/or populations engaging in sex work, particularly in Asia, would benefit the manuscript. For example, lines 108-109 mention that there are no app-based hotlines in Cambodia. Are there others elsewhere? Any other types of similar interventions aimed at similar populations in different geographic areas?

RESPONSE: We have added some additional details to address these questions in the background section.

2. Early in the Background, it would be helpful to know the estimated prevalence of FEW in Cambodia.

RESPONSE: We have added the number of FEWs and a citation.

3. Line 104: cite other examples of hotline interventions for providing support globally.

RESPONSE: We have added several citations for hotline including a systematic review.

4. Throughout the manuscript, the verb tense shifts between past, present and future when describing the study events. An example of this is the first paragraph of the Results (lines 209-214). Please review verb tense throughout the manuscript and make consistent.

RESPONSE: Thank you – we have reviewed the document for tense issues.

5. Lines 395 and 407: remove introductory words or format correctly as sub-headers.

RESPONSE: Thank you – we have made clear the sub and sub-sub headings.

Reviewer C

Comments:

The topic and approaches taken are relevant.

1. As stated in the abstract, the authors had decided upon using WhatsApp before the survey was conducted. One of the conclusions is that “FEWs expressed a desire for emotional support through a WhatsApp hotline” . While they expressed a desire for emotional support, it was not through WhatsApp, as “ Nearly all FGD and IDI participants indicated a preference for a phone call, indicating it was easier, more immediate, did not require a smartphone or internet availability.” WhatsApp requires Internet connectivity and at least a feature phone. This discrepancy needs to be resolved.

RESPONSE: We have added language to clarify this in the background section.

2. The word “hotline” needs to be defined. What type of service is to be delivered, telephony, voicemail, or instant messaging. The conclusion provides no insight as to which modality is to be used. Presumably, this was one of the purposes of the paper. Noting the issue of literacy, is WhatsApp instant messaging, for example, a viable solution?

RESPONSE: We have added this line in the background: “ KHANA, a public health non-governmental organization in Phnom Penh, is developing a WhatsApp-based hotline for FEWS that would offer both phone and text support to callers.”

3. While 80% of interviewees owned their own phone, were these Internet-enabled? Did all interviewees have a phone, even if they did not own it, or have ready access to a phone in an emergency situation?

RESPONSE: We have added this line : “all of whom have access to a phone, 80% own their own cellphone phone, half of which are internet-enabled smartphones.”

4. The methods do not describe how information in the interviews and discussion were was gathered, other than there being electronic transcriptions. Were they recorded and transcribed? Was there a need to translate them?

RESPONSE: All FGDs and IDIs were digitally-recorded and transcribed in Khmer. Transcriptions were then translated in English. Bilingual staff members double-checked the translation.

5. An issue not addressed in the paper is cultural interpretation of the results on the one hand, and who

will be responding to the FEWs? What experience will be required of a responder?

RESPONSE: Just wanted to clarify that this is not a protocol but an exploratory study. We have our ideas about who would be appropriate staff for this hotline but at this stage we wanted to get the thoughts of our future beneficiaries.

6. Ethics approval: presumably, the National Ethic Committee is the National Ethics Committee of Cambodia.

RESPONSE: The country name was added.

7. The paper needs minor English editing e.g. in box 1 'once' should be 'ones'.

RESPONSE: Thank you – we have edited.

8. Line 385: a square bracket “[“ is missing.

RESPONSE: Thank you – we have edited.

Reviewer D

Comments:

This article describes the findings from 5 focus groups and 10 in-depth individual interviews with female entertainment workers (FEWs) in Cambodia, which aims to explore their preferences for an emotional support hotline provided via WhatsApp for FEWs. This formative study provides some useful data to inform the development of the WhatsApp hotline. My overarching comment is that the authors should provide more justification for developing a new, WhatsApp-based support program based on the limitation of existing services and other potential platforms and the participants' comments. The transparency of the methods also needed to be improved. My specific suggestions are as followed:

Introduction:

1. Suggest to briefly describe the existing violence prevention and response or mental health services, if any, available in Cambodia, and how they failed to reach and help FEWs. This strengthens the case for developing a new service focusing on helping the FEWs.

RESPONSE: We have added a paragraph describing these services in the background section.

2. A brief review on existing digital-based interventions for violence prevention (not necessarily WhatsApp-based) should be provided.

RESPONSE: We have added this information in the background section.

3. Page 4 line 99: The prevalence of 32.8% should refer to “physical or sexual violence or both”, not “physical and sexual violence (4.5% only)”

RESPONSE: Thank you – we have addressed this.

4. Page 4 line 100: The prevalence of “one in five men reported raping a woman or girl” in Cambodia seems terribly high given raping is a very serious offence. I skimmed through the cited reference and could not locate the figure. Note that the “risk factor prevalence” in table 3 refers to men who were victim (not perpetrator) of sexual victimisation (including rape). Please clarify and ensure accurate reporting of the figure.

RESPONSE: On page 38 of the UN report you can see in the chart that 20% of the nationally representative sample of men in Cambodia reported having perpetrated rape.

5. Suggest reporting statistics on the smartphone penetration, internet access, etc. in Cambodia. This provides information on the potential reach of the intervention.

RESPONSE: We have added: “ For context, there were 21.24 million mobile connections in Cambodia in January 2020 which is equivalent to 128% of the total population. In addition, internet penetration in Cambodia was 58%” to the background section.

Methods

6. The authors are suggested to justify why convenience sampling was used instead of purposive sampling, which selects interviewees of particular characteristics to enhance the diversity of the data, especially for hard-to-reach populations.

RESPONSE: We added: This method was cost-effective because outreach workers could recruit participants during their regular outreach activities and invite them to attend data collection events

7. Given the sensitive nature of the research topic, the authors should provide more information about

the interviewers/ facilitators who conducted the interview and how they were related to the interviewees to demonstrate reflexivity.

RESPONSE: We have added: Peer leaders and outreach workers, trained local female staff, worked were recruited from existing staff at KHANA national non-governmental organization in Phnom Penh as data collectors

8. More description with rationales about the composition of the focus group is needed, e.g., the number of members in each group, if the members within the same group know each other, etc.

RESPONSE: We did not ask if participants knew each other but we did have specific language in our informed consent script that acknowledged this. We have added this language in our description of the informed consent process: “the fact that they may already know or encounter members of the FGD in their regular life,”

9. It is not clear from the text if audio recording or other means was used to record the qualitative data.

RESPONSE: We have added these details: All FGDs and IDIs were digitally-recorded and transcribed in Khmer. Transcriptions were then translated in English. Bilingual staff members double-checked the translation.

10. What measure has been used to improve the trustworthiness of the findings, e.g., double coding, member checking, etc?

RESPONSE: We have added some details in the methods: Notes taken during data collection and initial broad codes were constructed by Cambodia research staff. International researchers supported the next phase of analysis which included codebook development. Final themes were presented back to Cambodia data collectors for comment.

Results

11. A table showing the distribution of participant characteristics will be more useful than summary statistics reported in the text to give an overview of the samples, which aids interpretations of the relevance of the findings to different subpopulations.

RESPONSE: We have added a table with characteristics.

Discussion

12. The authors are suggested to discuss the advantage of WhatsApp or mobile instant messaging apps for providing violence prevention support to FEWs compared with traditional approaches, e.g., telephone helpline.

RESPONSE: We have added this section to the background: The online hotline has been a way to reach people who are talking about what happened to them for the first time and may not have reached out in any other way. Chatting online is now a normal and preferred form of communication especially for younger users and may feel more private in that it can't be overheard. The network found that the online communication offers survivors a way to control the pace and content of the conversation in a way that they could not on the phone. RAINN has found that the chat system can be especially useful for survivors who experience more violent trauma and may not ever be able to speak about their experience out loud. They have found that survivors ended up revealing more than they typically do using their phone hotline (15).

And some language to the discussion: Having a text and voice options may allow callers to have more privacy and disclose more personal information than a voice-only option. Using WhatsApp offers a secure way to offer these services.

13. Based on the interviewees' comments on the type of support they want, the authors may wish to discuss which existing psychotherapeutic approach or theory could be used to guide the proposed WhatsApp hotline intervention.

RESPONSE: We have added this language and citation:

Our findings suggest that FEWs in Cambodia would prefer a 24hr hotline with voice and text options that provides emotional support from kind and comforting female staff who can give general advice for personal problems, encouragement that will improve long term mood and address depression from stress and violence, and immediate help for violence. This has been found in other populations where both immediate crisis support is needed as well as support for the long-term effects of violence (24).