ICMJE DISCLOSURE FORM						
Dat	te:	3/1/2023	3/1/2023			
You	Your Name: Nayreen Daruwalla					
Manuscript Title:		Understanding the support needs of survivors of violence against we in urban India: a prospective analysis of client records	Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records			
Ma	nuscript Number (if k	nown): GHR NIHR135652 (17/63/47 RA1)				
cor affe ind The epi tha	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.					
	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)					
		Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g.,	□ None  UK National Institute for Health and Care Research				
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		relationship or indicate none (add rows as needed)	made to you or to your institution)		
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		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
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Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICMJE DISCLOSURE FORM				
Date:	ate: 3/1/2023			
Your Name:	Tanushree Das			
Manuscript Title:	Manuscript Title: Understanding the support needs of survivors of violence against won in urban India: a prospective analysis of client records			
Manuscript Number (if know	vn): GHR NIHR135652 (17/63/47 RA1)			
content of your manuscript. affected by the content of th indicate a bias. If you are in o The author's relationships/ac epidemiology of hypertensio that medication is not mention	upport for the work reported in this manuscript w	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	me all entities with whom you have this ationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
Time frame: Since the initial planning of the work				

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	ICMJE DISCLOSURE FORM					
Da	te:	_3	3/1/2023			
Yo	Your Name: Vanessa D'Souza					
Ma	nuscript Title:	· ·	Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records			
Ma	nuscript Number (if kı	nown): _@	GHR NIHR135652 (17/63/47 RA1)			
cor affind The epi tha	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.					
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	Time frame: past 36 months				
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
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Date:			3/1/2023	
Your Name: Manuscript Title:			Shreya Manjrekar  Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records	
Mai	nuscript Number (if k	nown):	GHR NIHR135652 (17/63/47 RA1)	
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.	
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	em #1 below, report and for disclosure is the		·	ithout time limit. For all other items, the time
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			Time frame: past 36 month	s
2	Grants or contracts from	[⊠] No	one	
	any entity (if not indicated in item #1 above).			

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13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/1/2023  David Osrin	
Your Name:		
Manuscript Title: Understanding the support needs of survivors of violence aga in urban India: a prospective analysis of client records		
Manuscript Number (if known):	GHR NIHR135652 (17/63/47 RA1)	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Pate: Your Name: Manuscript Title:		3/1/2023 Shanti Pantvaidya			
					Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records
		Mai	nuscript Number (if k	own): GHR NIHR135652 (17/63/47 RA1)	
con affe	tent of your manuscri ected by the content o	ency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
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1	All support for the present	elationship or indicate none (add rows as needed) made to you or to your institution)  Time frame: Since the initial planning of the work  None	ere		
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

	TOWISE DISCLOSURE FORM		
Date:	ate: 3/1/2023		
Your Name:	Sonali Patil		
Manuscript Title:	Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records		
Manuscript Number (if known):	GHR NIHR135652 (17/63/47 RA1)		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if		
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Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:			3/1/2023			
Your Name:			Sangeeta Punekar			
Manuscript Title:			Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records			
Manuscript Number (if known):		known):	GHR NIHR135652 (17/63/47 RA1)			
con affe indi The epic that	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time					
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