Author’s response to reviews

Title: Acceptance of routine or case-based inquiry for intimate partner violence: a mixed method study

Authors:

Heidi Stöckl (Heidi.Stoeckl@lshtm.ac.uk)
Linda Hertlein (linda.hertlein@med.uni-muenchen.de)
Isabelle Himsl (isabelle.himsl@med.uni-muenchen.de)
Nina Ditsch (nina.ditsch@med.uni-muenchen.de)
Carolin Blume (carolin.blume@med.uni-muenchen.de)
Uwe Hasbargen (uwe.hasbargen@med.uni-muenchen.de)
Klaus Friese (klaus.friese@med.uni-muenchen.de)
Doris Stoeckl (doris.stoeckl@helmholtz-muenchen.de)

Version: 3 Date: 19 January 2013

Author’s response to reviews: see over
Editors

Copyediting: After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further. We advise you to seek the assistance of a fluent English speaking colleague.

We have shown the manuscript to a fluent English speaker for language editing.

Reviewer 1

Minor Essential Revisions

1. General comments. Authors use several terms to name two different approaches to IPV identification in clinical settings; therefore it is not easy to follow them. For instance the first method for universally asking for IPV all women is called ‘universal screening’, ‘routine screening’, ‘routine inquiry’, ‘screening’, ‘always ask for IPV’. The second method for identifying survivors of IPV by asking only those women who are presented with known risk factors is called ‘case-based screening’, ‘screening only women suspected to be most in risk’, ‘screening under certain conditions’. I would recommend give clear definition of the two methods in Introduction and use the same two terms through the manuscript for IPV screening of all women regardless of presumed risk (for instance, ‘IPV screening’ or ‘routine IPV screening’) and for asking only women with risk factors of IPV (for instance, ‘clinical inquiry’ or ‘case-finding’).

Thank you for this useful suggestion. We have expanded the section in the introduction where we discuss the two approaches to screening and we now clearly state in the text and tables whether we are referring to routine or case-based inquiry for intimate partner violence. This should have taken care of inconsistencies in this regard.

2. I tend to think that some clarification should be added to interpretation of the study results. Women’s answers ‘under certain conditions’ should be counted as positive response to case-finding approach rather than screening for IPV. My understanding is supported by those women’s responses to open-ended questions (Results, paragraph 5), where they list risk factors of IPV and conditions which should be met before asking about IPV.

We have worked over the results and discussion section in light of this and the previous point to clarify the interpretation of the results.

3. Introduction. Pre specified hypothesis should be added after study objectives.

We have added our hypothesis at the end of the introduction section.

4. Methods. In paragraph 2 authors states that ‘The answer options for both questions were ‘yes’, ‘no’ and ‘under certain conditions’. For some reason women’s responses to the same questions in Table 1 are named ‘yes’, ‘no’ and ‘maybe’. This inconsistency should be resolved.

We have changed the response in Table 1 to “case-based inquiry” and for consistency (point 1) also changed the yes answer in the table to ‘routine inquiry’.
5. Results. I would suggest reporting prevalence of women’s responses to two main questions as percentage with 95% confidence intervals. Results should be connected with raw data in tables 1 and 2.

We have included 95% confidence intervals for the prevalence estimates in the results sections and linked the results to the tables.

6. Discussion. The question ‘What new information on identifying IPV during pregnancy was gained from the current study?’ should be clearly answered.

We have added this information in the beginning of the conclusion section. We are aware that there are many studies on the acceptability of screening for intimate partner violence already, however, none was conducted in Germany. As the publication of our prevalence study showed, in order to be cited in trainings for German health care providers, data from one’s own country is more convincing and more appreciated, even if the study was done at a small scale. In addition, our study supports the growing evidence for the high acceptance of screening in antenatal care as well as the mounting knowledge on how screening should be conducted.

7. Conclusions seem to be the weakest part of the manuscript. The first sentence refers to found prevalence and health implications of IPV which is not supported by the data.

We have now rewritten the first two sentences of the conclusion section to make the link to our study stronger. However, we would like to keep the last part of it although it looks beyond the scope of this article as it addresses the lack of existing awareness and training among doctors on intimate partner violence, which is a necessary first step to implement routine or case-based inquiry on intimate partner violence in the health care setting.

8. Finally, generalisability and practical implementations of the study results should be discussed.

We have expanded our limitation section as well as the conclusion section to address these two points.

9. Abstract. In Results the authors state that ‘Open-ended survey questions and in-depth interviews showed that women preferred case-based to routinely screening for IPV’. Without figures this statement contradicts with the first sentence ‘92 percent were in favor of screening for IPV’. How many women out of 401 supported case-finding approach to IPV identification rather than universally screening?

Thank you for pointing out this inconsistency. We have deleted part of the introduction and slightly restructured the sentence to better reflect the findings of the open ended questions, which were only asked to women who supported the case-based inquiry approach and the qualitative interviews.

Reviewer 2

Abstract:
1. Please specific the directionality of the associations reported in the results; the following sentence doesn’t give the reader a sense of directionality: “…Acceptance of screening for intimate partner violence during antenatal care was significantly associated with women’s experiences of child sexual abuse, their level of education, age, marital status and smoking during pregnancy …”

We have revised the wording of the abstract to give the direction of the associations.

2. The conclusion statement in the abstract sounded more like screening recommendations than direct inferences from the study findings: “Screening for intimate partner violence is acceptable if done by trained providers in a professional manner. Until adequate training is in place, health care providers need to be aware of the prevalence and health consequences of violence during pregnancy.”

We have reworded the conclusion section to make it more reflective of the study findings. However, given that very few doctors screen for intimate partner violence in Germany and that there is a lack of discussion about screening among the medical community in Germany, we decided to keep the last sentence to highlight the importance of training and awareness of violence before starting screening, as this is a necessary first step to convince health care providers of the utility to inquire for intimate partner violence.

Introduction:
3. This sentence requires a reference: “…International studies on intimate partner violence during pregnancy show a prevalence of one to 26 percent for physical violence [INSERT REFERENCE HERE], with most studies conducted in Europe finding a prevalence of one to five percent [2-4]…”

We have rearranged the references which were previously grouped under [2-4]. Reference 2 now comes directly after ‘physical violence’. We have done the same for the following sentence for consistency.

4. Similarly, is there a reference for this statement: “…These detrimental health effects have led to international discussions and recommendations that health care professionals should screen for intimate partner violence during general health care visits…”

We have included two references.

5. In addition to the antenatal period providing a sure point of contact for screening, I believe there is also literature showing an increase both in the risk of intimate partner violence and in the severity of violence experienced during and immediately following pregnancy. Please include some of that literature here.

We have included a paragraph stressing these two points, including a mentioning of the increased risk of homicide and attempted suicide among pregnant abused women with the respective references.

Methods:
6. Please provide rationale regarding why the sociodemographic factors analyzed in the study were important from a theoretical perspective, using extant literature.
For example, why would smoking (or not smoking) be hypothesized to relate to whether
women accept (or don’t accept) screening for intimate partner violence? How would the other demographics be hypothesized to relate to screening, as well?

We have included a new paragraph into the introduction now to cover our reasons for analyzing why socio-demographic characteristics might influence women’s acceptance of routine inquiry for intimate partner violence by drawing on prior literature.

7. Please provide rationale for why the screening questions were pre-tested at a homeless women’s shelter if they were intended for pregnant women.

We have added information on the pre-testing on the questionnaires in the homeless women’s shelter. Testing the questionnaire at the homeless women’s shelter was partly based on convenience, as one of the authors was doing voluntary work there, but also on the fact that previous conversations with women residing there revealed that quite a few of them had experienced violence, including during pregnancy. As the women in the homeless shelter were willing to share their time they could provide detailed feedback on the individual questions such as how they interpreted them and how they felt about them. It was very helpful to receive feedback from both women who did and who did not experience abuse.

8. Please include reliability/validity data on the German language version of the Abuse Assessment Screen.

Unfortunately the Abuse Assessment Screen has not been validated yet in Germany. At the time of the survey there has also been no other instrument to assess the prevalence of intimate partner violence that has been validated. Unfortunately we also did not have the capacity within this self-funded project to do this. To translate the instrument we have used forward and back translation.

9. For the qualitative portion of the study, more details are needed regarding
   a) The rationale for undertaking the qualitative study – why was that portion of the study undertaken and what was the objective;

We have written this part under the analysis section of the methods and have now moved it up and expanded it. Basically, the aim of the qualitative interviews was to support the quantitative findings and to explore the conditions under which routine or case-based inquiry for intimate partner violence is acceptable in more depth as well as to further explore suggestions on how the health system can assist women who experience intimate partner violence.

   b) The stem questions for the qualitative interviews. What was asked of women, and what were the probe questions; and

We have now included this information.

   c) How the qualitative analysis was done. What interpretive framework was used for the analysis and why? I see some of that information is included in the analysis description; however, more description is needed when first introducing the qualitative component.

We have now included information on this.
10. On the analysis description, why would chi-square tests, Fishers exact tests and independent sample t-tests be needed to analyze the acceptance of screening for intimate partner violence? Please specify the cross variables you considered in these analyses.

We have used Fishers exact tests instead of chi2 statistics if the cell count was below 5, which was the case for example for child sexual abuse. We have deleted the reference to the independent sample t-test as we have originally used it to establish the p-values for Table 2, but decided not to report it in favour of the adjusted odds ratio, which are far more meaningful. Thank you for pointing out our omission to delete it from the manuscript. Also, we have restructured the wording to improve clarity on what variables were adjusted for in the multinomial regression analysis.

Results:
11. This summary sentence from the Discussion section should also appear in the Results section: “Overall, acceptance of screening for intimate partner violence during antenatal care was high among women who participated in the maternity ward survey, with 92 percent agreeing to it unconditionally or agreeing under certain conditions …”

We have inserted the information into the beginning of the results sections where we report on the acceptance of screening.

12. When referring to acceptance of screening efforts, please refer the reader to Table 1.

We have now referred to the Table under the section “Association with women’s experiences of violence”

13. I don’t understand these two sentences; please elaborate what is meant by “more likely to accept it under certain conditions…: “…Only women who experienced child sexual abuse were significantly less likely to say that doctors should screen women for intimate partner violence during antenatal care. But they were significantly more likely to accept it under certain conditions compared to women who did not report child sexual abuse …”

After re-working the manuscript to consider reviewer 1’s first comment, we hope that this section now became clear.

14. Under the results for “open-ended questions,” the authors suggest that “most women who accepted screening in antenatal care under certain conditions provided further comments on how this should be done.” Please specify the number and percentage of women. Also under this same section, the authors provide numbers of women who provided certain types of explanations, but did not provide numbers of women for the other types of explanations given. Why not? The data from the open-ended questions might be best summarized in a table, so that the reader can get a sense of how frequently certain types of responses were given. Please consider adding a table.

We have given the numbers requested and also added a Table. Please let us know if you think the table adds that much more information or whether giving the numbers in the text is sufficient.

Discussion:
15. The authors make a tentative claim as follows: “…This is likely to be related to the high frequency of antenatal care visits, the trust that builds up between the health care provider and the woman and the wish to ensure a safe and healthy pregnancy…” It seems the authors can make this claim more definitively based on the results of their qualitative interview findings.

We have made a slight amendment to the sentence to address your comment, which we think is right. Thanks for pointing it out.

16. These two sentences don’t make sense together: “…Few associations were found with sociodemographic factors and acceptance of screening. There seems to be a need to approach screening with greater care among younger, less educated women and women who smoke during pregnancy…” The authors state that few associations were observed, but then contradict the statement by suggesting that screening must be approached with greater care among younger women, less educated women, and women who smoke during pregnancy …”

We have now revised the sentence to make clear that the few associations we are referring to relate to women’s age, education and smoking status.

17. Related to this, please see my earlier comment about the theoretical motivation for examining the particular sociodemographics in the study; the authors should elaborate upon this in the discussion section.

We have rewritten this section and made reference to the findings of the qualitative interviews as well as the discussion of the existing literature that we have now included in the discussion.

18. The former two sentences are then followed by this sentence; I’m not sure who the authors mean when they say “this population” … which population …?: “…Literature suggests that some women feel that screening for violence may have a stigmatizing effect and this may be especially true among this population [16, 17] …”

By re-writing this section to address comment 17, this sentence should have become clear now.

19. This sentence requires a citation: “…The importance of how a doctor should screen women for intimate partner violence has already been acknowledged in the literature…”

We have included relevant references for this sentence.

General:
20. There are syntax/grammatical issues that will need to be addressed throughout the manuscript; here are three examples, but there are many others throughout the manuscript:

- On page 3: “… A study by Hellbernd et al, for example, found that 79 percent of women attending an emergency department would accept doctors ASKING ABOUT intimate partner violence [14]. Authors by the same study recommended several screening instruments and support for screening [12]. Apart from that, no empirical work has been
conducted in Germany on whether women are more acceptant (SUGGEST: ACCEPTING) of screening …”

On page 5: “…Acceptance of screening was significantly higher in antenatal care with 56 percent SUPPORTING IT (n=222), 36 percent (n=140) of women supporting it under certain conditions, and only 8 percent (n=33) being opposed to it …” There are numerous other examples.

On page 7: “…All seven women believed that antenatal care is a good time to screen women for intimate partner violence due to the greater trust and better relationship they experienced with the doctor, which is a results of the shorter treatment intervals…” I don’t know what this sentence means, and my confusion stems in part from the sentence syntax.

We have addressed all the three points made above and also screened the manuscript for other language and syntax issues. We have also shown the manuscript to a fluent English speaker for thorough editing.