Author's response to reviews

Title: The Prevalence of Exposure to Domestic Violence and the Factors Influencing the Progression from Psychological to Physical Violence: a Sample from Primary Care Patients

Authors:

Polona Selic (polona.selic@siol.net)
Katja Pesjak (katja.pesjak@mf.uni-ji.si)
Janko Kersnik (janko.kersnik@ozg-kranj.si)

Version: 2 Date: 18 March 2011

Author's response to reviews: see over
Research article

The authors are grateful to the Reviewers for all their suggestions, comments and advice, which helped to improve the manuscript.

Explanations and answers to the reports of Reviewers #1, 2 and 3

The term “screening” was omitted, and the wordings referring to the term were changed. The cited references advocating screening were updated and interpreted more carefully, especially those from one particular environment which is not culturally close to the one the authors investigated (i.e. Slovenia).

The data were elaborated more carefully for differences between female and male.

The progression from psychological to physical violence was explained.
The regression model was better explained.
The GPs’ reviews of medical records are described in detail.
Poverty or lower socio-economic status as information from the patients’ medical records is also explained.

Major Compulsory Revision

Title

The title was simplified to avoid the impression that the authors’ aim exceeded the scope of one paper into:

» The Prevalence of Exposure to Domestic Violence and the Factors Influencing the Progression from Psychological to Physical Violence: a Sample from Primary Care Patients«

Abstract

Abstract/ Background:
The misleading sentences:
»Domestic violence is a common and worrying social phenomenon, and is considered to be associated with several health risks. Patients in primary care would support a policy on
screening for violence, but most physicians do not implement universal violence screening in their practices.« were deleted and replaced with:
»Since many health problems are associated with abuse and neglect at all ages, domestic violence victims might be considered as a special group of primary care patients.«
as the authors were not in fact investigating the screening procedure itself, and only partially the relationship between exposure to violence and health outcomes.

Abstract/Methods:
The study period was elaborated (from January 15 to February 15 2009).

The authors had made it clear that both women and men were subjects of the study on exposure to domestic violence in the first version of the submitted manuscript by saying:
»family physicians screened 829 individuals; 61.0% women (n = 506) and 39.0% men (n = 323)«.
The last sentence was moved from the Background section into the Methods section of the Abstract.
The advised sentence »every fifth patient, regardless of gender, was approached for interview« was used instead of »screening«. In addition, the eligibility criteria for patients were described. No-one was accompanied by another person, which is explained in more detail in the Methods section.
Patients’ »self-identifying their exposure to violence« is rephrased: “The eligible patients were asked questions about exposure to physical, sexual and psychological violence and to specify the perpetrator and the frequency”.
The “shift” from psychological to physical violence is explained more thoroughly; the authors wanted to present the factors influencing the progression from psychological to physical violence, based on the responses to the GP’s question (see Domestic Violence Exposure in Primary Care Patients Summary Sheet as an additional file submitted):
(If patient answered positively to more than one question about exposure to violence)
Which occurred first?
□ Physical violence
□ Sexual violence
□ Psychological violence
All patients who were exposed to physical and psychological violence said that the psychological violence appeared first (described in more detail in the Methods section of the manuscript).
The progression from psychological to physical violence was identified in those participants who explained that before the domestic violence turned physical, they experienced a period of psychological abuse.
Abstract/Results:

IF was replaced by OR (odds ratio). IF (influence factor) was renamed OR (odds ratio). OR is more common in medical journals, but IF is also sometimes used. The regression model includes both gender and age. The gender structure was presented in the sentence: »Of 506 women screened, 101 (20.0%) were exposed to either type of violence, compared to 26 (8.0%) out of 323 male participants”. The authors believe that this is a clear enough statement to explain that both male and female patients were assessed.

Abstract/Conclusion:

The first sentence, “As the sample is representative” has been rephrased. Reviewer #1 wondered whether there were any appealing results from a gender perspective. The authors emphasised this in the Results section of the Abstract: »Of 506 women screened, 101 (20.0%) were exposed to either type of violence, compared to 26 (8.0%) out of 323 male participants.«
The fact that, in univariate analysis, the female gender is a proven risk factor for domestic violence exposure is also added in the Conclusion section of the Abstract.

Background

The general comment was that the background was too long. It was revised thoroughly and shortened. The authors tried to improve the consistency of the ideas presented. The interpretation of the term “screening” was corrected.

Third paragraph (now second paragraph), second sentence:
Reviewer #1 said that it was unclear what was meant by “period 2000-2007” and which comparison (i.e. baseline year) was used to report that the victims of crime grew by 95% - it is now clearly stated in the manuscript: »According to these records the number of victims of domestic crime grew by 95% in the period 2000-2007, using 2000 as a baseline year«.

Third paragraph (now second paragraph), third sentence:

Fourth and Fifth paragraph (now third paragraph):
As suggested by Reviewer #1, the first sentence was rephrased: »Many health problems are associated with abuse and neglect at all ages. «; the references are listed.
Concerning the screening on DV in healthcare settings, the suggested key references were studied; the reference under [5] was replaced with Macmillan et al, (2009) under [12], and the list of references was updated.
The fourth paragraph was shortened; the phrase “… so violence screening which focuses only on specific categories is regarded as less effective” was deleted.

As suggested by Reviewer #1, the fifth paragraph was shortened, and certain unclear statements were deleted. The authors were more careful with the term “screening” throughout the paper and tried to distinguish between the meanings of “screening” and “case finding”.

As suggested by Reviewer #1, the seventh paragraph was rephrased. It was clearly stated that the cited references 4, 16 and 17 are from different settings which are not comparable, therefore the findings coming from different countries and cultures should not be generalised, aside from the impression that neither screening nor domestic violence case findings are generally used in primary care.
In addition the authors omitted the mention of percentages of “screened” patients and the percentage of physicians who are “doing screening regularly” and focused on culturally appropriate protocols, which are needed in primary care settings for prevention and intervention with women at risk of domestic violence.

Eight paragraph (now sixth paragraph):
Explanation to Reviewer #1: Since there has been a lack of data on the prevalence of domestic violence in the general population, and that, on the other hand, there are associations between exposure to DV and poorer health; the authors believe that the prevalence of DV in primary health care patients is important.
As there is no prevalence rate of DV in the general population, the authors were not able to present any data.

Eight paragraph (now sixth paragraph):
As suggested by Reviewer #1, the sentence “The authors analyzed the patients’ willingness to disclose possible experiences…” was rephrased. Furthermore, the word “willingness” is avoided in this particular context.
The authors did not have a statistical mean to assess the “false negative’ or “true negative” responses of those who did not disclose violence.

Ninth paragraph (in the revised manuscript added to the sixth paragraph):
Explanation to Reviewer #1: It was a population of the patients in primary healthcare settings (clarified in the manuscript). The reference [19] was also presented in the first version of the manuscript.

Tenth paragraph (now seventh paragraph):
As suggested by Reviewer #1, it was shortened and hopefully better phrased. Since the reference from Egypt might not be relevant for Slovenia, the wording was changed.

Twelfth paragraph (now eighth paragraph):
As suggested by Reviewer #1, it was shortened and rephrased to be in closer association with the formulated research question.
Methods

Participants
First paragraph, first sentence:
As suggested by Reviewer #1, information about the number of centres (multi-centre study) was added.

Second sentence:
As suggested by Reviewer #1, information on how the family medicine practices were selected was added.

Third sentence:
As suggested by Reviewer #1, the inclusion criteria were listed.

Last sentence:
Explanation to Reviewer #1: What was considered by “purely administrative reasons” was explained.

Procedure
First sentence:
As suggested by Reviewer #1, it was rephrased, with updated references.
The term “victims’ self-identification” was replaced with more appropriate wording.
The question about coerced sexual intercourse “Have you been in the last 5 (five) years, forced into sexual intercourse or any unwanted sexual behaviours?”
Explanation to Reviewer #1: Not even one patient answered “yes” to this question - none of the participants disclosed sexual abuse.

Second paragraph, first sentence:
As suggested by Reviewer #1, the word “affirmative” was replaced with “positive”, hopefully Reviewer #1 will find it more appropriate.

Third paragraph, but relevant for the other paragraphs as well:
Explanation to Reviewer #1: The authors considered multiple perpetrators; they are presented in Table 2.
Explanation to Reviewer #1: At the end of the Procedures section the authors stated “The National Medical Ethics Committee of the Republic of Slovenia approved the protocol of the study.” in the belief that all ethical recommendations for conducting research on domestic violence were covered by obeying the Medical Ethics Committee’s standards.

Fourth paragraph:
As suggested by Reviewer #1, the domestic violence exposure questionnaire was described in detail, as well as those factors identified in previous research to be associated with DV
prevalence, including lower socio-economic status (SES). Authors did not intend to make biased conclusions; they simply used results from previous research.

**Measures**

Explanation to Reviewer #1: The authors believe that the description of the domestic violence exposure questionnaire is part of Measures section of the manuscript.


Second paragraph:
As suggested by Reviewer #1, the authors made a separate subheading for Data Analysis. The “progression from psychological violence to physical violence” and modelling procedures are explained and described.

**Results**

As suggested by Reviewer #1, the Subheading was shortened.
The response rate was added.

Second paragraph:
As suggested by Reviewers #1 and 2, the data presented in the table were mostly deleted from the text.

Reviewer #1 thought that data were not sufficiently well elaborated for differences between female and male.
The authors presented the gender differences in the Results section:
“The sample consisted of 323 (39.0%) men and 506 (61.0%) women. Of these, 15 (19.2%) males and 63 (80.8%) females had been exposed to psychological violence, while 11 (22.4%) men and 38 (77.6%) women had been exposed to physical violence. The domestic violence victims were mostly women (p<0.001)”.

and also in the Discussion section:
“A significantly greater percentage of victims of violence in total are women (Table 1). These findings are consistent with the results of other studies [2,10,15]”.
The authors also added in discussion that gender, as one the main known risks for domestic violence incidents, was not a significant factor in fostering from psychological to physical violence.

Reviewer #1 suggested rearranging the order of the columns in Table 1, for the sake of logic and better understanding, and also to allow for the overlap between the two types of violence. It was done in the following order: All participants; No violence; Yes violence; Psychological violence; Physical violence. Table 1 was improved slightly by this suggestion.
As suggested by Reviewer #1, the progression from psychological to physical violence was described to make it clear how progression (i.e. development) was identified by the cross-sectional design.

Regression models, looking at medical records, and the outcomes of the medical records review were described. The authors added that progression from psychological to physical violence was identified in participants who explained that before family violence turned to physical, they experienced a period of psychological violence, as a response to the question in the Domestic violence exposure questionnaire “which (type of violence) occurred first” addressed to participants who said that they were exposed to two types of DV in the last five years.

Reviewer #1 advised that differences in marital status should be clarified. The authors tried to express themselves more clearly: firstly, marital status groups are presented in Table 1, and after this a p value was added which indicates that there are no significant differences between the three groups.

Reviewer #1 suggested excluding the first column (No violence) in Table 2, as there was no need for it; the data were provided only by people who disclosed violence. The authors followed this suggestion. Regarding multiple perpetrators: they are presented in Table 2 (multiple perpetrators are shown by: “partner and other family member”)
The statistical differences in Table 2 were also presented.

Reviewer #1 suggested clarifying what was meant by “correctly identified physical violence”, (second sentence, Subheading: Factors Influencing the Progression). The wording was changed. Basically, the authors tried to present how many cases of physical violence and also how many cases of psychological violence were correctly recognised by the regression model. It seems that the terms sensitivity and specificity were not well chosen, because they describe the percentage of correctly recognised positive and the percentage of correctly recognised negative cases.

Corrections made in Table 3 as suggested by Reviewer #1: IF was replaced by OR and the table is now similar to other manuscripts where binary logistic regression was used. The percentages of psychological and physical violence are added because it is easier to see if the odds ratio calculation was reasonable (although these percentages were already partially presented in Table 1 –Demographic Characteristics).

Subheading: The Strongest Predictors of a Progression…: Reviewer #1 thought it was not clear how the progression was identified. An explanation was added (as already described above):
The progression from psychological to physical violence was identified in those participants who explained that before family violence turned to physical, they experienced a period of psychological violence.

Reviewer #1 suggested improving Figure 1: the meaning of four yes-no combinations on the x axis should have been within the figure as well, not just in the text. It was done.

**Discussion**

As suggested by Reviewer #1, the “progression” from psychological to physical violence was clarified throughout the manuscript. In the Results section, the authors believe that they made it clear how the cross-sectional method allowed us to assess pre- and post-violence exposure. A description of the identification of the progression from psychological to physical violence was added.

The prevalence in the context of gender (male / female), as suggested by Reviewer #1: In univariate analysis it was confirmed that the female gender represents a greater risk of domestic violence, but later, in the second part of our study, when the progression from psychological to physical violence was at stake, as calculated in regression model, gender was not proven to be a significant risk factor (Table 3). We tried to explain this better.

As suggested by Reviewer #1, the statement that “people exposed to violence were younger and had experienced more, i.e. at least one, divorce” was clarified and better explained. These results are not part of multivariate analysis of the progression from psychological to physical violence; they belong to the introductory comparison between the demographic characteristics and the prevalence of domestic violence.

As suggested by Reviewer #1, the reference [26] Sitterding HA, Adera T, Shields-Fobbs E: Spouse/partner violence education as a predictor of screening practices among physicians. *J Contin Educ Health Prof* 2003, 23(1):54-63 was replaced/updated by Garcia- Moreno (2006), now numbered [26].

The authors emphasized that the results from our study, which was conducted in primary care settings, are not to be compared directly with those conducted in the general population, since the study populations are not equivalent.

The p value Reviewer #1 noticed to be inconsistent with what was presented in Table 2 was corrected.

Reviewer #1 encouraged the authors to explain the relationship between divorce and exposure to violence, reflecting on the method used which limited authors to have more data and to interpret these findings thoroughly.

We added that although the authors tried to avoid seeing problems of violence only at the individual level by presenting the perpetrators or victims as individuals with their problems,
the study design failed to address the actual complexity and interaction of factors within the family. Further research is needed to include factors such as family conflict, parental roles, parental neglect, the family background as a whole, approaches to discipline and guidance of children, and relationships between parents and children. In family medicine, the identification of dysfunctional interpersonal relationships and appropriate multilateral action are essential for the successful recognition and prevention of violence and the support of the victim and the family.

As suggested by Reviewer #1, statements such as “We assume that there was a group of “provocative” victims who were first exposed to psychological violence” and then “In particular, it is insufficiently examined or accepted that women can be the pathogenic agent of abuse” were rephrased or omitted.

As suggested by Reviewer #1, the statement “findings are based on a representative sample of family practice attendees in Slovenia” was rephrased, since the random selection we employed (every fifth patient) still does not necessarily yield a representative sample. Therefore the term “randomised sample” was used instead.

As suggested by Reviewer #1, the term “systematic disclosure” was not used properly and was replaced with “Better detection, not yet validated, would probably help them, and would also help to explain the multidimensional problem of domestic violence.” in accordance with Nelson HD, Nygren P, McInerney Y, Klein J; U. S. Preventive Services Task Force. Screening women and elderly adults for family and intimate partner violence: a review of the evidence for the U. S. Preventive Services Task Force. Ann Intern Med 2004, 140(5):387-96.

Discretionary Revisions

Abstract

As suggested by Reviewer #3, the last sentence of the background part was moved to the Results section of the Abstract.

As suggested by Reviewer #3, in the Conclusion part of the Abstract, the sample was defined as randomised.

Background

Second paragraph:
As advised by Reviewer #1, the last sentence was rephrased: “In addition to physical violence, more than 10% of women have experienced sexual violence [6].”

Fourth paragraph:
“Murder is the most tragic outcome of domestic violence [10,11] …« the authors considered replacing “murder” with “femicide” but decided against it, since the cited references included both male and female victims of homicide; also, the authors did not want to be gender biased. We believe that non biased explanations will satisfy reviewer #1, as she pointed out several times that both men and women must be explored thoroughly as victims of DV.

Fourth paragraph:
The terms “direct (injuries: cuts, bruises, fractures) and indirect health consequences (gastrointestinal disorders, chronic pain, gynaecological disorders)” were used, as suggested by Reviewer #1.

Methods

Reviewer #3 was not able to understand how the authors determined the shift or progression from psychological violence to physical violence. It is now described clearly.

Results

Figure 1: the meaning of four yes-no combinations on x axis was moved and is now within the figure, as suggested by Reviewer #1.

Reviewer #2 noticed that the results in Table 1 were repeated in the text below. The authors now stressed some results in the text; these are the most important or interesting.

Reviewer #3 noticed that the results tables were convoluted. They were simplified. The "no violence" column in Table 2 was erased.

Quality of written English
Reviewer #3 pointed out that manuscript needed some language corrections before being published.

Proof-reading was performed by Justi Carey B.Sc. (Hons) B.A. A native speaker of English, she trained as a speech and language therapist at the University of Newcastle upon Tyne, and the subject of her dissertation was a case study of teaching Amerind signing to a young adult who had lost his speech following a severe stroke. She worked in the NHS in Wales and Scotland for 17 years. She has lived in Slovenia for 8 years, where she teaches English as a foreign language in the Slovene school system, writes guidebooks, and specialises in proof-reading academic and technical articles.