Author's response to reviews

Title: Priorities for Research in Child Maltreatment, Intimate Partner Violence and Resilience to Violence Exposures: Results of an International Delphi Consensus Development Process

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The Editors,
BMC Public Health

RE: Online Re-Submission of MS: 3133303067196089 - Priorities for Research in Child Maltreatment, Intimate Partner Violence and Resilience to Violence Exposures: Results of an International Delphi Consensus Development Process

Thank you to the editor and reviewers for their helpful comments on the above-named manuscript, which we resubmit for consideration in BMC Public Health.

We have attached a document outlining our responses to each of the editorial and reviewers’ points, and indicated these changes in the text using grey highlight.

Thank you again for considering this work.

Sincerely, and on behalf of my co-authors,

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Reviewer 1 (S. McIntyre)

Discretionary revisions:

Methods

1. “Procedures 3” There seems to be limited input from consumers despite the presence of obviously outstanding academics. There were priorities developed by Family Violence Initiative representatives, however there were only 20 questions going into round 1 and this included questions developed through reviews of the literature and meetings of the PreVAiL members. Why were these groups not included as participants in the study? Are there any plans to invite further participation from consumers?

The process of pre-identifying potential priorities was broad and opportunistic – any potential research topic that came up in any of the venues described (grant, research briefs, team discussions, networking opportunities such as with FVI) were considered for inclusion in the initial list. That said, we had to balance scope with manageability in the initial list, hence the 20 initial topics. In addition, the goal was to have our Network develop its own priorities, which was why broader representation in the respondent group was not sought. We continue to liaise with other groups of potential knowledge users, and anticipate targeted KT activities to share emerging knowledge with them. We have added some text on p 14 to indicate that bringing these priorities to a broader constituency would be a reasonable next step.

2. Survey Round 2. Why did the participants not rate Round 2 on the 1-7 scale? The reason I mention is that a number of new questions were bought in for round 2, yet it seems that they were not rated for their importance, only ranked.

This is a good question. Our rationale was that if a priority was deemed important enough by a member to bring it forward, we would enter it into the ranking stage. Mixing ratings and ranking in Survey 2, while technically possible, would have been potentially confusing to respondents, so we kept it simple. We’re not sure if adding this detail to the manuscript will clarify or confuse the issue – we’re willing to take guidance on this. At this point, since this is a discretionary suggestion, we chose to not specifically address it in the manuscript to keep it clear.

3. Discussion Round 3. One of the benefits of using a Delphi technique is that strong personalities do not dominate, and that a consensus can be developed without peer pressure. Are the authors able to state the methods used during the discussion round to ensure that this was the case during discussions as well? Are they confident that there was a consensus for the changes that were made (in particular those questions dropped and re-ordered)?

Yes – each discussion was chaired by one of the PreVAiL co-leads, all very experienced in leading consensus-based processes, and instructed to ensure that all had a chance to speak, and all voices were heard. The fact that the team had formed > 1 year earlier and had started to “gel” in previous meetings, also set a respectful and inclusive tone. We can also say that, though not reported as part of this paper, subsequent refinement of the priorities for specific next steps within PreVAiL occurred at a team meeting in May 2011, with small and large groups sessions organized to fully discuss each theme, and cross-cutting priorities. The top three priorities did
not change, providing a form of validation for the part of the Delphi process reported in this paper.

Results
1. How was the ranking for each question decided on? (Were medians/means used?)

To determine rank orders in Round 2, we ran the frequencies for all of the rankings and used the mode to decide that the one with the most “1” ranks was #1, etc. Ties were indicated after Round 2, but resolved during the Discussion round so that a clear ranked list was produced. We have added text to this effect on pages 7-8.

2. What proportions of “opt offs” were there. Ie were questions ranked by more than half of the participants?

Of the 47 participants, very few opted out of questions and in no cases were there fewer than half of members responding (the greatest number of those opting out in any single theme area was 7 of 42 in the CM area). We have added text to this effect on page 7.

3. The feasibility themes was a novel addition to the usual Delphi process for setting research priorities, and starts to deal with the essential next step – commencing the research.

Thanks – as mentioned above, we also worked through detail re: next steps at the subsequent team meeting, informed by the results of the process reported in the paper.

Reviewer 2 (I. Pike)
Discretionary revision:
1) Additional explanation and rationale to support how and why the 5 priority areas were identified.
   a) It may seem more logical to some to combine the RM with the CC category due to the cross-cutting nature of RM.
   b) It may be a challenge to draw a clear distinction between RES and CM and IPV, because RES is one of the major focuses for interventions addressing CM and IPV.

These are great points, and something we have discussed at length – a main problem in the field is that we have kept the notion of resilience separate from the negative consequences of IPV and CM, with too much focus on the latter, and not enough on what we can learn from those who survive and thrive after traumatic experiences. However, we needed to have some structure and clarity in the discussion of specific priorities, and the primary reason for keeping RES in its own category is that it really is at a much earlier stage in its research development, as described in the Discussion. However, we’ve added some text (p 13) to clarify this point.
Editorial and format comments:

1. Please remove the authors' qualifications (e.g. PhD / MD) or job titles from the manuscript file.

*These have been removed.*

2. Please place the Competing Interest section after the Conclusion section and the Authors' Contribution before the Acknowledgments.

*Done.*

3. Box: Unfortunately we cannot incorporate boxes. Please either change the box to a table and update any references to within the text, or include the information within the manuscript text. You can use indentation to highlight the text.

*We have incorporated the definition in the text and removed the box.*

4. Please remove the visible vertical lines of the TABLES.

*Tables: Please ensure that the order in which your tables are cited is the same as the order in which they are provided. Every table must be cited in the text, using Arabic numerals. Please do not use ranges when listing tables. Tables must not be subdivided, or contain tables within tables. Please note that we are unable to display vertical lines or text within tables, no display merged cells: please re-layout your table without these elements. Tables should be formatted using the Table tool in your word processor. Please ensure the table title is above the table and the legend is below the table. For more information, see the instructions for authors on the journal website.*

*Done.*

5. Tables as additional files: We notice that you have included tables as additional files. If you want the tables to be visible within the final published manuscript please include them in the manuscript in a tables section following the references. Alternatively, please cite the files as Additional file 1 etc., and include an additional files section in the manuscript.

*We have inserted Table 2 into the main document.*

6. Figure cropping: It is important for the final layout of the manuscript that the figures are cropped as closely as possible to minimise white space around the image. For more information, see the instructions for authors: [http://www.biomedcentral.com/info/ifora/figures](http://www.biomedcentral.com/info/ifora/figures).

*Two versions of the figure have been uploaded: 1) a pdf, which is not closely cropped re: the page margins (not sure how to do this in Acrobat), and also a .png which is closely cropped. Hopefully one of these will do the trick.*