Author's response to reviews

Title: Frequency of child maltreatment in a representative sample of the German population

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Version: 5 Date: 10 September 2013

Author's response to reviews: see over
Dear Mrs. Aguirre,

Thank you very much for your evaluation of our manuscript and for sending the reviewers’ comments. We have edited the manuscript according to the comments and we think that the paper has improved considerably as a result. The changes are marked as bold text in the revised manuscript.

We hope that the changes meet your expectations.

Yours sincerely, on behalf of the authors,

Benjamin Iffland

Here is our point-by-point discussion of the reviewers’ comments:

**Reviewer: Sadik Khuder**

This is a cross-sectional study investigating maltreatment in childhood and adolescence among a representative sample of the German population. The question posed by the authors is well defined and the method is appropriate and well described. The discussion and conclusions are well balanced and adequately supported by the data. The limitations of the work are clearly stated. The authors clearly acknowledged the work upon which they were building, both published and unpublished. The title and abstract accurately conveyed what has been found. I have few minor typos/grammatical comments:

1. Page 4, first line: change the citation to Haeuser et al. (2011).
2. Page 7 second paragraph, line 5: Change “participants will be ... “ to “participants were ...”
3. Page 7 third paragraph, lines 4-5: Remove one of the dependent variables.
4. Page 8 second paragraph, line 4: Change “significant” to “significantly”.

Thank you very much for these comments. The suggested changes have been made. Moreover, the revised manuscript has been edited by a native speaker to check for and correct grammatical and typological errors.

**Reviewer: Lijing Ouyang**

The authors provided prevalence of five types of child maltreatment (emotional, physical, and sexual) based on a cross-sectional survey aiming to be representative of the German general population. They used previously validated threshold values for child maltreatment and found lower rates of child maltreatment than other reports. The response rate of the survey is 56% and there is no way to compare responders and non-
responders. This is a major limitation that casts doubt on the representativeness of the numbers. The paper calculates prevalence of child maltreatment based on previously validated threshold values from a sample of U.S. female health plan participants in the 90s. It is not clear whether the threshold values are still valid in a different setting and different era. It is not clear how their methods/numbers is an improvement to previous reports except for the fact that they reported emotional maltreatment in Germany.

1. The major point to re-calculate the prevalence of child maltreatment was to use empirically determined and validated threshold values from Walker et al. So it is important to give summary description of how the cut-off values were calculated and validated and why the authors believe they are superior to other methods, which is lacking in the current paper.

To stress out the importance of a re-analysis of the present data and to further describe the generation of cut-off scores by Walker et al. (1999), we have edited the following paragraph on page 4-5:

"The present article presents a re-analysis of the German general survey data which had also been used by the Haeuser et al. (2011) study. In contrast to the previous analysis, this analysis did not rely on cut-off scores based on the original severity ratings, but on empirically determined and validated threshold values for the different types of child maltreatment as reported by Walker et al. (1999). These cut-off criteria had been ascertained by relating CTQ subscale scores to ratings of experts blind for the CTQ scores who administered detailed clinical interviews. Based on the fulfillment of consensus child abuse and neglect criteria (Walker et al., 1999), experts determined whether participants had a history of clinically significant abuse or neglect. Walker et al. (1999) used the same definitions of child abuse and neglect the items of the five subscales of the CTQ were derived from. Emotional abuse was defined as “verbal assaults on a child’s sense of worth or well-being or any humiliating or demeaning behavior directed toward a child by an adult or older person”. Emotional neglect was defined as “the failure of caretakers to meet children’s basic emotional and psychological needs, including love, belonging, nurturance, and support”. Physical abuse was defined as “bodily assaults on a child by an adult or older person that posed a risk of, or resulted in, injury”. Physical neglect was defined as “the failure of caretakers to provide for a child’s basic physical needs, including food, shelter, clothing, safety, and health care” (poor parental supervision was also included if it placed a child’s safety in jeopardy). Sexual abuse was defined as “sexual contact or conduct between a child younger than 17 years of age and an adult or older person (at least 5 years older than the child)”. Receiver operating characteristic (ROC) methods had been employed to determine threshold scores for each subscale. Resulting threshold scores showed good to excellent sensitivity and specificity. Maltreatment is assumed when threshold scores for emotional abuse (10), emotional neglect (15), physical abuse (8), physical neglect (8), and sexual abuse (8) are met. In contrast, threshold scores that were established by Bernstein et al. (2003) and used in the Haeuser et al. (2011) study were 9 for emotional abuse, 10 for emotional neglect, 8 for physical abuse, 8 for physical neglect, and 6 for sexual abuse. With this procedure we aim to provide the first comprehensive and representative prevalence data on different types of child maltreatment based on empirically derived cut-off criteria for the German population. Empirically derived and externally validated cut-off criteria allow for a more accurate and clinical significant evaluation of the presence of a history of abuse and neglect while clinical relevance of the cut-off scores used in previous studies remained uncertain."
2. The discussion has several long paragraphs comparing prevalence numbers with previous literature. The information can be summarized using a table and will be more readable.

Thank you for this advice. To improve the discussion, an additional table was added summarizing the prevalence rates presented in previous studies.

Table 5: Survey of prevalence rates reported in previous studies (in %).

<table>
<thead>
<tr>
<th></th>
<th>Emotional Abuse</th>
<th>Emotional Neglect</th>
<th>Physical Abuse</th>
<th>Physical Neglect</th>
<th>Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Study</td>
<td>10.2</td>
<td>13.9</td>
<td>12.0</td>
<td>48.4</td>
<td>6.2</td>
</tr>
<tr>
<td>Glaesmer et al. (2010)</td>
<td>-</td>
<td>-</td>
<td>8.5</td>
<td>-</td>
<td>1.0</td>
</tr>
<tr>
<td>Green et al. (2010)</td>
<td>-</td>
<td>-</td>
<td>8.4</td>
<td>5.6(^a)</td>
<td>6.0</td>
</tr>
<tr>
<td>Haeuser et al. (2011)</td>
<td>15.0</td>
<td>49.5</td>
<td>12.0</td>
<td>48.4</td>
<td>12.6</td>
</tr>
<tr>
<td>Hauffa et al. (2011)</td>
<td>-</td>
<td>-</td>
<td>3.9</td>
<td>-</td>
<td>1.2</td>
</tr>
<tr>
<td>Thombs et al. (2006)</td>
<td>30.6</td>
<td>-</td>
<td>16.5</td>
<td>-</td>
<td>10.3</td>
</tr>
<tr>
<td>von Sydow (1991)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>18-21</td>
</tr>
<tr>
<td>Wetzels (1997)</td>
<td>-</td>
<td>-</td>
<td>10.6</td>
<td>-</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Note: “In this study, there was no distinction made between emotional and physical neglect. Neglect presented here was the frequency of not having adequate food, clothing, or medical care, having inadequate supervision, and having to do age-inappropriate chores.

Discretionary Revisions

3. It will be interesting to validate the cut-off values using a German sample, which can be mentioned as future research.

Thank you for your advice. The following sentence was added in the discussion: “However, a validation of the cut-off scores used in the present study in a German sample would be desirable in order to achieve more accurate assessments of prevalence rates.”