Author's response to reviews

Title: Relationships between Sexual Violence and Chronic Disease: A Cross-Sectional Study

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Author's response to reviews: see over
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Dear Editor,

BMC Public Health.

We very much appreciate the thoughtful and detailed review of our manuscript. We describe in this document how our manuscript has been revised to address concerns. Our responses to each comment are provided in the following sequence: reviewer report 1 and reviewer report 2. Changes are highlighted in the manuscript.

Reviewer's report 1:

1. Thoughts of suicide are usually referred to as “suicidal ideation.”

   Thank you for the careful observation. We have changed all mentions of “thoughts of suicide” to “suicidal ideation”

2. A limitations section should be added.

   We appreciate your advice to strengthen our discussion section. We do currently discuss the limitations but have added the sentence “This study is not without limitations,” on page 14 line 4 to differentiate the section.

3. The authors should point out which of their findings are new and which have been reported earlier in the literature; many of their findings corroborate what has previously been found to be true.

   Thank you for the careful observation. On page 12 lines 16-19 we highlighted findings which have been previously corroborated as well as new findings. In addition, as stated on page 7 line 7-9, the aim of this study was to identify the relationships of sexual violence and chronic disease, mental health and behavioral risk behaviors which have not been examined previously. To our knowledge, there has only been one other article, “Prevalence and risk factors of intimate partner violence in eighteen U.S. states/territories” which examined similar relationships on a population level.

Reviewer's report 2:

1. Abstract-
   a. Please state in the methods that this is a secondary data analysis of 2011 Kansas BRFSS.

      We added the wording “secondary data analysis” on page 3 line 14.

   b. Also state the total number of respondent’s data analyzed.

      We have made the addition on page 3 line 15.

   c. Results should specify the “certain” health risk behavior that was significant.

      We have made the addition on page 4 lines 2-4.
2. Background –
   a. Avoid use of i.e., rather change into words and write as full sentences. Edit i.e. on pages 5 and 6.

   We have changed “i.e.” to “such as” on page 5 line 7, 8 and 9; and page 6 line 4 and 20.

   b. Page 6 line 3 144 should not be a new paragraph it’s a continuation of Line 12.

   We have made the correction.

3. Methods –
   a. The abbreviation BRFSS has been introduced earlier, don’t reintroduce as done on Line 16 of Page 7.

   We have deleted the reintroduction.

   b. How was the mental health problems / terms (Page 9, lines 18-20) described to the respondents, they are medical as currently written.

   There was no additional description to the respondents. The wording is the same as on page 9 lines 16-19. In the United States, physicians usually communicate the exact name of the disease to patients and patients are familiar with these terms. Further breakdown of the meaning might actually confuse the respondents and increase the risk of misclassification.

   c. On page 10, first paragraph (lines 2-11) the word condition appears 9 times. Please edit.

   Thank you for the careful observation. We have reduced the number of times the word “condition” appears in the paragraph.

4. Discussion –
   a. Page 12 second paragraph reads like a Result and not Discussion section.

   We have reduced the language in the paragraph to make it more concise and read like a discussion section.

   b. Page 15 Line 20 should read sexual assault management or care.

   We have changed the words to sexual violence and sexual violence management on page 15 line 12.

   c. On Line 22 specify or recommend proactive and preventive measures to be taken

   We have specified proactive and preventive measures to be taken on page 15 line 14-19
5. Others –

a. Page 16, Line 23 should be changed from provide to provided

We have made the correction.

b. Page 19, what does GED stated under education in Table 1 mean?

We have added a footnote to the table to describe G.E.D.

c. Page 20, Table 2, state the n (total number of respondents) of those who experienced and did not experience sexual assault at the top of the table.

We have made the correction.

d. No P values are stated to Table 2.

This table shows the prevalence of health risk behaviors, chronic health conditions and mental health conditions by sexual assault status. There was no statistical testing done. Therefore, there were no p values to report.

e. HIV risk factor comprised of 4 factors, so how was the prevalence computed?

Thank you for the careful observation. HIV risk factor was considered present if respondent answered “Yes” to any of the 4 risk factors stated on page 9, lines 1-3.

f. Why was the additional adjustment done only for health risk behavior, why not for Chronic conditions?

Thank you for bringing this to our attention. We have made additional adjustment in our analysis for chronic health conditions. In the parsimonious model, the prevalence of heart disease and stroke were no longer significant. We have updated the method (page 10 lines 12-13) and result (page 11 line 15) sections as well as added the estimates and corresponding 95% confidence interval to table 4.

Thank you again for your careful attention to detail in the review of this manuscript. Your excellent suggestions have made this a much stronger paper and we eagerly await your thoughts on this revised manuscript.

Regards,

Babalola Faseru