Author's response to reviews

Title: Experience of physical violence and mental health among young men and women: A population-based study in Sweden

Authors:

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Author's response to reviews:

Dear Editor,

Thank you for the interesting and instructive comments and suggestions from your reviewers concerning our manuscript “Experience of physical violence and mental health among young men and women: A population-based study in Sweden”. All comments from the reviewers have been taken into account and have in essence been followed. Our specific answers to the reviewers are given below and the corrections have been marked in bold in the revised manuscript.

Reviewers’ comments to authors with our answers beneath:

Reviewer 1 (Marina Taloyan):

Reviewer: Very well done study and the aim is of great importance. But it is confusing for me: what is this study about? Is it sex differences in prevalence and odds of physical violence? Or is the aim to explore self-reported psychological distress? Or is it about differences between individuals born in different areas? This must be clarified and to be send back to me for further comments.

Answer: We thank the reviewer for this comment. We have now rewritten part of the Abstract and part of the Background section to clarify the aim of this study. Our aim with this study was to investigate the association between experience of physical violence and self-rated psychological health among young men and women, i.e. the OR of poor psychological health among young men and women who had respectively not experienced physical violence during the past year.

Reviewer 2 (Olufunmilayo Fawole):

1. Contact information:
Reviewer: correct the spelling of ‘address’.
Answer: The spelling of ‘address’ has been corrected. The e-mail address of Maria Fridh has also been changed.

2. Abstract
Reviewer: The objective of the study is repeated again in the Methods section of the abstract. This can be replaced with information on sampling procedures or other methodological information.

Answer: The paragraph has been rewritten.

Reviewer: Also instead of repeating results in the Conclusion section, the last two sentences can be replaced with a recommendation.

Answer: We have now added a recommendation to the Conclusion in the abstract in the revised version of the manuscript.

3. Background
Reviewer: Should be written in past tense.

Answer: The background is now mainly written in past tense in the new version of the manuscript.

Reviewer: In the first paragraph of page 5, give the references of the few population studies.

Answer: The references of the few population studies are now given in the second paragraph of page 5; [2,6,7,11,12-14,22-24].

Reviewer: What mental health assessment method did these studies use?

Answer: The population studies used a range of different mental health assessments methods. One article used a composite index of six questions similar to the Kessler-6 scale (how often during the past 3 months have you felt…nervous, anxious/worried, depressed/low, irritable, worthless, resigned) [2]. One article used three variables; a diagnosis by a doctor (within the past five years) of a depressive or anxiety disorder; current medication with prescription drugs for depression or anxiety; or a high score on a sub-scale of items from the CES-D depression scale [7]. One study had a question on symptoms of anxiety during the past three months as part of a large population survey [11]. One study assessed anxiety/physiological distress by the question: “Which statement does best describe your health status today, anxiety/physiological distress”, with the possible answers: “I have no anxiety or physiological distress”, “I have anxiety or physiological distress of some measure” and “I have extreme anxiety or physiological distress”. A dichotomous variable was created to distinguish those with some or extreme anxiety from those with no anxiety [12]. One study used the Common Symptoms in the General Population of Women (CSGP) scale, an instrument that consists of 15 physical and mental symptoms frequently found in women. This scale has been externally evaluated against Symptom Check List-90, and a high correlation was found with the sub-scales mirroring
somatisation, depression and anxiety [13]. One study used the question: “Have you experienced any of the below mentioned symptoms of pain or discomfort within the past 14 days? The symptoms were limited to those that have been empirically associated with experienced physical abuse; anxiety/nervousness/restlessness/uneasiness, melancholy/depression/unhappiness, stomach ache, headache [22]. One study used the Abuse Screening Inventory (ASI) which includes questions of personal health during the past 12 months, such as having medically unexplained physical symptom complaints (somatisation) or suffering from anxiety, depression and sleep disturbances [24]. Three of the ten population studies used GHQ-12, but only one of them used the same cut-off point (2/3) as our study [4]. The two other studies used higher cut-off points, 3/4 [23] and 5/6 [6].

Reviewer: How is the GHQ-12 an improvement to the other tools used in those studies?

Answer: Generic instruments that measure broader syndromes (rather than scales concerned with diagnosis) are commonly applied in descriptive epidemiological studies or health surveys as these permit comparisons across disease categories. The GHQ-12 provides a broad summary of psychological well-being and is suited for use in population surveys. The GHQ-12 is among the most thoroughly tested of all health measures. It has been used across the world and versions exist in a large number of languages. The validation studies have been thorough and extensive and they have consistently indicated a high degree of validity markedly higher than that of rival methods. [McDowell. Measuring health. A guide to rating scales and questionnaires. (3d edition) New York: Oxford University Press, Inc, 2006.] This reference has been added [26].

Reviewer: Change ‘moreover’ to ‘also or ‘in addition’ in the first paragraph on page 6.

Answer: The sentence has been changed and the word ‘moreover’ has been changed to ‘also’ (and is now seen in the last sentence on page 5 in the revised manuscript).

4. Methods

Reviewer: Please provide some information on the sampling technique and data collection in the primary survey.

Answer: We have provided more information on page 6.

Reviewer: Mention upfront that this is a secondary data analysis.

Answer: We clarify that the present study is a secondary study on page 6.

Reviewer: First paragraph of the Methods should be written in past tense.

Answer: The first paragraph in the Methods section has now been changed to past tense.
Reviewer: How was the decision made to denote respondents as "poor" if three or more of the twelve items psychological health was denoted as poor.

Answer: The definition to denote results as “poor” at three or more of the twelve items was based on definitions in earlier international studies. The optimal cutting-point may vary for different applications. The cut-off point 2/3 has been used in national and regional surveys in Sweden for many years, which facilitates comparisons of results. Two new references have been added [29,30].

Reviewer: Some sentences should be in past tense, for example 2nd to the last line of page 7.

Answer: These sentences have been altered to past tense, for example “Alcohol ‘is’ defined” has been changed to “alcohol ‘was’ defined”. This is now seen in the first paragraph on page 8 in the revised manuscript.

Reviewer: To the question, have you ever been exposed to physical violence? Will all respondents have understood what physical violence is?

Answer: We thank the reviewer for this comment. This should not be a problem. The exact same question has been used in other regional and national surveys in Sweden and has been validated by the National Institute of Public Health and by Statistics Sweden. The proportion of internally missing is 1.9%, which demonstrates that it is unlikely that there are interpretation problems regarding the content of the question.

5. Results

Reviewer: reference is made to table 3 before table 2 (last line of paragraph 1 of the discussion). This should be deleted especially since it is mentioned again later on.

Answer: The place in the text where table 3 is mentioned before table 2 has now been deleted.

6. Discussion

Reviewer: Discuss the relationship between socioeconomic status and poor psychological health and the relationship between socio economic disadvantage and experience of violence.

Answer: The relationship between socioeconomic status and poor psychological health and the relationship between socio economic disadvantage and experience of violence has now been addressed in the discussion section on page 15. As socioeconomic status is associated with both violence and psychological health this has been taken into account by adjusting for socioeconomic status as a confounder in the analysis. Two references have been added [34,35].

Reviewer: Why is abuse against men highly prevalent in Sweden? Will be good
to give readers some idea about this.

Answer: We have elaborated on abuse against men in Sweden on page 17.

Reviewer: The fact that women may be less able to protect/defend themselves against perpetrators and often have concerns on how to protect their children (including having more concerns on finance and survival) should be explored and discussed as possible reasons for doubling of self reported psychological health among women and not men.

Answer: The fact that women may are less able to protect/defend themselves against perpetrators and often have concerns on how to protect their children is now acknowledged and explored in the discussion section on page 16 with added references [41,42].

Reviewer: As part of the limitations there are other factors apart from violence which may have contributed to poor psychological health in respondents (emotional distress due to demise of loved ones or relationship problems etc) in the last one year which were not explored. These should be acknowledged.

Answer: Factors apart from violence which may have contributed to poor psychological health in the past one year (such as emotional distress due to relationship problems, illness in the family, demise of loved ones) are now acknowledged in the revised manuscript on page 18.

Reviewer: References- Some journal names are abbreviated while some are written in full.

Example- references 6 and 19. Check all other references to ensure consistency.

Answer: The references are now consistently abbreviated. The new references have their number marked in bold.

Kind regards,

Maria Fridh, Martin Lindström and Maria Rosvall