Author's response to reviews

Title: Time to Presentation, Pattern and Immediate Health Effects of Alleged Child Sexual Abuse at Two Tertiary Hospitals in Addis Ababa, Ethiopia

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Author's response to reviews: see over
Dear Sir/Madam,

We would like to thank the reviewers for their constructive comments. We have addressed all of the comments in the Manuscript as outlined in detail below. The responses (in a different font color) follow the comments by the reviewers (in italics).

Thank you;

Birkneh Tilahun, MD (Corresponding Author)
Reviewer 1:

1. Throughout the paper, the authors need to use the actual age and not present this within the context of months.
   Thank you. This correction has been made throughout the Manuscript.

2. Much more details needs to be provided on child abuse within the African context and then the various aspects that are specific to the Ethiopian context. This should be done in the introduction section of the paper.
   Thank you for your comment. We have added Paragraphs 3, 4 and 5 to the Introduction part to provide more information on the African and Ethiopian context of Child Abuse.

3. Under the Setting section--it would be most helpful to provide the readers with a clearer description of the hospitals and their structures.
   This was done in Methodology: Setting, First Paragraph.

4. Under the statistical analysis section, the authors should provide some details about the cleaning process and the coding and recording methods used to analyze the data. This will be very helpful to the reader's understanding of the findings.
   Thank you; this section was expanded to provide details of the cleaning, coding and recoding process. Methodology: Statistical Analysis, First paragraph, lines 1-5.

5. Expand the results section to clearly create a picture and understanding of the problem.
   We have made this correction in the results part. We have added Paragraph 4, lines 2-4 in paragraph 1, lines 4-8 in paragraph 5 and lines 1-2 last paragraph. We have added new information from the existing data set and expanded the already reported information. Paragraph 4 deals with the time of the day when the abuse happened and if multiple perpetrators were involved. We have also done logistic regression on the comparisons.

6. There needs to be more expanded information for the entire article.
   We have done this throughout the whole Manuscript.

7. Move the information from the Ethical Consideration section to the Methodology section.
   The Ethical consideration section is a subtopic of the Methodology section.
8. The authors should consider to add the specific regions where the abuse has been discussed.
   We have done that in the discussion part.

9. Change the hours data about time it took to present to the hospital from the actual incident
   should be reported as days and not hours.
   This correction was made.

10. Check the article to make sure that acronyms have been clearly defined.
    We have checked this throughout the manuscript.

Reviewer 2:

1. References used in the third and fourth paragraphs of the Introduction are older than 7 to 19
   years, inadequate to support a public health study. Such information should be updated.
   Correction has been made. More recent references from 2012 and 2013 were added and the old
   references were excluded. Introduction: Paragraphs 3-5.

2. Because multiple comparisons are made, it would be advisable to conduct a multivariate
   analysis, logistic regression could be, to find possible interactions of variables and improve
   control of confounding variables.
   This correction made. Table 1 and the result part: paragraph 5.

3. Table I could be improved after applying logistic regression, as it would show the potential
   interaction between the different variables.
   Done!

4. The references 12 to 14, used to support the statement at the end of the second paragraph of the
   Discussion having 6 to 19 years old, should be updated.
   They have been excluded and more recent references were used.

5. References 15 and 16 also are too old, should be updated.
   Done! They were excluded and more recent references were used.

6. Discussion do not includes the results obtained on the immediate effects on health, a key part of
   the objectives.
Correction has been made. Discussion: Paragraph 5.

7. \textit{In the third paragraph of the methodology (Data / Measures) is important to clarify what is the “relevant literature”.}
   
   Done. Methodology: Data/Measures: Paragraph 1.

8. \textit{Figure 1 could be omitted, since with a description in the text would be sufficient.}
   
   Done!

9. \textit{Figure 2 has to be corrected, it is not justified include variation bars, as it is mentioning frequencies of an event clearly defined.}
   
   Done! Figure 2.

10. \textit{In the phrase ”There are multiple possible reasons for the delay” in the fourth paragraph of the Discussion, it would have included examples of these reasons.}
    
    Done! Discussion: Paragraph 4.

\textbf{Reviewer 3:}

1. \textit{There is a fair attempt to define the problem. It is however important for the authors to provide a good background with regard to child physical abuse and sexual abuse and associated health outcomes.}
   
   We have expanded the introduction part to include information on the magnitude and impact of child physical and sexual abuse globally, in Africa and Ethiopia.

2. \textit{The methods are ok, they show what the sample was and how data was derived. There is however vagueness on the data analysis technique why was the Fisher’s test used for analysis. Did the author use chi square and then the fisher’s test as a confirmatory for the significant findings? This must be clarified. It looks, like chi square was used and should therefore be reported as indicated in the comments made in the reviewed paper. Also it is important that the table shows observed and expected frequencies, then with that, the Chi square is be easily interpreted.}
   
   Thank you for this comment. Generally, in the first version, we used Chi square test. Whereas, when we had to compare small groups, given the more robustness of Fisher’s exact test, we used it to test presence of association. However, in the current version, after the comments given by Reviewer 2, we used logistic regression and the p-values are taken from the logistic regression
models. This is better to show the strength and direction of association than Chi square and Fisher’s exact tests. It also is important to control the effect of confounders. Hence, in the current version of the Manuscript, we have crude and adjusted odds ratios and confidence intervals. And we didn’t use the values of the Chi-square or Fisher’s exact tests.

3. The discussions should be improved to show how the present study results fit in the overall literature and not just stating that they agree or disagree with previous studies. The discussions should indicate why the results were the way they were. The conclusion should be as close as possible to the results (even in the use of terms that show effects). The discussion is generally weak.
   This correction has been made in the discussion and conclusion parts.

4. The writing style is below average. There are errors of grammar, poor sentence construction among others. There is need to have the work edited for correctness of language and grammar.
   The current version of the Manuscript has been copy-edited by a native English speaker.

5. The title conveys what has been found but the abstract lacks key issues such as the health effects of the abuse. The statistical analysis techniques are also missing. To say SPSS was used is not sufficient.
   Corrections were made in the abstract: Methods and results sections.

6. Limitations can be improved to communicate that the retrospective nature involved getting information and data from the hospital records and not recall of information from the victims.
   Correction made accordingly (Discussion: last paragraph)

Thank you;