The training need of Emergency Service Personnel about Intimate Partner Violence

Short Running Title: Training need on IPV

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This article has been written to demonstrate the capacity of healthcare workers dealing with intimate partner violence in Ege University Hospital. It is one of the two university hospitals providing care to Izmir, a city with a population of two and a half million. Another aspect of the importance of the study is that there is no article from Turkey on this topic. In this article we study with doctors (residents from different specialities) and nurses working in the emergency department. This articles’ new contributions to the area can be summarized as:

- While planning a training programme for healthcare workers on IPV, gender roles in society must be involved in the programme in Turkey.
- Attention must be given to the relation between IPV and reproductive health issues and chronic diseases.

The knowledge about legal issues on IPV was found to be low and because of this, its emphasis in the training programme must be strengthened.
Reviewer: Megan Bair-Merrit

Major Compulsory Revisions

General Comments

Abstract
1. Seven components of the survey is included in methods section.
2. That sentence was taken out from the abstract.
3. “Knowledge score” is changed as “mean of knowledge score”
4. Legal aspects of questionnaire is mentioned in methods section and mean of legal knowledge score is added to results section.

Background
1. We have added information about prevalence of IPV, mandatory reporting conditions, graduate programs in Turkey. Cultural context of gender roles and IPV is also explained. Now last sentence of introduction is our objective.

Methods:
1. “Coverage” used instead of “response rate”. We have changed it in the text and wrote them in detail as nurses, female physicians and male physicians. Survey administration explained in the last paragraph of method at page 7.
2. The survey is pilot tested only with ten physician and it is written on page 7.
3. At Table 1 a “scoring” part is added and 7 sections explained in detail. The scores above the mean scores are accepted adequate for clinical manifestations and for legal part five or more true answers determined as adequate and acceptable.

Results
1. Response rate is written in method part in detail.
2. The meaning of the higher scores are written in the method section at scoring part. Second paragraph and that sentence (both men and women were more likely to identify....) is changed.
3. We couldn’t combine the tables but we took out the t test scores and reported P-value as P<0.001
4. a. The scores above the mean scores are accepted adequate for clinical manifestations and for legal part five or more true answers determined as adequate and acceptable. It was written at table 1. And percentages of respondents who take scores above the mean explained at page 9 in first and second paragraphs.
   b. For easier reading of legal section some legal issues about reporting added to introduction on page 4.
5. The methodological questions about the open ended question are addressed in method part on page 7.

Discussion
1. The first paragraph changed as “Since a very long period of time, attitudes and beliefs about IPV identified as a barrier to effective clinical response of medical professionals. According to the results of this study, in spite of their relatively higher educational level, strikingly large group of HCW justified IPV in certain circumstances and their attitudes towards physical violence were unexpectedly negative”
2. That statement about the victims socioeconomic class was written in order to measure the perception of physicians as if they only screen the women from the lower classes.
In Turkey there weren’t much reliable study on this variable. We took out this suspicious explanation from the discussion part.

3. Deceiving the husband is one of the important reasons of honour murders and this reality stated at the second paragraph on page 14.

4. It was changed as “Since lack of knowledge is a prominent feature for both nurses and physicians, an initiative is needed for developing curricula for both graduate and postgraduate training programs. Training of HCW might have dramatic effect on diminishing the gender effect on justification the violence, creating positive attitudes towards the issue and realizing effective interventions for IPV victims."

5. Limitations section expanded. Lack of validity analysis emphasized. The questionnaire compared with two established questionnaires and the other limitations tried to be explained.

**Minor Essential Revisions**

**Background**

1. That sentence was taken out from the introduction part.

**Methods**

1. “pre coded” taken out from this part.

**Results**

1. Results of the seven categories of questions were ordered in the same way as Table 1.

2. We changed that sentence as “When asked for current screening practices 63.9% of the study group declared that they included questions about IPV when they worked with an injured patient, but only one fourth of them stated that they screen each case of injury from this point of view.”

**Reviewer: Stacey B Plichta**

**Background:**

1. We have tried to correct the grammar and sentence construction errors.

2. The second and third paragraph expanded.

3. The fourth paragraph was taken away. In general in the introduction part we emphasized the conditions in Turkey.

4. We changed the fifth paragraph and gave information from the good examples of providers’ knowledge, attitudes and experiences emphasizing Dr. Campbell’s study at fourth and the last paragraph.

**Methods**

1. We have written how many nurses and physicians took part in study in the methods section after the response rate.

2. We discussed how our questionnaire compares with Dr. Short’s and Dr. Sugg’s questionnaire at the discussion section on page 17.

3. The results from nurses and female and male physicians were presented separately. A three way comparison was done. But except the attitudes towards justifying violence part, all the analysis were done through males and females.

4. The term “attitude desperation” taken out from the study.

**Discussion**

1. Re-presenting results were taken off.

2. We have tried to focus on the percentages about justifying violence.

3. We have added the comments about hospital policy, training for healthcare providers, to the discussion part.

4. We tried to reorganize the discussion and review it.

**Minor Essential Revisions**
1. We have changed the term “Emergency Service Personnel” to “Emergency Department” in all over the article.