Reviewer's report

Title: Prevalence of domestic violence during pregnancy and related risk factors: a cross-sectional study in southern Sweden

Version: 1 Date: 17 February 2014

Reviewer: Kathleen Franchek-Roa

Reviewer's report:

In this article, the authors aim to determine the prevalence of domestic violence victimization among pregnant women in a southwestern region of Sweden.

I congratulate the authors on tackling this complex issue and recruiting nearly 2000 pregnant women as participants. I feel that this research could be beneficial to healthcare providers in Sweden; however, the presentation of the results needs to be more well-defined and described. A strength of the study was the use of a validated questionnaire that had been used in a Nordic population. In addition, the finding that “Women having EDS scores > 13….were 13.4 times more likely to be exposed to ‘DV during pregnancy’ “ is a significant and helpful finding for most healthcare providers caring for women during pregnancy and in the postpartum period.

General Comments include:

1) Major Compulsory Revision: The authors switch between calling this intimate partner violence (IPV) and domestic violence (DV). They need to be consistent with terminology.

2) Major Compulsory Revision: I am concerned that the premise of the study needs to be re-evaluated. The authors state: “Also, studies from different regions in the country are needed in order to be able to generalise to the entire population in the increasingly multicultural society of Sweden, Results from a survey concerning DV during pregnancy would highlight the problem and would hopefully increase awareness and action for identification and prevention.” Regional studies of prevalence rates are probably more beneficial in order to properly allocate resources to those regions that have higher prevalence rates of DV not in order to generalize to the entire population.

3) Major Compulsory Revision: The quality of the English is a major impediment in the flow and the writing style of this manuscript.

4) Suggestion: Suggest the authors arrange the results section in the order of the specific aims by adding subheadings. This is a lot of data and it would help the reader if this was more clearly organized.

Specific Comments:

Abstract:

Generally the abstract conveys the important findings.
Specific Aims

1) Major Compulsory Revision: The specific aims of the project should be better clarified.

Methods

1) Major Compulsory Revision: A major omission in this section is the description of the protocol of what is done once a victim of DV has been identified. It appears that the completed questionnaires were placed in a sealed envelope and looked at 3 weeks later. It appears that the healthcare provider at the time of the visit was unaware of the questionnaire results; therefore it appears that no intervention was given.

2) Major Compulsory Revision: Another important safety issue is whether a participant was recruited even if she presented to the clinic with her partner.

3) Discretionary Revision: Suggest listing the questionnaires at the beginning of the Questionnaires sections and then describing the tests under subheadings.

4) Major Compulsory Revision: Definitions section: The authors’ definitions of IPV and DV are confusing and are not supported by the reference given. The Krantz paper is not referenced.

5) The Statistical Section I will defer to a statistician. The authors might consider putting the definitions in the beginning so readers will have knowledge of how the authors are defining IPV/DV.

6) Major Compulsory Revision: The authors should characterize the ANCs that refused to participate in the study to see if there were any differences between the ANCs that did participate vs. those that did not.

7) Major Compulsory Revision: This statement needs a reference: “Symptoms of depression were assessed using the Edinburgh Postnatal Depression Scale (EPDS), an instrument covering common symptoms of depression and that is designed to screen for risk of depression during the postnatal period, but can also be used during pregnancy (EDS).” Reference 35:


2011, 65(6):414-418 should be placed after this sentence. In addition, is there a difference between EPDS and the EDS? If so, this should be clarified. If not then the authors need to use the same abbreviation.

Results

Comment: The authors dichotomized weight as under-/normal or overweight/obese. It would be interesting to see how many women were ‘underweight’ because being underweight during pregnancy can affect maternal and fetal health.

1) Major Compulsory Revision: The number of midwives who attended the first
training and the second should be stated, the time elapsed between the two
trainings should be stated, and the percent of midwives who received the training
vs those who did not should be stated.
2) Discretionary Revision: Would recommend including the OR in the Tables for
easier access for the reader.
3) Major Compulsory Revision: Table 1 abuse during pregnancy would not be
lifetime abuse it would be current abuse.
4) Major Compulsory Revision: Table 1 – in some cases the numbers in the text
do not match the table or the authors need to be clearer on what they are
reporting.
5) Major Compulsory Revision: In this paragraph describing Table 2: Table 2
shows the distribution of the socio-demographic factors for the total cohort (n
=1939)
of women with or without experience of “history of violence” (OR with 95% CI not
presented
in the table). Statistical differences were obtained between the groups with
regard to
cohabiting status, whereby women who were single or living apart from the
partner were 1.6
more likely to report experiences of ‘history of violence’ (OR 1.6; 95%
CI:1.36-1.9). Also,
women were 2.2 times more likely to report history of violence if they were
unemployed or
who had financial distress were 1.5 more likely to report history of violence (OR
2.2; 95% CI:
1.5-3.3; OR 1.5; 95% CI:1.2-1.8, respectively).” This would benefit from
rewording to complete the thought regarding which demographic characteristics
were statistically different. For example, “Statistical differences were found
between the groups with regards to cohabiting status, employment status and
financial distress.” If the authors listed the OR in the table they would not need to
mention them in the text.
6) Discretionary Revision: Table 3. Not sure I would call smoking, snuffing a
maternal characteristic; suggest maybe labeling it as a high risk health behavior.
7) Major Compulsory Revision: Did the authors compare those midwives involved
in the study who attending the educational section with those who did not?
Discussion
1) Major Compulsory Revision: These findings: “Of those women who reported
lifetime emotional abuse, 66.3 % (n = 248) were exposed to DV; the perpetrator
was male in all cases and in six cases also female. Among the women who
reported lifetime physical abuse, 74.2 % (n = 416) were exposed to DV; the
perpetrator was male in all cases but one, and in 28 cases female were also
involved. Among those who reported lifetime sexual abuse, 37.1% (n = 112) were exposed to DV; the perpetrator was male in all cases, and in one case also female. In 11 cases the sex was not reported.” are important and the authors should comment on this in the discussion.

2) Major Compulsory Revision: First sentence in discussion states: “This study showed that the prevalence of DV during pregnancy was 1%.” Table 1 states 1.5% - so authors should clarify if they mean DV during current pregnancy.

3) Discretionary Revision The authors state that “Women born outside of Nordic countries were over-represented” in the beginning of the discussion. This should be reserved for the limitations section since some of their questionnaires were validated for Nordic populations.

4) Major Compulsory Revision: As mentioned previously, the authors should indicate what was done if a women reported being a victim of DV. If nothing was done then this should be stated.

5) Major Compulsory Revision: The results of their research do not support this statement: “However, the current results indicate the need for null tolerance towards violence against women to improve maternal health and reduce maternal and child health morbidity and mortality due to such violence.” Table 4 shows no significant difference between ‘self-reported poor health’ and ‘DV during pregnancy.’ The health of the participants and their children was not one of their aims or at the very least they did not indicate that clearly if it was (except for depressive symptoms).

Level of interest: An article whose findings are important to those with closely related research interests.

Quality of written English: Needs some language corrections before being published.

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.