Author's response to reviews

Title: Intimate Partner Violence Against Women in Maputo City, Mozambique

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

We have totally revised the manuscript. We have done some changes (see track changes), as well as provided answers in other cases, where concerns have been clearly stated within the manuscript.

Yours sincerely,
Antonio Eugenio Zacarias

Reviewer 2 – Jennifer Leaning

Reviewer’s report:
1. Major compulsory revisions:
   One important question that must be attended to is what proportion of questions were in fact not answered-average number……. Also, was there any pattern in the non-answered questions….

Author's response:
This has been included as the reviewer requested.
Of the total number of women recruited, 1,442 (96.1%) answered the questionnaires and 58 (3.9%) refused to answer. Of the total number of women who answered the questionnaires (i.e. 1,442), 1433 answered questions on psychological aggression and sexual coercion, whilst 1432 answered questions on physical assault with and without injury, respectively (Table 2).

2. The main problem with the article is sampling bias and difficulty analyzing responses that are forced to be given as binary or forced into categories-if the authors had used a scaled mode for responses it might have permitted more in-depth interpretation of results.

Author's response:
- The issue of bias (ascertainment) has been added to the manuscript as the reviewer requested.
- The yes/no variables used in the study were those available in the instruments (i.e scales were not available for all the variables).

3. Quality of English.

Author's response:
This has been carried out as the reviewer requested.

Responses to reviewer comments embedded in the pdf file

Abstract
1. Note that the sample is from consecutive series of women entering to report…., make it clear that these are distinct individuals, no duplicate visits.

**Author's response:**
This has been done as reviewer suggested.

2. State also whether the questionnaire instrument was standardized, validated and if it was piloted first.

**Author's response:**
The CTS-2 has been used previously validated in similar contexts in Sub-Saharan Africa, within countries sharing similar cultures, and languages (South Africa and Tanzania). We however did not carry out a pilot study prior to this study.


3. Provide the sample for this study: “used for this study” sounds very instrumentalizing.

**Author's response:**
The sentence has been corrected as the reviewer requested.

**Background**

**Page: 3**

4. Controlling behaviors needs to be explained more; your definitions, what you interpret the answers to be; and whether you are following exactly the format of the Ghana questionnaire or made changes, and if so, how and where in the sequence of questions.

**Author's response:**
Further explanation of controlling has been provided as the reviewer requested.
We used the CBS-R, which is a standard instrument (not formulated specifically for Ghana) in its original form.

**Page: 5**

5. Feminist theory argues that the risk factors of IPV are at socio-political levels. This theory looks at how men and women were acculturated into protagonists of power/ controlling behaviours. Reference?

**Author's response:**
Appropriate references have now been provided as the reviewer requested.
6. This framework conceptualizes that men are chief and women are dominated in physical, political, economic, and in traditional role. Too simplistic!

**Author's response:**
The explanation of feminist theory has been appropriately revised as the reviewer requested.


**Author's response:**
This has been now provided as the reviewer requested.

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**Page 6:**

8. Any further info? Any pattern in the non-responses? What percent of questions on average were not answered per questionnaire?

**Author's response:**
This has been now clarified as the reviewer requested (see methods section).

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**Page 7:**

9. The validity and reliability of CTS2 has been shown to be good. Explain, in what way, “good”.

**Author's response:**
The CTS2 has been shown to have good construct and discriminant validity and good reliability, as shown with the Cronbach’s alpha (α) which is a measure of internal consistency reliability of an instrument (Straus et al, 1996). In the case of this study, α ranged from .65 (physical assault with injury), .89 (physical assault).

10. In this study, the questions on negotiation and who initiated the physical assault were not processed. Why? I would think these are important questions; were there insufficient responses to these questions-in which case you have validity problem.

**Author's response:**
We decided not to process the question on negotiation because this was beyond the scope and intention of the overall study. However, the issue of “who initiated the physical assault” was addressed in another article on control using the same data (Graham-Kevan N, Zacarias AE & Soares JJF. Investigating violence and control dyadically in a help-seeking sample from Mozambique. The Scientific World Journal 2012; 2012:590973).

11. Abuse as a child was assessed with 4 open questions, one each for psychological abuse (e.g. shouted or yelled at), physical abuse (e.g. beaten up), sexual abuse (e.g. forced to have sex) and injury (e.g. bruised). What about abandonment; first or second generation experience of war (forced migration, torture, child soldiers), in this age sample, some of the women might have experienced the civil war as children, and others may have been born to one or both parents who directly experienced trauma.

**Author's response:**
These points the reviewer has brought up are valid point; however, they are significantly beyond the scope or intention of this manuscript.

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**Page 8:**

12. Life-style variables: (i) Use of alcohol and cigarettes (yes or no); and (ii) A Body Mass Index
(BMI), based on self-reported height and weight, and computed for each woman with the formula kg/m².

Why? You don’t have size parameters for their male partners; and if you are going to say something about obesity, you need a more elaborate study design and different questions.

**Author’s response:**
- It was important to include and compute BMI because evidence has shown that eating disorders (e.g., anorexia, bulimia) are among the mental health consequences of IPV. Thus, excessive weight gain or loss may be some of the first indications of such trauma.
- No, we did not have size parameters for their male partners. However, we consider this an unreliable measure given that this would have introduced reporting bias.
- We agree with the reviewer on the issue of obesity needing a more elaborate study design and different questions. However, as stated immediately above, the purpose of the BMI was to attain a rough estimate of possible changes in weight gain.


**Author’s response:**
This has now been provided as the reviewer requested.

**Page 9:**
14. Pending acceptance, ....

**Author’s response:**
Yes. This has been corrected as the reviewer requested.

15. Data management (e.g. processing) were conducted according to usual anonymous and confidentiality rules rendering public only results from aggregated data.

You don't really mean "public"--as in newspapers--please be precise. You mean that findings from the study would be published, using aggregated and de-identified data only.

**Author’s response:**
- No. We mean that findings from the study would be published, using aggregated and de-identified data only.

16. What is known about general prevalence in Maputo, or Mozambique more generally, about alcohol and cigarette use; and how do these subjects differ from general population in percentage of kinds of work, salary, housing, children at home, etc.

**Author’s response:**
There are really no accurate and current figures on the general prevalence of alcohol and cigarette use in Maputo, or Mozambique. As such, we are not able to comment on similarities or differences in the percentage of kinds of work, salary, housing, children at home, etc.

**Page 14:**
17. This discussion understates what must be the over-riding issue - ascertainment bias. Nothing else is particularly relevant in terms of interpreting the high rates.

**Author’s response:**
We have incorporated the issue of ascertainment bias in the Discussion section.
18. You need to say why suddenly introduce Canada and Russia in this discussion; where up to this point you have been scrupulous about using data and studies from SSA. Why not use US or UK data-which are also robust?

**Author's response:**
We compared our results on the frequency of violence with those of others such as Canada and Russia, so as to appreciate differences and similarities.

**Page 17:**
19. On the other hand, a study from Japan with a sample of convenience reported a much higher figure for the emotional aggression, physical assault and sexual coercion constellation, i.e. 57% [43].

“This reference to a Japanese convenience sample study really dilutes the impact of your discussion. Clearly there is little information that can usefully be applied from a report so distant in terms of culture and so apparently unrepresentative of even its own population”.

**Author's response:**
The Japanese study is one of the few studies with very high rates of co-occurring IPV, as studies in Africa have not shown nearly so high rates. In addition, the study also shows similar pattern of co-occurring violence.

20. The findings concerning women’s experience of all IPV types are not comparable to those of other studies as they are not reported.

This last sentence is not clear; different methods have been used, that is the main difference, as well as the reports come very different societies in all ways.

**Author's response:**
This has been clarified as the reviewer requested.

21. In several instances, differences in abuse rates may be partly explained by discrepancies in the operational definition of IPV, the number of violence items assessed and the population characteristics (women who sought help for IPV experiences).

“but the main explanatory difference is that this study has ascertainment bias that will strongly affect the level of incidence found”

**Author's response:**
The issue of ascertainment bias has been added and clarified as the reviewer requested.

**Page 18:**
22. Finally, women who experienced physical assault with injury more often had children at home, lived in non-conventional houses, were blue-collar and middle/high white-collar workers, worked for others, had salary/financial resources and higher BMI, and experienced greater financial strain.

So what meaning do you infer from these findings? What is the interpretation?

**Author's response:**
Appropriate explanations have now been provided in the Discussion section as the reviewer requested.

**Page 20:**
23. However, caution needs to be exercised when interpreting this finding, given that the relationship may also be reciprocal in nature i.e. domestic violence may also cause financial
problems for victims of domestic violence, thus entrapping them in poverty and an abusive relationship [54]. Other studies from SSA and elsewhere (e.g. Spain) have produced conflicting results, with some showing positive [39,41,45,47] and some showing negative results [46,51,55].

Many of these correlations should be examined through the hypothesis that women could not leave; i.e. those with children.

**Author's response:**
The tendency of women with children to stay in abusive relationships has been added in our explanation as the reviewer requested.

24. In addition, controlling behaviors by partners were positively associated with experienced physical assault/physical assault with injury, and negatively with psychological aggression. Again, this may reflect the skewed gender power relations in Mozambique, and our findings corroborate findings from previous studies from SSA, which indicate that male control is associated with increased IPV vulnerability for women [2,5,14-16].

- On what basis do you postulate “skewed gender relations in Mozambique”? Compared to what other countries? What references?
- "Male control" is different from "skewed gender relations"

**Author's response:**
This has now been added in our explanation as the reviewer requested.

Regarding the issue of “male control”, the sentence has been rewritten appropriately.

**Page 21:**
25. Women’s abuse of their partners (physical assault, psychological aggression, sexual coercion, physical assault with injury) was positively associated with their own victimization (physical assault, psychological aggression, sexual coercion, physical assault with injury).

Yes, this is the common finding in all studies.

**Author's response:**
We agree.

26. While some authors suggested that women’s partner violence happens as a reaction/defence to men’s violence [58-60], others have observed that where one partner is the sole perpetrator, this individual is more likely to be a woman than a man [55, 56].

- Suggest you phrase this more guardedly; the state of play in the literature is not settled.
- I have read the paper in ref 55 and can find nothing that states this point of view—please provide the page number. The entire article is focused on women as victims, not as perpetrators at all.
- This article says incidence is greater in young women in partnerships but equalizes when the women are in their 20s—a phenomenon of younger couples

**Author's response:**
- The sentence in question has been rephrased as the reviewer requested.
- The reference (55) has been replaced by correct references as the reviewer requested.
- Regarding reference (56), we agree with the reviewer, and have rewritten the sentence.

**Page 22:**

27. While it is unclear why women endured such relationships, part of the explanation may be denial, fear, self-blame, lack of support and/or inability to challenge the cultural norms that may tolerate violence against women.

You are speculating outside the parameters of your data set and provide no references.

**Author's response:**
The sentence has been rephrased and the reference has been now provided as the reviewer requested.

28. Of all types of victimization during childhood, only physical abuse was positively associated with exposure to IPV during adulthood i.e. psychological aggression. This may be a random association.

What do you mean? How strong was the statistical relationship?

**Author's response:**
- The sentence in question has been rephrased to better explain the point.
- Physical abuse during childhood increased the likelihood of experiencing psychological aggression by 51% (OR=1.51; 95% CI=1.01 - 2.25).

29. Suggest a non-pejorative way of phrasing this—how about raising the possibility that they have been taught to defend themselves in these ways?

**Author's response:**
- The sentence in question has been rephrased to better explain the point.

**Page 23:**

30. Begin with the sampling design-sequential visits to an institution, known to have decided ascertainment basis in every study so structured.

**Author's response:**
This has been rewritten as the reviewer requested.