Author’s response to reviews

Title: Associations Between Intimate Partner Violence Profiles and Mental Health Among Low-income, Urban Pregnant Adolescents

Authors:

Jordan Thomas (thomasjl@ucla.edu)
Jessica Lewis (jessica.lewis@yale.edu)
Isabel Martinez (isabel.martinez@yale.edu)
Shayna Cunningham (shayna.cunningham@yale.edu)
Moiuri Siddique (ms3898@georgetown.edu)
Jonathan Tobin (jntobin@cdnetwork.org)
Jeannette Ickovics (jeannette.ickovics@yale.edu)

Version: 2  Date: 01 Dec 2018

Author’s response to reviews:

Dear BMC Editorial Office,

Thank you very much for your detailed review of our manuscript entitled “Associations between intimate partner violence profiles and mental health among pregnant adolescents” (Manuscript ID PRCH-D-17-00609R1). We appreciate the opportunity to revise this work and resubmit it for consideration for publication in BMC Pregnancy and Childbirth. We have addressed the reviewers’ critiques and made changes to the manuscript (detailed below). We believe that the paper has been strengthened as a result of this review, and hope that you agree.

Thank you for your consideration of our revised manuscript. We look forward to your reply.

Sincerely,

Jordan Thomas

jordan.thomas@yale.edu
Kristen Seay (Reviewer 1): This manuscript examines intimate partner violence (IPV) among pregnant Black and Latina adolescents in New York and compares mental health outcomes by three profiles of IPV involvement (unilateral victimization, unilateral perpetration, bilateral violence). This important topic is addressed in a succinct and well written manuscript. The results that focused on mental health outcomes by profile were especially powerful. The following suggestions are offered.

Introduction

1. Given that the study sample is entirely Black and Latina adolescents, I would like to see the introduction section structured to inform the reader about the knowledge base for this specific population. This section may need to be longer for that to happen. Consider modifying the title to match.

Based on reviewer feedback, we have expanded the study to also include other race/ethnicities. However, the sample is still predominantly comprised of Black and Latina adolescents (95%). We have added more detail to the Introduction about the knowledge base for this specific population. We have revised the title as is to reflect the low-income, urban nature of the sample.

2. The authors include a nice justification in the discussion section (lines 37-60 on page 10, lines 1-33 on page 11) about the need to examine perpetration within this population. Given the critiques in the literature about examining women’s IPV perpetration, a couple of sentences in the introduction that also support the need to examine perpetration in the population are needed.

We have added text to the Introduction justifying the need to examine both perpetration and victimization in this population.

Methods

3. Further information is needed about the context of the original study within this manuscript. What were the demographics of the original study? Were any participants in the original study excluded from this sample? Were data from all sites used?

The original study from which these data are drawn included young, pregnant women who participated in randomized controlled trial of a model of group prenatal care in New York City. The analyses for our initial submission used data from all sites but only included Black and Latina adolescents with complete data on IPV during the third trimester of pregnancy (N=884). Based on reviewer feedback, we expanded the analytic sample to include women of other race/ethnicities who had complete data (new N=930). Those excluded from this secondary data analysis were slightly older (M=18.84 years, SD=1.66) than those included (M=18.62 years, SD=1.75) and were less likely to have been born outside the United States. There were no other significant sociodemographic differences.
4. More information is needed about the participants in the current sample. Were all adolescents in this sample in a relationship with a partner? Was violence only assessed for partners? For example, if adolescents were experiencing child maltreatment or living in a home where a parent was experiencing IPV, was this measured? What was the socioeconomic status of the adolescents and how was this measured? The abstract indicates that participants were low-income but it was not clear if this was based on community level factors or measured at the household level. Was any data collected about the medical payment method?

Participants self-reported their relationship status as single/never married, married, living with a partner, separated/divorced, or widowed. Relationship status, dichotomized as “married/living with a partner” and “other” (inclusive of single/never married, separated/divorced and widowed), is presented in Table 1. The IPV items specifically queried as to “partner” activities and did not account for child maltreatment or other forms of interpersonal or family violence. Participants self-reported their employment status and main source of financial support (Table 1).

5. Additional information about data collection procedures are needed. When was data collected in the original study? How many interviews were conducted with participants? How long were the interviews?

We expanded the methods section to include more detail about the data collection methods used.

6. The manuscript acknowledges in the limitations section that the measurement of IPV “focused on discrete acts of violence and did not capture severity, forms of abuse . . . , or other contextual elements.” Do you have data on the full Revised Conflict Tactics Scale or is the data that you used only available now as it is presented in the paper? The variation in types of IPV and severity, especially as it applies to comparing perpetration and victimization, is important to this manuscript. Based on the current reading of the manuscript, it appears that one incident of verbally insulting a partner during the course of the pregnancy would be equivalent to ongoing physical or sexual abuse. This becomes particularly important given that the paper measures perpetration and victimization. Can you provide descriptive statistics about the severity and type of IPV for each of the three categories (unilateral victimization, unilateral perpetration, bilateral violence)?

We appreciate this nuanced comment and agree that a distinction is important to consider. Our study utilized a modified version of the Revised Conflict Tactics Scale that asked participants to categorically report the frequency of violent interactions in their romantic relationships (e.g., never, rarely, sometimes, always, other) across physical, verbal and sexual acts of violence. We agree with the reviewer that it is important to consider the variation between types of interpersonal violence, and added this detail to Table 1. Data regarding number of violent acts and severity were not available.

7. For the prenatal distress scale, can you compare the median split for this population to other populations where this scale is used?

We added a sentence comparing the distribution of the prenatal distress variable in our sample to previous studies to the Methods section.
8. For the relationship status categories, single and never married were compared to an "other" category. Was "other" just married, divorced, or widowed? If a participant did not respond to this question or this information was unknown, was this coded as "other"?

The reviewer is correct in her interpretation of the relationship categories in the original submission. Upon further reflection, we have opted to recode this variable to be dichotomized as “married or living together” versus “other relationship (single – not married, separated/divorced, widowed).” to more accurate reflect the relationship contexts (e.g., committed, casual) in which violence is being reported. Missings or unknowns were coded as missing. These changes did not significantly change the magnitude of effects observed (see Table 2).

9. There is a typing error on page 8, line 18 which makes the sentence content unclear. The sentence states, "Variables with significance of α = 0.05 or which are were kept in multivariate models."

We have corrected this typo such that the sentence now reads as follows: "Variables with significance of α = 0.05 or lower were kept in multivariate models."

Results

10. For line 35 on page 10, please modify the sentence "Of these, 13% were victims, 35% were perpetrators and 52% were engaged in bilateral violence as both victim and perpetrator" to make it clear that these are mutually exclusive categories. Please add "only" after the words "victims" and "perpetrators."

We made this change.

Discussion

11. In the discussion section on lines 8-11 on page 10, the manuscript discusses how fear of injury from IPV may be increasing prenatal distress. However, it is not clear what the prevalence of physical IPV is within the sample of women experiencing some form of victimization. With the measurement of IPV in the paper, it is possible that the majority of women are experiencing emotional IPV and this may or may not include threats of bodily harm. Can this statement be further supported with descriptive evidence of the type of IPV?

We added descriptive statistics on types of violence for each of the three profiles to Table 1). As seen therein, the prevalence of physical violence among women experiencing some form of victimization is high, as is the prevalence of verbal violence. We have expanded the discussion of these findings in the Discussion section.

12. It appears that IPV was measured during the third trimester and that participants were asked to reflect back on the earlier trimesters of pregnancy. If this is accurate, please add retrospective report to the limitations section.
The reviewer’s interpretation is correct. We have added a sentence noting this limitation to the Discussion section.

Stephanie Eick (Reviewer 2): Thomas et al examined the association between intimate partner violence during pregnancy and psychosocial stress outcomes among adolescents. They found that women who reported experiencing or perpetrating IPV during pregnancy were at increased risk of depression, anxiety, and prenatal distress. The manuscript reads well and contains interesting findings. I have a few comments.

1. Why did you include only Black and Latina adolescents? If there is information on other pregnant adolescents it may make sense to include them to increase the same size.

We initially included only Black and Latina adolescents as prior studies suggest that they may be at increased risk of IPV. However, based on reviewer feedback, we added participants of “other” races, resulting in a sample size of 930 women. Please also see comments in response to Reviewer 1, Comment #3.

2. Based on table 2 alone, it is unclear that these are odds ratio estimates. Furthermore, please provide the crude odds ratio estimates. It would be interesting to see how the numbers changed after adjusting for confounders since so many covariates were included in the adjusted models.

We added a label specifying that the values in Table 2 are adjusted odds ratios and added the crude odds ratio estimates for comparison.

3. Is it possible to stratify the results by race? Given the abundance of literature showing that the effects of psychosocial stress differ by race, it is possible that the relationship between IPV and psychosocial stress may differ by race as well.

This manuscript aims to describe profiles of interpersonal violence and to examine the differential impact of those profiles on mental health outcomes among young, pregnant women. The sample sizes are too small to stratify by race for each profile assessed. We added a sentence to the Discussion highlighting this as an important area for future research.

4. The authors allude to IPV being a predictor of adverse maternal and child health outcomes. It seems that within this study sample, it would be possible to examine the relationship with IPV and pregnancy outcomes such as preterm birth or low birth weight.

As cited in the Introduction, research has found relationships between IPV and a variety of maternal and child health outcomes, including birth outcomes, sexual and reproductive health and mental health. Pregnancy/birth outcomes are not the focus of this paper, which aims to examine mental health outcomes associated with different profiles of interpersonal violence during pregnancy. Future studies should explore the extent to which different profiles are associated with birth outcomes and mental health as a potential mediator of this relationship.