Author’s response to reviews

Title: Intimate partner sexual violence and risk for femicide, suicidality and substance use among women in antenatal care and general out-patients in Thailand

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Author’s response to reviews:

Title: the title seems unclear about other types of IPV. However, if you use "Sexual assault and intimate partner violence among women in antenatal care and general outpatients in Thailand" would be fine.

R: Corrected

Abstract is largely complete, succinct, and clear, but a few notes:

* should include the study design; it would be cross sectional design?

R: Corrected accordingly

* And please include the measures in the abstract (AAS, SVAWS, Danger assessment, Suicidal behavior).

R: below is added

Measures included the Abuse Assessment Screen, Severity of Violence Against Women Scale, Danger assessment and suicidal behaviour.

* In addition, for the word of "intimate partner violence" should be consistency because sometimes the authors used "Intimate violence partner relationships".

R: Corrected accordingly

* Please check typo in word "fiftyseven" - needs a hyphen to separate the two word parts.
R: Corrected accordingly

Literature review: A bit thin; it needs some more information.

* For example, it is not insufficient information about IPV in worldwide and the important of IPV and sexual assault study in Thailand and to women's health. The authors showed the information and the prevalence of IPV in the previous studies that conducted in Thailand, but they did not present the literature gap and why this study is important.

R: This is added

* Furthermore, the aim of study focus to sexual assault in women, but the information need more clarify - why this is important or useful.

R: This is added

* Finally, the second paragraph of introduction at "Globally" can move it to the first paragraph.

R: Disagree, rewritten altogether

* However, the previous results in Thailand about the prevalence of IPV are concrete and helpful.

Methods: The method part needs some revises.

* It lacks a description of study design (cross sectional study?)

R: This is added

* Were healthcare providers trained to do the screening?

R: Yes, added

Do they screen all women?

R: No

Was there a standard protocol for the screening?

R: Yes

Was there any assurance that providers were actually doing all the screening?

R: NO
Were women always screened in private?

R: may be not always

* Secondly, the inclusion criteria for choosing the subjects are not clear: the women that chose from antenatal clinic are pregnant women or any women? (any age parameters)

R: 18-49 years is added

Any exclusion criteria? (do they choose some participants that they have psychological disorder or any problem in mental health).

R: No, is added

* Measures are generally well-chosen and translation procedures are described - however, was there any validation or pilot work done with the translated measures? (If not, this should be described later in the discussion as a limitation).

R: Below is added

All instruments except for “Severity of Violence Against Women Scale” (SVAWS) were translated from English into Thai using standard backward and forward methods. The SVAWS has been professionally translated into Thai and pilot tested for face validity in Thailand before [6 & Scricamsuk 2006]. In this study ten women with similar characteristics to the target study sample assessed the face validity of all the translated instruments.

* Not clear why Alcohol Use Disorder Identification Test-Consumption was included - please describe the rationale.

R: Rational is added

* Are the measures of socioeconomic status previously validated? (i.e., the measure which has response options like "We have most of the important……and luxury goods")

R: Face validity, as mentioned above

* Really appreciate that the authors used the Danger Assessment instrument in this study - the importance of this type of risk assessment cannot be understated in my opinion - and it has clinical and safety planning implications. That said - for future work - the authors will want to know that the 15-item version of the DA that they used is quite old. The more recent and better-validated version of the DA has 20 items. There is also a 5-item brief version of the DA developed in 2015, for use in clinical settings (see https://www.dangerassessment.org/uploads/DA-5_2.26.15.pdf). I think perhaps the best way to handle this issue is in the discussion -- to acknowledge that there are newer versions of the DA, but that the 15-item version was previously well-validated, and that it
demonstrated that some of these women were at significant risk - and perhaps to refer the readers to the 5-item version for use in clinical settings.

R: The selection of the DAS 15 item is explained

* In data analysis part, the data is normal distributed or not because you wrote some sentences that for "non-normal distribution, non parametric test were used", please clarify more about because for the table 3 you wrote Mann-Whitney U test which is non parametric test. For the multiple regression that you used for predicting the associated, could you check it again for the assumptions of regression? Although normality is not the major assumption to test for multiple regression, it has to concern because your data is not normally distributed. However, if it is not normally, sometimes you can claim it from the size of sample.

R: In Table 3, this corrected to Relative Risk Ratio, for each danger item and sexual violence. Mann-Whitney-U test was used to compare the total danger mean scores between non-sexual violence and sexual violence women (since the danger scale had a non-normal distribution)

* In addition, it is confusing that how sexual assault and danger come topic come from because looked at the Table 3, it seems like descriptive analysis, how the authors got Odds ratio and CI, this comes from regression analysis?

R: There is nothing confusing, first is each item of the danger scale and then the total danger scores, see above explanation.

* Finally, it would be great to analysis and clear if the authors can show the results that separate from participants from antenatal clinic and general out-patient. We realize the numbers are too small to present statistical subanalyses by these clusters, but it would be useful if the text in the results began with some descriptive results of where participants came from (e.g., how many from which settings).

R: Results that separate participants from antenatal clinic and general out-patient are added in Table 2.

Discussion: In discussion part, it needs more discussion about the results.

* For the first paragraph that discussed about the lower rate of sexual assault of current study than previous study, it would be informative and stronger if the authors can find more studies to discuss, and another variable or any factor in demographic data that can explain about this such as socio economic that seems high.

R: More studies are added; other demographic factors are difficult to establish

* In second paragraph, for the last sentence that "this finding highlights the important of mental health management…. Of sexual assault" It seems not clear for who is managing or manage to who.
R: The health care provider

The most problematic issue related to interpreting the findings of this study is the extremely low prevalence of IPV (0.02%) - but this is an important finding in and of itself.

* This should be talked about in the discussion.

* Because the prevalence found in this study was so, so low, and so very different from other research studies, it is most likely that the actual prevalence rate is much higher than 0.02% -- and this should be clearly stated. Since the healthcare providers were in essence the "gatekeepers" doing all the screening -- it seems likely that what was happening here that resulted in low prevalence is that women were not disclosing IPV to the providers - and this should also be clearly stated.

R: This and more is added to this effect

* I think that it also makes it very hard to assume that the women that DID disclose IPV were typical of abused Thai women - it is a skewed sample. This should also be clearly stated and should be addressed in the discussion section as a limitation.

R: added

* BUT it does suggest that these providers were not doing the greatest job screening patients and/or that there are significant barriers to Thai women to disclosing IPV when asked in a healthcare setting (it's probably both). This is actually a very important finding in and of itself.

R: Added

* There is a large body of research that demonstrates that healthcare providers don't routinely screen for IPV, are not comfortable asking about it, are not well-trained about IPV, and often have negative attitudes and stereotypes about IPV. These findings should be grounded in this literature.

R: Future qualitative research is suggested…

* There is also relevant research regarding women's barriers to disclosing IPV to healthcare providers and others - which should also be worked into the discussion.

R: more is added in the discussion

* it is not clear if - when the authors talk about Buddhist principles/Thai cultural factors at the start of the discussion - do they mean that these factors might have kept women from disclosing violence? Or from experiencing IPV in the first place?
R: Not disclosing, this is clarified

Please include recommendations for future research, policy, and practice based on the findings.

R: Added

Conclusion: The conclusion needs revise again by including the rational problems and important results and future research. The authors wrote about "the study found the moderate rate of sexual assault in intimate partner violence, but it has not seen where the results show the moderate rate of IPV.

R: The results show the prevalence of sexual intimate partner violence (which seem lower than in previous studies)

Future research is added

The authors also wrote the helpful of study but lack of the future of research.

R: added as below

Future research studies should separate sexual intimate partner violence from other types of intimate partner violence, so as to better understand associations with child abuse, traumatic stress, intimate partner violence and health problems. Moreover, qualitative studies should be undertaken on how to screen Thai women for intimate partner violence.

Minor/grammatical: The consistency of terms related to intimate partner violence is needed because sometimes the authors used intimate violence partner relationships in study.

R: Corrected

English is quite good overall, but there are some typographical errors here and there.

R: Corrected

Another thing to revise and update is the references in discussion.

R: Added

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Reviewer #2:

This study aimed to assess the prevalence and correlates of sexual assault victimization by an intimate partner among adult women attending outpatient and antenatal clinics who screen positive for intimate partner violence (IPV) within the past 12 months. This study focuses on an important women's right issue.
Overall:

* The authors use sexual assault and sexual violence interchangeably. Using one term consistently would add clarity.

R: Corrected

* The authors should explicitly state at the beginning of the manuscript that the study is investigating sexual assault by intimate partners specifically, as opposed to sexual assault by anyone.

R: Added

predominance and correlates of sexual assault in the context of intimate partner violence

* There are a number of typos and grammatical errors throughout the manuscript.

R: Corrected

* The 12 month prevalence seems very low. Previous studies of 12 month prevalence rates of IPV in women attending health care services have reported much higher prevalence rates ranging from 12% to 26% (e.g. references 1-3 below). Additionally, reference 4 below which comes from the data collected as part of the WHO multicentre study cited by the authors indicates that the 12 month prevalence of the Thai sample is 21.3% and 22.9% for the two Thai samples. The authors should cite some of these articles in their discussion and provide more detailed exploration about why their reported prevalence is so much lower. The authors should address the possibility of selection bias in their results interpretation and explore potential reasons why many women may not have disclosed? Without this discussion the results may make readers think that IPV is a problem experienced by very few women in Thailand.

R: More studies are cited in the discussion, and more details of low prevalence and/or disclosure are added

Background:

* Paragraph 1: In the sentence that reads "According to the World Health Organization (WHO) multi-country study on women's health and domestic violence against women in Thailand [2], 23% of ever-partnered women in Bangkok and 34% in Nakhonsawan reported physical violence by their intimate partner at some time in their life, and 30% in Bangkok and 29% in Nakhonsawan reported that they had experienced sexual violence by an intimate partner", the authors should clarify if the 30% and 29% of women who report experiencing sexual violence by an intimate partner is all women, or 30 and 29% of women who reported experiencing some form of IPV.
multi-country study on women’s health and domestic violence against women in Thailand [2], 21.3% of ever-partnered women in Bangkok and 22.9% in Nakhonsawan reported physical and/or sexual violence by their intimate partner in the past 12 months, and 17.1% in Bangkok and 15.6% in Nakhonsawan reported that they had experienced sexual assault by an intimate partner in the past 12 months

Paragraph 1: In the sentence that reads "Physical violence by a partner during pregnancy was 4% of women who had ever been pregnant in both Bangkok and Nakhonsawan" there appears to be a typo. Should it read "Physical violence by a partner during pregnancy was reported by 4% of women who had ever been pregnant in both Bangkok and Nakhonsawan"?

R: Corrected

Paragraph 1: In the sentence that reads "Other local surveys found of 475 pregnant Thai women, 13.1% report ever been abused, whereas 4.8% reported physical abuse during pregnancy and 4.8% sexual violence in the past 12 months…" there is tense inconsistency. "13.1% report" should be "13.1% reported".

R: Corrected

Paragraph 2 - it is better to cite original sources as opposed to siting secondary sources. Strongly suggest that paragraph two is revised to site the original sources cited in reference 7, as opposed to citing "as reviewed in [7]".

R: Corrected

Paragraph 2: The authors state that 40-68% of women have experienced both physical and sexual violence. Is that lifetime exposure?

R: Corrected

Has any previous research been done looking at the 12 month prevalence rate of IPV in Thai women? Is so this should be referenced and if not this should be stated as justification for the need for this study.

R: added

Include rationale for conducting this study within a health care setting specifically. E.g. is there a reason to expect higher prevalence in this setting, or is identifying the prevalence important for identifying a need for IPV screening and assistance programs in these settings?

R: added
Methods:

* The following sentence is not clearly written: "The health care provider would inform the woman who has screened positive on the Abuse Screen for intimate partner (i.e., spouse/common-law, ex-spouse/ex-common-law, boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend) physical or sexual abuse occurring within the preceding 12 months about the study and referred to a female research assistant." Also appear to me missing words (e.g. Abuse Screen should be Abuse Assessment Screen and "intimate partner" should be "intimate partner violence" and "boyfriend" is misspelled in one instance.

R: This is corrected

* Remove the words "be" and "have" for conciseness from the following sentence: "Written informed consent was obtained from all study participants who met the following inclusion criteria: (1) be female, (2) be 18 years of age and older, (3) have experienced IPV in the past 12 months, and willingness to give informed consent." Also provision of informed consent should be its own inclusion criteria.

R: Corrected

* Were there any exclusion criteria? If so they should be listed and if not this should be stated.

R: Added

* The authors state: "Following an informed consent procedure, the interviewer verbally administered a questionnaire in Thai language in a private room without the partner or other individuals being present." Were these all questionnaires included in the measures section? If so "a questionnaire" should read "questionnaires" in the above sentence. If not, please provide details about the questionnaire (e.g. questionnaire name, number of questions, validity, reliability and citation if an pre-existing questionnaire was used, or details about what the questionnaire included if the questionnaire was developed for this study).

R: Corrected

* For the SVAWS and Danger Assessment Scale, the authors should clarify whether these questionnaires are assessing the severity of violence and danger that women experience specifically from intimate partner violence (as opposed to violence from other sources).

R: In both cases, with “the intimate partner” is added

Data Analysis:
* The authors should specify the specific parametric and non-parametric tests that were used. R: This is specified

* P-values should be included along with ORs and CIs

R: Is added

Results:

* An acronym (IPV) is used for intimate partner violence for the first time in the results section. This should be used consistently throughout the paper or not at all.

R: Corrected

* The sample characteristics from Table 1 in the results text should mention the characteristics that are significantly different between the sexually assaulted and non-sexually assaulted group.

R: added

* The language used to describe the Danger assessment items in the results text and Table 3 are different. The authors should use consistent language for clarity.

R: Corrected

The text of the results section and Table 3 should include ORs, CIs, and p-values.

R: added

* ORs, CIs, and p-values should also be included for the bivariate and logistic regression analyses in both the text and Table 4.

R: added

Discussion:

* Are there other studies in Thailand that screened a small sample of women for intimate partner violence? If so these should be mentioned in the background section.

R: Added

* The authors note that the prevalence of IPV identified in their study is much lower than other studies and suggest this may be due to Thai family values, however, some of the other studies cited with higher rates were conducted in Thai population. Could this difference be due to different reference periods (e.g. lifetime prevalence versus 12 month
prevalence). It may be more useful to compare to other 12 month prevalence studies in Thailand.

R: This is clarified, and more is added

* Also, it is unclear whether the authors are suggesting that Thai culture may be more accepting of the abuse which explains its occurrence, or the lower than expected rate of IPV disclosure among women.

R: To explain the possible lack of disclosure

* The authors should include a discussion of the implications of their findings (e.g. how can this research be used? What does it add to the existing literature? What are the authors recommendations for future research?)

R: Added

References:


R: Some are added