Author’s response to reviews

Title: Current care for victims of sexual violence and future Sexual Assault Care Centres in Belgium: The perspective of victims.

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Dear Dr. Chariot,

I would like to thank you for your constructive and comprehensive feedback as I do believe it contributes to an improvement of our article. Please find my comments on the changes made below.

Abstract

1. Syntax: 'After signing (...), this study was set up'

[Abstract, p2, line 32] Because of the different definition of signing and ratifying, the word ‘ratifying’ was not changed. Belgium did sign the Convention of Istanbul, but only ratified it in 2016.

2. Conclusion: Claiming that 'It is time for Belgium to accept its responsibility (...)’ may be reasonable. It cannot be the conclusion of the study. The entire conclusion should be rephrased and appear as drawn from the data presented, not as general considerations unrelated to the results presented.
Thank you for pointing this out. The conclusion of the abstract was adapted to fit the conclusion of this specific study.

[Abstract, p2, line 52] ‘All care for victims of sexual violence, especially forensic and psychological care, needs drastic improvement in Belgium. All participants agreed that having specialized, multidisciplinary and longitudinal care in a Sexual Assault Care Centre that would be open 24/7 for everyone, victims and their significant others, would be an improvement to the currently available care all over Belgium.’

Introduction (Hypothesis)

3. l. 134 'If requested, the victim can press charges (...). This sentence is unclear and should be rephrased. Requested by whom ?

This was indeed unclear. It is the victim that requests to press charges.

[Background, p5, line 140] The sentence has been modified to be more clear: ‘If the patient wishes to file a complaint, is it possible to do so up until six months after their initial visit at the SACC.’

4. l. 137. The authors should be more explicit regarding the care given in the SACC. In the common acceptation of the word, all victims should receive care, whether or not medications are prescribed

Victims should indeed receive care whether or not medication is prescribed. However, for the entourage of the victim this care is mostly intended as psychological support.

[Background, p5, line 142] This was adapted in the text to: ‘If needed, the victim’s relatives could receive psychological support in the SACC’.

5. A small study involving only 16 subjects cannot be easily considered as an example for other countries. This sentence should be deleted.

[Research objective, p5, line 148] We understand what you mean. This sentence was thus deleted.

6. The authors mention the participation of only 2 so-called 'acute victims' over seven months, which seems remarkably low and suggests that the procedure was inadequate. How many
individuals (>16) who reported a sexual assault were received in the two participating hospitals over the study period? This information needs to be provided to the reader.

[Methods, p5, line 151] The whole methods section was restructured to be made more clear. The recruitment happened via two different ways.

1. Victims who recently experienced sexual violence and went to the hospital for a SAS between May and November 2016, were handed out an envelope with the questionnaire. During that period of time, 35 victims presented to the University hospital of Ghent for a SAS. Nineteen of them received an envelope with the questionnaire. In the Saint-Peter hospital 57 victims received a SAS during that period of time and 32 envelopes were handed out. Of those 51 handed out envelopes, two victims sent back part A & B and one victim sent back a part A of the questionnaire.

The only exclusion criteria used was to be above the age of legal consent to sex in Belgium (16 years old).

2. Former victims were attained through online invitations for an individual in-depth interview or small focus group. Twenty former victims reached out to us. Thirteen made it to their appointment.

The same exclusion criteria applied for the former victims as for the victims who recently experienced sexual violence.

This brought the total of participants to 16.

7. The authors refer to the legal prescription time in Belgium in November 2011. The study was conducted in 2016 and we are in 2019. The information should be updated.

The limitation period in Belgium has been augmented from a period of 10 years to a period of 15 years in November 2011. The duration of the legal prescription period hasn’t changed since then. Therefore it is not possible to update the information.

[Results, p11, line 259] The sentence has been changed to: ‘Since November 2011, this period equals 15 years in Belgium.’ to make it more clear for the reader.

8. The phrasing, albeit modified, is still not satisfactory. Which question do the authors refer to?
One of the questions we asked the participants, was if they had been tested for PTSD. Only half of them had been tested.

[Discussion, p18, line 477] This sentence was modified to be made more clear: ‘Yet, it should be noted that, when asked during the interview if they had been tested on PTSD, only half of the participants responded confirmatively’.

Research limitations

9. This part needs to be completed. The number of participants is said to be ‘as expected’ in qualitative research. However, the patient recruitment procedure is still unclear to me. How many patients were received during the study period who satisfied inclusion and exclusion criteria? How were the 16 patients selected from them? What was the inclusion rate? That disclosure is low among victims of sexual violence is well known but this cannot be an adequate comment of an inclusion rate in the present study.

[Research limitations, p22, line 604] This part was completed with missing information: ‘Of the 92 victims of recent SV who came in for a SAS in one of the two participating hospitals, 51 received an envelope with the questionnaire and three participated in this research. Of the former victims of SV who saw our online invitation, twenty reached out to us and thirteen participated. Even though only a low percentage of reached victims participated in this study, the number of participants in this research was as would be expected for qualitative research in this field of study. Disclosure is very low for victims of SV and participating in follow-up research by victims is even lower. In qualitative research, it is expected to achieve saturation between 10 and 20 interviews. This saturation was noted in the responses given by the different participants.’

The only exclusion criteria used is being younger than 16 years old at the time of the research. No inclusion criteria were used. We hope the recruitment procedure has been made more clear in the methods section [Methods, p5, line 151].