Author's response to reviews

Title: Maternal and child health nurse screening and care for mothers experiencing domestic violence (MOVE): a cluster randomised trial.

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Author's response to reviews: see over
<table>
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<tr>
<th>Reviewer #1</th>
<th>Revision comments</th>
<th>Response <em>(changes within manuscript highlighted yellow)</em></th>
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</table>
| Major compulsory revisions | 1. Better description of where the CAS questions were utilized. If in the mail survey, a comparison to the prevalence rates found during the 4 weeks and 4 months post-partum periods would help establish the validity of the mail survey since the return rate was half of what the power analysis indicated was needed. | As the reviewer suggests, the CAS was only included in the women’s mailed survey to measure prevalence of abuse in the past 12 months. This is outlined on page 11 under the Women’s survey heading. Therefore it is not possible to compare rates identified from nurse government reports at 4 weeks and 4 months. Also rates of disclosure in an anonymous survey will always be different from those undertaken face to face. More importantly, the questions were not specific to intimate partner abuse although this probably constituted the majority. The MCH recommended screening questions covered family violence and may have included other family members. We have added on page 9 to clarify: *which covered abuse broader than that from an intimate partner*.

The safety planning rates (a disclosure proxy) in the intervention teams were 4.2% at intervention end. This is a good proportion of our identified prevalence rate (from the women’s survey) of reported IPV (CAS>7) of 6.8%, if you consider that many women will not be ready necessarily to disclose given their situations. We hope this has clarified your query and have made the following changes to the manuscript.

**Page 3** - under Main outcomes heading

Primary outcomes were MCH team screening, disclosure, safety planning, and referral rates from routine reporting to government and from a postal survey sent to 10,472 women with babies ≤ 12 months in study areas. Secondary outcomes included DV prevalence in the last twelve months (Composite Abuse Scale) and harm measures (postal survey). |
| 2. More details on the supplementary intervention checklist. What questions | Thank you for this suggestion. The details of the MOVE intervention are described on page 8-9 and readers are asked to refer to the trial protocol for further details, which describes the additional checklist questions and includes a hyperlink to the MOVE |
were asked and procedure for women to complete?  
research project webpage, with access to all MOVE resources including the checklist.

We added (Page 8): The checklist **asked questions about physical symptoms e.g. sore nipples and backache as well as DV questions** asked face to face by nurses in the comparison arm and outlined below.

We have added further description of the checklist questions and procedures on page 9 under the heading- Supplementary intervention checklists

The checklist **included DV questions asked face to face by nurses in the comparison arm (outlined below)** with the following additions:

- **Do you have any problems in your relationship or intimacy with your partner?**
- **Has anyone in your household ever humiliated you or tried to control what you can or cannot do?** *(recommended in training but not in the MCH manual)*

**Women were provided with the checklist at the commencement of the three or four month visit and encouraged to complete it themselves while nurses cared for the child. Nurses responded to women’s self-identified concerns in the checklist but responses on the intimate relationship and violence were addressed first.**

<table>
<thead>
<tr>
<th>Minor revisions</th>
<th>4. Incomplete sentence under participants.</th>
<th>Page 7-This sentence has been expanded.</th>
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<tr>
<td></td>
<td><strong>Participants included eight MCH teams, in the disadvantaged north-west suburbs of</strong></td>
<td><strong>Participants included eight MCH teams, in the disadvantaged north-west suburbs of</strong></td>
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Melbourne.

**Reviewer # 2**

No revisions

**Reviewer # 3**

<table>
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<tr>
<th>Comments and suggestions only- not major or minor revisions.</th>
<th>5. It would be helpful to hear how the designers used the literature review to develop the model.</th>
<th>We agree that while the systematic literature review is described in the trial protocol paper, it is also useful to clarify and we have added more information on page 8.</th>
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<td><strong>Page 8</strong></td>
<td>Along with the action research, a systematic search was undertaken of controlled interventions and evidence based guidelines that aimed to improve clinician responses to abused women and their children. Findings were shared with advisory group members and nurse consultants, to facilitate development of the MOVE clinical resources. Evidence suggested women prefer self-completion screening methods rather than face-to-face/direct asking (reference added-24). This informed the design and use of the self-completion maternal health checklist used at three-four months... Utilising results from an unpublished comprehensive review of evidence for community nursing DV practice and an iterative development process, nurse consultants and research staff jointly designed the consensus model described below.</td>
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<td>6. More information about the intervention checklist.</td>
<td>Please see additions to Reviewer 1 #2 responses above.</td>
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<td>7. Clarify what MOSAIC is and why MOVE is ideally located within that trial.</td>
<td>MOVE is not located within MOSAIC, but is subsequent to it. The reasons have been added to clarify what is outlined in the MOVE protocol. We have added the further explanation to the manuscript on page 7.</td>
<td><strong>The MOSAIC DV trial tested a non-professional, mother-to-mother support intervention for pregnant or recent abused mothers. MCH nurses participated by recruiting women they had identified into the peer support program. Despite six hours of DV training, nurse identification of abused women was low. In process evaluation, nurses requested improved ways of working to identify and support women and children experiencing violence. MOVE developed from this previous trial</strong></td>
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<td>8.</td>
<td>Clarify what disadvantaged suburbs means.</td>
<td>Page 7. Using the term <em>disadvantaged</em> refers to areas that have lower-socioeconomic status than other areas of Melbourne. We have not made changes to this sentence.</td>
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| 9. | The relationship between team and centre should be clarified. Are teams located within Centres or do they cut across Centres? Perhaps describe the organization of an MCH team. | Thank you for this suggestion. We have added the following to page 5.  
*Within teams, one or two MCH nurses are based in local centres with approximately ten centres and 15-20 MCH nurses in total per team. MCH teams have a coordinator who manages the team.* |
| 10. | Tables should have more complete titles etc. | We have added some small title changes which add clarity and these are highlighted in yellow. All tables have been checked and appear to comply with journal guidelines. |
| 11. | Page 10 clarify β of 80%. | Thank you, this error has been corrected on Page 11-under Women’s survey heading.  
*To achieve β of 0.20 and α at 0.05, the survey sample ...* |
| 12. | Also, is the outcome increase in disclosure and if so what is the baseline disclosure rate? The baseline prevalence is provided but it is not clear if that is the same as the baseline disclosure rate. | We are not sure what the reviewer means here. Our sampling strategy was to estimate what was needed for a 15% increase in screening rate among MOVE compared with comparison teams, but we did not know what the baseline screening would be, but knew from Stayton and Duncan’s review that the average screening rates were low (15-23%). Re disclosures, we did not know what this was either. Re disclosure, we were only hoping that the increase in disclosure would be of the same magnitude. What we have found is that the method of screening and the team dynamics also make a difference to the rate of disclosures, rather than the rate of screening, outlined in our discussion. |
| 13. | Update supporting literature. -Consider USPSTF to screening debate -consider adding more reviews on screening | We have added the US Preventative Task Force reference on mandatory screening and the recommended scoping review on referrals to the background section on page 5 and added them to the reference list on page 18.  
*Some governments mandate universal domestic violence (DV) screening in all health care settings as a solution: an issue which remains keenly debated (6). While there is evidence that screening increases identification, there is no rigorous evidence to date that it increases referrals, reduces abuse or improves women’s health or safety (8).* |


We have considered the reviewer comments regarding our background discussion on evidence for screening. Whilst we agree that there are many reviews on screening, no changes have been made as we believe that the cited Cochrane review (2013) is the most rigorous and relevant. For example the Nelson review update was based largely on McMillan et al (a negative trial) and cited MOSAIC as a screening study whereas it was case-finding.

14. Addition of process evaluation would be helpful.

Thankyou- We have added to the sentence on page 14 referring to the process evaluation and cited our recently published process evaluation.

**MOVE process evaluation identified implementation barriers, such as lack of nurse reflective practice and the coinciding introduction of a new practice framework. However, intervention team nurses reported continued high use of the checklist and non-routine maternal health visits (29). This might account for the between-group difference in safety-planning rates, despite low screening rates at routine visits.**

And added the reference to the list on page 19

We believe that extensive discussion on *why* we have obtained these results is beyond the scope of this paper. However, we have a comprehensive evaluation plan that includes both the process evaluation (above) and further evaluation on the sustainability of the model two years on (MOVE 2 -yet to be published).

The authors suggest generalizability is limited because of the unique training component. If this approach is not generalizable, it makes the reporting of this experience less relevant for the field. Perhaps the authors might discuss what aspects of this trial are generalizable. How do these new tech developments relate to this particular intervention and how it might move to its next iteration?

We thank the reviewer for this suggestion as we had overlooked this point and have added the following to page 15.

> However, with the use of NPT (or without), attention to the nursing specific context; individual and nurse team needs; to self-completion screening methods (including computerised methods); and to nurses’ own safety are generalizable lessons for sustained screening improvement that can be drawn from this trial. A further lesson is the need for continued upskilling identified by nurses in evaluative feedback. Online and web-based learning can offer this when nurses have time to complete.

**Editorial requests**

| (1) The Abstract of the manuscript should not exceed 350 words and must be structured into separate sections. |
| Word count is now 349 and appears structured correctly according to consort guidelines. |

| (2) Provide a statement in the author contribution that all authors read and approved the final manuscript. |
| Page 17
All authors read and approved the final manuscript. |
(3) Provide the date of the registration should be included as the last line of the manuscript abstract next to the TRN.  

**Added to Page 4 Trial Registration**  
Australian New Zealand Clinical Trials Registry, ACTRN12609000424202, **10/06/2009**  
http://www.anzctr.org.au/

(4) Please adhere to CONSORT reporting guidelines as follows and provide a checklist:  
http://www.consort-statement.org/downloads/consort-statement  

**Checklist has now been uploaded.**