PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Post-traumatic stress disorders in women victims-survivors of intimate partner violence: a mixed-methods pilot study in a French coordinated structure
AUTHORS	ROLAND, NOEMIE; Delmas, Noëlla; El Khoury, Fabienne; Bardou, Alice; Yacini, Leila; Feldmann, Laure; Hatem, Ghada; Mahdjoub, Sarah; Bardou, Marc

VERSION 1 – REVIEW

REVIEWER	Xiuquan Shi Zunyi Medical College
REVIEW RETURNED	15-Sep-2023

GENERAL COMMENTS	Comments on MS 2023-075552 submitted to BMJ open Title: Post-traumatic stress disorders in women victims-survivors of violence: a mixed-methods pilot study in a French coordinated structure This study by Dr Noémie Roland and his/her colleagues was aimed to examine the prevalence of Post-Traumatic Stress Disorder (PTSD) in victims- survivors of Intimate Partner Violence (IPV) consulting at three centers. They found that PTSD diagnosis was retained for 40 women (59.7%). Around 30% of participants self-rated their global health as bad from 67 responded women. As a pilot study, the authors have done a good job, especially highlight their findings by both qualitative research and follow-up surveys. However, there are some points still should be further clarified. Major concerns: 1.The title of this paper was “victims-survivors of violence”, but it was almost focus on only IPV. 2. Why authors did not collect data on other traumatic events? The health outcomes measured in this study are based solely on the women’s self-reported perceptions, which should lead to some bias. It is suggested authors could partly identify the health outcomes by some medical records or health records in the local hospitals or their communities. 3. The follow-up rate is relatively low, why only a half of participants (52.2%) had been reached by phone? Generally, if it was lower than 80%, authors should give the reasons to explain. 4.The comparability of some indicators of the three centers (Maison des Femmes N=40; MHC-1, N=12; MHC-2, N=15) was not good. In addition, all the information remains in the descriptive stage, and the

	differences between these centers were not tested. Limited to the sample size, no multifactor analysis has been done, so it was possible a significant limitation to the generalization of the results. 5. In the supplied Table 1: “Sociodemographic description of the women interviewed in the qualitative study (N=9).” Why is there a high proportion of singles among those interviewed, and whether this group of women suffered more IPV than those who were not interviewed? Could authors discuss the effect of the marriage? 6. I think this paper is more suitable for a brief report, as it limited to its small sample size and no hypothesis test. Minor revisions: 1. In the last row of Table 1, why “Help seeking” 0 times was not considered as “none” while “6 times” considered as “none”? 2. In the manuscript, “6 months after” appeared for several times, I think using “after 6 months” or “6 months later” would be more appropriate.

REVIEWER	H. Magne Centre Hospitalier Henri Laborit
REVIEW RETURNED	24-Oct-2023

GENERAL COMMENTS	Nice study with an interesting mixed-method design. Very minor substantive comments: - do the authors know how long ago the abusive relationship ended ? - Table 2 : Emergency Room visit(s) in the past 6 months : is that linked to the PTSD symptoms? Very minor typos: - please, choose between "MHC 1/2" and "MHC-1/2".

VERSION 1 – AUTHOR RESPONSE

REVIEWER 1. DR. XIUQUAN SHI, ZUNYI MEDICAL COLLEGE

This study by Dr Noémie Roland and his/her colleagues was aimed to examine the prevalence of Post-Traumatic Stress Disorder (PTSD) in victims- survivors of Intimate Partner Violence (IPV) consulting at three centers. They found that PTSD diagnosis was retained for 40 women (59.7%). Around 30% of participants self-rated their global health as bad from 67 responded women. As a pilot study, the authors have done a good job, especially highlight their findings by both qualitative research and follow-up surveys.

Thank you for your comments.

However, there are some points still should be further clarified.

In the following, we present a point-by-point response to your comments with the changes made in the manuscript (marked in red).

Major concerns

1.The title of this paper was “victims-survivors of violence”, but it was almost focus on only IPV.

We agree with you and have changed the title to make it clearer.

P.1 “Post-traumatic stress disorders in women victims-survivors of intimate partner violence: a mixed-methods pilot study in a French coordinated structure”

2. Why authors did not collect data on other traumatic events?

Thank you for your very pertinent comment. The Maison des Femmes (MdF) is a structure specifically dedicated to the care of women who are victims of violence of any kind. Municipal health centres, on the other hand, are non-specialised medical facilities that serve an often underprivileged population, but for all kinds of medical problems. These centres are less able to detect and treat violence other than domestic violence, for which there are professional recommendations in France.
To improve comparability between the MDFs and the 2 health centres, we have decided to focus on domestic violence when assessing the feasibility of including and following up women and quantifying post-traumatic stress. This pilot study allowed us to consolidate the basic hypotheses in order to propose a quasi-experimental evaluation that will allow us to assess the physical and mental health of women victims of violence depending on where they are treated and considering their traumatic history.
The study protocol for the IROND-L study has just been submitted to the ethics committee and will start in early 2024.
We have added this sentence to the Strengths and limitations section: P.16
Only the qualitative part of this study explored the duration and/or repetition of the violence and/or the duration since the possible end of the violence. This information will have to be considered and collected in the future quantitative and qualitative questionnaires of the larger IROND-L comparative study.
The health outcomes measured in this study are based solely on the women's self-reported perceptions, which should lead to some bias. It is suggested authors could partly identify the health outcomes by some medical records or health records in the local hospitals or their communities.
We don't quite agree with reviewer 1. Indeed, we do believe that having only patient-reported health data is a limitation, not a bias. While objective assessment of health is important, in the context of caring for women who are victims of IPV, perceived health is of great importance. Indeed, beyond physical health problems, a significant proportion of the consumption of medical goods and services is related to perceived health. Anxiety, sleep disorders and a whole range of functional symptoms can be caused by exposure to violence.
Nevertheless, the IROND-L project will carry out an assessment of health status, and in particular of health care consumption, based on the medical records of the women involved.

P.16 These limitations will be addressed in the future comparative study using a quasi-experimental design, where care pathways and the consumption of medical goods and services, will be assessed based on medical records and health insurance database.
3. The follow-up rate is relatively low, why only a half of participants (52.2%) had been reached by phone? Generally, if it was lower than 8%, authors should give the reasons to explain.
Financial difficulties have been described as an important factor in the loss to follow-up for people suffering from chronic diseases . As our study took place in the poorest metropolitan area in France, we anticipated that the follow-up rate would be low. It was indeed one of our objectives to provide data to design the IROND-L study. It is known, and we have shown, that violent episodes occur more frequently during a break-up phase (separation, job search) and that women who are victims of violence are therefore logically more likely to move house or change their telephone number in order to escape their violent partner. It is therefore logical that these women are more difficult to monitor.
This pilot study enabled us to assess the follow-up rate and the number of people to be included in the future clinical trial. We added these sentences in the Strengths and Limitations section:
P.15-16 Even if we have no formal explanation for the low follow-up rate, Financial difficulties have been described as an important factor in the loss to follow-up [26]. As our study took place in the poorest area in France, we had anticipated, but without fair estimate, that the follow-up rate would be low. It was indeed one of our objectives to provide data to design the IROND-L study.
It is known, and we have shown, that violent episodes occur more frequently during a break-up phase (separation, job search) and that women who are victims of violence are therefore logically more likely to move house or change their telephone number in order to escape their violent partner. It is therefore logical that these women are more difficult to monitor.

4. The comparability of some indicators of the three centers (Maison des Femmes N=40; MHC-1, N=12; MHC-2, N=15) was not good. In addition, all the information remains in the descriptive stage, and the differences between these centers were not tested. Limited to the sample size, no multifactor analysis has been done, so it was possible a significant limitation to the generalization of the results.
Thank you for your comment. This is only a descriptive study, which prevents further analysis. We did not formally assess comparability between the groups, and in fact we know from our previous publication that there are significant differences between women seen at the MdF and the two medical centres, although they are very close to each other. For example, we showed that women attending the MdF were twice as likely to have been exposed to IPV. This suggests that women do not choose their centre at random.
We have empathized this point in the Perspectives section:
P.15 The IROND-L study will include 360 women victims of violence and will be conducted in five metropolitan department, and we hope it will increase generalisability of the results. However, generalisability may not be transposable as the MdF approach is new and quite unique worldwide.
5. In the supplied Table 1: “Sociodemographic description of the women interviewed in the qualitative study (N=9).” Why is there a high proportion of singles among those interviewed, and whether this group of women suffered more IPV than those who were not interviewed? Could authors discuss the effect of the marriage?
Thank you for this comment. This pilot study was only exploratory with few interviews, preventing data saturation from being achieved. We used a theoretical and purposive sampling method, knowing that a qualitative sample is not intended to be representative of the population. The fact of having interviewed predominantly single women can be explained by multiple hypotheses: greater ease in accepting interviews (less coercive control), difficulties in maintaining a stable couple relationship due to the repercussions of violence, or again the recent escape of a violent couple thanks to social and health support... In the future IROND-L, we must indeed keep in mind to interview more different profiles, thanks to greater recruitment.
Following your comment, we have added this sentence in the Perspectives section:
P.15 Lastly, the future qualitative component will also require much greater recruitment to interview more different profiles and approach data saturation, which this pilot study could not achieve.
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6. I think this paper is more suitable for a brief report, as it limited to its small sample size and no hypothesis test.
We fully respect your point of view, even if we don't share it.
Indeed, although the number of participants is quite small, this study provides new data on a coordinated medical, social and legal approach to care that is quite unique in Europe.
The results, as presented, will enable our colleagues involved in the care of women who are victims of domestic violence to compare their own experiences.
A brief report would not have enabled us to present the qualitative results, but we believe that one of the strengths of this pilot study is its mixed-method approach.

Minor revisions:

1. In the last row of Table 1, why “Help seeking” 0 times was not considered as “none” while “6 times” considered as “none”?

Thank you for pointing this out to us, there is indeed an inversion of the lines in the table. We have amended it:

Help seeking (n=67)				
0 (None)	10.5 (7)	17.5 (7)	0 (0)	0 (0)
1	22.4 (15)	20.0 (8)	16.7 (2)	33.3 (5)
2	19.4 (13)	20.0 (8)	33.3 (4)	6.7 (1)

3	25.4 (17)		22.5 (9)	33.3 (4)	26.7 (4)
4	9.0 (6)	7.5 (3)	0 (0)	20.0 (3)	
5	6.0 (4)	5.0 (2)	16.7 (2)	0 (0)	
6	7.5 (5)	7.5 (3)	0 (0)	13.3 (2)	

2. In the manuscript, “6 months after” appeared for several times, I think using “after 6 months” or “6 months later” would be more appropriate.
Thank you, we have modified all occurrences of this expression in the text.

REVIEWER: 2 DR. H. MAGNE, CENTRE HOSPITALIER HENRI LABORIT
Comments to the Author: Nice study with an interesting mixed-method design.
Thank you very much for this positive comment.
Very minor substantive comments:
- do the authors know how long ago the abusive relationship ended ?
We had access to this information in the qualitative interviews. In the quantitative questionnaire we focused on PTSD and its treatment. However, we agree with you that this question will be important to introduce in the future IROND-L questionnaire.
We added these sentences in the Strengths and limitations section:
P.16 Only the qualitative part of this study explored the duration and/or repetition of the violence and/or the duration since the possible end of the violence. This information will have to be considered and collected in the future quantitative and qualitative questionnaires of the larger IROND-L comparative study.
- Table 2: Emergency Room visit(s) in the past 6 months: is that linked to the PTSD symptoms?
No, we have considered in our questionnaire all visits to the emergency room regardless of the reasons, assuming that this was an indicator of poor global health. PTSD is indeed an important morbidity factor, and following your remark we actually think that it would be interesting in the future IROND-L study to detail the reasons for seeking care (urgent care or not).
Following your comment, we have changed this sentence in the Perspectives section:
P.14-15 We also aim to assess the presence of sleep disorders, the quality of life, the presence of depressive and anxiety symptoms, the use of substances, the reasons for seeking care, the women’s perception of their safety and well-being and that of their children.

Very minor typos:
- please, choose between "MHC 1/2" and "MHC-1/2".
Thank you for pointing this out, we have replaced all “MHC 1/2” by “MHC-1/2”

VERSION 2 – REVIEW

REVIEWER	Xiuquan Shi Zunyi Medical College
REVIEW RETURNED	11-Dec-2023

GENERAL COMMENTS	Title: Post-traumatic stress disorders in women victims-survivors of Intimate Partner violence: a mixed-methods pilot study in a French coordinated structure Thanks for authors’ efforts to address all my concerns. About the low follow-up rate, in this stage, authors explained that women who are victims of violence are therefore logically more likely to move house or change their telephone number in order to escape their violent partner. It is therefore logical that these women are more difficult to monitor. I am in favor of it because of the change of address and telephone number and the protection of privacy. As

	authors mentioned in the earlier, you used telephone -follow-up style, therefore, readers will not think that this will bring much financial pressure and not lead to financial difficulties at all.