

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Intimate partner violence among reproductive-age women with chronic mental illness attending a psychiatry outpatient department: cross-sectional facility-based study, Addis Ababa, Ethiopia
AUTHORS	Zerihun, Tigist; Tesfaye, Markos; Deyessa, Negussie; Bekele, Delayehu

VERSION 1 – REVIEW

REVIEWER	Beck, Dana University of Michigan
REVIEW RETURNED	02-Jan-2021

GENERAL COMMENTS	<p>Line 35: Please find a new phrasing for this sentence, "women with SMI are less likely to protect themselves and seek help.." As it currently stands, this sounds as if it is placing blame on individuals experiencing SMI for not removing themselves from an abusive situation. Adding something about financial abuse or coercion to help explain this might be useful.</p> <p>Was number of living children collected? Or household yearly income/spousal employment? This might be interesting to include in your future work.</p> <p>In your analysis section, please include the predictor and outcome variables that you used in your model. Please consider also including how you coded the variables in the regression (were they dichotomous, continuous, categorical?) The results section should follow by reviewing each part of the analysis that you describe in your analysis section in a step wise fashion.</p> <p>The title of Table 1 does not appear complete. Table 3 appears to be missing the words "partner violence" in the title.</p> <p>Please consider working with PREPPS if your manuscript is not accepted to this journal: https://sites.google.com/umich.edu/prepps This is such an important topic and the information should be out in the world! Thank you for this important work.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Dana Beck, University of Michigan

Comments to the Author:

Comment 1: Line 35: Please find a new phrasing for this sentence, " women with SMI are less likely to protect themselves and seek help." As it currently stands, this sounds as if it is placing blame on individuals experiencing SMI for not removing themselves from an abusive situation.

Response: we have modified the sentence as follows:

Severe mental illness (SMI) such as schizophrenia, bipolar disorder and severe major depression hinder the women's capacity to protect themselves and seek help than their counter partners without mental illness

Comment 2: Adding something about financial abuse or coercion to help explain this might be useful. Was number of living children collected? Or household yearly income/spousal employment? This might be interesting to include in your future work.

Response

The data for financial abuse and Spousal employment was not collected.

Income of the participant was collected and we have demonstrated it on the table 3. Because most of the participants responded as I don't have or I have income. We prefer to categorises it as yes or no. The number of children data collected and we have included in table.

Table 1, page

Comment 3: In your analysis section, please include the predictor and outcome variables that you used in your model. Please consider also including how you coded the variables in the regression (were they dichotomous, continuous, categorical? The results section should follow by reviewing each part of the analysis that you describe in your analysis section in a step wise fashion.

Response: We have amended the Analysis section as follows:

The data were coded pre-coded and entered using Epi Data version 3.1 and exported to the Statistical Package for Social Sciences (SPSS) version 20 to be cleaned and analysed. The sociodemographic characteristics and experience of IPV were summarised using descriptive statistics. The outcome variable was any intimate partner violence as categorical variable of 'yes' or 'no'. predictor variables: marital status (Married, single, Divorced, Widowed), education (Beyond High school, High school, Elementary, Illiterates), occupation (Unemployed, House wives/Student, Daily labourer / House maid, Formal employment). We used bivariate analyses to assess the associations between IPV in participant characteristics. In bivariate analysis, crude odds ratio and confidence intervals were calculated and used to select candidate variables for multiple logistic regression analysis using a significance level of $P < 0.05$. All variables significantly associated with bivariate analyses were included in the multivariate analysis. In multivariate analysis, crude odds ratio and confidence intervals were calculated and used to select candidate variables for multiple logistic regression analysis using a significance level of $P < 0.05$. Multivariable logistic regression was used to obtain adjusted odds ratios and corresponding 95% confidence interval (CIs). Page 7-8

Comment 4: The title of Table 1 does not appear complete.

Response: We have modified the title of the table as follows

Table 1. Demographic and clinical characteristics of participants (n=422)

Comment 5: Table 3 appears to be missing the words "partner violence" in the title.

Response: We have modified the title of the table as follows

Table 3. Factors Associated with Intimate partner violence Among Women with severe mental illness
Page 13

Please consider working with PREPPS if your manuscript is not accepted to this journal:

<https://sites.google.com/umich.edu/prepps>

This is such an important topic and the information should be out in the world! Thank you for this important work.

Reviewer: 1

Competing interests of Reviewer: None declared.

VERSION 2 – REVIEW

REVIEWER	Beck, Dana University of Michigan
REVIEW RETURNED	03-May-2021

GENERAL COMMENTS	<p>This is a well done paper around a very important topic. With a few revisions I think it will be ready for publication, which I look forward to seeing! Please see comments:</p> <p>Introduction: Intimate partner violence (IPV) also includes controlling behaviors (keeping from friends, financial control, restricting access to resources—you bring this up on line 21 in your results ‘emotional abuse and spousal control’—but this should be introduced in the introduction in your definition of IPV as well. Are there any papers that focus on mental illness (depression/anxiety--other diagnoses that you are not including in your measure of severe mental illness) and the association with IPV? If so, including them in the introduction would help state the case for the gap that you are filling in focusing on the severe mental illness population. Overall paragraphs in the introduction should be condensed and checked for grammar. For instance, on line 32 do you mean to state : ‘and mental health conditions’.</p> <p>Methods: Consider not listing hospitals where data was collected in order to protect confidentiality, rather could state something like, "data was collected from 4 main hospitals in Addis serving an urban population" (or whatever is true for your study).</p> <p>Need to include details about how your standardized tool was pre-tested: for instance, were cognitive interview conducted with experts, people with SMI, clinic staff for appropriateness? Was any psychometric testing conducted? How many people was the pre-test done on following translation into Amharic? Would be useful to include the percentage of people where the study was conducted who speak Amharic vs other languages and the reading level that the tool targets. Attaching both the English and Amharic versions of this tool in the appendix would be useful. Please include any safety protocols that study staff had in the case that someone disclosed current IPV/lack of safety. These might be attached as appendices.</p> <p>Ethics: Were participants given any incentives or compensation for their time? How long did each interview take? Please include this information.</p> <p>Table 1. For number of children the categories are confusing: Should it read: >2, 1-2, or none?</p> <p>Education: Does illiterate equate with no education? Or receipt of poor/limited education? Someone who is illiterate could have received some primary education (or beyond). Consider reporting the literacy information</p>
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	<p>in the text but not the table-- and where this 'illiterate' category should be in the table if possible.</p> <p>Discussion: Great job including some studies about severe mental illness in rural Ethiopia. Are there studies in Ethiopia that focus on mental illness and IPV (similar to my comment in the introduction)--if so, include those here and state again how your paper is filling the gap to focus on those with severe mental illness and IPV. Line 25: need to expand what you are talking about here: our findings re: IPV and SMI?</p> <p>Line 35-40--this is really important information::: just needs to be edited for clarity/grammar</p> <p>Line 40::: IPV association with employment status---what do other studies show? Need to expand this sentence.</p> <p>Conclusion: Line 11 page 17- need to distinguish this as an urban population? Or do people from rural areas come to use the clinics in Addis? Either way, clarify and be specific about your population to highlight the important gap that you are filling.</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer:1

Introduction:

Comment: Intimate partner violence (IPV) also includes controlling behaviors (keeping from friends, financial control, restricting access to resources—you bring this up on line 21 in your results 'emotional abuse and spousal control'—but this should be introduced in the introduction in your definition of IPV as well.

Response: We have included the term controlling behaviour in the definition Page 3 Line 2

Comment: Are there any papers that focus on mental illness (depression/anxiety--other diagnoses that you are not including in your measure of severe mental illness) and the association with IPV? If so, including them in the introduction would help state the case for the gap that you are filling in focusing on the severe mental illness population.

Response: Thank you, we have included the following sentence and cited additional papers

“A study from Ethiopia has found that IPV including spousal controlling behaviour associated with depression” Page 5 line 5-6

Comment: Overall paragraphs in the introduction should be condensed and checked for grammar. For instance, on line 32 do you mean to state: 'and mental health conditions.

Response: Thank you, we have checked and correct spelling and grammatical errors throughout the manuscript.

Methods:

Comment 1: Consider not listing hospitals where data was collected in order to protect confidentiality, rather could state something like, "data was collected from 4 main hospitals in Addis serving an urban population" (or whatever is true for your study).

Response: Thank you, we have now removed all the Hospital names, the term "tertiary" included instead. Page 5, lines 18-19.

Comment 2: Need to include details about how your standardized tool was pre-tested: for instance, were cognitive interviews conducted with experts, people with SMI, clinic staff for appropriateness? Was any psychometric testing conducted? How many people was the pre-test done on following translation into Amharic?

Response: Thank you, we have included the section "fully structured questionnaire which was pre-tested in five per cent of participants in different psychiatric outpatient clinics. Detailed discussion was held with the researchers, supervisors and data collectors after the pretest and necessary amendments were done" Page 7 line 1 -5.

Comment 3: Would be useful to include the percentage of people where the study was conducted who speak Amharic vs other languages and the reading level that the tool targets.

Response: The questionnaires were administered by psychiatric nurses, reading skills were not required to participate in the study. Page 6, Line 23

We also included the sentence "All participants were fluent Amharic speakers" Page 7, Line 2

Comment 4: Attaching both the English and Amharic versions of this tool in the appendix would be useful.

Response: Thank you, we have now included both the Amharic and English versions of the questionnaire as supplementary files for editors.

Comment: Please include any safety protocols that study staff had in the case that someone disclosed current IPV/lack of safety. These might be attached as appendices.

Response

Thank you, we have now included the sentence, "Participants who needed any psychological or safety support during the data collection were referred for treatment and safety support". Page 8 line 4

Ethics:

Comment: Were participants given any incentives or compensation for their time? How long did each interview take? Please include this information.

Response: Thank you, we have now included the sentence "No reimbursement or payment made for participants". Page 8, line 7

Table 1.

Comment: For number of children the categories are confusing:

Should it read: >2, 1-2, or none?

Response: Thank you, we have amended the table as recommended Table 1, Page 9

Comment: Education: Does illiterate equate with no education? Or receipt of poor/limited education? Someone who is illiterate could have received some primary education (or beyond). Consider reporting the literacy information in the text but not the table-- and where this 'illiterate' category should be in the table if possible.

Response: Thank you, Illiterates are participants with no education

We amended as follows; "Illiterate (no education)" page 7, Line 12

Discussion:

Comment: Great job including some studies about severe mental illness in rural Ethiopia. Are there studies in Ethiopia that focus on mental illness and IPV (similar to my comment in the introduction) --if so, include those here and state again how your paper is filling the gap to focus on those with severe mental illness and IPV.

Response: Thank you, we have now included the following: "Additionally, our study found that IPV associated with longer duration of illness but the direction of the association remains uncertain. Similarly, another Ethiopian study found a significant association of IPV and depression' Page 15 Line 8

Comment :Line 25: need to expand what you are talking about here: our findings re: IPV and SMI?

Response: Thank you, we have now amended the paragraph as follows:

"In this study, we found that both violence and spousal control are common social, public health and human rights concerns among women with SMI. We found that physical violence was associated with other types of violence; this is consistent with research that has shown that physical violence is often related to psychological or and sexual coercion. Mental health care providers need to routinely inquire about IPV during outpatient visits so that appropriate interventions can be offered. Our study did not find an association between women's education and IPV which in contrast to is to the study from Sudan (28)."

Page 15 ,line 7-12

Comment: Line 35-40---this is really important information: just needs to be edited for clarity/grammar

Response: Thank you, we have now revised the referred section.

Comment Line 40: IPV association with employment status---what do other studies show? Need to expand this sentence.

Response: IPV was found to be associated with being unemployed or daily labourer/housemaid status in this. the study which is in line with the WHO multi-site study which found employment as a protective factor (6) whereas findings from sub-Saharan African countries found the mixed results of employment and IPV association (34, 35). This can be explained by cultural differences and study settings.

Page 16, Line 2-6

Conclusion:

Comment: Line 11 page 17- need to distinguish this as an urban population? Or do people from rural areas come to use the clinics in Addis? Either way, clarify and be specific about your population to highlight the important gap that you are filling.

Response: Thank you, we have now specified the urban population in our conclusions

Reviewer: 1

Competing interests of Reviewer: None