

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Development, acceptability and construct validity of the Aboriginal Women's Experiences of Partner Violence Scale (AEPVS): a co-designed, multi-phase study nested within an Australian Aboriginal and Torres Strait Islander birth cohort
AUTHORS	Glover, Karen; Gartland, Deirdre; Leane, Cathy; Nikolof, Arwen; Weetra, Donna; Clark, Yvonne; Giallo, Rebecca; Brown, Stephanie

VERSION 1 – REVIEW

REVIEWER	Othman, Sajaratulnisa University of Malaya, Primary Care Medicine
REVIEW RETURNED	24-Jan-2022

GENERAL COMMENTS	<p>Thank you for inviting me to review this paper. It is a great pleasure to go through the description of such an important research. The outcome of this research can contribute to beneficial information regarding intimate partner violence from the Aborigine community in Australia. The article was written in a comprehensive manner. There are a few matters needing clarification.</p> <p>Comments: Thank you for inviting me to review this paper. It is a great pleasure to go through the description of such an important research. The outcome of this research can contribute to beneficial information regarding intimate partner violence from the Aborigine community in Australia.</p> <p>The title of this paper is clear and coherent to the overall aim of the article.</p> <p>The description of the process of developing and validating the questionnaire is clear and comprehensive. Potential and ways to handle ethical issues have been described well. However, it is quite challenging to grasp the information as a whole due to the length of the information. There is also various steps and in each step involving different types of participants. Having an illustration to provide the sequence of processes can perhaps help the reader to get an overall idea of the flow of this research.</p> <p>There are a few information required in the description of some of the steps in order to make it clearer.</p> <ol style="list-style-type: none">1. Development of the items based on CAS. Were there specific questions asked to the working group when reviewing the CAS when selecting the items?2. For pretesting of the newly developed AEPVS, what
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	<p>effort was taken to maximise the sample diversity?</p> <ol style="list-style-type: none"> 3. There were mixed views regarding inclusion or exclusion of certain questions. How this issue was rectified and to ultimately come to the final decision whether to include the question or otherwise? 4. The Aboriginal researchers know some of the women from the baseline study. Will there any implications on the processes and outcome of this study? 5. How was the decision for scoring in each domain of AEPVS (emotional PV ; physical PV 1 and financial PV 2) made? <p>There are a few typo errors. p.14 line 18 Should this be “Step 2” instead? p.15 line 8 This should be Table 1 p.23 line 39 Should this be 18-item?</p>
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REVIEWER	Varcoe, Colleen The University of British Columbia School of Nursing, Nursing
REVIEW RETURNED	10-Mar-2022

GENERAL COMMENTS	<p>Thank you for the opportunity to review this paper. Overall it is well written and makes an important contribution. In particular, the careful description of process, the respectful process and the level of consultation are remarkable. Suggestions for improvement are relatively minor:</p> <ol style="list-style-type: none"> 1. In the background separate the statistics that are global and those that are Australia-specific. For example, in the Background, the first sentence mixes the two. 2. It would be useful to explain WHY the advisory recommended starting with the 18 item scale. 3. Throughout, consider calling the women, ‘women’ instead of ‘mothers’ – as doing the latter reduces them to that role. 4. consider stating the n for Steps 2, 3 and 4 when first described – it is clear in the results, so this is just a suggestion 5. Please explain the shift from first person in the original scale to second person in the revised scales. 6. Please explain what the “one of three drafts” were in step 2. It appears there were only two versions AEPV, so where did the third version come from? 7. The limitations are well stated, but given the commonalities imposed by racism and colonialism, some of the process used would be applicable beyond the immediate context. For example, the statement in the preamble explaining the purpose would be very useful in diverse Indigenous contexts to reduce triggering and defensive interpretations. Similarly, the use of a strength question would be useful in any version of the CAS. 8. in reporting the results of Step 4, the authors report the mean age at time of the birth of the study child, but only the mean age of the 11 women who chose not to complete the section, so these are not comparable. Can the former be also reported for the 11 women? 9. Consider providing some population comparisons for demographics such as employment, education, etc – Aboriginal and general population if available. 10. Please identify the source of the items in Table 5. Are these from
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	<p>the Safety Checklist?</p> <p>11. The reported work builds directly on the Australian version, which is appropriate. However, it would be worth mentioning in the discussion other work done on the CAS that may be of use in subsequent examination of the AEPV. For example, the work done in Canada identified a number of nuances, including (again for example) the absence of an item on choking. The reference for this is:</p> <p>Ford-Gilboe, M., Wathen, C. N., Varcoe, C., MacMillan, H. L., Scott-Storey, K., Mantler, T., . . . Perrin, N. (2016). Development of a Brief Measure of Intimate Partner Violence Experiences: The Composite Abuse Scale (Revised) – Short Form (CASR-SF). <i>BMJ Open</i>, 6(12), 1-13. doi:10.1136/bmjopen-2016-012824</p> <p>Errata: There is an ellipse missing after rama rama</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

Thank you for inviting me to review this paper. It is a great pleasure to go through the description of such an important research. The outcome of this research can contribute to beneficial information regarding intimate partner violence from the Aborigine community in Australia. The article was written in a comprehensive manner. The title of this paper is clear and coherent to the overall aim of the article. The description of the process of developing and validating the questionnaire is clear and comprehensive. Potential and ways to handle ethical issues have been described well.

Response: We appreciate these positive reflections on our paper.

However, it is quite challenging to grasp the information as a whole due to the length of the information. There is also various steps and in each step involving different types of participants. Having an illustration to provide the sequence of processes can perhaps help the reader to get an overall idea of the flow of this research.

Response: Thank you for this suggestion. We have included a diagram to illustrate the steps involved in developing the measure. See Figure 1.

There are a few information required in the description of some of the steps in order to make it clearer:

1. Development of the items based on CAS. Were there specific questions asked to the working group when reviewing the CAS when selecting the items?

Response: The Working Group was asked to review the original 18-item version of the Composite Abuse Scale for acceptability and suitability for use with Aboriginal and Torres Strait Islander women of childbearing age living in South Australia.

This information has been added to the manuscript.

2. For pretesting of the newly developed AEPVS, what effort was taken to maximise the sample diversity?

Response: As noted in the manuscript (p7-8), pre-testing was undertaken in urban and regional areas. Eligible women were recruited in different localities, via a range of agencies and via networks of Aboriginal research team members with connections to different communities to optimise diversity of the sample.

3. There were mixed views regarding inclusion or exclusion of certain questions. How this issue was rectified and to ultimately come to the final decision whether to include the question or otherwise?

Response: As noted in the paper (p10) "The Aboriginal Advisory Group worked with study staff and investigators to guide decision-making at each stage of the research."

Final decisions regarding inclusion of items and item wording were made by the Aboriginal Advisory Group in consultation with study investigators. The specific example given in the paper concerns the mixed feedback regarding inclusion of items asking about sexual abuse. On the advice of the Aboriginal Advisory Group, this item was revised to read: "Forced you to do something you didn't want to do sexually" to respect the feedback from two urban discussion groups, while also respecting the view expressed in a regional discussion group that sexual violence should not be asked about directly.

We have revised the wording to clarify the role of the Aboriginal Advisory Group in recommending this change.

4. The Aboriginal researchers know some of the women from the baseline study. Will there any implications on the processes and outcome of this study?

Response: Thank you for this question.

We have added the following comments to the section discussing strengths and limitations: Embedding the development of the AEPVS within an existing study allowed us to build on existing relationships and processes designed to build trust and confidence in research processes. The community connections of Aboriginal research team members were central to our success in reconnecting with families. At the same time, the research team was mindful of the need to maintain confidentiality for families in the study. Where members of the team had close connections with families in the study, contact was generally initiated by another member of the team and/or participants were offered the choice of meeting with another team member.

5. How was the decision for scoring in each domain of AEPVS (emotional PV ≥ 3 ; physical PV ≥ 1 and financial PV ≥ 2) made?

Response: As noted in the manuscript, scoring of the emotional and physical abuse scales replicated the recommended scoring for the original Composite Abuse Scale.

We have added the following comment explaining the rationale for selecting a cut-off score of ≥ 2 for the financial scale. Scoring for the financial partner violence scale was set at ≥ 2 based on review of item responses.

6. There are a few typo errors:

p.14 line 18 Should this be "Step 2" instead? p.15 line 8 This should be Table 1

p.23 line 39 Should this be 18-item?

Response:

p.14 line 18 wording is correct

p.15 line 8, corrected

p.23 line 39 corrected

Reviewer 2:

Overall it is well written and makes an important contribution. In particular, the careful description of process, the respectful process and the level of consultation are remarkable.

Response: Thank you

1. In the background separate the statistics that are global and those that are Australia-specific. For example, in the Background, the first sentence mixes the two.

Response: This has been corrected in the revised manuscript.

2. It would be useful to explain WHY the advisory recommended starting with the 18 item scale.

Response: The 18-item version of the CAS was selected for adaptation in preference to the longer 30-item version, as the inclusion of items on sexual abuse in the longer version was regarded as culturally inappropriate. This information has been added to the manuscript.

3. Throughout, consider calling the women, 'women' instead of 'mothers' – as doing the latter reduces them to that role.

Response: Thank you for this suggestion. We appreciate the importance of careful use of language. In the case of this study, we have opted to differentiate 'mothers' from other 'carers' of the study children, many of whom are women.

Where possible without causing confusion, we have given preference to calling the study participants 'women'.

4. Consider stating the n for Steps 2, 3 and 4 when first described – it is clear in the results, so this is just a suggestion

Response: This information is now included in Figure 1.

5. Please explain the shift from first person in the original scale to second person in the revised scales.

Response: In the original CAS, item responses are worded in the first person. The Working Group recommended use of the second person for ease of administration as an interview. This information has been added to the manuscript.

6. Please explain what the "one of three drafts" were in step 2. It appears there were only two versions AEPV, so where did the third version come from?

Response: Three drafts of the questionnaire were tested. The first and second draft included different versions of the AEPVS (ie 2 versions of the AEPVS were tested). We have clarified this in the revised manuscript.

7. The limitations are well stated, but given the commonalities imposed by racism and colonialism, some of the process used would be applicable beyond the immediate context. For example, the statement in the preamble explaining the purpose would be very useful in diverse Indigenous contexts to reduce triggering and defensive interpretations. Similarly, the use of a strength question would be useful in any version of the CAS.

Response: Thank you for this reflection.

We have included the following comment in the discussion in light of this feedback.

Importantly, women were advised why the questions on partner violence were being asked and how the information they provided would be used. Questions asking about experiences of partner violence were followed by a strengths-based question asking about the things women did to protect themselves and 'stay strong'. In taking these steps, our aim was to minimise the potential for women to feel judged for things that were happening to them, to acknowledge the many things that women do to manage the complex circumstances surrounding partner violence, and to reduce the risk of participation in the study causing further harm or distress to women. The research team were trained and supported to respond to women who either sought support or conveyed particularly complex circumstances.

8. In reporting the results of Step 4, the authors report the mean age at time of the birth of the study child, but only the mean age of the 11 women who chose not to complete the section, so these are not comparable. Can the former be also reported for the 11 women?

Response:

We have modified the manuscript and table to ensure that comparable data are included.

9. Consider providing some population comparisons for demographics such as employment, education, etc – Aboriginal and general population if available.

Response: We have addressed this suggestion in two ways. Additional information regarding sample characteristics has been included in Table 2.

In addition, we have included the following comment in the discussion:

Approximately a quarter of all Aboriginal and Torres Strait Islander women who gave birth in South Australia over a two-year period took part in Wave 1. Evidence of extreme disadvantage in the cohort is apparent in the high proportion of women who had not completed the final year of high school, and the very high proportion of women eligible for a health care card at both Wave 1 and Wave 2 follow-up. The geographic distribution of the cohort, age of women at the time of giving birth to the study children, and high proportion of women who are not living with a partner reflect population characteristics of Aboriginal and Torres Strait Islander families in South Australia. Both the diversity and the representativeness of the women participating in validation of the AEPVS contribute to the robustness of the findings.

We have chosen not to add comparisons with the general population, as such comparisons can tend towards reinforcing a 'deficit discourse'. We hope the additional information and commentary in the discussion addresses the reviewer's intent.

10. Please identify the source of the items in Table 5. Are these from the Safety Checklist?

Response: These data were collected in the questionnaire and form part of the main data set.

11. The reported work builds directly on the Australian version, which is appropriate. However, it would be worth mentioning in the discussion other work done on the CAS that may be of use in subsequent examination of the AEPV.

For example, the work done in Canada identified a number of nuances, including (again for example)

the absence of an item on choking. The reference for this is:

Ford-Gilboe, M., Wathen, C. N., Varcoe, C., MacMillan, H. L., Scott-Storey, K., Mantler, T., . . . Perrin, N. (2016). Development of a Brief Measure of Intimate Partner Violence Experiences: The Composite Abuse Scale (Revised) – Short Form (CASR-SF). *BMJ Open*, 6(12), 1-13. doi:10.1136/bmjopen-2016-012824

Response: We have included the following comment in the revised manuscript:

Concurrent with the conduct of this study, a revised short-form of the Composite Abuse Scale was developed drawing on data from five Canadian studies and feedback from an international panel of experts. This study, published while our study was underway, identified a number of gaps in the original measure, including the lack of items on financial abuse, use of threats and choking (39). It is important to recognise that no measure can be comprehensive, and methods of abuse will vary across populations, contexts and time.

Editor's feedback:

1. Please revise the title of your manuscript to include the research question, study design and setting. This is the preferred format of the journal.

Response: The title has been revised as follows:

Development, acceptability and construct validity of the Aboriginal Women's Experiences of Partner Violence Scale (AEPVS): a co-designed, multi-phase study nested within an Australian Aboriginal and Torres Strait Islander birth cohort

2. Please ensure that you have fully discussed the methodological limitations of the study in the Discussion section of the main text.

Response: We have revised the strengths and limitations section in accord with reviewer feedback.

3. Errata: There is an ellipse missing after rama rama

Response: Thank you. This has been corrected in the revised manuscript.

VERSION 2 – REVIEW

REVIEWER	Othman, Sajaratulnisah University of Malaya, Primary Care Medicine
REVIEW RETURNED	30-Jun-2022
GENERAL COMMENTS	Thank you for updating the information in the manuscript. The current version of the manuscript is clearly written. No other comments.
REVIEWER	Varcoe, Colleen The University of British Columbia School of Nursing, Nursing
REVIEW RETURNED	04-Aug-2022
GENERAL COMMENTS	Second review

	<p>For the most part the authors have attended to my previous feedback effectively. There are a few minor outstanding issues, and one major one:</p> <p>Minor issues:</p> <p>Page 5, line 10 “this” paper would make more sense than “the” paper</p> <p>Page 5, line 45 – the authors are still calling women “mothers” – other instances of this reductionism have been corrected</p> <p>Page 6, In the following, it is not clear to me what the difference is between Aboriginal investigators and Aboriginal researchers. “A working group – comprising Aboriginal and non-Aboriginal investigators, Aboriginal researchers and members of the Aboriginal Advisory Group - was established ...”</p> <p>Page 12, in the following it is not clear “by whom” the data were “presented”. Again, there seems to be a distinction between “researchers” and “investigators” that I can’t follow. Who is doing the work if not “investigators”?</p> <p>data were presented to members of the Aboriginal Advisory Group and study investigators for their consideration and interpretation and...</p> <p>Page 14, where it is written that “Fifty-eight women completed one of three draft versions...” it would be clearer if the authors reiterated what the three version were – does this include the original CAS?</p> <p>Page 17, “in the major metropolitan city of Adelaide” is repetitive of earlier</p> <p>Major issue:</p> <p>It is not made clear why the shift was made from first person to second person between the CAS and the initial draft of the AEPVS. This is a major shift and it is a glaring omission not to explain why this was done and why it was important.</p>
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