OBSTETRICS & GYNECOLOGY

NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office: obgyn@greenjournal.org.

Date: Dec 03, 2018
To: "Monica Ann Lutgendorf" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-2056

RE: Manuscript Number ONG-18-2056

Clinical Expert Series Intimate Partner Violence and Women's Health

Dear Dr. Lutgendorf:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Dec 24, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: I congratulate you on being invited to draft this article for the Expert Series.

Before publication, I recommend a handful of focused revisions as below:

1--Line #91: regarding the economic impact of Domestic Violence, please expand on this. While your writing cites the CDC's resources on this topic, I recommend that you address the 'longterm healthcare effects of domestic violence' in this regard. Under the ACA, a victim of domestic violence can not now be disqualified by an insurance company for this preexisting condition. However, if this aspect of the ACA is overturned: Domestic Violence may indeed make obtaining health insurance for victims more expensive if not altogether impossible. Also, the economic effects of Domestic Violence increases healthcare expenses 'now' and also for many decades in the future, even after the conclusion of the incident DV episode. You may consider including the work of Drs Amy Bonomi, Frank Rivera, Tom Thompson, et al on this 'longterm expense' topic.

2--Lines #120 and 127: to increase understanding of 'TBI', could you please define this in Line #120.

3--Lines #280: regarding the recommendations of the USPSTF, please consider calling out the general terms that the USPSTF uses to make recommendations regarding screening tests. In most cases, the USPSTF makes a recommendation that clinicians perform a screening test when 'screen positive' can lead a patient to a treatment that is a reliable avenue to improve health and improve wellness and/or prevention of this 'illness' in the first place. In fact, the USPSTF has struggled with the recommendations over the years because there really is no well-proven avenue to 'prevent' DV and also because some of the recommended treatments
(such as leaving the abuser) are difficult to administer.

4--Line #312: Documentation is essential, simple as that. It is mandatory that the clinician is as objective and also as timely as possible in the chart writing. In a world where the patient may have access to all of the medical notes, this documentation may also be accessed by the abuser. Strategies to mitigate the potential 'harm' of the transparent medical record in this regard must be initiated. A 'break the glass' function is a protective tool in some EMRs (such as the EPIC EMR system).

5--Line #328-336: yes, the clinician MUST know the local laws and regulations in this regard. It may be valuable to include an example-list or a national map that illustrates which states/jurisdictions have 'mandatory' reporting requirements. Too, I believe that somewhere in this writing it is necessary to recommend that clinicians do not overstep their scope in terms of making legal recommendations. To explain what I mean: in the Domestic Violence legal landscape, there is a big difference between a restraining order and a protection order. A protection order is usually a criminal law tool whereas a

restraining order only provides civil law guidance. If a perpetrator of violence is arrested under a protection order, this will usually result in immediate action (arrest and removal) by law enforcement; whereas a restraining order may require the actions of an attorney, further litigation, additional time/expenses. Thus, a physician should not ever advise a patient to 'get a restraining order' unless they understand this nuance and difference, for example.

6--Line #368+: this is an increasingly international issue. As the writer is a member of the Armed Forces medical network, I am sure that this is understood how DV may have impacts across international jurisdictions and within dual-citizenship couples. Do please consider including an example such as The Hague Convention statute in this regard.

Reviewer #2: This clinical expert series article provides a broad overview of the types of IPV, how they might manifest, and provider approaches to the victims of IPV. The section on "adverse health effects" is particularly salient to providers who may struggle to convey the significance of IPV to victims, and provides some useful facts to bring into conversations with victims. The tables and appendices contain practical information. This article is a great resource for clinicians addressing a challenging and complex problem.

Minor Revisions:

1. Support resources (lines 368 - 391) would fit better as a box.

Reviewer #3: ONG-18-2056
TITLE: Intimate Partner Violence and Women's Health
Article type: Clinical Expert Series (invited only)

Precis: Intimate partner violence is an important problem affecting women's health, obstetrician gynecologists should screen routinely and provide supportive interventions for IPV victims.

Overall:
The objective of this review is to describe the prevalence of intimate partner violence (IPV) is different populations and it's the impact on women's health as well as to outline the most current recommendations for screening and for providing interventions.

Abstract:
No comments.

OTHER:
There are no apparent conflicts of interest.
No external funding source for this review.

Background:

IPV is a common problem (lifetime prevalence 15-71%, prevalence in pregnancy 2-13.5%). The Centers for Disease Control have defined 4 different types of IPV. IPV affects both females and males and has multiple adverse and costly effects. Physical injuries can include traumatic brain injury and the act of strangulation portends escalating violence and potential homicide. IPV can exert negative effects on families as well.

Pregnancy is an especially risky time for victims of IPV but also provides an opportunity for assessment and intervention. Counseling interventions may be superior to just resource cards.

Special populations include lesbian, gay, bisexual and transgendered couples as do adolescents and military populations.

Role of Obstetrician-Gynecologists:

Obstetrician-Gynecologists are in a unique position to identify, support and treat women in abusive relationships. This section outlines 8 physician responsibilities. It also reviews the recommendations of the American College of Obstetrician-Gynecologists (ACOG) for screening.

Screening:
This section details the United States Preventive Services Task Force (USPSTF) and ACOG screening recommendations. Examples of screening questions are provided and ground rules for the screening process are included. Screening tools are compared for sensitivity, specificity and other testing metrics.

1. Line 283: last word in the sentence (got) - the meaning of this word in this sentence is unclear - please clarify.

Documentation:
Documentation is important. This section reviews what and how to document regarding a history of abuse.

Reporting:
Reporting requirements vary from state to state. Mandatory reporting is controversial.

Management and Interventions:
This section reviews the most recent literature for evidence regarding interventions. Counseling, information/resource cards, home visitation, referral to community resources and emotional support are identified as effective intervention components.

Support and Resources:
An example of a resource card is provided, national hot line numbers are included and elements of a safety plan are outlined.

References:
2. There is one additional recent reference that the authors may want to include:
Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Evidence Report and Systematic Review for the US Preventive Services Task Force.
Feltner C, Wallace I, Berkman N, Kistler CE, Middleton JC, Barclay C, Higginbotham L, Green JT, Jonas DE.
JAMA. 2018 Oct 23;320(16):1688-1701. doi: 10.1001/jama.2018.13212. Review.
PMID: 30357304

TABLES AND FIGURES:

3. Box 6: Line 775: 5th word "got" reviewer does not understand the meaning of this word in this sentence , please clarify.

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:
1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. Tables, figures, and supplemental digital content should be original. The use of borrowed material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained. Permission is also required for material that has been adapted or modified from another source. Both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information. In addition, you must list any material included in your submission that is not original or that you are not able to transfer copyright for in the space provided under I.B on the first page of the author agreement form.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at http://links.lww.com/AOG/A515, and the gynecology data definitions are available at http://links.lww.com/AOG/A935.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Clinical Expert Series articles should not exceed 25 typed, double-spaced pages (6,250 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

5. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be

acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.
* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words; Reviews, 300 words; Case Reports, 125 words; Current Commentary articles, 250 words; Clinical Practice and Quality, 300 words; Procedures and Instruments, 200 words. Please provide a word count.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

9. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

10. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at http://www.acog.org/Resources-And-Publications.

11. The Journal's Production Editor had the following to say about this manuscript:

"Figure 1: Is this figure original to the manuscript? Alternatively, does another source need to be cited for this information?"

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Figures should be no smaller than the journal column size of 3 1/4 inches. Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce. Refer to the journal printer's web site (http://cjs.cadmus.com/da/index.asp) for more direction on digital art preparation.

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If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Dec 24, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

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7 DEC 2018

The Editor
Obstetrics & Gynecology
Manuscript Number ONG-18-2056

To the editor:

I am pleased to submit the revised manuscript, “Intimate Partner Violence and Women’s Health,” (Manuscript Number ONG-18-2056) for consideration for the Clinical Expert Series in *Obstetrics & Gynecology*. This manuscript is entirely original, and is not under review elsewhere. There is no overlap with other manuscripts that are in review. The author takes responsibility for the contents of the manuscript including review and approval of this version, and satisfies the requirements for authorship. The author declares no conflict of interest, and appreciates the thorough and thoughtful review of her peers.
Comments, responses and changes are listed below:

REVIEWER #1:

1--Line #91: regarding the economic impact of Domestic Violence, please expand on this. While your writing cites the CDC's resources on this topic, I recommend that you address the 'longterm healthcare effects of domestic violence' in this regard. Under the ACA, a victim of domestic violence can not now be disqualified by an insurance company for this preexisting condition. However, if this aspect of the ACA is overturned: Domestic Violence may indeed make obtaining health insurance for victims more expensive if not altogether impossible. Also, the economic effects of Domestic Violence increases healthcare expenses 'now' and also for many decades in the future, even after the conclusion of the incident DV episode. You may consider including the work of Drs Amy Bonomi, Frank Rivera, Tom Thompson, et al on this 'longterm expense' topic.

Edits made to lines 96-99:
As of 2012, the ACA requires coverage of preventive services, including IPV screening and counseling (9) and prevents victims from being charged higher premiums or denied coverage for ‘preexisting’ IPV. Protections are needed with victims having 42% higher annual healthcare costs than non-victims. (10)

Added references:

9. Liebschutz JM, Rothman EF. Intimate-Partner Violence – What Physicians Can Do. N Engl J Med 2012;367:2071-2073.
10. Bonomi AE, Anderson ML, Rivara FP, Thompson RS. Health Care Utilization and Costs Associated with Physical and Nonphysical-Only Intimate Partner Violence. Health Serv Res 2009;44:1052-1067.

2--Lines #120 and 127: to increase understanding of 'TBI', could you please define this in Line #120.
Edits made to line 120 and 125-127:

Line 120: traumatic brain injury (TBI) (disrupted brain function resulting from a blow or jolt to the head)
Line 125-127: Traumatic brain injuries result in altered or diminished consciousness with impaired cognitive function and potential long-term impairment.

3--Lines #280: regarding the recommendations of the USPSTF, please consider calling out the general terms that the USPSTF uses to make recommendations regarding screening tests. In most cases, the USPSTF makes a recommendation that clinicians perform a screening test when 'screen positive' can lead a patient to a treatment that is a reliable avenue to improve health and improve wellness and/or prevention of this 'illness' in the first place. In fact, the USPSTF has struggled with the recommendations over the years because there really is no well-proven avenue to 'prevent' DV and also because some of the recommended treatments (such as leaving the abuser) are difficult to administer.

Edits made to line 290:
Prior to 2013, the USPSTF did not recommend screening for IPV, due to a lack of effective screening instruments and lack of evidence that screening improved outcomes.

Edits made to line 298-300:
The USPSTF notes that although screening identifies abused women, the published trials do not show reductions in violence of improved quality of life over 3 to 18 months, and counseling and home visitation programs reduced violence in pregnant and postpartum women. (55)

Added reference:
55. Feltner C, Wallace I, Berkman N, Kistler CE, Middleton JC, Barclay C, et. al. Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults. JAMA 2018;320:1699-1701.

4--Line #312: Documentation is essential, simple as that. It is mandatory that the clinician is as objective and also as timely as possible in the chart writing. In a world where the patient may have access to all of the medical notes, this documentation may also be accessed by the abuser. Strategies to mitigate the potential 'harm' of the transparent medical record in this regard must be initiated. A 'break the glass' function is a protective tool in some EMRs (such as the EPIC EMR system).

Edits made to line 330-333:
With patient access to charting, providers should be sensitive to patient privacy and take steps to prevent unauthorized access, including safety planning for accessing records on personal devices that abusers may be able to access.

5--Line #328-336: yes, the clinician MUST know the local laws and regulations in this regard. It may be valuable to include an example-list or a national map that illustrates which states/jurisdictions have 'mandatory' reporting requirements. Too, I believe that somewhere in this writing it is necessary to recommend that clinicians do not overstep

their scope in terms of making legal recommendations. To explain what I mean: in the Domestic Violence legal landscape, there is a big difference between a restraining order and a protection order. A protection order is usually a criminal law tool whereas a restraining order only provides civil law guidance. If a perpetrator of violence is arrested under a protection order, this will usually result in immediate action (arrest and removal) by law enforcement; whereas a restraining order may require the actions of an attorney, further litigation, additional time/expenses. Thus, a physician should not ever advise a patient to 'get a restraining order' unless they understand this nuance and difference, for example.

Edits made to line 340-341:

Additional information is available at: http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Compendium%20Final.pdf (64)

Added reference:
63. Durbow N, Lizdas K, Flaherty A, Marjavi A. Compendium of State Statutes and Policies on Domestic Violence and Health Care. Family Violence Prevention Fund 2010. Available at: http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Compendium%20Final.pdf Accessed 12/6/18.

6--Line #368+: this is an increasingly international issue. As the writer is a member of the Armed Forces medical network, I am sure that this is understood how DV may have impacts across international jurisdictions and within dual-citizenship couples. Do please consider including an example such as The Hague Convention statute in this regard.

Edits made to line 370-372:
Partners and families can face significant consequences if children are taken (“abducted”) across international borders, as the Hague convention allows the ‘left-behind’ parent legal recourse, even if this parent is abusive. Patients in these situations should seek legal counsel and assistance.

Reviewer #2: This clinical expert series article provides a broad overview of the types of IPV, how they might manifest, and provider approaches to the victims of IPV. The section on "adverse health effects" is particularly salient to providers who may struggle to convey the significance of IPV to victims, and provides some useful facts to bring into conversations with victims. The tables and appendices contain practical information. This article is a great resource for clinicians addressing a challenging and complex problem.

Minor Revisions:

1. Support resources (lines 368 - 391) would fit better as a box.

Edited to include Box 9 (line 376)

Reviewer #3: ONG-18-2056.

1. Line 283: last word in the sentence (got) - the meaning of this word in this sentence is unclear - please clarify.

“got” changed to “for”

References:

2. There is one additional recent reference that the authors may want to include: Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Evidence Report and Systematic Review for the US Preventive Services Task Force. Feltner C, Wallace I, Berkman N, Kistler CE, Middleton JC, Barclay C, Higginbotham L, Green JT, Jonas DE.
JAMA. 2018 Oct 23;320(16):1688-1701. doi: 10.1001/jama.2018.13212. Review.
PMID: 30357304

Included:

Edits made to line 298-300:
The USPSTF notes that although screening identifies abused women, the published trials do not show reductions in violence of improved quality of life over 3 to 18 months, and counseling and home visitation programs reduced violence in pregnant and postpartum women. (55)

Added reference:
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TABLES AND FIGURES:

3. Box 6: Line 775: 5th word "got" reviewer does not understand the meaning of this word in this sentence , please clarify.

“got” changed to “for”

EDITORIAL OFFICE COMMENTS:

1. I **OPT-IN** - Yes, please publish my response letter and subsequent email correspondence related to author queries.

2. Tables, figures, and supplemental digital content should be original. The use of borrowed material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained. Permission is also required for material that has been adapted or modified from another source. Both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information. In addition, you must list any material included in your submission that is not original or that you are not able to transfer copyright for in the space provided under I.B on the first page of the author agreement form.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at http://links.lww.com/AOG/A515, and the gynecology data definitions are available at http://links.lww.com/AOG/A935.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Clinical Expert Series articles should not exceed 25 typed, double-spaced pages (6,250 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

Introduction shortened to 271 words (unable to shorten any further without losing important information).

Word count = 3,723
Due to the breadth of this topic and the number of boxes and resources provided in the article, I am unable to cut the word count further without losing important clinical information that would be of interest to readers.

5. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.

Written permission has been obtained from Donna Murico to be included in the Acknowledgements Section.

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

Abstract has been reviewed – word count is 217 words

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

Abbreviations are spelled out the first time they are used in the text

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

Text has been modified to remove (/)

9. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

Table conforms to the journal style per the checklist above

10. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at http://www.acog.org/Resources-And-Publications.

11. The Journal's Production Editor had the following to say about this manuscript:

"Figure 1: Is this figure original to the manuscript? Alternatively, does another source need to be cited for this information?"

Yes, also cited ACOG Special Issues in Women's Health (17)

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

The figure is submitted as a separate TIFF file

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Thank you for your time and consideration,
Monica A. Lutgendorf, MD, FACOG

Daniel Mosier

From: Monica Lutgendorf [redacted]
Sent: Tuesday, February 12, 2019 1:17 AM
To: Daniel Mosier
Cc: Lutgendorf, Monica A CDR USN NAVMEDCEN SAN CA (US)
Subject: Re: Manuscript Revisions: ONG-19-2056R1
Attachments: 18-2056R1 ms (2-11-19v2).docx; Breiding CDC intimatepartnerviolence.pdf

Thank you for the review!

- Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
- I agree with the changes
- LINE 53: Do you agree with the edits made here?
- I agree with the changes
- LINE 73: It seems there is something missing here
- Corrected (added "occurs in")
- BOX 1: Please provide a copy of reference 3 – we need only the portion where you retrieved this information.
- Added information on Reference, page 10-11 - attached PDF
- BOX 8: What is the source of Box 8? Did you create this yourself? We will reproduce this in plain text, just like the other boxes. If you would like the color/font to be kept, we'll process this as a figure.
- I created this based on resources from the National Domestic Violence Hotline and Futures Without Violence. We can process as a box, added edits/reference
- FIGURE 1: This figure appears to be a modified version of figure 10 on page 170 of the source cited. ACOG grants permission for exact reprints only, so we will need to use their version of the figure.
- We can use their version of the figure
-
- I attached the manuscript with the above changes - Please let me know if you need anything else
-

Monica Lutgendorf

On Mon, Feb 11, 2019 at 11:32 AM Daniel Mosier <dmosier@greenjournal.org> wrote:

> Dear Dr. Lutgendorf,
>
> Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:
>
> 1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
> 2. LINE 53: Do you agree with the edits made here?
> 3. LINE 73: It seems there is something missing here
> 4. BOX 1: Please provide a copy of reference 3 – we need only the portion where you retrieved this information.
> 5. BOX 8: What is the source of Box 8? Did you create this yourself? We will reproduce this in plain text, just like the other boxes. If you would like the color/font to be kept, we'll process this as a figure.

6. FIGURE 1: This figure appears to be a modified version of figure 10 on page 170 of the source cited. ACOG grants permission for exact reprints only, so we will need to use their version of the figure.

When revising, use the attached version of the manuscript. Leave the track changes on, and do not use the "Accept all Changes"

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Wednesday, February 13th**.

Daniel Mosier

Editorial Assistant

Obstetrics & Gynecology

The American College of Obstetricians and Gynecologists

409 12th Street, SW

Washington, DC 20024

Tel: 202-314-2342

Fax: 202-479-0830

E-mail: dmosier@greenjournal.org

Web: http://www.greenjournal.org