Date: Mar 08, 2019
To: "Florencia Greer Polite" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-242

RE: Manuscript Number ONG-19-242

Sexual Assault: A Multi-Specialty Perspective on Physician Responsibility

Dear Dr. Polite:

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 Mar 29, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is a timely clinical commentary on a topic that is appropriate to the current political climate.

1. Lines 118-123 gave an appropriate frame to the disparities in survivors of sexual assault. More references on how different racial/ethnic groups cope or specific resources per group would be helpful here.

2. Lines 153-182. This was a very long paragraph. The authors might consider breaking this into two paragraphs based on the 2nd social responsibility.

3. While the authors alluded to some recommendations for boys and male perpetrators of sexual assault and violence against women, more specifics might be warranted including how boys and males interact with girls and women, how to deal with confusing sexual feelings which may be unwanted, and what is the roles of parents, teachers, coaches, other role models in protecting our children.

4. A summary of specific recommendations across specialties or referral back to screening guidelines based on specialty is helpful. A focus on how we can engage across specialties would also be helpful.

5. The authors could expand even further on each of the social responsibility tenets that they alluded to unless there are restrictions on the length of the document. If so, perhaps a follow-up would be appropriate or a way to determine which metrics may be utilized to determine if physicians learned about or practiced these tenets.

Reviewer #2: This is an interesting manuscript with a purpose to discuss physicians' responsibilities including social responsibility to our patients on sexual assault. This is a current commentary piece that is well written.

Only comment is a grammatical error on line 204: Should it be "conversation away from the victim's"?

Reviewer #3: Thank you for this thoughtful perspective piece to guide trauma-informed care for victims of sexual assault.

Your title and abstract suggest that this piece will include information tied to multi-specialty but I do not see evidence of that outside naming the specialties represented by the authors and specific evaluations tied to pediatrics. Perhaps there could be framing of guidelines/recommendations for each specialty represented.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances.

- For your revision, please read the Instructions for Authors available as a PDF download from the log-in page for Editorial Manager. It has information for formatting, required elements, word limits, reference style and other necessary items.

- Young refers to age, accomplished is some measure of status. These seem like apples and oranges....

- do you ask all women about this who report a rape or sexual assault? If not, how do you know the rate of reporting?

- Although it may be true that ALL women in these situations fear that they will not be believed, I think your statement is without support. Perhaps "Most women...may fear"? My suggestions are getting to one of the concerns raised by one of your reviewers. You are sometimes straying into statements that are based perhaps on your own convictions and beliefs but may not be based on evidence. This topic does this to many of us. In order to get buy in from the readers who may not share your convictions, or who may perhaps actively oppose them, you need to soften some of the more black and white statements if they are not evidence based.

- I am a bit confused by this sentence. If 70% of rapes are acquaintance rapes and the majority of victims of acq. rape are white, how can women of color face a higher lifetime risk of rape or attempted rape? if you are making the differentiation between acq. rape and rape, please define it , perhaps the area of the paper around line 89. 18.8 and 17.7% may be numerically different but do you think this is an important public health difference in terms of education, messaging, etc? Certainly, the American Indian/Alaskan women's rate warrants some focused education. And at the end of the day, a 17.7% rate warrants a lot of education.

- Not sure what you mean "sexual assault should be no exception". Perhaps you mean' preventive medicine is a mainstay of clinical medicine and should include a focus on sexual assault"?

- Has it been used in adult women? Seems like with some minor modification, it would be a useful rubric for organizing similar questions for adults. In this paragraph and in your illustrative cases you focus on the importance of the adolescent patient. Is that intentional? If so, make it clear in the introduction that is your intention. If its not, please make sure you also discuss the importance of this in the adult woman's care.

- insert a new paragraph

- insert a new paragraph

- away from?

- Is this published under a CC-BY license or do you have RAINN's consent to use this?

2. 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.

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. Figure 1 - 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.

Please submit a permission letter with your revision.

5. 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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

6. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 16 typed, double-spaced pages (4,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

7. 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: Current Commentary articles, 250 words. Please provide a word count.

8. 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.

9. 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.

10. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG 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 (exceptions could include manuscripts that address items of historical interest). 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 an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance.

11. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at http://edmgr.ovid.com/acd/accounts/ifauth.htm.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

12. 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 and that each author has given approval to the final form of the revision.

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 Mar 29, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,
Nancy C. Chescheir, MD
Editor-in-Chief

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

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March 20, 2019

Dear Editors,

Thank you for your thoughtful review of our current commentary about the social responsibility of physicians as it pertains to sexual assault victims. We as physicians, representing differing specialties of Obstetrics/Gynecology, Psychiatry and Pediatrics, welcome the opportunity to present a shared model of the social responsibility of physicians to victims of sexual assault. The mainstay of our social responsibility is to provide the victim with the support and resources to overcome this trauma. We outline the tenants of social responsibility as prevention, trust, reassurance, and resource allocation. We hope to give physicians a structured approach to support victims of sexual assault by creating a safer environment for women and girls starts by acknowledging the trauma caused in these situations.

We have obtained permission for the figure which is included.

We will OPT-IN for the revisions allowing publishing of the response letter and subsequent email correspondence related to author queries.

We have made the changes suggested in your edits of the first edition of this manuscript. See below for the point-by-point response to the reviewers' comments. We welcome any additional comments and appreciate the opportunity to publish this manuscript in Obstetrics & Gynecology.

Thank you, on behalf of all authors, for your consideration.

Florencia Greer Polite

Florencia Greer Polite, MD
[redacted]

REVIEWER COMMENTS:

Reviewer #1: This is a timely clinical commentary on a topic that is appropriate to the current political climate.

1. Lines 118-123 gave an appropriate frame to the disparities in survivors of sexual assault. More references on how different racial/ethnic groups cope or specific resources per group would be helpful here.
Added text: *While white women comprise the majority of acquaintance rape victims, women of color face a higher lifetime risk of rape and attempted rape due to higher frequency of rape and attempted rape in a smaller population. Studies indicate that white women and Black women have a 17.7% and 18.8% risk respectively, while American Indian and Alaskan women nearly double those rates at 34.1%. Despite increased risk of being attacked, women in non-white groups may be less likely to report due to their vulnerability to sexist and racist tenants that can make it more difficult for these groups to access support systems or receive fair treatment within the criminal justice system. Specifically, research has shown that Black, Latino and Asian-American women were more likely to believe the victim was "asking for it" or hold negative attitudes towards victims of sexual assault, even if they themselves had been a victim of sexual assault. Consistently, white Americans were more likely to hold negative attitudes towards non-white victims. These ethnicity-based sociocultural attitudes have been internalized. Although women of non-white ethnicity may be subjected to an experience that meets the legal definition of sexual assault, many will assert that they are not victims of rape and blame themselves.*

4. A summary of specific recommendations across specialties or referral back to screening guidelines based on specialty is helpful. A focus on how we can engage across specialties would also be helpful.
Added text: *As physicians in all specialities, we must vow to be diligent in exercising our social responsibility to inquire about sexual assault, including those affected by strangers as well as acquaintances. We must follow World Health Organization and American Medical Association recommendations to employ universal screening for sexual assault. The SAVE screening tool, developed by the Florida Council against sexual violence focuses on five points: Screen all of your patients; Ask direct questions; Validate their response; Evaluate, educate, and refer to resources. Sexual assault affects all of our patients, regardless of specialty, requiring that we work across specialty lines to ensure appropriate referrals are made.*

5. The authors could expand even further on each of the social responsibility tenets that they alluded to unless there are restrictions on the length of the document. If so, perhaps a follow-up would be appropriate or a way to determine which metrics may be utilized to determine if physicians learned about or practiced these tenets.
-There is an opportunity for follow-up, even a study to assess the receptivity of a social responsibility tenet. We look forward to seeing how this manuscript is received in order to inform future directions.

Reviewer #3: Thank you for this thoughtful perspective piece to guide trauma-informed care for victims of sexual assault. Your title and abstract suggest that this piece will include information tied to multi-specialty but I do not see evidence of that outside naming the specialties represented by the authors and specific evaluations tied to pediatrics. Perhaps there could be framing of guidelines/recommendations for each specialty represented.
We are not advocating for different guidelines. See above, we think we addressed this by adding the WHO, AMA guideline and SAVE screen.
We also added: *As physicians in all specialities, we must vow to be diligent in exercising our social responsibility to inquire about sexual assault, including those affected by strangers as well as acquaintances.*

- Young refers to age, accomplished is some measure of status. These seem like apples and oranges
Text changed: *from innocent young girls to accomplished women*

- do you ask all women about this who report a rape or sexual assault? If not, how do you know the rate of reporting?
We do not know the rate of reporting, text changed to: *may understandably decrease the rate of reporting*

- I am a bit confused by this sentence. If 70% of rapes are acquaintance rapes and the majority of victims of acq. rape are white, how can women of color face a higher lifetime risk of rape or attempted rape? if you are making the differentiation between acq. rape and rape, please define it , perhaps the area of the paper around line 89. 18.8 and 17.7% may be numerically different but do you think this is an important public health difference in terms of education, messaging, etc? Certainly, the American Indian/Alaskan women's rate warrants some focused education. And at the end of the day, a 17.7% rate warrants a lot of education.
Text changed: *While white women comprise the majority of acquaintance rape victims, women of color face a higher lifetime risk of rape/attempted rape due to higher frequency of rape/attempted rape in a smaller population. Studies indicate that white women and Black women have a 17.7% and 18.8% risk respectively, while American Indian/Alaskan women nearly double those rates at 34.1% .*

- away from? changed

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3. While the authors alluded to some recommendations for boys and male perpetrators of sexual assault and violence against women, more specifics might be warranted including how boys and males interact with girls and women, how to deal with confusing sexual feelings which may be unwanted, and what is the roles of parents, teachers, coaches, other role models in protecting our children.

Text added: *Pediatricians should also guide and support parents as they have conversations about sex with their children. This communication has been shown to have a small protective role in the adolescents' behaviors regarding safer sex. Although parents are increasingly having these discussions, fewer are dialoguing about tougher topics, including dating abuse. The climate created from this early education about sex and sexuality may have an impact on the choice to disclose abuse or assault in the future. Messaging that either promotes or inhibits exploration and discussion can lead to similar contrasting outcomes after an assault.*

As the majority of sexual assault is committed by men against women, sexual assault prevention should also include education both for boys and men. Discussing the importance of sharing emotions, setting and respecting physical boundaries and modeling appropriate behavior and speech are ways to cultivate a sense of respect and empathy for girls and women.

Reviewer #2: This is an interesting manuscript with a purpose to discuss physicians' responsibilities including social responsibility to our patients on sexual assault. This is a current commentary piece that is well written. *Thank you.*

Only comment is a grammatical error on line 204: Should it be "conversation away from the victim's"? corrected error

EDITOR COMMENTS:

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- Although it may be true that ALL women in these situations fear that they will not be believed, I think your statement is without support. Perhaps "Most women...may fear"? My suggestions are getting to one of the concerns raised by one of your reviewers. You

are sometimes straying into statements that are based perhaps on your own convictions and beliefs but may not be based on evidence. This topic does this to many of us. In order to get buy in from the readers who may not share your convictions, or who may perhaps actively oppose them, you need to soften some of the more black and white statements if they are not evidence based.

We agree with the need for a more nuanced statement as these issues are not black and white. Language changed: *Many women in sexual assault situations fear they will not be believed.*

- Not sure what you mean "sexual assault should be no exception". Perhaps you mean' preventive medicine is a mainstay of clinical medicine and should include a focus on sexual assault"?

Text changed: Preventive medicine is a mainstay of clinical medicine and certainly should include prevention of sexual assault

- Has it been used in adult women? Seems like with some minor modification, it would be a useful rubric for organizing similar questions for adults. In this paragraph and in your illustrative cases you focus on the importance of the adolescent patient. Is that intentional? If so, make it clear in the introduction that is your intention. If its not, please make sure you also discuss the importance of this in the adult woman's care.

Added: This same rubric could be applied beyond adolescents and young adults and incorporated into history-taking of women at routine visits. Health maintenance visits for women should include screening for many of the same topics identified in the H.E.A.D.S.S.S assessment and will give adult providers a systematic way to offer anticipatory guidance and discuss preventative measures.

- insert a new paragraph: *added*

- insert a new paragraph: *added*

From: [redacted]
To: Randi Zung
Subject: Re: Your Revised Manuscript 19-242R1
Date: Monday, April 1, 2019 9:58:49 PM
Attachments: 19-242R1 ms (4-1-19v2) Polite.docx
19-242R1 ms (4-1-19v2) Polite.docx

Hi Randi,
Thank you for your email. I have conferred with the other authors on the following changes.

1. We have reviewed your changes. They are all accurate.
2. Yes, we are comfortable with the new title.
The change of victim to survivor fits the intention of our manuscript.
3. We are a bit confused by this one. The figure legend is the explanations on the right of the picture. If we need a title for the picture then we would label it: Sexual Assault Statistics by Perpetrator. If this does not address your issue, please let us know.
4. We have read the new ACOG Committee Opinion 777 and made one change to the manuscript attached.

Florencia Greer Polite, MD

Sent from my iPad

On Apr 1, 2019, at 3:30 PM, Randi Zung <RZung@greenjournal.org> wrote:

> Dear Dr. Polite:
>
> Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. **Please track your changes and leave the ones made by the Editorial Office.** Please also note your responses to the author queries in your email message back to me.
>
> 1. General: The Editor has made edits to the manuscript using track changes. Please review them to make sure they are correct.
>
> 2. Title: Would you be amenable to changing the title to read, “A Multispecialty Perspective on Physician Responsibility to Sexual Assault Survivors”?
>
> Journal style is to drop the hyphen in Multi-Specialty.” We have also replaced “victim” with “survivor” in some places in the paper, to be consistent with the

terminology used in the updated ACOG guidelines – see reference 4.

Please make sure that this change (Victim to survivor) fits the intention of your document.

3. Line 118: Please provide a Figure Legend. We have already retrieved the citation to include (thank you for sending a permission letter).

4. Reference 4: Reference 4 has been updated to reflect the latest ACOG guidance. Please review Committee Opinion No. 777 at https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions-List to see if it supports what you are saying.

To facilitate the review process, we would appreciate receiving a response within 48 hours.

Best,

Randi Zung

– –

Randi Zung (Ms.)

Editorial Administrator | *Obstetrics & Gynecology*

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