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: Apr 19, 2019
To: "Amber L Hill" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-469

RE: Manuscript Number ONG-19-469

Reproductive Coercion and Relationship Abuse Among High-School Girls: A Cross-Sectional Study

Dear Dr. Hill:

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 May 10, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Overall Comments: The authors present findings from a secondary analysis of a cross sectional study in adolescent females, aged 14-19, addressing the areas of reproductive Coercion (RC) and adolescent relationship abuse (ARA). This is an important area of study and is relevant to the reproductive and sexual healthcare of adolescents and amenable to proactive provider counseling. A review of the literature by this reviewer also notes recent evidence that ARA manifests in ways that may be less recognizable to clinicians, such as cyber dating abuse and that ARA prevention and intervention efforts should continue to promote gender equity and address the social and cultural norms that shape adolescent girls' experiences of abuse. The study is well written except for the number of "We" beginning sentences; would prefer the paper written in the past rather than present tense. Other specific comments and queries are noted below.

Specific Comments:

Title: Not sure that "A Cross Sectional Study" adds to the title.

Précis: Good

Abstract: Objective is good; every sentence in the Methods section starts with "We". If editors allow for abbreviations, summarizes the data well. Conclusions reflect the findings. May need to shorten.

Introduction: Provides rationale for the study.

Materials and Methods: Please provide clear definitions of adolescent relationship abuse (ARA) and reproductive coercion (RC) used to characterize the subjects of this study.

Results: Of interest, what were the differences in demographic factors in those adolescent females not having been sexually active compared to those sexually active? What was the most common reason for reproductive health visit? (Reasons noted as a footnote to Table 2-were reasons for health seeking visits different between RC, ARA or combined groups? Were the clinics in the inner city, suburbs or a combination of different places?

Discussion: Another study limitation was results obtained from adolescent females in 1 area, northern California-decreases external generalizability.

Tables/Figures
Table 1, please take out "Chi square p value[i]" out of table itself and use a footnote-is a distraction
Table 2, what does "SHARP" stand for in SHARP study

Reviewer #2: Thank you for this well-written manuscript on reproductive coercion and relationship abuse among adolescent girls. There are just a few considerations from which the manuscript may benefit. First, it is difficult for the reader to keep track of non-standard abbreviations and they are unnecessary. Please consider writing out adolescent relationship abuse and non-partner sexual violence rather than using ARA and NPSV. Table 2 refers to the "SHARP" study, which has not been defined - the authors may consider changing the language to "parent study" as in Table 3. There are a couple of instances in the text where it reads "White girls" (e.g., lines 122 and 126.) Although it was not intended this way, it initially comes across as derogatory terminology. Please consider changing it to "White adolescent girls", which would eliminate this unintended perception for the reader. Finally, the analysis is well done and the authors provide a rationale for conducting it but it isn't clear what this paper adds, other than confirming what is already known. The clinical recommendations do not add anything beyond what is already recommended but multiple professional organizations. Clearly written text (or a text box) stating "what is known" and "what this paper adds" would strengthen the manuscript, as would clinical recommendations that go beyond what is already available.

Reviewer #3: This is a secondary analysis of a cross sectional baseline survey data. This study aimed to evaluate if adolescent females with reproductive coercion (RC), and/or involve in relationship abuse (ARA) or non-partner-sexual violence (NPSV) had differences in health care-seeking and sexual health behaviors. No significant demographical differences were found among the three groups. Women with reproductive coercion were more likely to be in an abusive relationship than those without. Females experiencing reproductive coercion and in abusive relationships were more likely to have older partners, to see more STI testing/treatment and to use hormonal contraception only.

Abstract:

1. Line 30: Include "non-partner sexual violence (NPSV)" as this was one of the categories studied.

2. Line 32: Include that this was baseline survey data as these tools were used to categorize the study sample and key part of the methodology.

3. Line 38: Of the total sample size only, the percentage of "recent RC" is listed. Include what percentage of the girls surveyed had ARA and NPSV, as listed in Figure 1.

4. Line 39-41: Associations between RC and ARA are important but undermines the objective to see how each of these categories are associated to care-seeking and sexual health behaviors. RC is a type of abuse and its link to ARA and NPSV is expected, and thus not a very salient finding.

5. Line 49: Prevalence of "1 in 8" is different from previously stated 12% of girls who reported RC. Please clarify or reword.

6. Line 51: Based on findings, ARA (not RC) was associated with health care-seeking behaviors.

Introduction:

7. Line 58-77: This section does not emphasize why it is important to identify factors associated with RC and ARA rather than moving on and focus on possible interventions. Consider elaborating.

Materials and Methods

8. Line 96-100: Consider including questionnaires in appendix.

9. Line 126-128: In discussion section, elaborate on possible reason that RC increases with grade/age whereas ARA decreases with grade.

10. Lines 130-147: The simultaneous use of recent RC/ARA and comparison to non-recent RC/ARA is complex and difficult to discern. Consider rewording.

STATISTICAL EDITOR'S COMMENTS:

1. Table 1: Need to enumerate all missing data. The subsets RC or physical/sexual ARA comprise 12% and 17% of the population surveyed. Once the RC group are further divided into strata (race, school grade, etc), the stats power is diminished to discern demographic differences. One cannot from these data generalize that there is no demographic difference in risk factors for RC.

2. Table 2: Similarly, the RC and combined ARA subsets, when evaluated for associations with pregnancy risk factors and care-seeking behaviors, may have the same limitation of sample sizes vs stats power. The many NS associations may not be generalizable.

3. Table 3: The estimation of aORs are limited by the sample sizes and need to adjust for cluster, race and school grade. Again, the many NS associations may not be generalizable. Need to clarify use of "both" RC and ARA. From FIg 1 legend, this appears to mean the intersection of those groups, representing 2.4%, or ~ 13 individuals. If correct, then that is too few to allow adjustment for race, grade and clustering in the regression model.

4. General: Suggest highlighting or otherwise separating the significant from the NS associations. Should put more emphasis on the descriptive findings of rates (with CIs).

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. 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.

3. Clinical trials submitted to the journal as of July 1, 2018, must include a data sharing statement. The statement should indicate 1) whether individual deidentified participant data (including data dictionaries) will be shared; 2) what data in particular will be shared; 3) whether additional, related documents will be available (eg, study protocol, statistical analysis plan, etc.); 4) when the data will become available and for how long; and 5) by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism). Responses to the five bullet points should be provided in a box at the end of the Methods section.

4. 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.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 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.

6. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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).

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: Original Research articles, 300 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. 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.

11. 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.

12. The Journal's Production Editor had the following comments about the figures in your manuscript:

"Figure 1: should the numbers in the overlapping areas be consistent in formatting i.e. “4.0%, n=22”?"

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.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

13. 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.

***

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 May 10, 2019, 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

_____

Children's Hospital of Pittsburgh of UPMC
Adolescent Medicine

Re-Submission Date: 9 May 2019

[redacted]

Nancy C. Chescheir, MD
Editor-in-Chief
Obstetrics & Gynecology

Dear Dr. Chescheir,

Enclosed for your consideration is our revised manuscript titled: *Reproductive Coercion and Relationship Abuse among High School Girls at School Health Centers*, for your consideration as an original article in *Obstetrics & Gynecology*. We appreciate the opportunity to improve our work after reviewing the constructive comments from three peer reviewers, the statistical editor, and the editorial office.

The major revisions are as follows:

1. We have highlighted how our results provide important additional evidence. We note that this is the first attempt to explicitly investigate demographic differences in reproductive coercion among an adolescent-only population to determine if trends observed among adults are also seen in adolescents, helping to identify key points of intervention. We also note that our data on care-seeking behaviors help strengthen current ACOG guidelines as to why universal education about healthy relationships should include all adolescent patients.
2. We enumerated all missing data, highlighted statistically significant findings, and used more cautious language to avoid generalizing results beyond the scope of our analyses.
3. We have rearranged our results and discussion to ensure the most salient findings are mentioned first, limited the use of abbreviations and "we" statements, and abided by all editorial requirements.

Our full response to all reviewer comments can be found attached to this letter. We would like to reiterate that we have not submitted this paper for consideration elsewhere. The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned and registered have been explained. All authors are aware that this manuscript is being submitted to *Obstetrics & Gynecology*. The authors have no conflict of interest to disclose. The University of Pittsburgh Institutional Review Board approved all study procedures. All six authors are responsible for the reported research.

We appreciate your review of this revised manuscript for *Obstetrics & Gynecology* and look forward to hearing from you.

Sincerely,

Amber Hill, MSPH
[redacted]

Itemized Responses to Reviewers

Reviewers' Comment	**Description of Revisions**	**Location**
Reviewer 1		
Overall Comments: The authors present findings from a secondary analysis of a cross sectional study in adolescent females, aged 14-19, addressing the areas of reproductive Coercion (RC) and adolescent relationship abuse (ARA). This is an important area of study and is relevant to the reproductive and sexual healthcare of adolescents and amenable to proactive provider counseling. A review of the literature by this reviewer also notes recent evidence that ARA manifests in ways that may be less recognizable to clinicians, such as cyber dating abuse and that ARA prevention and intervention efforts should continue to promote gender equity and address the social and cultural norms that shape adolescent girls' experiences of abuse. The study is well written except for the number of "We" beginning sentences; would prefer the paper written in the past rather than present tense. Other specific comments and queries are noted below.	Thank you for your comment. Our objective is written in present tense to reflect the author guidelines and style of other articles published in Obstetrics & Gynecology. We have ensured that the rest of our paper is written in past tense. We try to use active vs. passive voice to also be consistent with prior articles published in this journal. While we have tried to limit the number of times the word "we" is used at the beginning of statements, we respectfully decided not to exclude it entirely as we believe it helps with writing clarity and has been used in many previously published articles in this journal.	Pg. 3-13 (word doc) Pg. 3-16 (PDF proof)
Title: Not sure that "A Cross Sectional Study" adds to the title.	Thank you for this comment. We included "A Cross Sectional Study" to abide by the STROBE checklist for cross sectional studies. We are happy to remove this and will leave information on the study design in the abstract. Our new title is "Reproductive Coercion and Relationship Abuse Among High-School Girls at School Health Centers."	Pg. 1
Précis: Good	Thank you.	
Abstract: Objective is good; every sentence in the Methods section starts	We changed the wording in the methods section and did not use as	Pg. 3-4

with "We". If editors allow for abbreviations, summarizes the data well. Conclusions reflect the findings. May need to shorten.	many abbreviations. As such, we had to shorten the content.	
Introduction: Provides rationale for the study.	Thank you.	
Materials and Methods: Please provide clear definitions of adolescent relationship abuse (ARA) and reproductive coercion (RC) used to characterize the subjects of this study.	Thank you for bringing this to our attention. We have added the exact questionnaires to an online appendix per reviewer 3's comments.	Pg. 27 (word doc) Pg. 33 (PDF proof)
Results: Of interest, what were the differences in demographic factors in those adolescent females not having been sexually active compared to those sexually active? What was the most common reason for reproductive health visit? Reasons noted as a footnote to Table 2-were reasons for health seeking visits different between RC, ARA or combined groups? Were the clinics in the inner city, suburbs or a combination of different places?	Thank you for your questions. (1) We have added the following language: "Girls who had ever had sex with a male partner were in higher grades compared to those never sexually active with a male partner ($p<0.0001$)." (2) The most common reason for a reproductive health visit was seeking contraception (other than condoms). We have added a line to Table 2 to include these results. (3) Because there are few participants in the both ARA and RC group, we've elected not to compare them to the only RC and only ARA groups. (4) The clinics were from a combination of different places ranging in population from larger cities such as San Francisco, San Jose, and Oakland to smaller cities in Alameda County. We have added language to the methods to reflect these details.	Pg. 6-7, 21 (word doc) Pg. 6-7, 26-27 (PDF proof)
Discussion: Another study limitation was results obtained from adolescent females in 1 area, northern California-decreases external generalizability.	Thank you for noting this important limitation. We have added this as a limitation to our discussion.	Pg. 12 (word doc) Pg. 15 (PDF proof)
Table 1, please take out "Chi square p value[i]" out of table itself and use a footnote-is a distraction	We removed the chi square p-value out of the table and included as a footnote that none of the findings were statistically significant with an alpha of 0.05.	Pg. 19 (word doc) Pg. 23-25 (PDF proof)

Table 2, What does "SHARP" stand for in SHARP study?	Thank you for noticing this error. We changed SHARP to the “parent study”.	Pg. 21 (word doc) Pg. 26 (PDF proof)
Reviewer 2		
Thank you for this well-written manuscript on reproductive coercion and relationship abuse among adolescent girls. There are just a few considerations from which the manuscript may benefit.	Thank you for your comments.	
First, it is difficult for the reader to keep track of non-standard abbreviations and they are unnecessary. Please consider writing out adolescent relationship abuse and non-partner sexual violence rather than using ARA and NPSV.	Thank you for pointing this out. We have written out all of our abbreviations that are not included in the journal’s list of acceptable acronyms.	Pg. 3-13 (word doc) Pg. 3-16 (PDF proof)
Table 2 refers to the "SHARP" study, which has not been defined - the authors may consider changing the language to "parent study" as in Table 3.	Thank you for noticing this error. We have changed SHARP to the “parent study” per your suggestion.	Pg. 21 (word doc) Pg. 26 (PDF proof)
There are a couple of instances in the text where it reads "White girls" (e.g., lines 122 and 126.) Although it was not intended this way, it initially comes across as derogatory terminology. Please consider changing it to "White adolescent girls", which would eliminate this unintended perception for the reader.	Thank you for pointing this out. We did not intend to come across as derogatory and appreciate your comment. We have used your suggestion to ensure there are not unintended perceptions for the readers.	Pg. 8
Finally, the analysis is well done and the authors provide a rationale for conducting it but it isn't clear what this paper adds, other than confirming what is already known. The clinical recommendations do not add anything beyond what is already recommended but multiple professional organizations. Clearly written text (or a text box) stating "what is known" and "what this paper adds" would strengthen the manuscript, as would clinical	Thank you for this important comment. While we agree that many of our results are confirmatory of existing guidelines, we believe that we provide additional evidence that the field could benefit from. Specifically, this is the first paper to explicitly examine reproductive coercion discrepancies by demographics among a sample of only adolescents. Furthermore, this is the first paper, to our knowledge, that investigates the link between exposure	Pg. 10, 12-13 (word doc) Pg. 12, 15-16 (PDF proof)

recommendations that go beyond what is already available.	to reproductive coercion and care-seeking behavior among adolescent populations. We also believe that while guidelines exist, we know that they are not always abided by. By providing additional evidence, we are hoping to strengthen the argument as to why healthcare providers of adolescent patients should be universally screening for these harmful partner behaviors. We have used your suggestion to include a “what this paper adds” section after the limitations and before the clinical recommendations.	
Reviewer 3		
This is a secondary analysis of a cross sectional baseline survey data. This study aimed to evaluate if adolescent females with reproductive coercion (RC), and/or involve in relationship abuse (ARA) or non-partner-sexual violence (NPSV) had differences in health care-seeking and sexual health behaviors. No significant demographical differences were found among the three groups. Women with reproductive coercion were more likely to be in an abusive relationship than those without. Females experiencing reproductive coercion and in abusive relationships were more likely to have older partners, to see more STI testing/treatment and to use hormonal contraception only.	Thank you for this summary.	
Line 30: Include "non-partner sexual violence (NPSV)" as this was one of the categories studied.	Thank you for pointing this out. We respectfully decided not to include non-partner sexual violence in our objective as we did not examine how NPSV influenced care-seeking and sexual health behaviors and instead focused on the impact of harmful partner behaviors.	Pg. 3
Line 32: Include that this was baseline	We agree with this comment and have	Pg. 3

survey data as these tools were used to categorize the study sample and key part of the methodology.	added this point of clarification.	
Line 38: Of the total sample size only, the percentage of "recent RC" is listed. Include what percentage of the girls surveyed had ARA and NPSV, as listed in Figure 1.	Thank you for noticing this. We have added language in our abstract to include number of adolescent relationship abuse and non-partner sexual violence.	Pg. 3
Line 39-41: Associations between RC and ARA are important but undermines the objective to see how each of these categories are associated to care-seeking and sexual health behaviors. RC is a type of abuse and its link to ARA and NPSV is expected, and thus not a very salient finding.	Thank you for this comment and we agree that this is an expected finding. We have removed this from our abstract, so as not to undermine the other findings from our study. We have rearranged to ensure that the most salient findings are discussed first.	Pg. 3, 9-10 (word doc) Pg. 3, 9-12 (PDF proof)
Line 49: Prevalence of "1 in 8" is different from previously stated 12% of girls who reported RC. Please clarify or reword.	We have clarified that it is “Almost 1 in 8”.	Pg. 4
Line 51: Based on findings, ARA (not RC) was associated with health care-seeking behaviors.	Thank you for your comment. We have clarified these results in our abstract.	Pg. 4
Line 58-77: This section does not emphasize why it is important to identify factors associated with RC and ARA rather than moving on and focus on possible interventions. Consider elaborating.	Thank you for bringing this to our attention. We have added some language to our conclusion to argue that our failure to identify any clear care seeking or health behaviors strengthens evidence for universal education and assessment among adolescent populations.	Pg. 4
Line 96-100: Consider including questionnaires in appendix.	Thank you for your suggestion. We have added the questionnaires to an online appendix.	Pg. 27 (word doc) Pg. 33 (PDF proof)
Line 126-128: In discussion section, elaborate on possible reason that RC increases with grade/age whereas ARA decreases with grade.	Thank you for noting this finding. While descriptively our findings suggest increased RC and decreased ARA by increasing grade, tests indicated no significant associations.	NA

	The number of participants in grades 9 and 10 are relatively low (60 and 109, respectively), so we are cautious about interpreting this as clinically significant differences.	
Lines 130-147: The simultaneous use of recent RC/ARA and comparison to non-recent RC/ARA is complex and difficult to discern. Consider rewording.	Thank you for pointing this out. We have eliminated the use of "/" and clarified our meaning behind all of these comparisons.	Pg. 10-13 (word doc) Pg. 12-16 (PDF proof)
Statistical Editor's Comments		
Table 1: Need to enumerate all missing data. The subsets RC or physical/sexual ARA comprise 12% and 17% of the population surveyed. Once the RC group are further divided into strata (race, school grade, etc), the stats power is diminished to discern demographic differences. One cannot from these data generalize that there is no demographic difference in risk factors for RC.	Thank you for this comment. We have included all missing data in our table. We agree that we are not able to definitively determine demographic differences in risk factors for RC given that our sample was not necessarily powered to do so. We have included this limitation in our limitations section and ensured that our language accurately reflects the appropriate conclusions.	Pg. 19-20 (word doc) Pg. 23-25 (PDF proof)
Table 2: Similarly, the RC and combined ARA subsets, when evaluated for associations with pregnancy risk factors and care-seeking behaviors, may have the same limitation of sample sizes vs stats power. The many NS associations may not be generalizable.	We agree with this comment and have added this methodological limitation to our discussion.	Pg. 20-22 (word doc) Pg. 25-27 (PDF proof)
Table 3: The estimation of aORs are limited by the sample sizes and need to adjust for cluster, race and school grade. Again, the many NS associations may not be generalizable. Need to clarify use of "both" RC and ARA. From FIg 1 legend, this appears to mean the intersection of those groups, representing 2.4%, or ~ 13 individuals. If correct, then that is too few to allow adjustment for race, grade and clustering in the regression model.	Thank you for pointing this out. We have added unadjusted columns to our Table 3 for further clarification of sample size and effect sizes in our different models.	Pg. 23-26 (word doc) Pg. 28-31 (PDF proof)
4. General: Suggest highlighting or	We have added a footnote to note the	Pg. 21-26

otherwise separating the significant from the NS associations. Should put more emphasis on the descriptive findings of rates (with CIs).	significant findings.	(word doc) Pg. 23-31 (PDF proof)
Editorial Office Comments		
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.	OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.	
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	Thank you.	

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.		
Clinical trials submitted to the journal as of July 1, 2018, must include a data sharing statement. The statement should indicate 1) whether individual deidentified participant data (including data dictionaries) will be shared; 2) what data in particular will be shared; 3) whether additional, related documents will be available (eg, study protocol, statistical analysis plan, etc.); 4) when the data will become available and for how long; and 5) by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism). Responses to the five bullet points should be provided in a box at the end of the Methods section.	De-identified participant data from this paper is currently publicly available through the National Institute of Justice under the award number 2011-MU-MU-0023. We have added a sentence at the end of our methods to explain this.	Pg. 7
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 link. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.	Noted, thank you.	
Because of space limitations, it is important that your revised manuscript	Thank you for pointing this out. Excluding our 5 pages of references	

adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 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.	and 1 page of online appendix, we now have 21 double-spaced pages including our title page, précis, abstract, text, tables, boxes, and figure legends.	
Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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).	Thank you. We have acknowledged all financial support for the study on the title page. We have added any and all assistance with manuscript preparation to the acknowledgment sections. We have not presented these results at a conference or meeting.	Pg. 1
The most common deficiency in revised	Thank you, we have reviewed our	

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. Please provide a word count.	abstract carefully. Our word abstract word count is: 300.	
Only standard abbreviations and acronyms are allowed. A selected list is available online at link. 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.	We have revised much of our paper to ensure that only standard abbreviations and acronyms are used.	
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.	We have removed the virgule symbol from all language throughout the text.	
Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here.	Noted, thank you.	
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	We have ensured that the ACOG guidelines we have referenced are the most up to date version.	

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 link.		
The Journal's Production Editor had the following comments about the figures in your manuscript: "Figure 1: should the numbers in the overlapping areas be consistent in formatting i.e. “4.0%, n=22”?" 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	Thank you for pointing this out. We have corrected the figure to use the suggested formatting. We have submitted the original source file in Power Point.	

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. Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.		
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 link.	Thank you.	

Daniel Mosier

From: Hill, Amber L [redacted]
Sent: Tuesday, May 21, 2019 6:29 AM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-19-469R1
Attachments: AHEdits_19-469R1 ms (5-20-19v2).docx

Hello,

Thank you very much for your email. I have addressed all edits below in bold and tracked changes in the attached document.

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes. **We agree with these changes.**
2. LINE 1: The age group studied was 14-19 years old. ACOG considers those aged 13-17 to be adolescents, and those aged 18 and older are women. The term “females” is used for those in a mixed age group. “Girls” is reserved for those aged 12 and younger. “Participants” may also be used. These changes were made throughout the paper. Since you defined “Adolescent relationship abuse” as it pertains to your study, we will use that phrase. **We agree with this change. There are two instances (Lines 103 and 126) that use the phrase "female' experiences" or "female' reproductive coercion experiences". Should this instead be changed to "females' experiences" and "female reproductive coercion experiences", respectively?**
3. LINE 24: “Females” can be used to describe patients in mixed age groups. Also, using “Adolescents and Young Women” here would make the running title too long. **Thank you for this change. Would it be at all possible to have the running title be "Reproductive Coercion Among High-School Females"? It is 47 characters with spaces (2 characters above the limit).**
4. LINE 29: Note edits to precis, which were made based on the query about the age groups. **We agree with this change.**
5. LINE 41: Please note this addition. **Thank you for this addition. For the purposes of our study, we look at physical or sexual adolescent relationship abuse only. Therefore, we prefer to clarify in parentheses: (physical and sexual abuse in romantic relationships). We have added and highlighted this comment to the document.**
6. LINE 241: We avoid statements that say a study is a first of its kind without support of a literature search. **We agree with this change.**

Best regards,
Amber

Amber L. Hill, MSPH
MD/PhD Candidate
University of Pittsburgh School of Medicine
[redacted]

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Monday, May 20, 2019 1:49 PM
To: Hill, Amber L
Subject: Manuscript Revisions: ONG-19-469R1

Dear Dr. Hill,

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 1: The age group studied was 14-19 years old. ACOG considers those aged 13-17 to be adolescents, and those aged 18 and older are women. The term "females" is used for those in a mixed age group. "Girls" is reserved for those aged 12 and younger. "Participants" may also be used. These changes were made throughout the paper. Since you defined "Adolescent relationship abuse" as it pertains to your study, we will use that phrase.
3. LINE 24: "Females" can be used to describe patients in mixed age groups. Also, using "Adolescents and Young Women" here would make the running title too long.
4. LINE 29: Note edits to precis, which were made based on the query about the age groups.
5. LINE 41: Please note this addition.
6. LINE 241: We avoid statements that say a study is a first of its kind without support of a literature search.

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, May 22nd.**

Sincerely,
-Daniel Mosier

From: [redacted]
To: Denise Shields
Subject: Re: figure in your Green Journal manuscript (18-469R1)
Date: Thursday, May 16, 2019 9:40:20 AM

Okay, thank you! I have no other edits.

Best,
Amber

Get Outlook for iOS

From: Denise Shields <dshields@greenjournal.org>
Sent: Thursday, May 16, 2019 9:29 AM
To: Hill, Amber L
Subject: RE: figure in your Green Journal manuscript (18-469R1)

It's journal style to close up "non." The rest of the article will be edited accordingly. Do you have any other edits? If not, we will proceed. Thank you!

From: Hill, Amber L [redacted]
Sent: Thursday, May 16, 2019 8:21 AM
To: Denise Shields <DShields@greenjournal.org>
Subject: Re: figure in your Green Journal manuscript (18-469R1)

Dear Denise,

Thank you for sending us the edited figure. To ensure consistency with the manuscript, would it be possible to change "nonpartner sexual violence" to "non-partner sexual violence"?

Thank you,
Amber

Amber L. Hill, MSPH

MD/PhD Candidate
University of Pittsburgh School of Medicine
hill.amber@medstudent.pitt.edu

From: Denise Shields <DShields@greenjournal.org>
Sent: Wednesday, May 15, 2019 4:26 PM
To: Hill, Amber L
Subject: figure in your Green Journal manuscript (18-469R1)

Re: "Reproductive Coercion and Relationship Abuse Among Adolescents and Young Women at School Health Centers"

Dear Dr. Hill,

The figure in your manuscript have been edited and are attached for your review. Please review the attachments CAREFULLY for any mistakes.

PLEASE NOTE: Any changes to the figure must be made now. Changes made at later stages are expensive and time-consuming and may result in the delay of your article's publication.

To avoid a delay, I would appreciate a reply no later than Friday, 5/17. Thank you for your help.

Best,
Denise

Denise Shields
Senior Manuscript Editor
Obstetrics & Gynecology
www.greenjournal.org
Find us social media:
Twitter (https://twitter.com/greenjrnl)
Facebook (https://www.facebook.com/greenjournal/)
Instagram (https://www.instagram.com/greenjrnl/)
LinkedIn (https://www.linkedin.com/groups/4058408)