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Palestinian domestic violence: unwarranted political conclusions

Cari Jo Clark and colleagues (Jan 23, p 310)¹ present a provocative view of domestic violence within the Palestinian territories, showing that exposure to political violence exacerbates domestic violence. The study, funded by the Palestinian Authority, demonstrates the need to fix the political situation to alleviate domestic problems. But how to do so?

In the accompanying Comment (p 259),² Rita Giacaman and colleagues draw the unwarranted political conclusion that the Palestinian Authority had not addressed the domestic problems because of constraints placed on it by the Israeli occupation. However, they present no evidence that the establishment of courts to address criminal domestic violence is or would be a priority for any Palestinian justice system, secular or Islamic, but merely use the possibility that it might to blame Israel.

In fact, other domestic problems in Palestinian society, including marriage of minor women, are reported by UNICEF.³ These cannot be blamed on the Israeli army's presence but, along with domestic violence, should be explored from within a Palestinian and Islamic cultural framework.

I declare that I have no conflicts of interest.

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Authors' reply

We are glad to respond to Daniel Jacob's letter and to clarify further the link between domestic violence and political violence in the Israeli-occupied Palestinian territory.

However, Jacob's fixation on a "Palestinian and Islamic cultural framework" to explain domestic violence in the occupied Palestinian territory contradicts evidence that intimate-partner violence is a cross-cultural and worldwide phenomenon, including in the USA,^{1–3} and thus his view becomes prejudiced.

Jacobs has incorrectly understood our Comment as blaming the "Israeli army's presence" in the area. The issue is not about blame, but about trying to understand the factors associated with domestic violence, so that we can address this important public-health problem. As stated in our Comment, the Palestinian Authority has failed to sufficiently tackle the gender-based violence problem. However, several reform measures are being implemented, indicating that equitable gender relations are a priority at different government levels, including the judiciary and Palestinian civil society. Such reform measures include establishing a quota system to increase the representation of women in political life.⁴ Discriminatory laws are being revised, and the 2001 Palestinian

labour law includes improvements such as extended maternity leave and specifications against discrimination, even as other areas are still lacking.

The problem lies in the Palestinian Authority's lack of power to implement new measures. As the World Bank maintains, political uncertainty, violence, and restrictions on movement and access impede efforts to promote gender equality.⁴ The Gaza Strip and the West Bank are almost totally inaccessible to each other. As a result of the Oslo Accords, the West Bank is divided into area A (under Palestinian administration and control), area B (under Palestinian administration, but Israeli control), area C (under Israeli administration and control), and East Jerusalem (under Israeli administration and control). Even in area A, the Palestinian Authority is unable to provide security to Palestinians, with nightly Israeli army incursions and arrests of Palestinians a regular feature of life. Moreover, the lack of progress towards a final political solution and the continuing expansion of Israeli settlements on West Bank land have also led to the domestic weakening of the Palestinian Authority's power base.

Thus, the continuing Israeli occupation of Palestinian land and the ensuing inability of the Palestinian Authority to provide human security and a just peace to Palestinians undermine Palestinian rule of law, including the application of reform measures.

We declare that we have no conflicts of interest.

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Graphical presentation of relative measures of association

Relative measures of association, such as hazard ratio, odds ratio, and risk ratio, are often used to convey comparative information in medicine and public health. Graphical presentation of such ratios is common practice in technical papers. However, there are two crucial features that must be taken into account when presenting ratios in graphical format: (1) the baseline value for a ratio is 1; and (2) ratios are expressed on a logarithmic rather than arithmetic scale.

Szklo and Nieto¹ have nicely summarised these two conditions using three examples of ratios with values of 0.5 and 2.0 (figure). Part A uses a baseline of zero and an arithmetic scale. The visual impression given is that the risk ratio of 2.0 is four times larger than the ratio of 0.5. Part B is correct in using a baseline of 1 but wrong in using an arithmetic scale, which gives the impression that the ratio of 2.0 is twice that of the ratio 0.5. In reality, risk ratios of 2.0 and 0.5 are identical in magnitude but work in opposite directions. Part C shows the correct presentation, using a baseline of 1 and a logarithmic scale.

We reviewed the 2008 issues of several peer-reviewed general medical journals: the *British Medical Journal (BMJ)*, the *Journal of the American Medical Association (JAMA)*, *The Lancet*, and the *New England*

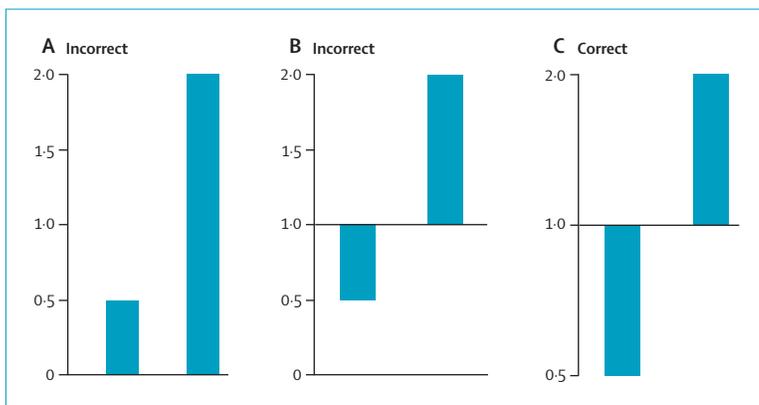


Figure: Graphical presentation of risk ratios of 0.5 and 2.0, considering baseline and scale

Journal of Medicine (NEJM). Inclusion criteria were articles (original, special, or review) that included graphical representation of any relative measure of association. There were 132 articles in total, most of which used forest plots to visualise relative measures of association. Of this total, 46 (35%) used graphs that failed to meet at least one of the above-mentioned conditions. However, there were significant differences between the four journals. Of the 29 *JAMA* articles reviewed, none failed to meet the quality criteria and all presented the data correctly. Of the 23 *BMJ* articles, four did not meet correct representation standards. On the other hand, in both *The Lancet* and the *NEJM*, more than half the articles had incorrect representation (22 of 41 articles in *The Lancet* and 20 of 39 in the *NEJM*).

As Tufte² has observed, the purpose of graphics is to “reveal data”, but they must “avoid distorting what the data have to say”. Perhaps it is time for peer-reviewed journals to include among their reviewers experts in graphical presentation alongside statisticians and epidemiologists.

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