

Dear Editor,

We have revised our paper carefully following reviewers' useful suggestions. Revised parts are in red in the text. In the present form we hope that our paper could be accepted for publication.

Reviewer #1:

Specific Comments to Authors: Overall, it is a well-written mini-review that summarized the impact of intimate partner violence on the cardiovascular health of woman victims. However, there are quite a few misspellings that need to be corrected, as listed below (part of them): Page 2, paragraph 2, first sentence: "known" - should be "known" Page 2, paragraph 4, second sentence: "contribute to create" - should be "contribute to creating or creation of " "flight-or-flight" - Should be "fight-or-flight" Page 3, paragraph 1, Thirdly - Should be "Third", to be consistent with "Second" in previous sentence. hypotesized - Should be "hypothesized" Page 3, paragraph 2, analized - Should be "analyzed" Page 5, paragraph 1, esacerbate - Should be "exacerbate" hoplessness - Should be "hopelessness" Page 6, last paragraph, resonses - Responses? Resources?

Thank you for your appreciation. Misspellings have been correted. The paper has been completely revised by a native English speaker.

Reviewer #2:

Specific Comments to Authors: 1) General diction and flow can be improved for improved readability. This critique is mutually exclusive from the content of itself but it would be appreciated.

Thank you for your comments. The text has been revised and we have improved readability.

2) There are limitations in expanding the significance of statements to fit the overall theme of the manuscript. For example, "Scott-Storey [4] developed a conceptual model to describe direct and indirect pathways by which severity of lifetime abuse (physical, sexual, psychological) may affect women's cardiovascular risk." It is hard to delienate whether the model's construct was part of the subsequent statements made or was just a singular statement to inform that Scott-Storey developed a model. If so, perhaps an edpansion delienating the model's premise, how it fits with the overall manuscript, whyit was included i the mauscript.

The model by Scott-Storey was better explained in the text.

3) The statement, "Many studies have shown the link between the cardiovascular system and depression. Depression is an independent risk factor for the development of cardiovascular diseases and contributes to a worse prognosis, further increasing the risk of mortality or subsequent cardiac events [5,6]." I can retrieve from the references the aforementioned cardiac events, but do they fall within a family of what are called "Major Adverse Cardiovascular Events" (MACE)? If so, perhaps when describing such adverse events, the term MACE can be included as it is a significant cardiovascular term with implications that may give your manuscripts significant credence to be a launching pad where further trials can define endpoints and cite this paper as the impetus or inspiration for future research in the domains that intersect with women's health and cardiovascular disease.

Thank you for this clarification. It has been added and explained in the text.

4) The header "Increased concerns about domestic violence during the COVID-19 pandemic" is a very strong topic that I believe meets a scientific as well as moral criterion for dissemination of academic content. My concern is that due to the interest in COVID-19 academic work in journal, readership my view it is of scoring "low hanging fruit" for authorship as many manuscripts including COVID-19 material subsequently reach publication. I believe the authors (and the authors are at liberty to argue against this suggestion if they have a well enough case) is that that section should be redesigned to where moments of increased isolation bring about heightened concern for opportunities for interpersonal violence, and then citing COVID-19 as a contemporary example. I understand that "COVID-19 is a once in a lifetime" moment, however, if the authors wish to keep the current format, then examples or accounts of other moments throughout history where mobility has been decreased and there has been observed cardiovascular implications. Doing so is a challenge so if examples cannot be found in the literature, I believe at least a commentary on such phenomenon should be noted.

We agree with this observation, and consider the COVID-19 pandemic as a contemporary example of increased isolation and increased risk of interpersonal violence. Some reflections have been added in the text.

5) I believe that the physiology explaining chronic stress experienced during interpersonal violence is definitely one that warrants inclusion in the author's manuscript. However, I believe that the explanations of the pathways are not rigorous enough. For example, what metabolic or neuroendocrine factors are modulated during the process of interpersonal violence? How do these affect for example vascular compliance, left ventricular hypertrophy, thrombi formation. These objective pathways help balance the plentiful "it is possible" or "could be" statements seen throughout the manuscript and I believe give it more credibility.

The mechanisms underlying physical health sequelae of interpersonal violence are very poorly understood. It has been stressed in the text and additional information have been added.

6) Can the authors explain the statement, "Besides, various studies have documented associations among violence exposures and tobacco use, alcohol use, poor dietary habits, and sedentary lifestyle, all mechanisms potentially linked to cardiovascular health." and how it relates to the title of "Interpersonal Violence: Serious Sequelae for Heart Disease in Women"? Its inclusion comes at the end of a paragraph and comes off as rather out of place. It should be deleted if no follow-up statements can be provided.

Violence has been replaced with interpersonal violence.

7) Overall, the manuscript seems to be a call for awareness or speculation heavy, without many recommendations given. The authors themselves come from esteemed backgrounds such as psychiatry, cardiology, medicine, etc. and there looks to be an opportunity for a manuscript that changes perspectives throughout the pandemic. I believe there should at least be some form of solution-based recommendations discussed. If I have missed these, please highlight them.

Solution-based recommendations have been better highlighted in the text and a figure has been added.

8) Sequelae of heart disease in general, with some exceptions (i.e, cocaine induced arrhythmia) happen over time. For example, increased sugar intake can lead to vascular changes that promote atheromas and atherosclerosis, which can rupture and cause a major adverse cardiovascular event. Such an event is unlikely to happen if I eat a slice of cake, or if I eat a slice of cake daily for a year or two (which seems to be the course duration of the pandemic). However, in well established atherosclerotic patients with type 2 diabetes mellitus who practice poor dietary habits, a retrospective audit of lifestyle can help delineate the risks in the interim. I bring about this example to suggest that the authors include some form of commentary on the importance of assessing women who are victims of interpersonal violence throughout this pandemic and what happens 5, 10, 20, etc. years from now. Such a suggestion helps lend credibility that this topic too, is an area that should be studied once this pandemic ends and we can see the longlasting impact it has created.

This has been added to the text.