Reviewer’s report

Title: Acceptance of routine inquiry for intimate partner violence: a mixed method study

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Reviewer: Natalia Lokhmatkina

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Review: ‘Acceptance of routine inquiry for intimate partner violence: a mixed method study’
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BMC Pregnancy and Childbirth
Research article

This manuscript describes a mixed method study of women’s attitudes towards asking about experience of physical and sexual intimate partner violence (IPV) during antenatal and general care. Cross-sectional survey is conducted in a convenience sample of 401 pregnant women in a university hospital in Munich.

Research questions are well defined:
1. What are pregnant women’s attitudes towards asking about IPV in antenatal and general care?
2. Which variables predict women’s acceptance of asking about IPV?
3. What are the conditions under which women would like to be asked about IPV?

However no pre specified hypotheses are stated. Overall, the study found that more than 50% of women were in favor with screening for IPV in both general and antenatal care, about third preferred case-finding approach to IPV identification, while one tenth of women responded negatively. The authors reported significantly higher positive response towards asking about IPV in antenatal care compared with general care, which is consistent with the literature. However more than one third of respondents thought that they should be asked about IPV only under certain conditions either during antenatal care or in general care. All correlates of self-reported attitudes towards asking about IPV are similar to those found in the literature. Results of quantitative interviews of seven patients who had experienced IPV were consistent with the previous findings.

The strong point of the study is a combination of qualitative and quantitative methods, which are well described. Raw data reported in tables 1 and 2. The manuscript adheres in general to the STROBE statement of reports of
observational studies. Discussion is written with reference to the study objectives. Interpretation of results considers own results, results from similar studies and other relevant studies. However it is not clear what kind of new knowledge had been gained from the study and what should be done with this knowledge. Limitations of the study are well described although it is not clear how generalisable are the study findings.

Reference list consists of 19 papers, including German studies.

The title and abstract convey what has been found, however some figures should be added to abstract.

Minor Essential Revisions

1) General comments. Authors use several terms to name two different approaches to IPV identification in clinical settings; therefore it is not easy to follow them. For instance the first method for universally asking for IPV all women is called ‘universal screening’, ‘routine screening’, ‘routine inquiry’, ‘screening’, ‘always ask for IPV’. The second method for identifying survivors of IPV by asking only those women who are presented with known risk factors is called ‘case-based screening’, ‘screening only women suspected to be most in risk’, ‘screening under certain conditions’. I would recommend give clear definition of the two methods in Introduction and use the same two terms through the manuscript for IPV screening of all women regardless of presumed risk (for instance, ‘IPV screening’ or ‘routine IPV screening’) and for asking only women with risk factors of IPV (for instance, ‘clinical inquiry’ or ‘case-finding’).

I tend to think that some clarification should be added to interpretation of the study results. Women’s answers ‘under certain conditions’ should be counted as positive response to case-finding approach rather than screening for IPV. My understanding is supported by those women’s responses to open-ended questions (Results, paragraph 5), where they list risk factors of IPV and conditions which should be met before asking about IPV.

2) Introduction. Pre specified hypothesis should be added after study objectives.

3) Methods. In paragraph 2 authors states that ‘The answer options for both questions were ‘yes’, ‘no’ and ‘under certain conditions’. For some reason women’s responses to the same questions in Table 1 are named ‘yes’, ‘no’ and ‘maybe’. This inconsistency should be resolved.

4) Results. I would suggest reporting prevalence of women’s responses to two main questions as percentage with 95% confidence intervals. Results should be connected with raw data in tables 1 and 2.

5) Discussion. The question ‘What new information on identifying IPV during pregnancy was gained from the current study?’ should be clearly answered. Finally, generalisability and practical implementations of the study results should be discussed.

6) Abstract. In Results the authors state that ‘Open-ended survey questions and
in-depth interviews showed that women preferred case-based to routinely screening for IPV'. Without figures this statement contradicts with the first sentence ‘92 percent were in favor of screening for IPV'. How many women out of 401 supported case-finding approach to IPV identification rather than universally screening?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.