Reviewer's report

Title: The comparative effectiveness of Integrated treatment for Substance abuse and Partner violence (I-StoP) and substance abuse treatment alone: A randomized controlled trial

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Reviewer: Kate Walsh

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The present study compared the effects of an integrated substance abuse-partner violence treatment to substance abuse treatment with only one session devoted to partner violence. Results indicated that both treatments were effective in reducing substance use and partner violence. The integrated treatment is more expensive to implement; thus, the authors conclude that providers should use cognitive behavioral substance abuse treatment with one session addressing partner violence to reduce both substance abuse and partner violence. The manuscript is well-written and the study is worthy of publication; however, I have some remaining concerns about the paper in its current form:

Minor Essential Revisions:

1. The abstract states that "no successful treatments for perpetrators of intimate partner violence are available, possibly due to neglecting individual differences between IPV perpetrators" and then substance use disorders are described as a potential factor. However, in the introduction, it is noted that IPV perpetration has been reduced following treatment for substance abuse. Please re-write that portion of the abstract to more accurately reflect the current state of the substance use-IPV treatment literature.

2. It seems that the prevalence of IPV was lower than expected in the current sample/study. In the methods, it would be helpful to provide more description of the inclusion and exclusion criteria. Was there an evidence-based rationale for requiring participants to have perpetrated 7 or more acts of IPV? What does "being able to follow outpatient treatment" entail? Why were individuals who were diagnosed with crack cocaine dependence excluded if cocaine was a focus of the current study? Did being excluded for receiving treatment for other mental health problems mean lifetime treatment or current treatment? (p 7)

3. Retention was a significant problem in the current study. In the discussion on page 22, it is noted that dropouts and completers did not differ with respect to pretreatment IPV perpetration, verbal IPV perpetration, inflicted injuries, days of abstinence, and substance use Z-scores. Did they differ in pre-treatment psychopathology?

4. On page 23, the authors cite as a reason for delay in treatment that "patients were doing so well they did not feel the need to come to the institution every
week. In these cases, were therapists in agreement that patients were doing so well they could skip treatment or could this actually be avoidance behavior on the part of the patient?

5. On page 25, the authors refer to this sample as "representative" of patients entering substance abuse treatment. I would refrain from using this descriptor as of the 1799 patients who completed the J-IPV, only 52 were randomized to treatment and only 19 completed; further, many were excluded from participation for reasons that are not uncommon to substance abuse treatment clientele (e.g., seeking treatment for other mental health problems, being diagnosed as heroin or crack cocaine dependent).

6. In general, are the dropout rates observed in this study similar to those found in other studies examining treatment for substance use and IPV? How do the authors think their findings might apply to other settings (e.g., court-mandated substance abuse and IPV treatment)?

Level of interest: An article of importance in its field

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