Reviewer’s report

Title: Interpersonal traumatization: What keeps survivors from seeking psychosocial help? A qualitative analysis

Version: 1 Date: 1 December 2009

Reviewer: Nicole Milburn

Reviewer's report:

- Major Compulsory Revisions

1. The paper is very relevant to the field and very interesting but is quite confusing. The model is complex and requires significantly more elaboration in the beginning.

2. The first study has not been published and therefore should not be referenced until it is accepted, and then can be referenced as ‘in press’.

3. The first study needs to be explained more thoroughly to set the scene for the current study: the study does not make sense without this background information. Information should include details of how the first study was set up, how the sample was accessed and what the questions were. If the first study is accepted for publication it still needs more elaboration in the current study, but can be referenced for fuller details.

4. Cultural factors have been included in systemic factors, but they belong in a category separate to the system. Cultural factors such as attitudes in society influence both the system and the individual but are apart from both.

5. The results from professionals is not clearly differentiated in the text from results from traumatized people.

6. There is no rationale for inclusion of the variable in the model in terms of minimal endorsement by participants e.g. “factors of the help system... were seen to influence the perceived problem on the first trajectory”— only 3 respondents endorsed this item (7% of the sample). Denial is included in the model after only 2 (4.7%) traumatized respondents and 4 (25%) of professional respondents endorsed it. Its inclusion needs to be justified.

- Minor Essential Revisions

1. The research question itself needs to be clarified. There is an important difference between the questions “what would have made it easier for you to access care” and “what stopped you from accessing care”. For example, shorter waitlists would have made it easier to access care and a waitlist itself might have stopped people from accessing care.

2. Table 1 is unclear and too long. The names of the trajectories need to be included for clarity. The way it is set out doesn’t match the description in the text.

3. A discussion of the difference between traumatized respondents’ results and
professional respondents' results would be useful as there are interesting differences (see denial example above).

4. The heading hierarchy needs to be very clear for a complex model such as this. Figure 1 could provide a very useful heading hierarchy.

5. The numbers endorsing each variable should be included in the discussion of results of each.

- Discretionary Revisions

1. The description of the inter-rater reliability procedures is unclear as to whether the two raters were blind to each other’s ratings.

2. The term ‘stage’ might be more useful than ‘trajectory’ as the model is linear and categorical.

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

**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.