Reviewer's report

Title: Domestic Violence Exposure in Slovenian Family Practice Patients and Factors Influencing the Progression from Psychological to Physical Violence A Cross-Section Violence Screening Report

Version: 1 Date: 9 February 2011

Reviewer: Bosiljka Djikanovic

Reviewer's report:

The idea of this paper is good. Exploring domestic violence and paying attention to it among family practice physicians is important. However, there are considerable methodological and conceptual issues which should be carefully addressed. Most of them are placed under the “Major Compulsory Revision”. I did it extensively and hope that authors will find them helpful. Summary of them is presented below.

- Aim of the study, its purpose, is not clear at the moment. It was screening as an intervention, or assessment of the prevalence of domestic violence, among primary healthcare patients, conducted through randomized case finding?
- The use of term “screening” is a bit problematic here. References which are cited and advocating for screening have to be updated, and carefully interpreted, especially when they are coming from the one particular environment, which is not culturally close to the one authors investigated (Slovenia).
- data are not sufficiently well elaborated for differences between female and male
- Progression from psychological to physical violence is unclear, how that progression i.e. development was identified by cross-sectional design. Regression models are not well described, as well as looking at medical records and outcomes of it.
- Please be careful do not introduce bias that domestic violence appeared only among lower socio-economic groups, as well as blaming the victims for the violence.

Major Compulsory Revision

Title
- Title is too long and it should be simplified. Judging by the title, it seems that authors wished to cover many areas which actually exceed the capacity of the one paper

Abstract

Background: There is a lack of cohesion between the first two sentences and the aim of the study. The first two sentences do not support or justify the aim of the study. After reading the first two sentences, one might expect that the screening
procedure itself was investigated, or relationship between exposure to violence and health outcomes, since you mentioned “health risks”. However, none of these actually were the aim of the study, but the prevalence of violence, and factors which contribute to the progression of violence. Last sentence in the background should be placed elsewhere, either in the method or results, along with defining what “the study period” was. Also, I suggest authors to make it clear here that both women and men were subjects of studying exposure to domestic violence.

Method: Second sentence, please use to term “screen” carefully. Which screening instrument you have used? Here it would be more appropriate to say something like “every fifth patient no meters of sex were approached for interview”. In third sentence, eligibility criteria for patients are not described at all. Was there just a criterion of “face-to-face” contact? What about patients who showed up with an accompanying person, for example, where they included as well, or not? A method for “asking to self-identify their exposure to … violence” is completely missing. Also, what is meant by “shift”?

Results: again, please make clear that both male and female were studies. What IF means?

Conclusion: the first sentence, “As the sample is representative” should be corrected, and most probably omitted, as there are no data to support that they are representative. Are there any appealing results from gender perspective? Characteristics of women / men abuse?

Background

General comment is that the background is too long. Many ideas have been listed in an inconsistent way. Fifth paragraph generally miss regular citation, and also updated reference and novel knowledge. A common mistake is incorrect interpretation of the term “screening”. Also, the use of some other terms was inappropriate. Specific comments are given below:

1. Third paragraph, second sentence: it is unclear what is meant by “period 2000-2007” and which comparison i.e. baseline year was used to report that victims of crime grew for 95%.

2. Third paragraph, third sentence: it is unclear who were those 2,700 victims of domestic violence: children, women, or men. If possible please specify them, that is very important as they have different patterns and genesis of domestic violence.

3. Fifth paragraph: first sentence miss the reference. I suggest you to have a look on Macmillan et al, (2009) published in JAMA, Nelson et al (2004), published in Annals of Internal Medicine. These are key references when it comes to the screening on DV in healthcare settings. For time being they are missing in the rest of the text as well. In addition, please be careful with terminology. You wrote “violence is a health problem” which is actually, incorrect interpretation. Violence cause health problems, or underlines them, and is a public health problem to deal with, but to say just health problem is incorrect. Also, please replace your reference under the [5] with some more recent, those suggested above would be fine.
4. Fifth paragraph, third sentence also miss the reference for statement “… so violence screening which focuses only on specific categories is regarded as less effective”.

5. Fifth paragraph, fourth sentence is unclear since the statement “Universal violence screening in primary health care has been found to be of the most effective” miss the comparison. For whom/what/in comparison to what or why it is found the most effective? And what is meant by effectiveness in this context? Another important remark: please be careful with the using the term “screening” in this context and do not misinterpret it. Throughout the paper (at least in the Background part) it is not clearly distinguished between the meaning of “screening” and “case finding”, for example.

6. Seventh paragraph is a bit problematic. Cited references, 4, 16 and 17, are coming from different settings, which are, probably, incomparable. Settings are very relevant for the context of violence, it would be very nice to inform from which country these data are. In addition, please avoid mentioning percentages of “screened” patients and percentage of physicians who are “doing screening regularly” in the same sentence, since these are two types of information and made it unclear.

7. Eight paragraph, it remains unclear and not justified why prevalence of DV among population of primary health care patients is important? Isn’t knowing prevalence rate of DV in general population sufficient? If not, why not? By the way, what is the prevalence rate of DV in general population in Slovenia? Among female, and among male? Again, please distinguish between men and female and children, it is still unclear what do you mean by “domestic violence victims”. If too complicated, then please keep focused on one of above categories.

8. Eight paragraph, you stated that “The authors analyzed the patients’ willingness to disclose possible experiences…” but following sentence actually presents disclosure rates (yes/no DV), not their willingness (yes DV/no DV/unwilling to reply). Furthermore, did you have a mean to assess “false negative” or “true negative” responses of those who did not disclose violence? Please be careful with choosing the word “willingness”, and what I suggest authors here is to just avoid that term in this particular context.

9. Ninth paragraph, first sentence: please make it clear about which population you are talking about: general one, or population of the patients in primary healthcare settings.

10. Ninth paragraph, second sentence: you mentioned the survey. Please describe it briefly, otherwise provide a reference where more data on this method could be found.

11. Tenth paragraph, at the end, you mentioned references under the number 2, 3, 20. Please be aware that the context matters. You cited the reference from Egypt which might not be relevant for Slovenia.

12. Twelve paragraph, first sentence miss the reference. Screening method and its three ways are not described clearly neither were in a relationship with the formulated research question.
Methods

Participant
1. First paragraph, first sentence: the information about the number of centers (multi-centre study) is missing. Please add it.
2. Second sentence: the information on how family medicine practices were selected is missing. Please add it and explain.
3. Third sentence: Were there any other inclusion criteria, apart from face-to-face contacts?
4. Last sentence: What is considered by “purely administrative reasons”? Please explain.

Procedure
5. First sentence: you wrote “…screening as the most effective” [9,21]. It is not clear for what the screening is the most effective. References should be updated as well.
6. What is the relationship between the way of posing questions and “increased likelihood of victims’ self-identification”? What is meant by that, it is not clear.
7. The question about coerced sexual intercourse, how it was formulated? Currently, that information is also missing.
8. What is meant by the “negative response to this question”? Does it mean that none of the participants disclosed sexual abuse? At the moment it is unclear.
9. Second paragraph, first sentence: please consider replacing the word “affirmative” with some more appropriate word.
10. Third paragraph, but relevant for the other paragraphs as well: did you consider multiple perpetrators and how did you deal with it in presenting findings? Also, ethical recommendations for conducting researchers on domestic violence are not mentioned throughout the manuscript.
11. Fourth paragraph, first sentence: what is meant by recognition of violence? Please be careful here and do not introduce bias that DV is exclusively spread among families with the lower socio-economic status (SES).

Measures
12. The first sentences should be actually placed earlier at the Method part.
13. Second sentence: Again, please avoid biases, physicians should have noted down all SES, not just those of lower.
14. Second paragraph: I suggest authors to make a separate subheading, for Data Analysis. Please explain what is meant by “shift from psychological violence to physical violence”. Please explain how you did the modeling. Currently, they are very insufficiently described in the manuscript.

Results
1. Subheading is too long.
2. What was the response rate, an average number of respondents per physicians (optionally)?

3. Second paragraph: please do not repeat data presented in the table. In addition, it is unclear how percentages in the brackets are calculated.

4. Table 1: I suggest authors to rearrange the order of the columns, for the sake of logic and better understanding, and also to allow for the overlap between these two types of violence. So I would suggest you the following order: All participants; No violence, Yes violence (make this on, currently it is missing); Psychological violence; Physical violence.

5. You wrote “There were no statistically significant differences in marital status.” But it is not clear for what, among which groups?

6. Table 2: Please exclude the first column (No violence), as there is no need for it, these data provided just persons who disclosed violence. Regarding perpetrators: it seems that you have not allowed for the multiple perpetrators. Please explain why. Also, please consider presenting statistical differences in the table, since they are already calculated.

7. Subheading Factors Influencing the Progression…, second sentence: Please clarify what is meant by “correctly identified physical violence”. Table 3 is not clear and it is difficult to analyze findings.

8. Last paragraph within this subheading is also unclear.

9. Subheading The strongest Predictors of a Progression…: again, I is not clear at all how progression was identified.

Discussion

1. In the first sentence “progression” is mentioned again. It has to be clarified throughout the manuscript. And in second sentence, it is again unclear how cross-sectional method allowed to assess pre- and after- violence exposure.

2. Please discuss prevalence in the context of gender (male / female, do not present these data together, because domestic violence and its types are highly correlated to gender.

3. Please update (replace) reference [26] with Garcia-Moreno (2006), published in The Lancet. Current reference 26 doesn’t correspond to the statement you made. Also, please do not compare results from your study which was conducted in healthcare settings, with those conducted in the general population, since study populations are not equivalent. Alternatively, you can compare them but be explicit about the limitations of that comparison.

4. In the third paragraph, please check the p value you indicated (p=0.070), as it is inconsistent with what was presented in the table, within results.

5. Inherited from the unclear method and description of the statistical modeling, your statement that “people exposed to violence were younger and had experienced more, i.e. at least one, divorce” requires clarification and unbiased report. Did you control the model for the respondents ‘age? In addition, what is your explanation of the relationship between divorce and exposure to violence?
Please reflect on the method you used, which limited you to have more data and to interpret these findings thoroughly.

6. Please be very careful with statement such as “We assume that there was a group of “provocative” victims who were first exposed to psychological violence and then….”. Even though “provocative” you put under the quotations, the way it is written now sounds like blaming the victim for violence, which is completely unacceptable and unethical. Make sure you avoided it. Further in the text, it is also unclear what is meant by “In particular, it is insufficiently examined or accepted that women can be the pathogenic agent of abuse” Please change the wording as how it is unacceptable how it sound now.

7. Further in the text you mentioned that your “findings are based on a representative sample of family practice attendees in Slovenia”. Please avoid mentioning it was representative, as you did not provide data which will prove it (data on, at least, gender and age of population who are visiting general practice). Random selection you employed (every fifth patient) still does not need to yield representative sample.

8. Third sentence from the end , it is not clear what is meant by “Systematic disclosure”? and how it can yield the benefit for the patients?

Discretionary Revisions

Background

1. Second paragraph, last sentence: mentioning “which included also the use of physical force” is redundant, in the context of sexual violence. I would suggest starting the sentence with something like: “In addition to physical violence, more than…… experienced sexual violence as well”.

2. Fourth paragraph: please consider replacing “murder” with “femicid”

3. Fourth paragraph: please make a difference between direct (injuries: cuts, bruises, fractures) and indirect health consequences (gastrointestinal disorders, chronic pain, gynecological disorders etc). For physicians this difference is essential!

Results

1. Figure 1: the meaning of four yes-no combinations on x axis should be within the figure as well, not just at the text.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.