Reviewer's report

Title: Mobilizing knowledge on intimate partner violence and child maltreatment: An integrative review

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Reviewer: jose ruben parra-cardona

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Major Compulsory Revisions
This is a truly valuable addition to the public health literature as it constitutes a comprehensive review linking research knowledge to practice. I commend the authors for their efforts and the work is relevant and sets an important precedence with regards to what has been achieved in the field and remaining challenges.

Having stated this, there are two major issues that need to be addressed. First, in order for this manuscript to have a global reach, the authors must cite in their literature review the most relevant scholarship on implementation science as that is an area that continues to expand, and although it has not impacted the IPV field as much as the CM field, at least in the US, important federal initiatives are being launched to promote implementation science scholarship and programming. The reference below is a useful source. The authors do not need to present an exhaustive review of IS scholarship but they can certainly to acknowledge the rapid development of this applied scholarship and its synergy with the scholarship presented in this paper.


Equally important is to address the issue of health disparities and lack of attention to cultural adaptation issues with regards to diverse and minority populations in the current review. The authors could address this issue by expanding their literature review, as well as the details of their results and discussion. Although the authors face the challenge of page limitations, addressing this issue is critical. It is well documented that lack of cultural sensitivity and attention to issues of diversity can lead to neglect and abuse of health care recipients. For example, health care providers trained in IPV models without attention to issues of diversity may inadvertently embrace "a one size fits all" approach. The fact that a large proportion of ethnic minorities do not benefit from IPV and CM best practices refer to the lack of attention to these issues. I would not expect the authors to fully revamp their analyses and discussion as this is already a good paper. However, adding attention to health disparities issues in all sections of the paper is necessary in order for this paper to offer a comprehensive contribution to the literature.
The following article represent a very valuable resource with regards to cultural adaptation as a key alternative to address health disparities through implementation research:


Finally, the model would benefit from brief examples of practice in real world situations. For example, the way health practitioners would implement this model with middle-income Euro-American IPV survivors would have important differences than implementing it with low-income Latin American IPV survivors. Again, I am well aware of page limitations but with some specific examples of application, the authors could bring to the readers' attention the importance of health disparities issues, which is not explicit enough in the authors' model (figure 2). Otherwise, the way in which the mode is currently presented runs the risk of being applied as a "one size fits all" framework.

Minor essential revisions
none

Discretionary revisions
none

**Level of interest:** An article of outstanding merit and interest 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