Reviewer's report

Title: Factors influencing identification of and response to intimate partner violence: a survey of physicians and nurses

Version: 1 Date: 11 October 2006

Reviewer: Amy Bonomi

Reviewer's report:

This is a well written and relevant paper for advancing the science (and art) of intimate partner violence prevention. The primary objectives were to identify barriers and facilitators to routine inquiry regarding intimate partner violence in medical practice and to evaluate factors that influence the barriers and facilitators. I have some suggestions for the authors to consider:

1) The introduction and discussion would benefit from a more systematic review of other studies and papers that have addressed IPV screening barriers and facilitators reported by medical professionals. The three papers that come immediately to mind are as follows:

   For the introduction, what will your study address that these prior studies haven't? For the discussion, what does your study add above and beyond what these other studies found? There may be other studies since these and I suggest that the authors attempt to identify and cover these in their paper.

2) It would be beneficial to readers if you provided a brief description (even in parentheses) about what Scott's Directories are.

3) I'd like more description of the questionnaire development and administration process. How did the investigators decide on their final list of 43 questions? What did the practice scenario with “Carol” comprise? Were the questions that followed the hypothetical scenario describing the situation with Carol asking respondents to say what they would do in response to Carol, or in response to IPV as it “typically presents” in medical practice?

4) Methods --- I would move your description of how you examined construct validity from the results section to the methods section. When I first read the methods, I was scratching my head about how you actually examined construct validity. It wasn’t until I got the results that I was able to see what you did.

5) Methods --- on page 8, if eigenvalues exceeded one and the scree plot suggested more than one factor, how did you reallocate questionnaire items to different scales?

6) Methods --- why did you use forward regression (versus standard regression where all blocks were entered simultaneously), and with the forward regression how did you decide on the order blocks would be entered?

7) Methods --- in the paragraph describing the regression methods on page 8, it would be useful if you clarified that the question “have you ever had to call the police due to a disclosure” meant had they called police for a disclosure in clinical practice. I'm assuming that's what you mean, yes? Please clarify this on page 9 as well. It might not hurt to also remind readers on the bottom of page 9 that “personal experience with IPV” means their own individual experience or family or friend with experience.

8) Results --- your finding on page 10 that physicians were more likely to initiate the topic of IPV, particularly if they work in the emergency department seems to get at an underlying dilemma with people’s interpretations of abuse in Canada and the U.S. Docs, for example, are trained (and/or come to learn by societal reinforcements?) to associate injuries and other acute trauma with abuse. However, what about the large proportion of depressed women presenting in primary care practice who are experiencing underlying abuse? Are they being screened at similar rates? Likely not. No need to do anything here. I'm merely commenting.

9) Results --- also on page 10, it was encouraging that you found that docs who practiced for less than 10
years were more likely to ask about IPV than docs with 10 or more years of practice. It seems we may be doing an increasingly better job in medical schools to prompt physicians in training to screen for IPV ...?

10) Results --- page 10, which two items could you not assign to the eight constructs and why? Related to this, on page 11, I didn’t understand the sentence: “the constructs for the two previously problematic statements became clearer.” Please clarify.

11) Results --- I would move the descriptions of the eight constructs from page 11 to page 10 as follows “study investigators initially identified eight constructs: ENTER CONSTRUCTS HERE.”

12) Results --- second paragraph on page 11, I’d start by saying “as noted in Table 4, seven of the eight scales demonstrated acceptable internal consistency required for group comparisons.” Follow it by a brief sentence about the scale with the lowest alpha. You should also note that the scale with the lowest alpha of 0.59 comprised 3 items. Alpha naturally decreases with decreasing numbers of items within a scale. So it’s not that surprising that you might see a lower alpha with this scale. Also of note, some of the most well validated scales have a subscale here and there with lower internal consistency values (i.e., below 0.70). However, the developers have chosen to retain all items within the subscales because they represent important conceptual dimensions.

13) Results --- on page 12, I don’t think you need to capitalize Violence Against Women. Also, you use many different terms to refer to violence against women in your paper. Did you use the term “intimate partner violence” in any of the survey questions? If not, why?

14) Discussion --- page 16, you suggest that your findings “enhance and extend those of previous studies that have examined clinician attitudes and practices specific to IPV identification and intervention” yet you don’t provide references. Please do. Also, please note my earlier comment that you consider a more comprehensive review other studies that examined these issues. What does your study add?

15) Discussion --- page 18, last paragraph, you say “further studies using models that examine self-efficacy are warranted.” Could you provide a couple of examples?

16) In general, the paper could be shortened by a quarter. I realize I am saying this while also suggesting that you add more detail. However, I think it can be relatively easily done.

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.