Reviewer's report

Title: The training needs of emergency service personnel about intimate partner violence

Version: 1 Date: 24 April 2007

Reviewer: Megan Bair-Merritt

Reviewer's report:

General
This article describes a survey conducted in Turkey with Emergency Medical Service personnel, including physicians and nurses, to determine their attitudes about, knowledge of and experiences with intimate partner violence (IPV). This work is important as prevalence of IPV is often higher in emergency departments than in the greater population, making this setting an important site for screening and intervention.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

General comments
1. The authors state in the background that little research exists regarding health care providers' knowledge and attitudes about IPV. Actually, there are many papers surveying health care providers about IPV (a few of which are listed below, though there are many others):

This being said, however, I do not know of any papers examining Turkish health care providers' views about IPV in particular. I think that, from the perspective of international health, the authors could make an argument about how this work adds perspective re: screening/attitudes about IPV in Turkey (placing screening, rates of IPV, attitudes and laws about IPV in a cultural context).

2. It would behoove the authors to have someone who is fluent in English proof-read, and re-write, the text as there are numerous problems with the grammar throughout the manuscript.

Abstract
It is preferable to use complete sentences.

Results section
This section needs to be re-written to make it more understandable.
1. To help the reader, include a sentence about 7 components of the survey.
2. The sentence "In four categories of definition of violence....." needs to be clarified- unclear what “higher scores to phrases about violence means. Difference in gender how?
3. Abstract should stand alone, and “knowledge score” is unclear.

Conclusions section
1. The authors say that “attention must be given to the legal aspects....." Within the abstract, this is the first mention of anything related to the law and should be clarified.

Background
1. As described in the general comments, I think that what might be interesting is consideration of and focus on IPV in Turkey. What is the incidence and prevalence in Turkey? In some states in the United States, health care providers are mandated reporters of IPV. Is this true in Turkey as well? The authors could discuss that health care providers in general play an essential role in screening for and intervening
with IPV, and that barriers (worldwide) exist to implementing this type of screening; then could go on to
discuss IPV as public health problem in Turkey, as with other countries, health care providers are on the
front lines but there may be some unique barriers, etc. Information about training in graduate programs in
Turkey should be included here and not as the last two sentences in the introduction (last sentences should
be your study objectives).

Some of this cultural context is given in the Discussion, but I would frame the paper around this, introducing
it and familiarizing the reader in the Background section.

Methods
1. I am unclear what the sentence “the coverage was 80.5%” means. Totaling the numbers the authors
provided, 215 providers were eligible to participate. Did the authors approach all 215? How was the survey
administered? Was it sent to participants, handed to them in person? This has some bearing on the
anonymity (or perceived anonymity) of the survey, which influences results.

2. The authors should be commended on their work to assure that the survey had good face validity
(consulting with experts in the field). Was the survey pilot tested on health care providers prior to
administration?

3. The authors should provide significantly more information on how they scored the survey as this has
bearing on its interpretation. For example, how did the 42 statements with responses on a 5-point Likert
scale for “knowledge of definition of IPV” standardize to “ten?” What do “higher scores” indicate (greater
agreement)? Include that each of the 7 sections was scored separately, etc

For the knowledge of clinical findings and knowledge of legal aspects, was it pre-determined what would be
an “acceptable” score (indicating sufficient knowledge of the clinical presentation and legal aspects of IPV)?
The authors later refer to “low” scores, but this does not have any context.

Results
1. What percentage of the 215 eligible health care providers completed the survey?

2. As stated in the Methods section, need to establish that higher scores for definition of IPV indicated
greater agreement with statements, such that respondents were more likely to agree that these statements
met the definition of violence.

Clarify second paragraph in section on definition of IPV - both men and women were more likely to identify
acts of sexual violence as IPV, less likely to identify emotional abuse as IPV. Not sure what the authors
mean by females giving higher scores to phrases about severity of violence.

3. Tables- Many of these can be combined. Do not need to put t-test “score.” P-value should not be reportec
as 0.00 but <0.001.

4. For the clinical findings and legal procedure section:
• Authors state that knowledge was “low” with regard to clinical appearance- how did they determine what
“low” was/means? Rather than putting a subjective judgment, better to make factual statements (on
average, participants answered only 60% of questions correctly…..)
• Legal section would be easier to follow and interpret if the authors had, in the intro, described in one or twc
sentences what the legal procedure is in Turkey for women disclosing IPV in a health care setting.

5. The authors talk about the open-ended questions about barriers to IPV screening, stating that the
responses fell into four categories. This is, in essence, qualitative data analysis. How did the authors arrive
upon these categories? Was there more than one author reading them for coding purposes with discussion
about agreement on the themes that emerged? These methodological questions should be addressed in
the methods section.

Discussion
1. The first paragraph should provide a comprehensive summary of the paper’s important findings
(something like “This cross-sectional survey of Turkish emergency services physicians and nurses found
that the majority believed their prior training was insufficient……etc). I think that the most interesting
findings are the large percentage of health care providers who felt IPV was justified in certain
circumstances, and the lack of training.

2. In the second paragraph, the authors state that “the study group had misjudgments about women’s
socioeconomic and cultural status.” In the US, while IPV cuts across socioeconomic and racial/ethnic borders, a good body of literature documents that rates are higher in poor women. Again, this may be different in Turkey, but if so, this needs to be discussed with good citations.

3. Also in the second paragraph, the authors discuss how 69% of women and 84.7% of men “accepted at least one reason to justify physical violence.” They then proceed to discuss how “deceiving the husband” is taboo in Turkey. It might be interesting in the analyses to determine, of those giving only reason to justify IPV, what % were positive for this question.

4. The authors state that there was no difference between physicians’ and nurses’ knowledge and that this might be due to low number in the nurses group. This does not make sense statistically.

5. Limitations section needs to be expanded. Limitations on a survey designed by the authors include lack of documented reliability and validity; may have social desirability bias in answers to survey.

Conclusions
1. Wording needs work- this is not a prevalent study so cannot really say that “violence towards women partners is not very rare,” but instead that majority of health care providers have come into contact with an abused woman, few feel they have sufficient training and many have underlying biases about the role of the woman in causing the violence.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Background
1. The authors state that “At the same time, it is also important how they define violence in order to determine the causal relationship between symptoms and types of violence especially for psychosomatic complaints.” I am not totally sure the point that the authors are making, but care should be taken when using “causal relationship,” as, from an epidemiology perspective, a significant amount (and certain types) of evidence are needed to establish a “causal relationship.”

Methods
1. Unclear what “pre-coded” questionnaire means.

Results
1. Would be helpful to the reader if the results of each of the 7 categories of questions asked (definition of IPV, clinical findings) were ordered in the same way as Table 1.

2. Clarify the sentence “The 63.9% of the study group during their routine interviews with injured patients included questions about IPV, but only……” Do the authors mean that 63.9% asked sometimes with injured patients, but only 25.5% asked every time?

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited

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