Reviewer's report

Title: Disclosing Intimate Partner Violence to Health Care Clinicians- What A Difference The Setting Makes: a qualitative study

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Reviewer: Megan Bair-Merritt

Reviewer's report:

In this manuscript, the authors use qualitative methods to describe abused women’s encounters with health care providers across specialties. This work represents an important contribution to the field as few papers have addressed potential harms of screening.

Major Compulsory Revisions

1. Introduction- I think that a large part of the significance and relevance of this work is the authors’ questioning about, and investigation into, potential harms of screening. The most recent United States Preventive Service Task Force guidelines state that there is insufficient evidence either for or against routine IPV screening. In part, this conclusion was based on the dearth of empirical evidence regarding potential harms of screening. I think that the manuscript would be much stronger if the authors discussed this in the introduction and used the USPSTF report to highlight up-front the importance of their work.

2. Introduction- While qualitative and quantitative research clearly differs with regard to hypothesis testing, I think that it might be helpful for the authors to discuss in their introduction some of the underlying theory regarding why “specialty of care” might related to outcomes of disclosure.

3. Methods- About what period of time did the interviewers ask participants about their encounters with health care providers (over her lifetime? Since the abuse started? Health care encounters over the past 5 years?)

4. Methods- It would be helpful for the authors to clarify somewhat the difference between non-disclosure and discovery (ie it seems that non-disclosure may involve a clinician screening for IPV and the woman not disclosing. How is this different from the participant perceiving the clinician knew about the abuse but not disclosing? (Did the latter involve more discussion about IPV whereas the former just involved screening?)

5. Results- I am concerned, and somewhat confused, about the number of encounters that were excluded; the authors need to be much more explicit about their reasons for excluding 103/185 encounters. Specifically, the authors state that “82 encounters were excluded because there was not enough of any single specialty; 31 were excluded because they were unrelated to abuse....” The authors pooled primary care visits; what does “not enough of any single specialty” then mean? (Seems strange that amongst all of these, some could not be grouped into an additional category like sub-specialists, surgeons, etc?). What
does “31 excluded because they were unrelated to the abuse” mean, as the authors asked about “encounters with health care clinicians both related and unrelated to the abusive relationship.” Information from a routine physical of an abused woman is interesting even if not directly related to the abuse (assuming the provider did not ask about the abuse, how did the woman feel about this interaction; was the patient-provider relationship hindered because of this silence about the “elephant in the room?”).

Minor Compulsory Revisions

1. Introduction- The third paragraph of the introduction is confusing as written. In particular, the first sentence states “However, studies to date have not shown that screening interventions make a significant impact on case-finding…..” The authors then state “The success of screening interventions tends to be measured in number of disclosures rather than in improvement of the survivor’s overall condition.” Certainly, there are many papers out there in which authors report that asking about IPV leads to higher rates of disclosure than “usual care” in which providers do not routinely screen. I think that revising this first sentence might help to clarify.

2. Introduction- It would be useful for the authors (in the introduction and/or discussion) to refer to work done by Barbara Gerbert in this area (such as Gerbert B, Johnston K, Caspers N, Bleecker T, Woods A, Rosenbaum A. Experiences of battered women in health care settings: a qualitative study. Women’s Health; 1996 24(3): 1-17.)

3. The authors refer to Figures, but there were no figures included on the pdf.

4. Results- page 9- While the quotes are great, I am not sure that the quote in the middle of page 9 (“I felt kinda stupid that day….”) well-represents the authors point about lack of an emotional connection with the clinician.

5. Results- also on page 9, the sentence “The lack of communication on issues related to IPV…..” would be clearer if modified to something more specific like “The lack of communication on follow-up/intervention/outcomes of IPV discussions…..”

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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.