Reviewer’s report

Title: Intimate partner violence against women in rural Vietnam: different socio-demographic factors are associated with different forms of violence. Need for new intervention guidelines?

Version: 1 Date: 12 June 2007

Reviewer: Amy Bonomi

Reviewer’s report:

I appreciate having had the opportunity to read and comment on this important and interesting population-based study describing the prevalence of intimate partner violence (IPV) and risk factors for lifetime and past year IPV in rural Vietnamese women. The authors suggest that no prior quantitative studies have examined the extent of IPV in rural Vietnam—a problem given the compromised status of women and the high potential for violence against women in this country. The strengths of the study include: the focus on an important but understudied issue in Vietnamese women; the large random sample; the use of validated instruments and methods to assess IPV; consideration of the social and historical contexts for the study of IPV in Vietnam; the examination of numerous overlapping types and severity of IPV; and the inclusion of factors related to women and their husbands/partners. The manuscript would benefit from the following revisions:

1) Editing – the manuscript as a whole could benefit from editing. The methods section describing the IPV measures and the results section as a whole stuck out at me as most in need of editing, although there were other sections that could benefit from tightening. Because the manuscript did not include line numbers, it is hard for me to refer to specifics. Please also shorten the titles of your tables.
2) Introduction – in the first paragraph, the authors suggest that few studies have examined how different types of IPV relate to each other. There are in fact several U.S. studies that have examined the overlap between IPV types. I know of two that the authors might consider: Thompson RS et al. American Journal of Preventive Medicine 2006; Nicolaidis C et al. J General Internal Medicine 2004. There may be others but I am not entirely up to date on this literature.
3) Methods – I’d prefer that you use the term prevalence rather than risks since it seems you are estimating prevalence – the proportion of the population with IPV.
4) Methods – Please say more about your sampling methods. How many women were identified as eligible for the study? What proportion agreed to participate? What was the refusal rate? Were there some women who started the interview but didn’t complete it? If your response rate was low, could it be that the most severely abused women were left out of your study because they were afraid to participate or their husbands/partners wouldn’t allow them to participate? This is a common criticism of population-based surveys involving IPV. Please see Johnson: Patriarchal terrorism and common couple violence: two forms of violence against women. Journal of Marriage and the Family 1995;57:283-294.
5) Methods – on what was your power calculation based? Achieving tight confidence intervals around the prevalence estimates, or being able to detect stable significant risks for IPV occurrence?
6) Methods – what does “given informed consent” mean? This sounds coercive, though I suspect you did not intend for it to sound coercive. Do you mean women gave their consent? Verbally or written?
7) Methods – Why did you combine physical and sexual IPV? These are two very distinct forms of violence, with potentially different causal pathways. My guess is that you combined them because you had a small sample size for sexual IPV. If your sample size permits, please separate these two forms of violence and conduct the risk factor analysis for each type.
8) Methods – your sentence describing the definition of lifetime violence is confusing. It reads as if you are included only violence that occurred in the past 12 months. Please revise.
9) Methods – your paper would benefit from theoretical support for your choice of independent variables. Related to this, why did you choose to use stepwise regression rather than entering variables that you feel are theoretically (rather than empirically) related to IPV?
10) Methods – why did you dichotomize your independent variables?
11) Methods – if most of your sample comprised unskilled laborers and farmers, what does the educational construct actually represent? It seems to me that it is not linked to prestige, as it may be in more affluent areas.
12) Results – on what grounds are you suggesting that sexual IPV may be underreported? First, this commentary should appear in the discussion rather than the results. Second, how do you know that sexual violence is being underreported? Do you have support from other studies that suggest this might be the case? Do you believe sexual violence is the only type of violence that may be underreported here?
13) Results, Table 2 – please consider putting the main categories of moderate and severe physical violence above the individual level forms of violence. So your table would go something like this:

Physical IPV
Moderate (give estimate)
Slapping, etc.
.... Etc.
Severe (give estimate)
Kicked, etc.
....

14) Results, Tables 3a & 3b – please consider adding section headings that clearly delineate “lifetime IPV risk” and “past year IPV risk” and also change your tables so that the reader sees lifetime IPV risk first (physical/sexual and psychological) and then past year IPV risk (physical/sexual and psychological). In other words, Table 3a would present lifetime IPV (phys/sex and psych) and Table 3b would present past year IPV (phys/sex and psych). Your text describing these results would flow accordingly.

15) Discussion – Your discussion of the case/control issues is confusing. I’m not sure what to recommend here.

16) Discussion – is there such a thing as “accurate assessment” of IPV?

17) Discussion – on what grounds do you believe that women in this sample are under-reporting and not over-reporting violence?

18) Conclusion – the authors give short shrift to what can be done about IPV in rural Vietnam. In light of the social and historical context of Vietnam, how might the usual recommendations for addressing IPV (e.g., screening, referral) require modification to meet the needs of women and families in those communities?

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.