Reviewer's report

Title: Patterns, aetiology and risk factors of intimate partner violence-related injuries to head, neck and face in Chinese women: A retrospective study

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Reviewer: N. Zoe Hilton

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REVIEW

This 21 page manuscript describes in some details the location and means of head neck and face injuries in female victims of intimate partner violence in Hong Kong emergency rooms. There is some interesting detail that may be of value to clinical practice.

1. The question posed by the authors is not well defined. They raise the question of comparing Chinese and Caucasian victims but they cannot actually accomplish this comparison in their study. The literature to which the present results are compared includes ethnically diverse samples, not just Caucasian women. Some research has also compared IPV and non-IPV injuries, which is an advance over the present study. Therefore, I recommend that the authors identify a unique aspect of their study that answers a question that needs addressing in the literature and provide a strong rationale on that basis.

2. The methods seem appropriate but more description is required. Please clarify whether the 223 eligible cases were identified from one or both of the databases. Please provide an indication of the inter-rater reliability of the coding tool. Please say more about the shortcomings of the accuracy and integrity of the data abstracted - this should be raised in the method section. Please provide the rationale for selecting the Injury Severity Scale, give some example items and the scoring procedure, and state its psychometric properties. Please describe the data discrepancies and how they were resolved. Please provide a stronger rationale for the data analysis plan, and explain how the regression analysis accounts for causal (as opposed to merely contiguous) relationships among variables.

3. The data results are very detailed and may be informative to the medical profession.

4. The figure has interesting information but it is rather busy and making comparisons across categories is not easy. Consider collapsing across the four HNF areas. The most important results from Table 2 are already in the test of the results section and the table can be deleted. Consider dichotomizing some of the variables analyzed (Tables 3 and 4); e.g., ever married to perpetrator (yes, no), punched with fist (yes, no). Consider including both orbital regions in the upper third of the head.

5. The discussion says little about the main question raised in the introduction;
please expand, and discuss the implications for clinical practice and cultural competence. The reference to natural selection requires introduction earlier in the manuscript and detail as to how it explains staying in an abusive relationship - or cut this part of the discussion. Some limitations in the discussion should be raised in the method or results; i.e., missing values, other data problems. I would like to see the discussion open with a full summary of the results followed by clinical implications. On p. 11, it is a bit misleading to say the data were collected from women's self-reports, as they were obtained from archival data, based on clinical assessments. If clinical assessments do not include a thorough examination of all (not just self-reported) injuries among women who identify themselves as IPV victims, this is an opportunity to recommend that such assessments be improved.

6. The limitations are clearly stated. I would like to see discussion of research implications stemming from both the current findings and the limitations.

7. The authors acknowledge previous work but they do not fully detail it or characterize the samples correctly (e.g., referring to the literature as relevant only to Caucasian victims). I would like to see a statement that the present study participants were not also in the authors' previously published work (or an appropriate acknowledgement if any of the participants were).

8. The abstract and title accurately convey what has been found. The abstract's concluding statement, however, does not follow from what has been reported. To state that knowledge of PIV injuries is important to early identification requires that IPV injuries are unique, in comparison to non-IPV injuries.

9. The writing is acceptable and generally clear.

Other comments:
- On p.3, please provide more recent evidence in addition to the WHO (2002) reference.
- On p. 3, please place the health care costs comment in the context of a particular country or economy
- On p. 3, please provide references to support the assertions that Chinese women are unwilling to disclose, use placating, and use normalizing.
- On p. 4, please say that IPV victims presented with injuries, instead of the IPV-related injuries presenting.
- On p.5, please provide a rationale for studying admission dates, times, treatments, and discharge.
- On p.6 what is the purpose of reference 16?
- On p. 7 what is the possible range of ISS scores?
- Consider a figure illustrating the human head and indicating which injuries were received in each location.
- On p.12 please refer to the literature on IPV screening and recent works concluding that universal screening is not helpful.

Revisions I would consider major and necessary include a stronger rationale,
more details of data problems in the method section, and a measure of inter-rater reliability between the data coders in this study. I believe, though, that attention to all the above comments will help the manuscript make a stronger contribution to the existing literature.

END OF REVIEW