Reviewer's report

Title: Barriers among Danish women and general practitioners to raising the issue of intimate partner violence in general practice: a qualitative study

Version: 3 Date: 1 August 2013

Reviewer: Sylvie Lo Fo Wong

Reviewer's report:

Major compulsory revision of the entire manuscript.

Overall comment: A good start for a study on IPV in Denmark, however the findings in this study are not new. It is clear that the researchers did not study all most relevant articles about this topic. Studies from the Netherlands with a similar primary healthcare setting are missing. This manuscript needs complete rewriting and a major revision. Some suggestions here below:

Abstract:
The abstract is too extensive. Shortening the text is highly needed and replace the first sentence of the results to the conclusions. Moreover the structure of the abstract is not appropriate and should be revised according to the changes in the main text.

Background:
No explanation for why general practitioners are studied. I can understand why, however it should be made clear in the introduction as a rationale for this study. Relevant references regarding healthcare utilisation/cost are missing which gives a superficial impression of the study. (Lo Fo Wong, BJGP 2007 Prosman, Fam Pract 2012 [1, 2],) The authors have omitted recent studies in the Netherlands. Important references about what women expect and value in doctors communication and how doctors communicate about this issue are also lacking. Reference 10 is not appropriate for the text on how women feel. It is a screening and prevalence study.

Routine inquiry and screening are mixed up. The research question is not explicitly described. Text about the WEAVE study should be placed in the discussion, when comparing own findings and suggesting new studies.

Methods
Qualitative studies are about theory building, not necessary to call it exploratory. Nu information is given on the number of GP’s that were contacted. What is the response? No information on their practice setting: poor area’s or wealthy? Urban or rural etc. The methods paragraph is not well structured. 2nd sentence on grounded theory should be placed in the analysis paragraph.

Recruitment of respondents is reported messy. Some of the information has to be placed in the results. Why did the researchers did not choose for a GP focus group? Was it initially meant to have a focus group? 3 GP’s are just too few for
such a study. What can we expect regarding saturation? Bias is also a problem.

Analysis: how the interviews and group discussion are analysed should be put in
the exact order. You start with transcribing, next reading, next comes the coding
scheme and discussion and next final themes are formulated.: qualitative coding.
Again: findings on GP’s are mixed up in this section and should be placed in the
results.

Results

Start with description of study group and compare with general population/ GP
population when possible. Summary of the findings/themes may be placed in the
beginning of this section however they are not used in the following as subtitles.
This makes the results too unclear and disorderly, which is a pity for so much
labour. The use of names is not needed, numbers or abbreviations are also
common. Reporting per group is possible however use the main findings/themes
for this group.

Too much interpretation and discussion in the results, please divide both. Do not
compare own findings to the literature in the results. This is found on page 15 to
21.

The results section should be totally restructured and all comparing should be
placed in the discussion.

Discussion

Again not all relevant studies are mentioned. As Lo Fo Wong (2006)[3] also
found a considerable result for training and communication on IPV by GP’s. [4]
What women want, expect is largely studied although few is found in the
references. Studies from Chang[5, 6]

A very important study: Ramsay’s systematic review on the extreme low baseline
recognition is not mentioned by the author.[7] Why did they omit these references
also in the discussion? It would have helped to place the study in the perspective
of what is already known and what this study might have added.

Discussion section should be completely re structured and rewritten.

Suggested references:

1. Lo Fo Wong, S., et al., Utilisation of health care by women who have suffered
abuse: a descriptive study on medical records in family practice. Br J Gen Pract.,
2. Prosman, G.-J., et al., Healthcare utilization by abused women: A case control
3. Lo Fo Wong, S., et al., Increased awareness of intimate partner abuse after
4. Lo Fo Wong, S.H., et al., Discussing partner abuse: does doctor's gender really
5. Chang, J.C., et al., Asking about intimate partner violence: advice from female

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

**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.

**Declaration of competing interests:**

I declare that I have no competing interests.