Reviewer’s report

Title: The economic benefits of reducing intimate partner violence: an Australian example

Version: 2  Date: 22 December 2014

Reviewer: AliceAnn Crandall

Reviewer’s report:

The study “The economic benefits of reducing intimate partner violence: an Australian example” examines what the economic savings (including household, leisure, and health production) would be if IPV against women in Australia were reduced from 27% to 22%. Given local and global prevalence rates of IPV, the topic is important from both a policy and research perspective. The focus on societal benefits rather than solely on costs is a refreshing perspective and useful for public health policy makers. Additionally, accounting for household and leisure time production was a strength to this study. The fact that IPV is not measured in the national surveys used is a major drawback of the study; while psychological distress was used as a proxy, it is not clear that this is an acceptable approximate of IPV, and thus the results and conclusions are questionable without further justification of using psychological distress as a proxy.

Major Compulsory Revisions

(1) The authors conclude that using psychological distress as a proxy was justified because psychological conditions “contribute most (74%) of the disease and injury burden associated with IPV.” However, it is not equally true that those with IPV comprise the majority of psychological distress conditions. The use of this proxy measure contains tenuous assumptions which are not addressed in this paper. How similar are women with psychological conditions who have experienced IPV to those with psychological conditions but who have not experienced IPV? Are those with psychological conditions more likely to experience IPV in the first place? If so, a woman who ceases to experience IPV (but who has lifetime exposure) may not necessarily experience a change in psychological distress levels (as assumed on page 8). Given the tenuous assumptions of this proxy measure, it is not clear to me that the results are really very reflective of those who have lifetime exposure to IPV.

(2) The authors define IPV on page 4 at the beginning of the background section, however, they do not define how IPV was measured in the description of the estimates used for the current study. Please explain how IPV was measured/defined in the 2003 Burden of Disease data (e.g. physical, sexual, psychological, and/or economic IPV).

Minor Essential Revisions

(3) On page 5 in the Background section the authors point out that various
methods have been used to capture the costs of IPV. What methods were used in prior studies, what were their strengths and limitations, and how does this current study builds on those methods (aside from focusing on the costs savings rather than just the costs)?

(4) In several places in the paper (including the abstract, Methods, and Discussion sections) the authors allude to reducing IPV by 5%. This phrasing is a little confusing – from other sections of the paper I gather that this means a reduction by 5 percentage points. However, one could also surmise that by reducing IPV from 27% to 22% this is actually an 18.5% reduction in IPV prevalence.

(5) There are a few editing errors throughout the paper, particularly in the Background section. For example, on page 4 “alternate definitions include…” should probably read “alternate terminology includes…” and also on page 4 in the bottom paragraph “standardized” is misspelled.

(6) In tables 2 and 3, why do some results include confidence intervals but others do not?

Discretionary Revisions

(7) I’m not sure that figures 1 and 2 are necessary. Additionally, figures 2 and 3 are redundant and one should be dropped – figure 3 seems to tell a bigger story so it may make more sense to keep that figure.

In summary, this topic is an interesting contribution to the literature that would be useful for policy makers in particular. The study makes a case for investing in programs that will reduce IPV prevalence. Further justification of the appropriateness of psychological conditions as a proxy for IPV is essential in order to interpret whether some of the results are a reflection on what would happen if IPV prevalence were reduced or if they reflect what the cost savings would be if psychological conditions were reduced.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests