Reviewer's report

Title: Developing a programme theory to explain how primary health care teams learn to respond to intimate partner violence: A realist case-study

Version: 4
Date: 30 October 2014

Reviewer: Angela Taft

Reviewer's report:

Overall this article now reads more clearly than it did originally and I think it should be published. However there are paragraphs which could be made clearer and I note these below.

Discretionary but recommended revisions

1. I am satisfied with the explanation given for the choice of LV as a purposive case to understand what works in one setting (although more than one case study – compare and contrast-is more enlightening in a CS approach). The additional paragraph is helpful. Reasons why the ‘women’s malaise’ approach – other than being a strategy used at LV- will be important to test in further studies- see my point below about Balint groups. Noting that you did not explore why others did not use it as a limitation is a critical one. The micro-to-micro section and the influence of committed providers on some others is useful. My problem is also that you say this is part of a larger evaluation. It would be useful to understand where this fits in. This may be helpful.

2. The final section about PT 2 where you include the mechanisms/interventions e.g. protocols and guidelines and then immediately qualify them as limited in implementation is only more confusing. You need to separate the ideal from the actual. The following paragraph is confused and confusing because again you are talking about how the example works and does not work in the same sentence. Your final paragraph about the role of personal attributes is fine.

3. Your additional explanations about how Murcia has implemented a case-finding-not a screening approach is helpful. The role of the IPV coordinator is underplayed as an important role?

4. You have added much useful information and a new paragraph about the purpose of your observations. However you state that you learnt ‘consultation dynamics’ and ‘how the women malaise approach looked during consultation’ but did not observe the consultations? I find these statements confusing.

5. The explanations about the role of the malaise group and who they are is much clearer. I am aware of other groups such as these – in Australia there have been Balint psychosocial groups of family doctors who meet to talk and support each other. The point is here is to separate whether the support aspect of the group is important in IPV work or is ‘women’s malaise’ critical in some way. Do
you think that gender as a critical characteristic is allowed better visibility in such an approach. More theorising may be helpful.

**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'