Reviewer’s report

Title: Maternal and child health nurse screening and care for mothers experiencing domestic violence (MOVE): a cluster randomised trial.

Version: 2 Date: 22 March 2015

Reviewer: Pat O’Campo

Reviewer’s report:

1. Is the question posed by the authors new and well defined?
   Yes, well defined.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
   Mostly sufficient, however a few comments apply as follows:
   consider citing more of them in the Introduction.

   It is helpful to hear about how the intervention was designed and the extensive processes and resources put in place to come up with the new model. While this may be beyond the scope of the paper, it would be helpful to hear how the designers of the program used the comprehensive review of the literature. The literature is replete with information on programs that are poor examples of IPV screening in health care settings and very few successful interventions exist as exemplars. How was this information used to inform their intervention design?

   Perhaps the authors might provide a little more information in the MOVE intervention section on the checklist. By self-completion does that mean completion by the mother (which is suggested by text in the discussion)? If so then how are the DV questions asked as those are undertaken face to face? Also, it is suggested that the checklist helps nurses with various tasks (e.g., safety planning) so clarification on the role of the checklist (or checklists if there is more than one) and w

   Smaller points of clarification in the methods:
   The relationship between team and centre should be clarified. Are teams located within Centres or do they cut across Centres? Perhaps describe the organization of an MCH team.

   Clarify what MOSAIC is and why MOVE is ideally located within that trial.

   Clarify what disadvantaged suburbs means. Are these economically deprived neighbourhoods?

   The Tables should have more complete titles with dates, location, study name (i.e., MOVE), etc.
On page 10 the authors note that they were seeking a # of 0.80. However I suspect that they mean a # of 0.20 or a 1-# of 0.80. Please clarify. Also, is the outcome increase in disclosure and if so what is the baseline disclosure rate? The baseline prevalence is provided but it is not clear if that is the same as the baseline disclosure rate.

3. Are the data sound and well controlled?
Yes, with the usual caveats for data collected via multiple sources.

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
Table titles should be revised as mentioned earlier.

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes with the exceptions of the issues raised earlier. Also, some of the statements and supporting literature should be updated. For example, there has been recent reversals of the US Preventive Task Force who now recommend screening for IPV for women of childbearing age. This development might be added to the citations by Wrathen et al which are the only citations provided when describing the controversy on this issue. For the rest of the Introduction, the pattern of citation appears too selective. For example, there is recent a systematic scoping review talking about why the information on the link between screening and referral is poor which is not cited. Also, there are at least half a dozen or more systematic reviews on screening and the authors should consider citing more of them in the Introduction.

6. Are the discussion and conclusions well balanced and adequately supported by the data?
Yes, other issues could be raised. For example, it is too bad that the authors do not use some of their process data in this paper to help explain what about the intervention helped with increasing safety planning. Knowing whether an intervention worked is limited if we do not also know why it worked. Might the authors be able to use some process data to help explain why safety planning was increased over the comparison group? Also, is there any process data to help understand why more screening did not happen, esp in relation to the use of the checklists?

7. Do the title and abstract accurately convey what has been found?
Yes

8. Is the writing acceptable?
Yes
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It is not clear whether and what parts of this intervention might be considered for use in other MCH nurse or other health care settings in general. The authors suggest that generalizability is limited because of the unique training component. If this approach is not generalizable then it makes the reporting of this experience less relevant for the field. Perhaps the authors might discuss what aspects of this trail are generalizable. Moreover, the field is moving toward greater use of technology to screen to overcome frequently named barriers to screening, especially in relation to provider barriers (e.g., comfort with screening or time). How do these new developments relate to this particular intervention and how it might move to its next iteration? It is helpful to hear about how the intervention was designed and the extensive processes and resources put in place to come up with the new model. While this may be beyond the scope of the paper, it would be helpful to hear how the designers of the program used the comprehensive review of the literature. The literature is replete with information on programs that are poor examples of IPV screening in health care settings and very few successful interventions exist as exemplars. How was this information used to inform their intervention design?

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**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