

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Occurrence and impact of negative behaviour, including domestic violence and abuse, in men attending UK primary care health clinics: a cross-sectional survey
AUTHORS	Hester, Marianne; Ferrari, Giulia; Jones, Sue; Williamson, Emma; Bacchus, Loraine; Peters, Tim; Feder, Gene

VERSION 1 - REVIEW

REVIEWER	Gunilla Krantz Uninversity of Gothenburg The Sahlgrenska Academy Dept of Public Health and Community Medicine Sweden
REVIEW RETURNED	17-Jan-2015

GENERAL COMMENTS	<p>This is a very well performed study. My comments are very few and includes only minor clarifications. The ms can be accepted and my few commetns are in the file attached. It needs not be seen by me again.</p> <p>The reviewer also provided a marked copy with detailed comments. Please contact the publisher for full information about it.</p>
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REVIEWER	Sylvie Lo Fo Wong Radboud University Medical Centre, The Netherlands
REVIEW RETURNED	03-Feb-2015

GENERAL COMMENTS	<p>Overall comments: an important manuscript although this study has some weaknesses.</p> <p>Introduction Overall good description of the problem and rationale of the research question. Page 3 l.14 Especially research in primary care is lacking. Perpetrators of DVA are largely studied in forensic psychiatry.</p> <p>Method: The definition of domestic violence and abuse is a very broad one. page 4 l.15 The biggest problem is that by using this broad definition and translating it into the 4-item questionnaire, the study found results that "might be construed as DVA", as they say in the method section line 15. So it remains problematic to distinguish exactly between 'common couple violence', 'intimate partner violence' and 'violence/abuse by any other family member' and the context in</p>
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	<p>which the negative behaviour or abuse/violence took place. Although the research group tried to tackle this with additional questions on whether the participant had experienced the behaviours from any other than a partner, this questionnaire produces answers on negative behaviours only. In the title the findings are translated into DVA which I do not agree with.</p> <p>Another question: why did the research group ignore the fact that there are good intimate partner violence scales with good psychometric measurements, used in exactly the same conditions in waiting room surveys among female participants only, e.g. the CAS. The Composite Abuse Scale (CAS) is a 30-item instrument taking the context of the behaviours into account. Of course it had to be adapted to male participants and pretested.</p> <p>There are gender neutral screening instruments (HITS Hit-Insult-Threaten-Scream instrument, PVS Partner Violence Screen) which are used and studied both in female and male study populations and give more accurate measures of DVA experiences. Both can be used to study victim and perpetrator.</p> <p>Results Very acceptable response rate among eligible men in primary care. However the lack of homosexual respondents is a bias. Page 5 l.43 the description of table 2 is too unclear. Of course this is the result of studying both someone's negative behavior or experience with. Page 6 l.39 remove (details available from the authors) also elsewhere.</p> <p>Discussion Page 8 l.18 'It is difficult to distinguish' between all sorts of behaviours, again represents the weakness of the questionnaire. With this type of study design it will remain impossible to find out how respondents perceive the distinct behaviours and their relationship. Again better instruments do exist to study this issue. In the light of these comments I suggest to change the title. The study rendered results on negative behaviours and impact on mental health. Domestic violence and abuse are part of these behaviours. Tables and references: no comments</p>
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VERSION 1 – AUTHOR RESPONSE

The revisions have been made on a marked copy of the manuscript using tracked changes.

The comments from reviewer Gunilla Krantz have been answered as follows:

p 2 line 4 - changed to 'To measure the experience and perpetration of negative behaviour, including domestic violence and abuse (DVA)'

p 2 line 19 - we have added '(feeling frightened, physically hurt, forced sex, ask permission)'

p 2 line 49-50 - The explanation regarding who is eligible is provided on page 4, under 'study population'

p 6 line 25 - has been changed to 'Being frightened or causing fright'

In addition, all numbers at the beginning of sentences have been changed to words, and the word 'depression' has been added to the heading for Table 5.

The comments from reviewer Dr Sylvie Lo Fo Wong have been answered as follows:

METHOD

Definition of DVA - we have changed the introduction to make clear that the definition outlined is the UK Government definition. We have pointed out (second sentence in Introduction) that this can be

misleading and estimates of DVA prevalence should also take into account context, severity and impact.

Changing the title – the title of the paper has been changed to include negative behaviour rather than merely DVA, and now reads as follows: 'Occurrence and impact of negative behaviour, including domestic violence and abuse, in men attending UK primary care health clinics: a cross-sectional survey.'

Using another scale – The survey we administered to men in general practices involved two parts. In Part Two we included a detailed scale, of the type that the reviewer suggests, based on questions from the CTS2, COHSAR and CAS scales. However, as we were concerned that men would not have time to answer such a detailed set of questions while waiting to be seen by a clinician, we also developed a briefer set of screening questions in Part One, derived from the detailed scale, and which are sufficient to stand on their own. In this paper we report on the responses from the men who answered the screening questions in Part One, which constitutes the largest sample. Analysis of Part Two is in progress and will enable comparison of Part One questions with the detailed scales, but that is outside the scope of this paper.

RESULTS

Lack of homosexual respondents in the sample – this has already been pointed out in point three in the list of limitations, and mentioned in the section concerning limitations in the manuscript. However, for emphasis, a new sentence has been added to point three as follows: 'While the preponderance of heterosexual respondents in the sample is a bias, the numbers of gay or bisexual men attending primary care practices is not known.'

page 5 line 43 - we have clarified the paragraph as follows: Table 2 reports the experience and perpetration of negative behaviours from and against a partner for three groups: those men who only experienced, those who only perpetrated, and those who both experienced and perpetrated the behaviour, as well as the reporting of any negative behaviours in the last 12 months.

(Details available from the authors) – this phrase has been deleted throughout.

DISCUSSION

change of title – the title of the paper has been changed, see above under METHOD

VERSION 2 – REVIEW

REVIEWER	Sylvie Lo Fo Wong Radboud University Medical Centre, Department Primary & Community Care/ Gender & Women's Health, The Netherlands
REVIEW RETURNED	23-Mar-2015

GENERAL COMMENTS	The authors answered satisfactorily.
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