Reviewer's report

**Title:** Actor-partner effects associated with experiencing intimate partner violence or coercion among male couples enrolled in an HIV prevention trial

**Version:** 1  **Date:** 10 June 2013

**Reviewer:** Katie Edwards

**Reviewer's report:**

Thank you for the opportunity to review "Actor-partner effects associated with experiencing intimate partner violence or coercion among male couples enrolled in an HIV prevention trial" submitted for publication to BMC Public Health. The manuscript was generally well-written and reports data on a critically important and timely topic. Below I list a number of suggestions—divided into discretionary revisions, minor essential revisions, and major compulsory revisions—that I believe would improve the manuscript.

**Discretionary Revisions**

1. The supplementary appendices seem unnecessary and in general there were too many details about the analyses.
2. Minor typographical errors and at times colloquial writing that if corrected would improve overall readability and sophistication of the paper.
3. **DISCUSSION:** Consider mentioning some hypothesized reasons (e.g., money) why an abuser might coerce his partner to participate in research. I kept wondering this throughout the paper.

**Minor Essential Revisions**

4. **ABSTRACT:** Briefly define APIM, even if just in a phrase
5. **BACKGROUND:** give examples of "subgroups" (1st paragraph)
6. **BACKGROUND:** Consider including new national prevalence data from NISVS on IPV among LGB individuals. This is more recent than NVAW data. See: http://www.cdc.gov/violenceprevention/nisvs/specialreports.html
7. **BACKGROUND:** The paragraph beginning with "A limited number of cross-sectional studies have identified factors" would be improved if previous research was more integrated. Rather than listing sentence after sentence a different study, the authors should integrate main findings across different studies.
8. **BACKGROUND:** Define serostatus the first time it is mentioned in the paper.
9. **METHODS:** Please include information about the socioeconomic status of the sample.
10. **METHODS:** What exactly does "couples in which either partner reported these exclusionary criteria were informed, without explanation, that they would..."
receive individual testing in the study" mean? Who was tested together? What was the rationale for separate versus individual testing (e.g., safety?), and rationale for no explanation? This is confusing and should be clarified and justified.

11. METHODS: Why was a single item used rather than the entire CTS2?

12. METHODS: "There is no meaningful way to distinguish outcomes between individual members of the dyad" - what does this mean?

13. RESULTS: Descriptions of grouping races is confusing. Throughout the paper it appears as if the variable was Black/African American compared to All other Races, but in other places (p. 11), Caucasian/White appears to be the reference group? Please clarify. Along these lines, the authors' state race analyses, but they never indicate (until Table 1) how many people of the different races are included in the study.

14. RESULTS: Why are the authors using p<0.1 for their cutoffs? This seems like the authors did not find anything at the p<0.05 level, so they went more generous. Please clarify and justify.

15. DISCUSSION. The section on screening tools and support service development seems loosely connected to the current study’s findings. Either more directly connect or eliminate from the paper. Along these lines, I thought the Discussion could be generally improved if there were more direct connections between study findings and research/intervention implications.

Major Compulsory Revisions

16. A significant weakness of the paper is the lack of theoretical underpinning connecting IPV, MSM dyads, and HIV prevention. In the BACKGROUND section of the paper, the authors discuss HIV and MSM and also IPV and MSM but never connect the three of these phenomena together, which is needed. What is the importance of studying IPV within the context of HIV prevention among MSM?

17. In the BACKGROUND section, the authors review coercion in relationships more broadly, but in the METHOD it becomes clear they only assessed research participation coercion. This should be introduced in the introduction and another reason the specific aims and study variables should be integrated into a more cohesive conceptual framework.

18. More on the APIM is needed in the BACKGROUND section of the paper. Exactly how has it been used with other health outcomes? Why is the APIM important for MSM, HIV, and IPV? I think stating WHY and HOW the APIM could be useful to inform research, theory, practice, etc. is more convincing than just stating it has not been studied regarding IPV among MSM.

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
Declaration of competing interests:
I declare that I have no competing interests.