**Reviewer’s report**

**Title:** Mental Health, Sexual Identity, and Interpersonal Violence: Findings from the Australian Longitudinal Women's Health Study

**Version:** 0  **Date:** 15 Jan 2017

**Reviewer:** James Morandini

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The present study was based on a secondary analysis of data on young women from the Australian Longitudinal Study on Women's Health, examining the link between sexual identity, interpersonal violence, and mental health outcomes in mostly heterosexual, bisexual, and lesbian women. Key findings were that, controlling for demographics, mostly heterosexual and bisexual women were significantly more likely to report physical, sexual, and emotional abuse than exclusively heterosexual women; mostly heterosexual women were more likely to report severe physical abuse and being in a violent relationship in the past 3 years, and all sexual minority women were 2-3 times more likely to have experience harassment. Bisexual women reported higher levels of adverse mental health outcomes than all other groups. IPV predicted poorer mental health in lesbian and bisexual women. This manuscript makes an important contribution to the literature - in particular in examining IPV and mental health in mostly heterosexual women (a group typically overlooked in the sexual minority literature).

Below I suggest some minor issues to be addressed:

1) A clear operational definition of IPV is needed in the opening paragraphs. It is not until the description of measures in methods that the authors are explicit in exactly what they mean by IPV.

2) IPV is measured based on 5 items reflecting distinct domains (physical, severe physical, emotional, sexual, harassment). Is there a literature supporting IPV as constituting these specific domains, and could this info be incorporated into the introduction and/or description of measures in the methods.

3) Was the Anxiety Symptoms measure a single item? Need to clarify.

4) No info on the internal consistency of the Mental Health Index in methods - although IC is included for other measures.

5) Table 3: Emotional violence - replace "---" with "***"

6) Fifth paragraph of discussion: The authors may wish speculate as to why IPV fully explains increased mental health issues in lesbians, but not bisexual or mainly heterosexual women. What additional factors may explain elevated MH in bisexual/mainly heterosexual women (after
controlling for IPV). Social isolation? Lack of community connectedness? Individual difference variables (personality factors) which may be linked to both bisexual/mainly heterosexual identification and MH outcomes? Obviously this will need to framed in a way which does not pathologise non-monosexual women - but need to provide some potential explanations for your findings.

7) Check paragraph 3 - You state that greater reported violent relationships in mainly heterosexual/bisexual women may be explained by the fact that their partners are more likely to be male - but then in the next sentence, provide evidence with of similar rates of IPV in same-sex and opposite partners. I think your original assertion seems defensible based on the data you provide, and cross-cultural data of sex differences in violent behaviour generally (and in sexual relationships generally). Moreover - your sentence on rates of IPV in same-sex and opposite-sex relationship is not convincing - you don't clarify whether these studies are comparing male AND female same-sex vs. opposite-sex relationships, or just comparing within gender. If the former, it seems possible that the male-male relationships are driving this effect. Again, obviously this is a politically sensitive topic - so I understand the motivation to tread carefully. Nevertheless, I don't think this should come at the expense of providing a clear potential account of your data.

8) Examination of coefficients of the link between type of IPV and MH (Table 3), show that "emotional violence" is by far the strongest predictor of MH outcomes. This also looks to be the most subjective component of IPV measured (i.e., the others tend to reference specific, time-limited objective events, whereas being "bullied" or "critizied" involve a strong evaluative component on behalf of the respondent). It might be worth mentioning this issue of causation in the discussion - i.e., it might be that emotional violence leads to MH outcomes, but also, that those with elevated MH difficulties, may also perceive more emotional violence (thus explaining why this facet is so strongly linked to MH outcomes relevant to other facets measured).

9) A potential discussion point also may be whether it is reasonable to assume that mainly heterosexual women experience the same type/severity of minority stress as faced by bisexual or lesbian women. At this point exactly who adopts this label and why - is still poorly understood. As you indicate - without data collected on sexual behaviour (past or present), it's unclear whether "mainly heterosexual" women in your sample simply represent otherwise heterosexual women who acknowledge the potential to be attracted to women (or are open-minded to the potential of such attraction in the future) in the absence of past/present behaviour or even intention to act on this attraction. Whether increased MH difficulties in this group (relative to exclusive heterosexuels) can be explained by > sexual minority stress is still unclear.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

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I am able to assess the statistics

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