Dear Reviewer,

Thank you for reviewing our paper. We were delighted to read your comments. Please find our responses to your review below. We have included your review and our comments are in red.

It was a pleasure to read and have a chance to review this Commentary Paper; I hope that its publication provides an avenue to encourage a very important discussion on how we understand, consider, and respond to family members at risk for mental health difficulties related to interpersonal violence. Overall, I felt this was a well-written and thoughtful paper which highlighted critical ways in which we as clinicians and researchers do, and do not, consider context and relationships in mental health diagnosis. I particularly applaud the consideration of the DC:0-5 diagnostic system in this review, as it often does not receive the emphasis that it deserves, even amongst practitioners who work with infants and young children (at least in my country). I appreciated the honest commentary about the challenges in each of the diagnostic systems, particularly related to inconsistent terminology, the emphasis on pathology over causality, and the lack of appreciation that violence within a family can be both a symptom of a mental health problem for one person and a risk factor for individuals within that family – especially for its youngest and its most vulnerable members.

I was surprised that the authors did not choose to make any significant comment on the benefits, potential or otherwise, of the use of a multiaxial diagnostic system in considering relationships and context in individual pathology. Particularly in light of the fact that DSM had comprised a multiaxial system in its previous iteration. A 5-axis system seems to be a particular strength of the DC:0-5, even though domestic violence is not particularly highlighted among the list of psychosocial stressors in Axis IV. This approach seems to, by any means, support the diagnostician to consider risk factors and impacts within the family.

This has been added:

Line 345-347 - The use of a multi-axial diagnostic system can assist the reader in considering the context around the individual rather than just focusing on the pathology.

I had a few very minor comments for the writers to consider which I hope might strengthen their work. Specifically:

Line 114 – I’m wondering if you meant the word “warring” as opposed to “waring”

Yes- Corrected – thank you.

Table 1 – in the section related to “Trauma’ and Stressor-Related Disorders/Post Traumatic Stress Disorder” there is an additional ii) instead of a iii)

Thank you- corrected.
Lines 230 to 234 – I appreciate the intent for parallel structure with the repeated use of the word “different”, a word which is also repeated in the following sentence; however, I found the reading of this section to be awkward. Perhaps you could consider an edit.

This has been changed: Lines 257 -259 - When completing the review of the text it was noted that the Risk and Prognostic Factors Section was not the same for different diagnostic categories with assorted terminology used, distinct focuses and varying depth of description.

Lines 443 to 444 – the Psychosocial and Environmental Stressors checklist does appear within the main text related to Axis IV and not in an appendix/addendum.

This has been changed

Line 471-473 - Despite this, references to domestic violence were concentrated in the Psychosocial and Environmental Stressor Checklist

Line 447 – I believe there may be a word missing (“for” perhaps).

Now added – thank you.

In summary, during my initial read of this commentary, I wondered the authors had expectations that these mental health diagnostic systems (particularly DSM and ICD) should be more than they ever intended to be; however, the thoughtful and persuasive arguments helped me to understand that as clinicians and researchers, we should expect and demand that our diagnostic systems take into account the most recent available evidence about the impact of family violence, not only on the individuals with mental health difficulties, but on the people who share their environments and lives. I will look forward to seeing this commentary published.

Kind regards,

Dr Wendy Bunston, Dr Candice Franich-Ray, Ms Sara Tatlow