

36956-Response to Reviewer #1

1. This is an interesting study showing that patients with visual impairments have a lower life satisfaction and feelings of self-efficacy along with a high risk of having been bullied. However, the manuscript needs the following amendments: The manuscript needs a minor revision for typos and grammatical errors.

Response: We thank the reviewer for the comment. Revisions have been made throughout the manuscript in order to improve grammar and readability.

2. Please explain in a clear fashion that this is not a national epidemiological study since the association you mention do not include all Norwegian patients with VI.

Response: We agree with the reviewer that this is not a representative survey of people with VI. The Norwegian Association of the Blind and Partially Sighted is the only interest organization for people with VI in Norway. Based on available data (Bertelsen et al., 2013; Buch et al., 2004; Statistics Norway, 2017), we expect that 80,000–160,000 Norwegian adults have a diagnosis of VI, representing 6–13% of the members of the Norwegian Association of the Blind and Partially Sighted (The Norwegian Association of the Blind and Partially Sighted, u.d.). However, we do not have any information on whether members of the organization differ from the total population of people with VI in terms of bullying and psychosocial outcomes. We are discussing the issue of representativeness in the limitation part of the ‘Discussion’ section, on page 13.

Bertelsen G, Erke MG, von Hanno T, Mathiesen EB, Peto T, Sjølie AK, et al. The Tromsø Eye Study: study design, methodology and results on visual acuity and refractive errors. *Acta Ophthalmologica*. 2013;91(7):635–42.

Pascolini D, Mariotti SP. Global estimates of visual impairment: 2010. *British Journal of*

Ophthalmology. 2012;96(5):614–8.

Statistics Norway. Helseforhold, Levekårsundersøkelsen [Health conditions, The Welfare Survey] [Internet]. Oslo & Kongsvinger: Statistisk sentralbyrå [cited 2017 Jan 18].

Available from:

<https://www.ssb.no/statistikkbanken/SelectTable/hovedtabellHjem.asp?KortNavnWeb=helseforhold&CMSSubjectArea=helse&StatVariant=&PLanguage=0&checked=true>.

The Norwegian Association of the Blind and Partially Sighted. Om Blindeforbundet [About the Norwegian Association of the Blind and Partially Sighted] u.d. Available from: <https://www.blindeforbundet.no/om-blindeforbundet>.

3. Please explain how do you understand the high non-response rate? Does it affect your results? Patients with VI who didn't respond might be less aware of this dimension in their life. In addition, you have a high non-response rate at the age-interval 66 years and above. Could this finding affect the association of bullying with lower age.

Response: We agree with the reviewer that survey non-response may have influenced the frequencies of sociodemographic factors, VI characteristics, and bullying. We therefore decided to include the following sentences to the limitation part in the 'Discussion' section, on page 13:

Third, we had limited information about the non-responders and do not know how non-responding might have influenced our results. Advance information contained general descriptions of topics such as coping with traumatic events, mental health and wellbeing, and did not specifically pinpoint bullying. Thus, we think it is less likely that prevalence

estimates of bullying were biased by participations' motivation to share their history of being bullied. Also, we believe that bias in sample selection more likely may have affected the prevalence estimates of socioeconomic factors or VI characteristics and to lesser extent their associations to bullying (44, 45).

When it comes to the argument of high non-response rates, we have a somewhat different opinion on this issue. In a review including 1607 studies from organizational research literature, Barouch and Holton (2008) found an average response rate of 53% (standard deviation: 20.4) from data collected at an individual level and 36% (standard deviation: 18.8) from data collected at an organizational level. Based on these findings, we think that our response rate was sufficient compared with what has been demonstrated in previous studies.

4. Please discuss the recall bias you might have had especially with the elderly.

Response: We thank the reviewer for pointing out the possible limitation due to recall bias. To discuss the possible impact of recall bias, the following information was added to the limitation part in the 'Discussion' section, on page 13:

Second, the use of self-reports may have affected the accuracy of the estimates, and could lead to information biases like disclosure bias and recall bias. The possible impact of recall bias may have been greatest in the oldest participants, reflecting the low rates of bullying in this age group.

5. Please explain if you have weighted your finding after having determined the response rate since you have selected a sample that differed from the initial objectives by the fact that it contained more women, etc. (maybe a comparison between the parameters of the desired sample and the selected sample may help).

Response: We thank the reviewer for the comment, and we agree that the study sample may have differed from the source population. However, we do not know the true gender distribution of visual impairment in the source population. We were therefore not able to obtain unbiased prevalence estimates by performing sampling weights or standardization.

Nevertheless, the somewhat higher percentage of women in the sample is not surprising as the risk of visual impairment increases substantially with age (Pascollini & Mariotti, 2012), and women tend to live longer than men.

6. Please add a visual representation of your main data that help the reader seeing your major results (for ex bullying frequency by age groups, self-efficacy and life satisfaction in the population that has been bullied as compared to those who have not).

Response: We are happy to include mean scores of self-efficacy and life satisfaction, and the information has been added to Table 3. We hope that the included information is helpful for the reader when appraising the study results.

Data on bullying frequency within strata of age, gender, and other covariates are shown in Table 2.

Response to Reviewer #2

Dear authors, I only have a few comments on your manuscript: Discussion - Key findings - the 3rd line from above: There should be "per cent" instead of "present". In my opinion, your manuscript is well done. Best regards The reviewer

Response: We appreciate Reviewer #2's positive feedback. We have made the revision as suggested by the reviewer.