Author’s response to reviews

Title: Acceptance of sexual minorities, discrimination, social capital and health and well-being: a cross-European study among members of same-sex and opposite-sex couples.

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Author’s response to reviews: see over
Dear editor,

We would like to thank the reviewers for their valuable feedback on the manuscript. We took all feedback into careful consideration. We paid good attention to the new and previous comments of prof. De Wit. We further integrated the theories of minority stress and social capital and tried to make clearer how we hypothesize their relationship. Furthermore, we hired a manuscript editing company for improving the style of written English and to further clarify the expression.

Point-by-point response to the reviewers’ comments (in red):

**Reviewer:** Bianca Fileborn  
**Reviewer's report:**

The revisions made by the authors have substantially improved the quality and clarity of the paper overall. I'm satisfied with the changes made in response to the specific comments that I made.

I did note a few minor grammatical issues that should be addressed:

Lines 42, 56 & 69: change 'has' to 'have'

Changed accordingly

Line 47: delete 'but'

Changed accordingly

Line 72: replace 'since' with 'for'

Changed accordingly

Line 75: add 'the' before 'socio-cultural level'

Changed accordingly

Line 79: 'level' instead of 'levels'

Changed accordingly

The authors should conduct another round of proof-reading and
Thank you for this feedback. We changed the grammar according to your comments. Furthermore, we hired an editing agency to further correct the grammar and clarify the written expression.

**Reviewer:** John de Wit  
**Reviewer's report:**

In reading the paper I was mostly surprised by the lack of identifiable substantial revisions in response to my earlier comments. Having re-read the paper, I believe that all my comments regarding lack of theoretical integration and lack of analytical clarity remain.

We carefully looked at this comment and further integrated the theories of ‘social capital’ and ‘minority stress’. We see them as complementary and it’s part of this study to research if they do interact and are actually complementary. We further clarified this in the background section, the hypothesis and research aims. The most prominent part in which we focus in further on this theoretical integration can be found in the introduction:

“Given the minority stress model, discrimination toward sexual minorities on the socio-cultural level, i.e., low LGB acceptance, is likely to have an effect on the intensity of all stressors, as noted by Meyer (2007). Discrimination may lower the ability of LGB individuals to participate in social activities, which leads to increased social exclusion. Furthermore, discrimination may hamper the accessibility of stress-ameliorating social support. In the social sciences, the availability and accessibility of social support have been conceptualized in the theory of social capital. Social capital is commonly used in relation to social inclusion, participation and support. A higher level of social capital, and access to it, has been associated with elevated population health and psychological well-being [17-19]. Two basic elements are often used in most definitions of social
capital: a structural component and a cognitive component [17]. The structural component is described as the extent to which societies are formally linked and their members are actively involved in social activities [17]. This element may serve as a bridge for deviations between groups (bridging) or within groups (bonding), leading potentially to social inclusion [17,20,21]. The cognitive component captures common societal perceptions and trust between persons within a community based on shared values, attitudes and beliefs [17,20]. It is common to refer to the cognitive component of social capital as social trust when studying its effects on health. In analyses using structural equation models to describe determinants of health, social trust was found to explain up to 58% of the total variance in mortality rates across states in the United States [22,23]. Consistent with the theory of social capital and minority stress, one can hypothesize that low LGB acceptance may lead to the exclusion of LGB individuals from social neighborhood communities and dominant majority groups, lower levels of social trust and support among LGB groups, and lower accessibility of social capital. These processes cumulatively result in greater minority stress and health disparities when LGB individuals are compared with opposite-sex-attracted individuals.”

Also, the writing requires careful editing.

We hired an editing agency to further correct the grammar and clarify the written expression.

Thank you for considering the manuscript. Looking forward to your reaction.

With kind regards,

Arjan van der Star and Richard Bänström