Reviewer’s report

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

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Reviewer: Bianca Fileborn

Reviewer’s report:

Firstly, I would like to acknowledge that in this article the authors address a very important topic that should be published on. However, as my comments below indicate, I believe that the article requires significant revisions in order to be publishable.

I would also like to note that my background is as a qualitative researcher. This has limited my ability to comment on the quantitative data analysis undertaken by the authors, and both the authors and editors should keep this in mind, particularly in regards to ensuring the quality and rigor of the data analysis.

Major Compulsory Revisions

My major concern with this paper as it stands is that the claim made throughout that ‘no differences were found between individuals living in same-sex and opposite-sex couples’. I found this extremely confusing. Do the authors mean that there was no difference in the overall self-rated and subjective well-being between same-sex and opposite-sex attracted couples? Or that both same-sex and opposite-sex self-rated health and subjective well-being were mediated by social capital? Essentially, it seems contradictory to suggest that there were no differences between same-sex and opposite sex couples, but to also claim that sexuality-based discrimination significantly impacted on negative self-rated health and subjective well-being. This needs to be clarified/resolved by the authors before the paper can be published.

I was also surprised in the conclusion to see the statement that ‘sexuality based discrimination was more strongly related to health inequalities among all individuals rather than exclusively for those living in a same-sex couple’. Firstly, because I don’t fully understand how those belonging to a majority sexual group experience discrimination based on their sexual orientation. Secondly, because it wasn’t clear from reading the results section that sexuality-based discrimination impacted on opposite-sex attracted people, or that this was associated with reduced self-rated health and well-being.

In the paragraph starting at line 294, there are also what appear to be contradictory claims made regarding the influence of country-level LGB acceptance on health and well-being. The authors initially claim that country-level acceptance is positively and strongly associated with subjective well-being and...
health, but go on to state that it is not significantly linked to self-rated health and well-being. Again, this was very confusing and needs to be rectified. It also wasn’t clear that the authors’ comments around the bonding and bridging effects of social capital and LGB acceptance were supported by the data. I think this requires some further explanation in order to make this argument clearer to the reader.

The quality of writing and clarity of expression was also a significant issue in this paper. In order to be of a publishable standard the authors will need to undertake substantial revision and editing. There were a large number of typographical and grammatical errors in the transcript. There were also several sections that were verging on being incomprehensible, in particular lines 88-100, 263-267, 272-274, 354-355.

Minor Essential Revisions

The authors also need to clarify which particular sexual minority groups the research was concerned with. The acronym LGB was used throughout, indicating that the research was investigating lesbian, gay and bisexual minorities. Yet, it is also indicated elsewhere that bisexual individuals weren’t included in the research, e.g., line 102.

I was a little taken aback by the claim in lines 83-84 that social trust explains up to 58% of total variance in mortality rates. I wonder if explains is too strong a term here. Perhaps ‘correlates with’ or ‘is associated with’ variance in mortality rates would be more appropriate?

I also wondered if it was necessary or accurate to state that ‘no informed consent was given’ for undertaking this data analysis. Presumably participants would have given informed consent at the time of participating in the ESS survey, and should have been informed as to how the data would be used?

There were also a number of limitations to the research that need to be better acknowledged. Firstly, the method used to identify same-sex attracted individuals in the survey seems likely to have resulted in an under-reporting given that not all same-sex attracted individuals necessarily identify as being part of a group that is discriminated against (and I would assume this would vary greatly across the different countries included in the study).

Secondly, the use of single questions to measure self-rated happiness and well-being is unlikely to capture a detailed picture of these measures in comparison to using a standardized scale such as the Life Satisfaction Scale or the Depression, Anxiety, Stress Scale. I don’t suggest that the use of single questions is inappropriate or invalid, but it is nonetheless a relatively limited measure and this needs to be acknowledged.

Another weakness of the survey methodology is that it addressed social capital in a broad/general sense rather than exploring social capital at the community level. For example, there may be a significant difference in how connected lesbian and
gay people feel to the broader community, versus how connected they feel to the lesbian and gay community. This limitation could also be more clearly acknowledged by the authors.

The comment on the coming-out process causing ‘mental problems’ (line 324) needs to be rephrased. I appreciate the point the authors are trying to make here, however it needs to be worded more sensitively. Perhaps something like ‘associated with a range of mental health challenges’ would be more appropriate.

Discretionary Revisions

The paper would benefit from greater recognition of intersecting forms of oppression, particularly in the introduction and discussion sections. E.g., experiences of health and well-being would be different based on gender, class, racial/cultural background. I understand that this paper is looking specifically at the relationships between sexual orientation, social capital and health disparity, but it does need to be more strongly acknowledged that a broad range of other factors also influence health and well-being.

In the discussion of the study limitations the authors could also consider highlighting that there is great variation within the lesbian and gay communities in terms of mental health and wellbeing, and that this hasn’t been considered in the study at hand. For example, recent research by Lyons and colleagues illustrates that the mental health of gay men varies depending on the particular sub-group they belong to. See: Lyons, A. & Hosking, W. (2014). Health disparities among common subcultural identities of young gay men: Physical, mental, and sexual health. Archives of Sexual Behavior. Epub-ahead-of-print. doi:10.1007/s10508-014-0315-1

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Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.