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RESEARCH ARTICLE

Understanding the association between discrimination and depression among sexual minority people of color: Evidence for diminishing returns of socioeconomic advantage

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Abstract

Objective To examine the differential association of heterosexism and racism on depression as moderated by socioeconomic status (SES) among sexual minority people of color.

Method A cross-sectional sample of sexual minority people of color ($n = 170$) was surveyed on their experiences of heterosexism, racism, depression, and SES in a national online study based in the United States.

Results Bivariately, SES was inversely associated with depression, racism, and heterosexism. Moderation analyses found that for individuals with less socioeconomic advantage, the associations between heterosexism and depression were not as strong. However, at higher socioeconomic advantage, heterosexism was more strongly positively associated with depression.

Conclusion These results suggest that the effects of discrimination on depression in sexual minority individuals of color may be accentuated at higher socioeconomic levels. Implications suggest helping sexual minority clients of color from higher SES backgrounds explore the effects of discrimination on their mental health.

KEYWORDS
depression, discrimination, racial/ethnic minorities, sexual minorities, socioeconomic status

1 | INTRODUCTION

Sexual minority individuals (i.e., people who identify as lesbian, gay, bisexual, or queer) experience higher rates of mental health problems, such as depression, compared to heterosexual individuals (Cochran, Mays, Alegria, Ortega, & Takeuchi, 2007; Cochran, Sullivan, & Mays, 2003; Gilman et al., 2001; Hottes, Bogaert, Rhodes, Brnnan, & Gesink,

2016). These disparities have largely been attributed to the multiple levels of stigma-related stressors experienced by this population, from the individual-level such as harassment and assault (Herek, 2009) to the structural level such as employment discrimination and access to housing (Hatzenbeuler et al., 2014). The minority stress model posits that exposure to these unique and chronic minority stressors (i.e., prejudicial events, expectations of rejection, and internalized stigma) results in an increased risk for poor mental health outcomes among this population (Hatzenbuehler, 2009; Meyer, 2003). Experiences of heterosexism, or discrimination based on sexual identity, have been associated with reduced quality of life (Mays & Cochran, 2001), psychological distress (Diaz, Ayala, Bein, Henne, & Marin, 2001; Herek & Berrill, 1992; Mays & Cochran, 2001), and depression (Herek, Gillis, & Cogan, 1999; Lewis, Derlega, Griffin, & Krowinski, 2003).

In addition to sexual minority identities, the association between racial/ethnic discrimination and depression has been well studied. Studies of various racial/ethnic minority groups such as adults of Mexican-origin living in California (Finch, Kolody, & Vega, 2000), Korean immigrants living in North America (Noh & Kaspar, 2003), and Black/African Americans (Landrine & Klonofl, 1996; Molina & James, 2016; Nadimpalli, James, Yu, Cothran, & Barnes, 2015; Schulz et al., 2006) have found an association between perceived racial discrimination and depression. Compared to Asian women who immigrated to the United States, Asian American women born in the United States have been over 2 times more likely to experience depression, which was partially explained by reports of perceived racial discrimination (Lau et al., 2013). This suggests that differences in social status in the United States may influence stress exposure and the resultant development of depression. Moreover, meta-analytic reviews have found a moderate relationship between perceived racism and psychological distress (i.e., depression/anxiety; Pieterse, Todd, Neville, & Carter, 2012), as well as between various forms of perceived discrimination (e.g., race, sexual orientation, gender) and decreased mental health, including depression (Pascoe & Richman, 2009).

Findings on differential rates of mental health problems among sexual minority people of color compared to White, non-Hispanic sexual minorities are mixed. In one study, African American individuals had significantly fewer mental disorders (e.g, mood, anxiety, substance use) than White participants, whereas Latinos had a higher number of serious suicide attempts than White respondents (Meyer, Dietrich, & Schwartz, 2008). These results are in contrast to others evidencing no differences in depressive symptoms or in social and psychological well-being among racial/ethnic minorities compared to White individuals (Kertzner, Meyer, Frost, & Stirratt, 2009). Results from a probabilistic survey of Latino and Asian Americans found that the level of psychiatric morbidity of sexual minorities was similar to the lower prevalence of psychiatric and substance use disorders evidenced in surveys of Latinos and Asian Americans in the general population when compared to non-Hispanic Whites (Cochran et al., 2007). These results suggest that the relationship between race/ethnicity and mental health among sexual minorities is more complex and warrants further investigation.

An important factor to consider in this context is socioeconomic status (SES). It has been suggested that the stress of low socioeconomic status environments reduces individuals' ability to manage stress, leading to susceptibility to negative emotions and cognitions (Gallo & Matthews, 2003). Indeed, research has consistently shown individuals of low versus high SES to have a higher prevalence of depression (Dohrenwend et al., 1992; Murphy et al., 1991). Lower education and financial stress have predicted increased risk for developing major depression longitudinally over 6 years (Wang, Schmitz, & Dewa, 2010). Moreover, a meta-analytic review of 51 studies on socioeconomic disparities in depression indicated that individuals in lower SES positions had 1.8 greater odds of being depressed and more than two times the odds of experiencing persistent depression (Lorant et al., 2003). The association demonstrated a dose-response relationship for education and income, such that with each year of education and percent increase in income, individuals showed reduced odds of being depressed (Lorant et al., 2003). When assessing the relationship between various forms of stress, including discrimination and depression, the racial differences between Black and White individuals have been overshadowed by differences in SES (Turner & Avison 2003), highlighting the importance of SES for the link between stress and depression.

Despite the consistent link between low SES and increased depression (Lorant et al., 2003), when this association is examined within racial/ethnic minority groups, the association does not hold consistently. In line with previous work,

higher lifetime socioeconomic position (i.e., higher parental and personal education and occupation) among Black adults has been negatively associated with depression, but not for Whites (Hudson, Puterman, Bibbins-Domingo, Matthews, & Adler, 2013). However, in a nationally representative sample of African American men, reporting a household income greater than $80,000 versus making less than $17,000 and having 13–15 years of education versus less than 12 years of education predicted increased odds of a 12-month major depressive episode (Hudson, Neighbors, Geronimus, & Jackson, 2012). Ennis, Hobfoll, and Schroder (2000) also found income to be related to depression among White women, but not Black women. Moreover, Gavin and colleagues (2009) found no significant associations between depression and income, education, or employment status in Black individuals, but did for education and depression in Whites.

The concept of attenuated advantage of high SES for African Americans and women posits that these groups have a greater likelihood of depression compared to Whites or men regardless of SES (Roxburgh, 2009). As a result, marginalized groups such as people of color or women tend to gain fewer benefits from positions of higher SES (Roxburgh, 2009). For instance, Farmer and Ferraro (2005) examined the *diminishing returns hypothesis*, positing that racial/ethnic minority individuals do not experience comparable economic returns to their White counterparts in high socioeconomic levels. They found the greatest racial/ethnic disparities of self-rated health among higher levels of SES, specifically for education (Farmer & Ferraro, 2005). This suggests that at lower levels of SES, racial differences in health outcomes may be overshadowed by socioeconomic disparities, while in higher socioeconomic positions, gaps based on race/ethnicity widen, likely due to discrimination rather than socioeconomic stressors.

These results have important implications for sexual minority people of color as this group embodies multiple marginalized identities. Sexual minority people of color experience discrimination based on their race/ethnicity from individuals outside their racial/ethnic group as well as heterosexism from individuals inside and outside of their racial/ethnic group, which may increase the likelihood of depression compared to White sexual minority individuals or heterosexual people of color.

Evidence has shown that SES and racial/ethnic discrimination interact to exacerbate depressive symptoms such that for individuals with higher life course socioeconomic position, racism has been associated with more depressive symptoms (Hudson et al., 2013). Additionally, among Asian Americans, the association between perceived racial discrimination and psychological distress has been moderated by education such that individuals with at least a college education experienced a stronger discrimination–distress association than those with no college education (Zhang & Hong, 2013). It has been reasoned that experiences of racism could weaken the protective factors of higher SES among racial/ethnic minority individuals (Hudson et al., 2012).

Given the high prevalence of depression and other mental health problems among sexual minority individuals and the deleterious effects of discrimination on psychological well-being among sexual minority individuals and racial/ethnic minority individuals alike, it is imperative to take an intersectional approach to identify the way multiple marginalizing identities interact to predict depression among sexual minority people of color. There has been a call to identify the combined contributions of SES and race/ethnicity on health and well-being (Adler & Snibbe, 2003), and that need can and should be further extended to include sexual minority individuals. Indeed, minority individuals are multifaceted and an intersectional approach to assessing the relationship between discrimination and mental health is key to guiding health research and policy (Bowleg, 2012).

1.1 | The current study

The current study seeks to fill several gaps in the existing literature examining the pattern of relationships between experiences of heterosexism, racism, SES, and depression among a diverse sample of sexual minority people of color. This study aims to examine the diminishing returns hypothesis in the context of two associations: (a) the relationship between heterosexism and depression, and (b) the association between racism and depression among sexual minority people of color. It is hypothesized that the associations between heterosexism and depression as well as between racism and depression will be stronger at higher versus lower socioeconomic levels.

2 | METHOD

2.1 | Participants

Participants ($N = 170$) were lesbian, gay, bisexual, or queer individuals who were recruited as part of an online survey based in the United States on sexual minority individuals from racial/ethnic minority groups. Extra protections were put in place to minimize fraud associated with online surveys with financial incentives. Online software (Redcap) automatically deleted data if there was an indication of false responding or responses from a computer program (i.e., completion time of less than 20 minutes or greater than 24 hours), unengaged responses (e.g., selecting the first response for every single item on a scale), or if participants did not correctly respond to at least 4 of 5 randomly inserted accuracy checks (e.g., "Please select *strongly agree* for this item"). This approach was mandated by the host university's information security officer in order to prevent providing state funds as compensation for fraudulent responding. As a result, the exact number of deleted responses is unknown. Inclusion criteria for the study required that participants be at least 18 years old, identify as a sexual minority individual, and be a person of racial/ethnic minority background. Based on a post hoc achieved power analysis for linear regression to detect a medium-sized effect with two predictors, a sample size of 170 achieves 99.6% power (Faul, Erdfelder, Buchner, & Lang, 2009).

2.2 | Measures

Participants completed a series of questionnaires assessing experiences with heterosexism, racism, and depression. A researcher-created questionnaire was then used to collect demographic information, including indices of SES but omitting information on geographic region and states where participants resided.

2.2.1 | SES

Researcher-created items were used to assess income, level of education, employment status, and access to health insurance. A composite measure of SES was created for the purpose of this study using categorical principal components analysis (Meulman, Van Der Kooij, & Heiser, 2004). First, education was coded from 1 to 7, reflecting participants' education levels from 1 (*grade school*) to 7 (*doctorate degree*). Family income was coded from 1 (*lower class = < $14,999*) to 5 (*upper class = $200,000 and above*). Employment was coded as a binary variable (unemployed vs. any employment). Finally, health insurance was coded as whether one had access to health insurance or not. Standardized factor scores ranged from − 2.71 (low SES) to 4.40 (high SES), and were normally distributed. SES composite scores greater than 0 (the mean) indicated a greater likelihood of being employed and having health insurance, having income of $30,000 or greater, and having at least some college education.

2.2.2 | Heterosexism

Heterosexist discrimination was assessed with the Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS). The HHRDS is a 14-item scale that assesses the extent to which sexual and gender minorities report heterosexist harassment, rejection, and discrimination within the past year (Szymanski, 2006; Szymanski & Chung, 2001). Items are assessed on a 6-point scale from 1 (*the event has NEVER happened to you*) to 6 (*the event happened ALMOST ALL OF THE TIME [more than 70% of the time]*). For the current study, the word "LESBIAN" was replaced with the phrase "an LGBTQ individual" to be more inclusive of the many forms of heterosexist discrimination. The HHRDS assesses three dimensions: Harassment and Rejection (e.g., "How many times have you been treated unfairly by family members because you are an LGBTQ individual?"); Workplace and School discrimination (e.g., "How many times have you been treated unfairly by your employer, boss, or supervisors because you are an LGBTQ individual?"); and Other discrimination (e.g., "How many times have you been treated unfairly by strangers because you are an LGBTQ individual?").

The HHRDS has demonstrated good internal consistency ($\alpha = .90$) as well as good validity through correlations with measures of loneliness, self-esteem, depression, social support, membership in a LGB group, and conflict concerning

sexual orientation (Szymanski, Chung, & Balsam, 2001). The HHRDS has evidenced adequate reliability estimates with samples of African American sexual minority women ($\alpha = .83$; Szymanski & Meyer, 2008) and Asian American sexual minority persons ($\alpha = .91$; Szymanski & Sung, 2010). The total heterosexism scale was used in the current study and showed good reliability in this sample ($\alpha = .92$).

2.2.3 | Racism

The Daily Life Events Scale (DLE), a subscale of the Racism and Life Experiences Scale (Harrell, 1997), was used to assess the frequency of discriminatory experiences due to race. The DLE is a self-report measure that assesses the frequency of daily hassles because of race in the past year. Respondents are asked how often different experiences occurred in the past year "because of your race" (e.g., "Been accused of something or treated suspiciously because of your race?") on a 6-point Likert-type scale from 0 (*never*) to 5 (*once a week or more*). An exploratory study assessing the reliability of the DLE (Evans, 2011) suggested four distinct components: Harassed (3 items), Unintelligent (4 items), Criminal (3 items), and Invisible/Outsider (3 items). For the purpose of the current study, only the items comprising these four dimensions were included. The items are averaged to create a total score with greater scores reflecting greater experiences of racism. Evidence of concurrent validity has been demonstrated by correlations as expected with self-esteem, cultural mistrust, racism reaction, and urban life stress (Harrell, 1997). The DLE has evidenced excellent internal consistency in a sample of sexual minority women of color ($\alpha = .94$; DeBlaere et al., 2014) as well as in the current sample ($\alpha = .94$).

2.2.4 | Depression

The Depression subscale of the Hopkins Symptom Checklist-25 (HSCL-25) was used to assess depression (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). The HSCL is a symptom inventory with 15 items assessing depression. The item responses range from 1 (*not at all*) to 4 (*extremely*). Average depression scores are calculated, with a clinical cutoff of 1.75 (Mollica, Wyshak, de Marneffe, Khuon, & Lavelle, 1987). Evidence of validity has been demonstrated by the factorial invariance of HSCL symptom dimensions and between group differences (Derogatis et al., 1974) and by correlations of the HSCL-25 with a medical doctor's global assessment of psychological distress and other measures of emotional symptoms (Hesbacher, Rickels, Morris, Newman, & Rosenfeld, 1980). The scale has demonstrated excellent internal consistency in racial/ethnically diverse sexual minority samples (DeBlaere et al., 2014; Szymanski & Gupta, 2009) with the Depression subscale evidencing good internal consistency in current sample ($\alpha = .92$).

2.3 | Procedure

Sexual minority individuals of color were recruited to participate in an anonymous online survey though numerous Internet forums and groups. National and regional LGBQ organizations (e.g., National Gay Black Men's Advocacy Coalition, The Center Orlando) and online LGBQ social and community groups (e.g., Women of Color Baltimore Facebook group, LGBT People of Color Yahoo group) were e-mailed about recruitment for a study assessing the health of LGBQ individuals. Approved advertisements were posted to online social and community group message boards with the permission of group moderators for those that did not allow nonmember posting. These organizations and groups were selected because they tended to focus on LGBQ individuals from racial/ethnic minority backgrounds.

Potential participants emailed the study coordinator to be screened for inclusion criteria. Individuals who did not respond, provided nonsensical answers, did not meet the inclusion criteria, or appeared to be a computer program were not permitted to participate. Eligible individuals were provided a link and unique code via email to access the online survey. A $15 Amazon.com electronic gift card was sent to their corresponding e-mail address. E-mails were sent to a financial administrator who did not have access to any participant data within approximately 7 days of survey completion who compensated participants with the $15 Amazon.com electronic gift card. All participants fully consented prior to participation in the institutional review board-approved study.

2.4 | Data analysis

The Hayes (2013) PROCESS macro (Model 1) was used for moderator analyses. This macro ran a series of OLS regressions with the centered product term representing the interaction of heterosexism × SES and racism × SES as predictors of depression. Statistical significance was set at 0.05, and SPSS version 24.0 was used for all analyses.

3 | RESULTS

3.1 | Participants

The sample comprised 170 lesbian, gay, bisexual, and queer racial/ethnic minority men (37.6%) and women (62.4%), with an average age of 30.11 (standard deviation [*SD*] = 10.39). The majority identified as gay/lesbian (44.1%), bisexual (30.0%), queer (21.8%), and other (e.g., pansexual; 4.1%). The racial/ethnic breakdown of the sample is as follows: 34.7% Black/African American, 28.8% Asian/Asian American/Pacific Islander, 16.5% Multiracial/Multiethnic, 14.1% Hispanic/Latino, 4.7% American Indian/Native American, and 1.2% Other. Most of the participants completed at least a four-year college degree (54.1%), were employed at least part-time (77.1%), and were dating/in a relationship (61.2%). Approximately a quarter of individuals were classified as lower (10.0%) and working class (14.1%), 38.8% in lower middle class, 35.9% in upper middle class, and 1.2% in upper class.

3.2 | Bivariate correlations

A correlation matrix was created to examine the associations among the SES composite, depression, heterosexism, and racism. SES was negatively correlated with depression ($r = -.18$, $p = .022$), racism ($r = -.19$, $p = .012$), and heterosexism ($r = -.34$, $p < .001$). This indicates that the lower SES scores individuals reported, the more depression, heterosexism, and racism they reported.

3.3 | Moderation of the association between discrimination and depression

3.3.1 | Heterosexism

A regression analysis was conducted per the specifications of the PROCESS macro for SPSS using model one for a simple moderation with two continuous variables (Hayes, 2013). Predictor and moderating variables were mean centered. The overall model was significant, $F(3, 166) = 9.46$, $p < .001$, $R^2 = .15$. The R^2 change increase due to the interaction was also significant, $\Delta R^2 = .02$, $F(1, 166) = 4.51$, $p = .035$. This indicates a significant interaction between SES and heterosexism in predicting depression. At lower levels of SES, the association between heterosexism and depression became weaker (Table 1; Figure 1).

3.3.2 | Racism

Using the same procedure as above with racism as a predictor, the overall model was significant, $F(3, 166) = 7.56$, $p < .001$, $R^2 = .12$. The R^2 change increase due to the racism by SES interaction was not statistically significant, $\Delta R^2 = .00$, $F(1, 166) = .88$, $p = .350$. The conditional effects of racism on depression at different levels of SES revealed the association to be significant at all SES levels (Table 1; Figure 2).

3.4 | Exploratory analyses

Exploratory analyses of variance were conducted to determine whether depression, racism, heterosexism, or SES differed as a function of race/ethnicity. None of the differences were statistically significant (*p*s > .075).

TABLE 1 Moderation of the association between discrimination and depression by socioeconomic status

				95% Confidence Interval	
	SES Percentile (SES Score)	β	p	Lower Limit	Upper Limit
Heterosexism	10th (– 1.40)	.150	.030	.0145	.2845
	25th (– .46)	.234	< .001	.1247	.3438
	50th (.19)	.292	< .001	.1704	.4147
	75th (.59)	.328	< .001	.1883	.4685
	90th (1.01)	.366	< .001	.2018	.5304
Racism	10th (– 1.40)	.011	.039	.0006	.0215
	25th (– .46)	.014	< .001	.0067	.0214
	50th (.19)	.016	< .001	.0082	.0240
	75th (.59)	.017	< .001	.0081	.0267
	90th (1.01)	.019	.001	.0075	.0300

Note. SES = socioeconomic status. Rows represent the association between discrimination and depression at different percentiles of socioeconomic status.

4 | DISCUSSION

The present study assessed the moderating role of SES on the association between two forms of discrimination (i.e., racism and heterosexism) and depression among sexual minority individuals from racial/ethnic minority backgrounds. Based on the diminishing returns hypothesis (Farmer & Ferraro, 2005), it was hypothesized that at lower levels of SES, the associations between both forms discrimination and depression would be weaker than the associations at higher levels of SES. At the bivariate level, depression was positively associated with both racism and heterosexism.

Also, bivariately, SES was negatively associated with depression, suggesting that individuals at lower levels of SES had more depression than at higher levels. Among participants with lower SES versus higher SES, the associations between both forms of discrimination and depression became weaker. Specifically, as SES increased, the associations between heterosexism and depression became significantly stronger. However, the moderation analysis was not statistically significant for racism, although the SES gradient was in the hypothesized direction. This evidence provides partial support for the diminishing returns hypothesis, with a stronger association between experiences of heterosexist discrimination and depression when individuals are in higher socioeconomic position. As individuals have greater resources, experiences of discrimination, particularly heterosexism, may attenuate the benefits of achieving a higher social status.

Depending on the measures used to indicate SES as well as the race/ethnicity of the sample, the evidence of an association between SES and depression has been mixed. Gavin et al. (2009) found no significant association between depression and income, education, or employment status among Black individuals, while Hudson et al. (2012) found that unemployment increased Black men's odds of a lifetime major depressive episode. In our sample, experiences of racism and heterosexism were significantly inversely associated with SES at the bivariate level such that individuals with lower SES reported greater perceptions of discrimination. This is in contrast with prior research, which has found a *positive* association between education and everyday discrimination among Asian Americans (Zhang & Hong, 2013), while others have identified opposite findings in Black and White respondents (Hudson et al., 2013).

The racial composition of the current sample is more diverse than previous studies that have examined racial/ethnic minority groups in isolation. The present study used a composite measure of SES to attenuate the effects of different indicators of SES, such as education or income alone. With this measure, the aim was to capture the complex and often nebulous concept of social status in a more holistic manner versus parsing out individual indicators, which as previously noted vary based on race/ethnicity and have differential effects on depression. Because of the use of this measure of

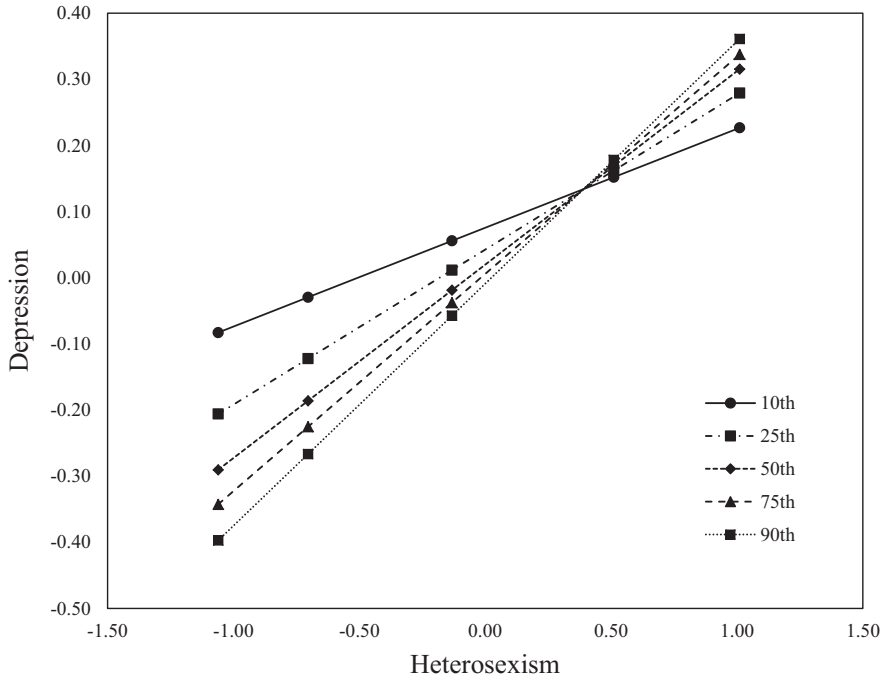

FIGURE 1 The association between heterosexism and depression by socioeconomic status

Note. Lines represent grouping by socioeconomic percentiles. 10th = 10th percentile; 25th = 25th percentile; 50th = 50th percentile; 75th = 75th percentile; 90th = 90th percentile.

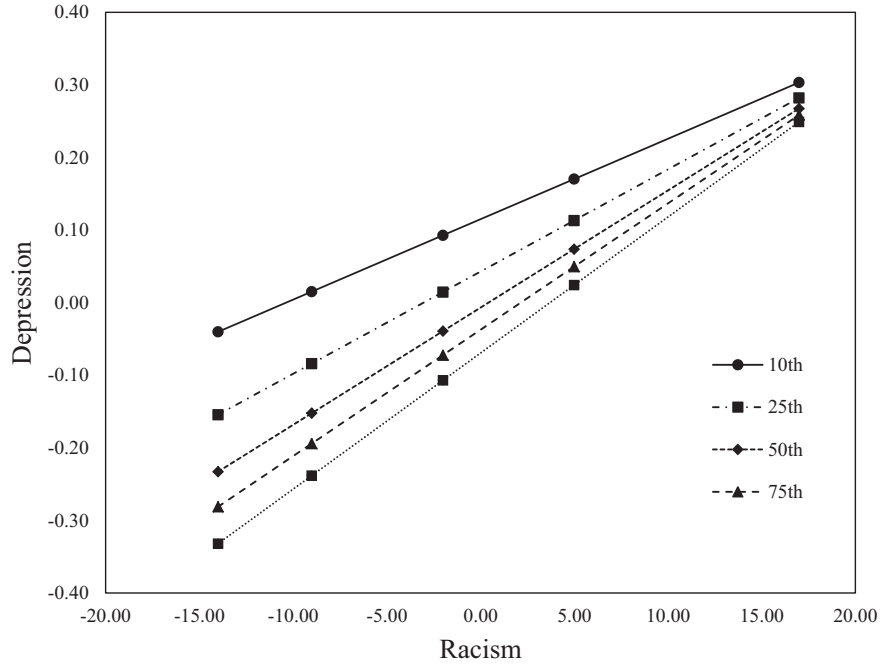

FIGURE 2 The association between racism and depression by socioeconomic status

Note. Lines represent grouping by socioeconomic percentiles. 10th = 10th percentile; 25th = 25th percentile; 50th = 50th percentile; 75th = 75th percentile; 90th = 90th percentile.

SES, there is greater confidence in the generalizability of the findings to all racial/ethnic groups assessed in the present study as it accounts for the variance in racial/ethnic differences in the individual indicators.

The results of the current study also indicate the weak association between discrimination and depression among individuals at low socioeconomic positions. While individuals at lower levels of SES had higher depression and greater experiences of discrimination, the association between discrimination and depression is weaker, suggesting a differential pathway to depression and differential consequences of heterosexism and racism at lower levels of SES. Sexual minority people of color in higher socioeconomic positions may experience more stress due to frequent exposure to heterosexist and racial microaggressions at work or in school by interacting with individuals of the racial/ethnic and sexual majority daily.

It is also possible that sexual minorities of color are less likely to receive social support that comes from contact with fellow sexual minority people of color at higher socioeconomic positions. In fact, greater contact with individuals of similar backgrounds is likely to create a stronger racial/ethnic and/or sexual identity, which protects against poor mental health (Mossakowski, 2003). For instance, the often invisible nature of sexual orientation as well as the reduced visibility of people of color at higher economic positions may impede sexual minorities of color from access to social support embedded in these cultural communities, which can buffer against the negative effects of discrimination.

Given the relatively higher rates of poverty for racial/ethnic and sexual minorities (Badgett, Durso, & Schneebaum, 2013) and that individuals at lower SES positions are more likely to experience discrimination (Williams, 1999), sexual minorities of color may be uniquely positioned to use their respective cultural communities as a support mechanism to cope with the greater experiences of discrimination rather than those from higher socioeconomic positions who experience less discrimination. Stigmatized people who have social support from other stigmatized people are more likely to use effective coping strategies as a way to express their emotions arising from prejudice (Miller & Kaiser, 2001). For example, sexual minorities and Asian Americans have reported greater problem solving coping strategies (Talley & Bettencourt, 2011; Yoos & Lee, 2005) in light of discrimination. Thus, sexual minorities of color from lower SES positions who experience discrimination might be uniquely positioned to use their respective cultural communities as a support mechanism to cope with the greater experiences of discrimination, compared to those from higher SES positions who experience less discrimination.

Similar to previous studies of racial discrimination, the relationship between experiences of heterosexism and racism with depression is stronger at higher socioeconomic levels. In previous studies, for individuals with higher life course socioeconomic position, racism has been associated with more depressive symptoms (Hudson et al., 2013). Also, the association between perceived racial discrimination and psychological distress has been stronger for higher educated Asian Americans (Zhang & Hong, 2013). As racism has been implicated in diminishing the protective factors of higher SES among racial minority individuals (Hudson et al., 2012), heterosexism may also diminish the positive experiences of higher SES among sexual minority individuals of color by increasing depression.

The results from the current study suggest that it may behoove clinicians working with sexual minority individuals of color to be particularly mindful to the SES background of the client. Despite the potential stereotype that higher SES clients from this demographic group may have more resources to cope with the effects of heterosexism or racism, these forms of discrimination may actually exacerbate depression among this subgroup. Helping higher SES sexual minority clients of color explore the effects of discrimination on their mental health may be a particularly fruitful area to target clinically. The use of culturally tailored cognitive-behavioral approaches (e.g., Pachankis, Hatzenbuehler, Rendina, Safren, & Parsons, 2015) that normalize the negative effects of minority stress may help correct maladaptive cognitions about the harmfulness of discrimination and weaken interactions with SES.

Moreover, cognitive-behavioral therapy can empower clients to overcome adversity by improving self-efficacy and promoting the development of adaptive responses, such as engaging in one's cultural group for social support. As previously noted, sexual minority people of color in higher socioeconomic positions may be less likely to receive social support from contact with fellow sexual minority people of color, therefore identifying alternative methods of seeking support, such as online forums, professional or collegiate organizations that focus on queer people of color may be of practical use. Additionally, because SES was negatively associated with depression in the current study, sexual

minorities of color with fewer economic and social means are at greater risk of depression, and therefore may also represent a population that could benefit from depression-focused treatment to help buffer the impact of other adversities common to individuals of lower SES.

4.1 | Limitations and future directions

The results should be considered within the context of the study's limitations. The current study did not examine between-group differences with regard to sexual orientation and race/ethnicity. Prior work has identified differences in the prevalence of depression between African Americans, Asians, and Latinos (Alegría et al., 2008) as well as between individuals who identify as bisexual compared to gay or lesbian (Bostwick, Boyd, Hughes, & McCabe, 2010). Experiences of discrimination also appear to vary by race/ethnicity (Brondolo et al., 2011; Forest-Bank & Jenson, 2015). The differences in the association between depression and SES in different samples of races/ethnicities may speak to a need to tease out differences between the different associations among diverse racial/ethnic minority groups, although there were no differences in depression or SES by race/ethnicity in our sample. However, the diverse sample may increase the generalizability of the findings making intervention implications more relevant to a wide range of sexual minority people of color. Future studies should deconstruct the differences between race/ethnicity as well as sexual orientation in experiences of discrimination and depression.

There has also been criticism of previous research that simply compares White individuals to racial/ethnic minority individuals on mental and physical health, emphasizing a lack of attention to the heterogeneity within racial/ethnic groups on many variables, including SES (Earl, Williams, & Anglade, 2011). Data on geographic region or community environment were not collected as part of this study. Prior work has identified that psychiatric morbidity in sexual minority populations differ by states with and without LGB protections (Hatzenbuehler, Keyes, & Hasin, 2009) as well as urban versus rural environments (Fisher, Irwin, & Coleman, 2014). Future work should consider the potential impact of geographic regions and type of environment on mental health in LGB populations. In addition, source of insurance was not assessed in the present study. Future studies should elaborate on access and source of insurance when measuring SES.

Finally, this is a cross-sectional study and causality cannot be inferred. Future studies will need to assess experiences of discrimination at baseline and follow up with mental health measures to infer causality using cross-lagged panel designs. Response bias may have artificially inflated reports of discrimination and mental health problems, suggesting that future research could benefit from using implicit measures of these constructs. Despite these limitations, the current findings add to a growing body of literature illustrating the deleterious effects of discrimination on mental health among sexual minority people of color.

4.2 | Conclusion

The present study assessed the moderating role of SES on the association between racism and depression as well as heterosexism and depression among sexual minority individuals of color. Bivariately, SES was negatively associated with depression, and both racism and heterosexism were positively associated with depression. In moderation analyses, the relationship between heterosexism, but not racism, and depression was significantly moderated by SES such that as individuals increased their social status, the relationship between heterosexism and depression became stronger, and as social status decreased, the relationship was no longer significant. This indicates a need to tailor interventions for sexual minority people of color at higher ends of the SES to help cope with the negative effects of heterosexism. Additionally, this highlights the differential pathway through which discrimination affects depression among sexual minority people of color at the lower end of the socioeconomic spectrum and a need for future research.

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