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Socioeconomic Status as Context for Minority Stress and Health Disparities Among Lesbian, Gay, and Bisexual Individuals

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Despite the robust, graded association between socioeconomic status (SES) and health, SES has largely been ignored in the field of psychology and in lesbian, gay, and bisexual (LGB) health research specifically. This inattention to SES is partly attributable to the "myth of gay affluence" (the assumption that LGB people are wealthier than the general population), which evidence is beginning to disprove. Given that there is no integrated framework for understanding the role of SES in LGB health, this review proposes theory-based expectations according to an integration of the minority stress model and the reserve capacity model, synthesizes the existing literature, and identifies future research directions. Three key questions at the intersection of SES and sexual orientation are examined: (a) Do LGB people differ from the general population in SES?, (b) What is unique and health-relevant about the intersection of being LGB and lower-SES?, and (c) How does SES provide context for understanding minority stress processes and health disparities among LGB people? The review has implications for the existing literature on LGB health, the design of future research studies, and targeted interventions.

Keywords: health disparities, minority stress, sexual orientation, socioeconomic status

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In recent years, the LGB community has received increased attention in both the public and scientific spheres. This attention has resulted in notable improvements in civil rights for LGB individuals around the world and has yielded funding opportunities and burgeoning research on health disparities based on sexual orientation. Indeed, the Institute of Medicine (2011) released a report documenting that LGB individuals are at increased risk for suicidality, mood and anxiety disorders, harmful health behaviors, and a number of physical health conditions, relative to heterosexual individuals.

LGB health researchers have begun to examine the stressors associated with sexual minority status as possible explanations for health disparities. Meyer's (1995, 2003) minority stress model describes this unique social stress, and evidence has largely supported the assertion that LGB individuals who report higher levels of discrimination, perceived stigma, internalized homophobia, and concealment of sexual orientation are at increased risk for negative mental and physical health (e.g., Mays & Cochran, 2001; Meyer, 1995; Schrimshaw, Siegel, Downing, & Parsons, 2013).

Intersectionality Theory

As this body of work evolves, it is critical to appreciate that the LGB community is not a homogenous group. In seeking to understand health disparities, researchers have begun to focus on important intersections of social categories to gain a nuanced understanding of multiple identities. Intersectionality theory asserts that social categories are only meaningful in combination (Bowleg, 2008). Intersectional theorists have challenged the notion that we can understand individual experiences by examining a single aspect of one's identity because that approach typically focuses on the experiences of only the most privileged members within minority groups (Crenshaw, 1991).

Within research on sexual orientation, studies of white, middle-class, gay men are common, but these obviously do not represent the experiences of a diverse lesbian, gay, or bisexual community. True intersectionality research (which would examine interactions between social categories) is extremely limited; however, some conclusions can be drawn from studies showing that diversity exists within the LGB community. Research by Savin-Williams and Diamond (2000) highlighted the importance of studying the intersection of gender and sexual orientation in showing that common assumptions about identity development of LGB people are based on research conducted with gay and bisexual men. Theoretical and empirical research on LGB people of color has also revealed important distinctions. For example, studies have shown that LGB people of color are less likely to identify as gay, less likely to disclose their sexual orientation to others, and more likely to experience stigma and discrimination, compared with white LGB individuals (e.g., Huang et al., 2010; Moradi et al., 2010; Parks, Hughes, & Matthews, 2004). These constructs have important implications for health and, if better understood, may serve to elucidate our understanding of disparities faced by marginalized groups. However, the intersection of sexual orientation and SES has been virtually ignored in the literature (das Nair & Hansen, 2012).

Socioeconomic Status and the Reserve Capacity Model

SES, traditionally composed of three dimensions, education, income, and occupational status, is among the most health-relevant intersectional possibilities. These dimensions are only

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moderately correlated but are each inversely and robustly related to a variety of health outcomes in a graded association, at all levels of the hierarchy (Adler et al., 1994; Adler & Stewart, 2010). Although most research studies assess SES by measuring at least one of these dimensions, some have also measured SES through indicators of overall wealth, neighborhood status, or subjective social status relative to one's reference group (Gallo & Matthews, 2003). Categorization of individuals as "lower-SES" also varies widely in the research literature. Some studies define this category relative to the sample examined (e.g., individuals at one standard deviation below the mean of SES) and others use as more economically meaningful cutoff (e.g., individuals below the U.S. poverty line). Researchers in health psychology and behavioral medicine have challenged the field for more than 20 years to consider the importance of SES in understanding the association between psychosocial variables and health (Adler et al., 1994; Matthews, 1989). Despite this challenge, SES has continued to be examined mainly as a covariate in the field of psychology. Because SES provides such a fundamental context for other life experiences, Adler and colleagues (1994, 2009) have encouraged researchers to avoid relegating SES to the status of a control variable and instead to study the construct in its own right.

The reserve capacity model (Gallo & Matthews, 2003) posits that lower-SES individuals "maintain a smaller bank of resources—tangible, interpersonal, intrapersonal—to deal with stressful life events" compared with higher-SES individuals. The "reserve capacity" to handle these events may be diminished with lower SES are more frequently exposed to stress and inhabit settings that "prevent the development and replenishment of resources to be kept in reserve." As such, the reserve capacity model highlights both the greater stress exposure of lower-SES individuals and the smaller resource bank (financial and social) available in "reserve" for coping effectively with stress. Lower-SES individuals typically report fewer resilient resources, including social support and community integration. There are also important SES differences in perceived control and mastery, with lower-SES individuals perceiving less control over their environments than higher-SES individuals (Adler & Snibbe, 2003). This difference may partially explain the different coping styles used: individuals with lower education and income are more likely to use emotion-focused or avoidant coping, whereas those with higher education and income tend toward problem-focused approaches (e.g., Holahan & Moos, 1987; Billings & Moos, 1981).

The reserve capacity model is consistent with evidence that, although part of the association between SES and health is attributable to direct financial differences in access to health care, health insurance, and nutritional foods, as well as environmental exposure to toxins in lower-SES workplaces and neighborhoods (Adler & Snibbe, 2003), financial explanations do not fully account for the relationship. Other contributing factors include a broader class of psychosocial coping resources (integration into society, social networks, coping strategies; Liem & Liem, 1978; Myers et al., 1975), individual differences in cognitive and intellectual function (Gottfredson, 2004), and both higher exposure and vulnerability to stress among lower-SES individuals (Gallo & Matthews, 2003).

The "Myth of Gay Affluence"

Although SES has frequently been applied to the study of racial health disparities, it has largely been ignored in the LGB health research literature. The lack of attention to this intersection may be attributable to the "myth of gay affluence" (the assumption that LGB people are wealthier and more educated than the general population; e.g., Albelda, Badgett, Schneebaum, & Gates, 2009; Barrett & Pollack, 2005). This myth is perpetuated, in part, by the increasingly middle-class, white image of the gay community in the media (Shugart, 2003). Though society has long portrayed gay men, and to a lesser extent lesbian women, by the acronym "DINK" (double income, no kids) (Badgett, 2003), more recent depictions are of LGB people as "high consumers of goods, with professional or white-collar occupations, frequently in stable dyadic romantic relationships, often with children, and rightfully due the legal benefits of other nongay middle-class Americans" (Barrett & Pollack, 2005). Both of these perspectives have perpetuated the "myth of gay affluence." The more recent portrayal is used as a strategy for attaining social and political rights but with the unintended consequence of marginalizing lower-SES, racial/ethnic minority, single, or nonmonogamous LGB individuals. This myth has also been used as evidence that legislation banning employment discrimination based on sexual orientation is not necessary (Berg & Lien, 2002). Evidence is beginning to largely disprove this myth of higher SES among LGB people (e.g., Albelda et al., 2009).

An Integrative Model

Minority stress theory has been useful in conceptualizing LGB-specific stress but does not account for the differential processes and health effects faced by lower-SES LGB people. Similarly, the reserve capacity model has been useful in conceptualizing stress and coping resources of lower-SES individuals but does not account for specific minority stress processes that LGB people who are lower-SES might face as a result of experiences of marginalization. Thus, by integrating these two frameworks, researchers might begin to provide a novel structure for understanding and organizing existing work on SES and sexual orientation and for guiding future research.

Given that no integrated framework exists for understanding the role of socioeconomic status (SES) in lesbian, gay, and bisexual (LGB) health, this review will propose theory-based predictions, synthesize the existing literature, and identify research directions. Specifically, three key questions at the intersection of SES and sexual orientation will be reviewed: (a) Do LGB people differ from the general population in SES?, (b) What is unique and health-relevant about the intersection of being LGB and lower-SES? (e.g., Are there differences in stressful environments, isolation from community, health risk behaviors?), and (c) How does SES provide context for understanding minority stress processes and health disparities among LGB people (e.g., How does SES affect exposure and response to antigay discrimination?).

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Part 1: Demographics of Sexual Orientation and SES

Methodological Issues in the Study of Sexual Orientation and SES

Answering the question of whether LGB people differ from the general population in SES is complicated by several factors. First, data on sexual orientation are not directly collected in most large population-based surveys, which makes it difficult to obtain accurate demographic estimates (Bradford & Mayer, 2008). Because so few population-based studies measure some aspect of sexual orientation, most of the current evidence reviewed in the following sections comes from three main nationally representative, population-based sources: the U.S. Census, General Social Survey (GSS), and Third National Health and Nutrition Examination Survey (NHANES-III). Because multiple research teams have analyzed the same datasets across different years, much of our current knowledge is on essentially the same respondents. Second, surveys vary immensely in operational definitions of the LGB population (Gates, 2011). Researchers using U.S. Census data identify likely same-sex couples based on their self-reported relationship as "unmarried partners" in a household. GSS and NHANES-III data measure sexual orientation through past sexual behavior. Other surveys (e.g., CA Health Interview Survey, Gallup polls, National Survey of Family Growth) ask respondents to self-identify their sexual orientation. Regardless of how this construct is measured, self-selection bias can result in lower-SES individuals being less likely to self-identify as LGB than higher-SES individuals (Mollborn & Everett, 2012). These major surveys and the resulting analyses also vary immensely in their measures of SES and in the inclusion or exclusion criteria of the sample (e.g., age range differences). Third, lower-SES individuals are underrepresented in sexual orientation research (e.g., Fergusson, Horwood, & Beautrais, 1999). Even when lower-SES individuals are included in research samples, research suggests that they are less likely to respond to questions about sexual orientation (Remafedi, Resnick, Blum, & Harris, 1992).

Historical Context and Generational Effects

In understanding the socioeconomic position of LGB people, it is important to consider the historical context (both distant and over the last 20–30 years when the research evidence for this review was collected and published) in which this population has evolved as a community. As reviewed in the Institute of Medicine (2011) report on LGBT health, both SES and health disparities are critically intertwined with the history of discrimination against this population. Throughout much of the 20th century, U.S. sodomy laws (ruled unconstitutional in 2003) were frequently used as the basis for discrimination against LGB people in the workplace, adoption, and other areas with harmful economic consequences (Leslie, 2000). The inclusion of homosexuality as a mental illness in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until 1973 was used to justify legislation denying LGB people employment (D'Emilio, 1983). Policies banning LGB people from military service were strictly enforced after World War II, prohibiting many LGB people from choosing this career path, resulting in dishonorable discharges for those already in service, and refusing LGB people benefits under the GI Bill of Rights (Berube, 1990). This legacy continued in the "Don't Ask Don't Tell" policy of the U.S. military until its repeal in 2010. Perhaps the most relevant historical event for LGB people is the HIV/AIDS epidemic, first detected in gay men in 1981 (Gottlieb et al., 1981). The high death rate from HIV within the LGB community had wide-ranging consequences in terms of psychological and physical health and economic costs. Even today, when many HIV-positive gay and bisexual men are alive as a result of antiretroviral treatments, economic costs of health care are extremely debilitating.

Age and generational effects are relevant to this literature review because older and younger LGB people today simply have not lived through identical experiences despite their shared sexual orientation. There are unique challenges associated with each group that are likely to impact SES, including whether they grew up during a time when homosexuality was illegal or a mental disorder and LGB people were explicitly banned from certain occupations, when HIV/AIDS was claiming the lives of many in their local communities with escalating health care costs, or during more recent years when acceptance of LGB people is at an all-time high but important economic divisions still exist depending on geographic regions of the United States. A current example can be found in the Supreme Court case *United States v. Windsor* (2013), involving a lesbian woman mandated to pay $363,053 in estate taxes after her wife passed away because they were in a same-sex marriage. Although this couple was by no means low-SES, the case illustrates the current socioeconomic implications of changing societal norms and legislation.

An inevitable limitation of the current review is that it covers a large span of years and generational cohorts with very different life experiences in the LGB community. Studies that are more dated should be interpreted cautiously as they may be less relevant to today's LGB community. However, it should be noted that despite historical and social change, no obvious trends emerge over time in reviewing this literature on the intersection of sexual orientation and SES. It is reasonable to suspect that recent changes (i.e., marriage and partner benefits, the repeal of DADT, employment discrimination legislation) will continue to influence the SES of LGB people. Even the most recent population-based studies on this topic analyze data collected at least five years ago, when much of the change in civil rights and societal acceptance for LGB people has occurred within the last few years. Studies published over the next 10 years may reflect significant socioeconomic changes for LGB people in keeping with changing societal norms, but this hypothesis remains to be investigated.

Theoretical Predictions

As mentioned previously, minority stress theory describes the excess stress that LGB individuals are exposed to by virtue of their marginalized social and political status. Unfortunately, minority stress can have detrimental socioeconomic implications (Meyer, 1995, 2003). In fact, substantial disparities exist in educational attainment for ethnic minority individuals who are subjected to high levels of discrimination (Everett et al., 2011; Hallinan, 1988). Given existing research on the negative effects of marginalization, LGB individuals should have reduced educational attainment, fewer financial resources, and lower occupational status, compared to heterosexual individuals.

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There are multiple reasons that LGB individuals would be likely to have lower SES than heterosexual individuals. First, the legal system in the United States does not prohibit discrimination based on sexual orientation in many states (Badgett, Lau, Sears, & Ho, 2007; Human Rights Campaign, 2012). The mechanisms involved might include discrimination in the hiring or promotion process, direct experiences of discrimination in the workplace, or indirect forms of minority stress in the workplace (e.g., struggling with whether or not to "come out," avoiding important networking opportunities; Badgett, 1995). A Williams Institute review of more than 50 studies conducted in the past decade documented that discrimination in the workplace based on sexual orientation is common, with 16% to 68% of LGB people reporting these experiences and formal complaints occurring at rates similar to racial and gender discrimination (Badgett et al., 2007).

Second, many LGB individuals in the United States (U.S.) do not have legal access to marriage, an institution that provides economic benefits (Human Rights Campaign, 2013; Institute of Medicine, 2011), including state and federal tax breaks (Hatzenbuehler, 2010; Liu, Reczek, & Brown, 2013). Therefore, even when same-sex couples achieve income levels similar to heterosexual married couples, they often have less "disposable income" (Institute of Medicine, 2011). Additionally, same-sex couples cannot always obtain insurance benefits from their partners (Heck, Sell, & Gorin, 2006), which can create significant personal health care costs (Ash & Badgett, 2006; Heck et al., 2006).

Third, LGB individuals are less likely than heterosexuals to receive financial and instrumental support from their families of origin (Solomon, Rothblum, & Balsam, 2004; Kurdek, 2004). In some cases, family conflict about one's sexual orientation results in homelessness. Current estimates suggest that rates of homelessness are significantly higher among young LGB people than the general population (Corliss, Goodenow, Nichols, & Austin, 2011; Ray, 2006).

Finally, detrimental early experiences with discrimination in academic settings may impact educational achievement of sexual minorities (Barrett, Pollack, & Tilden, 2002; Henrickson, 2008). Studies have increasingly shown that LGB youth experience bullying and victimization in school (Kosciw, Greytak, & Diaz, 2009), as well as depression, drug use, suicidality, and truancy (Birkett, Espelage, & Koenig, 2009). Using population-based data, Russell and colleagues (2001) found that LGB high school students reported worse grades and more behavior problems than heterosexual teens. These sexual minority students also reported greater conflict in interpersonal domains (problems with family, peers, and/or teachers) that partially explained the poor academic achievements. Unfortunately, marginalization does not end with high school. In a multicampus study, Rankin (2005) reported that 36% of LGB college students experienced harassment in the past year. These and other early setbacks might be expected to impact future educational and income attainment.

On the other hand, self-selection hypotheses would predict higher SES for sexual minority individuals, given that sexual orientation is often defined by self-identification as LGB (Badgett, 1995; Mollborn & Everett, 2012). First, it is likely that higher-SES neighborhoods, workplaces, and environments display greater tolerance of sexual minorities (Hatzenbuehler, 2010; Walch et al., 2010). This greater tolerance may encourage disclosure of LGB orientation among higher-SES individuals. Second, higher income levels might mitigate the economic costs of negative workplace reactions, such as employment termination or loss of promotion, leading to higher levels of self-identification as LGB (Badgett, 1995). In other words, research findings of higher status for LGB people may be due to bias in the existing research because of self-selection, rather than true SES differences in this direction.

Other theorists have proposed explanations directly relevant to SES (rather than to bias in the existing research): LGB individuals, particularly gay men, might "overachieve" (attain higher SES than the general population) to stay out of working-class occupations that may be less accepting, because university environments are more accepting than the workforce, to counter expectations of discrimination, and because they are less likely to have children at the time they would typically pursue higher education (Barrett et al., 2002; Black, Sanders, & Taylor, 2007; Hewitt, 1995; Mollborn & Everett, 2012; Pachankis & Hatzenbuehler, 2013). In this way, LGB individuals might use a cost-benefit approach in anticipating more social advantages of higher-status achievement than heterosexual individuals, in addition to the financial benefits (Mollborn & Everett, 2012).

Still other theorists have proposed gender-based predictions for the association between sexual orientation and SES. Given that women earn less than men (American Association of University Women, 2013), same-sex male couples would be expected to earn higher income than different-sex couples, which would be expected to earn higher income than same-sex female couples. Household specialization theory (Becker, 1991) posits that individuals make rational choices about education and their career based on expectations of their future needs. For example, heterosexual women make choices about education, college majors, and career fields based on the anticipation of a relationship in which they will be partnered with a heterosexual man. This might lead to decreased income, education, and occupational attainment for women as partnership with a man generally increases one's income. Lesbian women expect to partner with a woman, which may increase their educational, occupational, and income aspirations, with the reverse being true for gay men (Berg & Lien, 2002; Black, Sanders, & Taylor, 2007).

Education

The majority of the research evidence suggests that LGB individuals are more highly educated than the general population. Black, Gates, Sanders, and Taylor (2000) utilized data from the 1990 U.S. Census and found that men and women in cohabiting same-sex couples attained higher levels of education (college and graduate degrees) than men and women in cohabiting different-sex couples. This finding has been replicated (Allegretto & Arthur, 2001; Black et al., 2007) across the 1990 and 2000 U.S. Census surveys. Other authors analyzed pooled data from the GSS from 1989 to 1996 and found that gay men and lesbian women were more likely than heterosexual men and women to hold a graduate degree, but that the effects were most clear for men (Berg & Lien, 2002; Black et al., 2000; Blandford, 2003). However, lesbian women were more likely to drop out of high school than heterosexual women (Berg & Lien, 2002). More recent GSS data from 2008 suggest the same trend of higher education for LGB individuals, though the effects from this year did not reach statistical significance (Gates, 2010). Another nationally representative sam-

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ple was drawn from the Knowledge Networks panel in 2005 and asked respondents about sexual orientation directly. Researchers analyzed this data on 719 LGB individuals and documented an education advantage for lesbian women and gay men compared to heterosexual individuals, but no significant difference in education level between bisexual and heterosexual men and women (Herek, Norton, Allen, & Sims, 2010). Similar results were documented in the NHANES-III, a population-based survey administered from 1988 to 1996, in which gay men were less likely than heterosexual men to drop out of high school and more likely to graduate from college (Carpenter, 2007). In a large probability sample representative of the population in California (California Health Interview Survey; CHIS) conducted in 2001, Carpenter (2005) documented the same pattern of higher education levels for self-identified gay men and lesbian women than the general population. However, these findings are contradicted by a Gallup poll of over 120,000 individuals showing that, as a pooled group, LGB and transgender individuals report lower levels of education (Gates & Newport, 2012).

The finding of higher education levels for LGB compared with heterosexual individuals is most consistent with self-selection theories, predictions related to the higher levels of acceptance in college environments and desire of sexual minorities to avoid blue collar occupations, and theories on "overachievement" of LGB individuals as compensation for past and future discrimination. The finding is mostly inconsistent with minority stress or gender-based explanations.

Income and Poverty Rates

The research literature on the effects of sexual orientation on income is less clear than on education. However, the majority of population-based studies have shown that, at an individual level, lesbian women earn higher wages than heterosexual women whereas gay men earn lower wages than heterosexual men. At a couple or household level, same-sex female couples earn lower wages than different-sex couples whereas same-sex male couples earn higher wages.

In analyses of the 1990 U.S. Census data, researchers discovered this predominant pattern of lower income for gay men but higher income for lesbian women, compared with heterosexual men and women (Allegretto & Arthur, 2001; Black et al., 2000; Klawitter & Flatt, 1998), along with higher household income for gay couples and lower household income for lesbian couples, compared to heterosexual couples (Klawitter & Flatt, 1998). Similarly, analyses of data from the 2000 U.S. Census indicated that gay men earned less income than heterosexual men and lesbian women earned higher income than heterosexual women (Baumle, 2013; Baumle & Poston, 2011), but that households headed by gay couples earned 25% higher income than heterosexual couples, and lesbian-headed households were not significantly different from heterosexuals (Black et al., 2007). Additional analyses showed that poverty rates (based on household composition and income) were higher for lesbian than heterosexual couples but lower for gay couples. However, when controlling for factors related to poverty, including race/ethnicity, employment, education, age, number of children, and disability, both male and female same-sex couples had higher poverty rates than different-sex couples. Child poverty rates are higher for those living with same-sex parents (20%) than opposite sex parents (9.4%) (Albelda et al., 2009).

Data from the 1988 to 1991 GSS revealed that LGB individuals earned lower income than heterosexual individuals, most notably for gay men who earned 11% to 27% less than heterosexual men (Badgett, 1995). Additional GSS analyses pooling 1989 to 1996 data and replicating with 1992 National Health and Social Life Survey (NHSLS) data, however, have consistently found the predominant pattern of higher income for lesbian women (ranging from 17–34% across models) and lower income for gay men (14% to 32%) compared with same-gender heterosexual counterparts (Berg & Lien, 2002; Black et al., 2000; Black, Makar, Sanders, & Taylor, 2003; Blandford, 2003).

Data from the 2002 National Survey of Family Growth showed that lesbian and bisexual women are more likely to fall below the poverty line (based on family income) than heterosexual women, but that gay and bisexual men were not significantly different from heterosexual men in poverty rates (Albelda et al., 2009). Other researchers documented using NHANES-III data that gay men earned 23% to 30% less than heterosexual men from 1998 to 1996 (Carpenter, 2007). A recent Gallup poll documented that LGB and transgender individuals, as a pooled group, reported lower income than heterosexual individuals (Gates & Newport, 2012). Data from a longitudinal representative sample of 11,600 university graduates in the Netherlands collected from 1998 to 2002 found this same pattern: a 2% to 5% "penalty" for gay men (defined by patterns of attraction) in monthly income compared with heterosexual men and a 2% to 3% "premium" for lesbian women compared with heterosexual women (Plug & Berkhout, 2004). CHIS data from 2001 revealed this same income pattern in California, but the effects did not reach statistical significance (Carpenter, 2005). CHIS analyses from 2003 and 2005 showed lower poverty rates (defined by family income) for self-identified gay and bisexual men than heterosexual men, but no significant differences between lesbian, bisexual, and heterosexual women in rates of poverty (Albelda et al., 2009).

These results are consistent with gender-based household specialization theories. Because men earn higher incomes than women, we would expect that gay couples would earn higher income than heterosexual couples, and lesbian couples would earn the least income at the couple or family level. However, if individuals make rational career choices based on expectations of future household arrangements, including the sex of one's partner, then we might expect gay men to earn less income than heterosexual men but lesbian women to earn higher income than heterosexual women. The income findings show that gay couples earn higher income and lesbian couples earn lower income than heterosexual couples, but gay men earn lower income and lesbian women earn higher income than their heterosexual male and female counterparts, respectively. It should be noted, however, that some studies (e.g., Gates & Newport, 2012) provide support for a minority stress perspective. Although it is plausible that employment status would impact income (e.g., if lesbian women are more likely than heterosexual women to work outside the home, it would make sense that they earn higher wages), the majority of the studies cited in this section either restricted their samples to full-time workers or statistically controlled for employment status in their analyses in order to allay this concern.

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Occupational Choice

Fewer studies have examined the effect of sexual orientation on occupational choices, but the results are generally consistent. Beginning at the level of selecting a college major, gay men are more likely than heterosexual men to choose "typically female" majors, whereas lesbian women are less likely than heterosexual women to do so (calculated by taking the percent female within each major and taking the mean of those percentages over the individuals within each demographic group). This index resulted in 61% for heterosexual women, 54% for lesbian women, 44% for gay men, and 34% for heterosexual men, according the 1993 National Survey of College Graduates data (Black, Sanders, & Taylor, 2007). Specifically, gay male students are more likely than heterosexual male students to choose social, health, and art studies and less likely to choose financial or technical degrees. According to longitudinal data from The Netherlands, gay men are subsequently more likely to enter care-related or human resources careers, whereas heterosexual men are more likely to work in technical and economic sectors (Plug & Berkhout, 2004). Population-based studies in the U.S. have suggested that gay and bisexual men are disproportionately represented in management, teaching, and sales positions (Allegretto & Arthur, 2001), as well as "female-identified" professional specialty occupations, but are underrepresented in low-skill jobs, precision production, repair, and the construction industry (Berg & Lien, 2002; Blandford, 2003; Carpenter, 2005). On the other hand, lesbian women are more likely than heterosexual women to work in low-skill jobs (Berg & Lien, 2002), service occupations (Badgett, 1995; Blandford, 2003), and executive/professional fields (Carpenter, 2005), but less likely to work in administrative support or clerical positions (Badgett, 1995; Blandford, 2003; Carpenter, 2005).

Summary and Conclusions

Although the results are somewhat complicated, showing higher education for LGB people, gender-based income results, and occupational selection based on sexual orientation, they suggest that the "myth of gay affluence" is an oversimplification at best and is grossly inaccurate at worst. LGB individuals are at least as socioeconomically diverse as heterosexual individuals, warranting additional attention to this intersection. The results also suggest that the higher education level of LGB individuals is not reflected in the individual income of gay men or the family income of lesbian couples. Future research should seek to identify the mechanism for this discrepancy (e.g., employment or wage discrimination, occupational selection). It would also be useful to investigate whether the income disparities are even more apparent when accounting for the relatively high education level of LGB individuals.

Part 2: Research on Lower-SES LGB Individuals

Qualitative Research

Preliminary research on the intersection of sexual orientation and SES has come from qualitative interviews with lower-SES LGB individuals. In an ethnographic study of 39 gay and bisexual working-class men, Appleby (2001) documented unique concerns: maintaining a "blue collar mentality" of hard work and self-reliance, perceived difference from the mainstream gay community with some men describing discrimination from middle-class gay individuals, avoidance of health and social service organizations because of inconsistencies with working-class values in appearing vulnerable, exposure to physical violence in early childhood environments, and academic settings that were both antigay and antiworking class. Additionally, most men were careful about disclosing their sexual orientation to others, which they described not "as a form of passing, but as survival." Another study examined the lived experiences of 10 working-class gay men in Toronto (Mallon, 2001). These men discussed the disconnect between themselves and the mainstream LGB community which does not accept them as working-class men. Most of the men were not active in the local gay community. Chapple, Kippax, and Smith (1998) similarly concluded from interviews with eight older gay men that lower social class was related to decreased access to the gay community and lower likelihood of identifying as gay. Other authors have noted that working-class gay men in their samples adopted traditionally masculine appearances (Barrett, 2000), were hesitant to adopt a gay identity (Connell, Davis, & Dowsett, 1993), and frequently engaged in anonymous sexual activity in public cruising areas (Barrett, 2000). Taylor's (2007) qualitative research on working-class lesbian women revealed early disruptions in their childhood environments, an antigay and antiworking class educational system, restrictive workplace environments, and perceived exclusion from the "trendy, commercial gay scene" because of both gender and class differences. Quantitative studies have also begun to confirm many of these trends as outlined in the following sections.

Hostile Environments

Research on the intersection of SES and sexual orientation has revealed that lower-SES individuals may reside in a less accepting environment of sexual orientation diversity. Though recent polls have documented a steady increase in public acceptance of same-sex sexuality over time, levels of acceptance remain much lower among respondents with less education and lower income (Bowman & Foster, 2008). Overall, higher levels of education are associated with more tolerant and less homophobic attitudes (Ohlander, Batalova, & Treas, 2005; Walch et al., 2010). This suggests that if lower-SES LGB individuals are living and working in environments with other lower-SES individuals, they may have greater daily exposure to antigay attitudes (Barrett & Pollack, 2005). Preliminary research has also suggested that poorer, working-class LGB individuals are more likely to experience and expect physical violence than their counterparts with more resources and are less likely to receive support from family to confront mistreatment (Meyer, 2010).

Consistent with these findings, lower-SES academic environments may be more stressful than higher-SES environments for LGB youth. In a population-based study of more than 5,000 LGBT high school students, researchers found that those who were less educated and lived in rural areas endured increased discrimination (Kosciw, Greytak, & Diaz, 2009). The percentage of college-educated adults in the school district was inversely related to antigay victimization, including frequent experiences of verbal and physical harassment and assault in school. District-level poverty was positively related to victimization and significantly contrib-

uted to the overall model, indicating that education alone does not account for these effects.

Strict Standards for Gender Role Conformity

Lower-SES environments may have stricter standards for gender role conformity, which are often perceived as violated by gay and bisexual men. Women and men with higher income, education, and occupational status express more egalitarian gender role attitudes (Bolzendahl & Myers, 2004; Crompton & Lyonette, 2005; Marks, Bun, & McHale, 2009), and children of parents with higher levels of education also express more egalitarian beliefs (Antill, Cunningham, & Cotton, 2003; Kulik, 2002). Shinn and O'Brien (2008) analyzed parent–child communication patterns and found social class differences such that traditionally masculine standards are more often promoted in families with less education and lower occupational status. Researchers have documented distinctly masculine work environments, with "standards of physical prowess and sexual power," for working-class or blue-collar men (Connell, Davis, & Dowsett, 1993; Embrick, Walther, & Wickens, 2007). These differences in gender role attitudes potentially impact lower-SES LGB individuals in two ways (Barrett & Pollack, 2005). First, they may result in more hostile or antigay environments in lower-SES workplaces and communities. Indeed, a meta-analysis revealed that views on traditional gender roles contributed 23% of the variance in attitudes toward LGB people (Whitley, 2001). Second, they may result in difficulties interacting with the predominantly middle-class gay community because lower-SES LGB people have received different messages regarding the standards for expressing masculinity (Barrett & Pollack, 2005).

Isolation From the LGB Community

As discussed previously, the "myth of gay affluence" is perpetuated, in part, by the middle-class image of the LGB community in the media (Shugart, 2003), at the expense of marginalizing lower-SES individuals. This marginalization is also related to the "consumerist" LGB culture. For example, living in "gay neighborhoods" might demand financial resources unavailable to lower-SES LGB individuals. Participating in "visibly gay culture" may involve economic costs, including partaking in current trends within the community (Barrett & Pollack, 2005). Not only are financial costs incurred, but also occupational costs exist in that flexible work schedules are required for full participation, which may hinder involvement for lower-SES LGB people.

Even when working-class LGB people manage to participate in gay culture, qualitative research reviewed suggests they may not feel a sense of belonging, given class differences that predominate (Appleby, 2001; Mallon, 2001; Taylor, 2007). Individuals from lower-SES backgrounds (defined by income, education, or occupational status) have increased exposure to chaotic early childhood environments, including marital instability and experiences of violence (Conger, Conger, & Martin, 2010; Matthews & Gallo, 2011). Given research showing that examples seen in childhood predict adult relationship outcomes (e.g., Conger, Cui, & Bryant, 2001), lower-SES LGB individuals may have more difficulty forming long-term intimate relationships than higher-SES LGB individuals. This may also represent a difference from the increasing image portrayed of the mainstream LGB community as consisting of committed, monogamous relationships. Additionally, individuals from working-class family backgrounds may have learned different interaction styles from a young age than those from middle-class backgrounds (Lareau, 2002), making the formation of friendships within the middle-class gay community challenging.

Barrett and Pollack (2005) analyzed a probability sample of gay and bisexual men (defined by identity and sexual behavior), and found that men with lower income and education were less likely than men with higher income and education to identify as gay, socialize in the community through organized events, parties, or gay social groups, live in a predominantly gay neighborhood, or have a male primary partner. Higher education (but not income) predicted less time between first sexual experience with a male partner and first sexual orientation disclosure. Lower-income men were more likely to use "public cruising areas" for meeting and socializing with other men and less likely to use private parties. This quantitative research represents the best data we currently have suggesting that lower-SES gay and bisexual men are disconnected from the mainstream gay community.

Health Risk Behaviors

Research has documented that education and income are strongly predictive of self-rated health among LGB individuals (Thomeer, 2013). Even in the HIV/AIDS literature, which has received extensive attention, researchers may have largely ignored an important variable in determining risk. Perceived SES is consistently predictive of HIV risk (unprotected anal and oral intercourse), with lower-SES (defined by self-rating or use of social services) gay and bisexual men at significantly higher risk (Halkitis & Figueroa, 2013; Rosario, Schrimshaw, & Hunter, 2006). Lower educational attainment is also associated with earlier initiation of same-sex sexual activity among gay and bisexual men (Barrett, Pollack, & Tilden, 2002) and with less frequent condom use (Adler, 2006), both of which are related to HIV risk. Although scholars have focused extensively on race/ethnicity in understanding sexual risk among gay and bisexual men, SES has been understudied (Institute of Medicine, 2011). However, adjusted models show that the effects of race/ethnicity on HIV risk are nonsignificant after accounting for self-rated SES (Halkitis & Figueroa, 2013), consistent with research documenting that social context plays a powerful role in HIV transmission (Peterson & Jones, 2009). A study on more than 5,000 gay men in small cities found that lower education level was associated with unprotected anal intercourse above and beyond number of different male partners, personal risk estimation, condom use behavioral intentions, safer sex social norm perception, and age (Kelly et al., 1995), suggesting that HIV prevention efforts among gay and bisexual men need to be especially focused on less-educated men. Finally, a longitudinal study of gay and bisexual men showed that the robust association between behavioral intentions to test and subsequent HIV testing was significant and positive among higher-SES (defined by income and education) individuals as expected, but was nonsignificant for lower-SES individuals (McGarrity & Huebner, 2014a). Levels of baseline behavioral intentions did not differ by SES. This research suggests that status differences in HIV risk may not be attributable to differences in intentions or motivation, as a variety of health behavior theories would suggest (e.g.,

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Fishbein & Ajzen, 1975), but instead might be attributable to structural and psychosocial barriers lower-SES individuals face in enacting intentions.

Research has also suggested that lower-SES LGB individuals may engage in other harmful health behaviors at higher frequencies than higher-SES LGB individuals. Cigarette use is more frequent among both lesbian women and gay men with lower levels of education than among those with higher levels of education, and marijuana use is more frequent among gay men with less education as well (Skinner, 1994). In a multistage probability sample of young gay and bisexual men, Greenwood and colleagues (2001) found that men employed in service occupations and blue-collar positions were more likely to be heavy consumers of alcohol and illicit substances and more likely to be polydrug users than men employed in professional occupations.

Given the limited literature on health behaviors among lower-SES LGB individuals, it may be useful to make predictions from the SES literature more broadly. The health behaviors most strongly associated with premature mortality in the United States include "tobacco use, lack of exercise, underconsumption of fruits and vegetables, and overconsumption of fats and sugars" (Adler, 2009). Each of these health-risk behaviors is strongly correlated with SES. Health-relevant behaviors account for approximately one third of the association between SES and health (Lantz et al., 2001), suggesting that these behaviors may be important in studying health disparities more broadly. Given this knowledge, we would expect the same pattern for LGB individuals in varying socioeconomic positions. These and other health risk factors may translate into disparities in overall health status.

Part 3: SES as Context for LGB Minority Stress Processes

Theoretical Predictions

We can draw on the SES literature more generally to make predictions about the unique experiences of lower-SES LGB individuals. Given predictions from the reserve capacity model, we might expect that the minority stress processes related to sexual orientation may impact health differentially based on SES. An integration of the reserve capacity model, minority stress theory, and existing research on SES would suggest increased exposure among lower-SES LGB individuals to experiences of antigay discrimination, less disclosure of one's sexual orientation to others (if disclosure is perceived as stressful), and higher levels of internalized homophobia and perceived stigma. It would also suggest that the impact of minority stressors on health would be exacerbated for lower-SES LGB individuals who are more vulnerable psychologically and physically due to the availability of fewer resources for coping with stressful life events.

SES as Context for Health Disparities

Two studies have now documented that a sexual orientation health disparity only appears when controlling for SES (Liu, Reczek, & Brown, 2013; Thomeer, 2013). In an analysis of aggregated GSS data from 1991 to 2010, Thomeer (2013) found that, consistent with other population-based research, lesbian women and gay men reported higher levels of education than heterosexual participants, whereas only lesbian women reported higher levels of income. In a model predicting self-rated health, the sexual orientation disparity was not present, even after controlling for age, race/ethnicity, marital status, and interview year. However, when education and income were added to the model, a "suppression effect" was documented in which LGB respondents were 51% more likely to report fair or poor health than heterosexual respondents. The overall SES advantage present for sexual minorities in this study masked their health disadvantage. These results suggest the importance of examining LGB health disparities in the context of SES. In an analysis of aggregated, population-based data from the 1997 to 2009 National Health Interview Surveys (NHIS), Liu and colleagues (2013) compared different-sex married couples to same-sex cohabiting couples and found that, without controlling for SES, the odds of reporting poor or fair health were not significantly different. With the addition of SES (defined by education, poverty status, and insurance coverage) to the model, the health disparity emerged in which same-sex cohabiting couples had greater odds of reporting poor or fair health compared to different-sex married counterparts. This study similarly suggests that health disparities documented in other studies may have resulted in conservative estimates if they did not take SES into account.

SES as Context for Minority Stress Processes

Meyer's (1995, 2003) minority stress model proposed four minority stress processes that may account for health disparities between heterosexual and LGB individuals: concealment, discrimination, internalized homophobia, and expectations of rejection. The literature on SES as context for these processes is reviewed below.

SES as context for disclosure and concealment. Several studies have now examined whether SES influences the likelihood that LGB individuals have disclosed their sexual orientation to others. Overall, the literature suggests that sexual orientation "outness" is not bivariately associated with SES (Barrett, Pollack, & Tilden, 2002; Barrett & Pollack, 2005; D'Augelli, Grossman, & Starks, 2005; Gates, 2010; McGarrity & Huebner, 2014b). D'Augelli and colleagues (2005) examined a longitudinal sample of LGB youth and found that parents' occupational status did not predict whether they were aware of their LGB youth's orientation. In a series of articles (including results from a population-based study), Barrett and Pollack (Barrett, Pollack, & Tilden, 2002; Barrett & Pollack, 2005) reported that "outness" was not related to individual income or education among adult gay and bisexual men. Similarly, Gates (2010) analyzed 2008 GSS data and found that "outness" was unrelated to education among LGB adults. However, more nuanced analyses have revealed significant patterns. In a sample of bisexual men (defined by sexual behavior), Schrimshaw and colleagues (2013) distinguished between disclosure and concealment, usually analyzed as opposite poles of the same spectrum. These authors found that higher-income bisexual men were more likely than lower-income men both to actively conceal and to disclose their sexual orientation to others. The explanation proposed for this seemingly paradoxical finding was that higher-income men may conceal more than lower-income men because they perceive that they have "more to lose" in financial stability, career advancement, and overall reputation. However, higher-

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income men may also disclose more than lower-income men because they have greater exposure to affirming environments. Kennamer and colleagues (2000) found that race/ethnicity was important in understanding the association between SES and disclosure of sexual orientation. Specifically, Caucasian gay and bisexual men were more likely to disclose their sexual orientation to others with increased levels of education, whereas African American gay and bisexual men were less likely to disclose with increased levels of education. "Outness" may be associated with positive outcomes among highly educated Caucasian individuals, but, given heightened stigma associated with being gay in the African American community, highly educated African American individuals may choose not to disclose.

Although research overall suggests that "outness" is not bivariately associated with SES, moderation findings indicate that SES may provide a context for the health effects of disclosure (McGarrity & Huebner, 2014b). One study analyzed longitudinal data in a sample of gay and bisexual men (n = 564) and found that a composite of education and income significantly moderated associations between "outness" and markers of physical health. Among higher-SES individuals, higher levels of disclosure were associated prospectively with significantly fewer physician visits and marginally less frequent use of nonprescription medications, but not with physical symptoms. Among lower-SES individuals, disclosure was unrelated to physician visits, but higher levels of outness were associated with significantly more frequent use of nonprescription medications and significantly more physical symptoms. The common assumption that being open about one's sexual orientation is universally healthy may be a phenomenon characterizing individuals in higher-SES environments and may be less accurate (or inaccurate) for lower-SES LGB people.

SES as context for discrimination. In general, lower-SES individuals are exposed to more negative life events and chronic stressors than higher-SES individuals, regardless of how SES is defined (Brady & Matthews, 2002; McLeod & Kessler, 1990; Matthews et al., 2000; Matthews, Gallo, & Taylor, 2010). Fewer studies have investigated the association between SES and discrimination-specific stress, but most have documented a positive linear relation such that individuals with higher levels of education report experiencing more discrimination than individuals with lower levels of education (Forman, Williams, & Jackson, 1997; Gary, 1995; Sigelman & Welch, 1991). Findings on the association between income and discrimination have been less consistent (Chen & Paterson, 2006; Forman, Williams, & Jackson, 1997; Gamarel et al., 2012; Gary, 1995; Sigelman & Welch, 1991). For example, Forman and colleagues (1997) found that income was bivariately associated with perceived discrimination such that higher-income participants reported more experiences of discrimination. However, in multivariate analyses that controlled for education, the association between income and discrimination reversed in a negative direction. Some authors have suggested that lower-SES people may *experience* more discrimination than higher-SES people but may be less likely to *perceive* or *report* these experiences as discrimination (Huebner & Davis, 2007; Krieger et al., 2010; Krieger & Sidney, 1996). This hypothesis is understudied, particularly as it applies to antigay discrimination and LGB samples. In one study, Gamarel and colleagues (2012) found that higher-income gay and bisexual men reported significantly less discrimination and lower perceived impact on their lives than lower-income men, but found that education was not significantly associated with discrimination. Chae and colleagues (2010) found that perceived discrimination significantly predicted psychiatric morbidity in a sample of working-class LGB individuals.

SES researchers have shifted focus from differential exposure to stressful experiences based on SES to differential vulnerability to the psychological and physical consequences of experiencing the same negative events, consistent with the reserve capacity model. Empirical evidence supports the idea that lower-SES individuals are more emotionally vulnerable than higher-SES individuals, both in terms of depressive and psychophysiological symptoms, after experiencing the same stressful life events (Chen & Matthews, 2001; Dohrenwend, 1973; Flory, Matthews, & Owens, 1998; Hobfoll, 1988; Kessler, 1979; McLeod & Kessler, 1990). Research also indicates that lower-SES individuals (defined by occupational status and education) perceive greater threat than higher-SES individuals in response to ambiguous scenarios (Chen & Matthews, 2003). This differential vulnerability exists across a variety of negative life events, including those unrelated to financial stress (McLeod & Kessler, 1990).

Researchers have also begun to document that SES may be important for understanding homophobia and antigay discrimination. In a study of relatively well-educated Latino gay and bisexual men (n = 912), most reported financial hardship in the past six months with high levels of unemployment (Diaz, Ayala, Bein, Henne, & Marin, 2001). Poverty and financial hardship were as predictive of suicidal ideation as homophobia and racism in the overall model. In predicting psychological symptoms, poverty was significant above and beyond social isolation, low self-esteem, social discrimination, and low resiliency. Racism became nonsignificant with poverty included in the model. Finally, poverty was strongly predictive of social isolation and low self-esteem, even after accounting for homophobia, racism, and low resiliency. In another relatively high-SES sample of gay and bisexual men (n = 294) recruited at a community event in New York City, self-rated "socioeconomic position" emerged as the most important domain of discrimination in relation to psychological distress (Gamarel et al., 2012). Participants who reported attributing discrimination to SES, as opposed to race/ethnicity, sexual orientation, gender, age, or HIV status, also perceived higher impact of discrimination in their lives and reported significantly higher depression and anxiety scores. These effects are consistent with research showing that SES effects on health are not only attributable to differences between wealth and poverty but are present at all levels of the hierarchy (Adler et al., 1994).

The limited research on SES as context for discrimination has yielded mixed findings. Some studies have supported the hypothesis predicted by the reserve capacity model that the association between perceived discrimination and health is strongest for individuals with less education (Kessler, Mickelson, & Williams, 1999). Some authors have failed to find that SES (whether defined by education, income, or occupational status) moderates the association between discrimination and mental or physical health (Borrell et al., 2010; Karlsen & Nazroo, 2002; Ren, Amick, & Williams, 1999). Other authors have documented an unusual moderation finding for discrimination based on both sexual orientation (Huebner & Davis, 2007; Krieger &

Sidney, 1997) and race/ethnicity (Caughy, O'Campo, & Muntaner, 2004; Krieger et al., 2010; Krieger & Sidney, 1996). Whereas the expected positive linear association between discrimination and health emerged for higher-SES participants (defined by education, neighborhood poverty, or occupational status), a U- or J-shaped curvilinear relation was found for lower-SES participants. Those who reported extremely low or high levels of discrimination experienced the worst health. The leading explanation highlights self-reported discrimination as inevitably *perceived* and *reported*. It may be that low levels of discrimination reported by higher-SES individuals accurately reflect the lack of personally experiencing discrimination. However, when lower-SES individuals report very low levels of discrimination, it may reflect the same lack of discrimination or may be more likely to reflect "denial" of discrimination given that lower levels of education are associated with less knowledge and awareness about discrimination against marginalized groups. This "denial" may be associated with health impairment, creating the curvilinear pattern documented (Krieger et al., 2010). Alternatively, both higher-SES and lower-SES individuals may be engaging in "denial" of discrimination, but the negative psychological and physical effects of doing so may be more severe for lower-SES individuals (Huebner & Davis, 2007), potentially because of increased vulnerability to stress. Unfortunately, the existing literature is limited on the contextual role of SES in the association between antigay discrimination and health among sexual minorities.

SES as context for internalized homophobia and expectations of rejection. Although a growing body of research supports the role of SES as context for both discrimination and concealment of sexual orientation, the other stress processes proposed by the minority stress model have received much less attention. A population-based study of LGB individuals in New Zealand showed that higher-education participants were more satisfied with their LGB identity than lower-education participants (Henrickson, 2008), suggesting a possible SES difference in internalized homophobia. Researchers have recently documented an inverse association between education and internalized homophobia in a large prospective study of gay and bisexual men (Herrick et al., 2013), a study conducted with MSM in South Africa (Vu, Tun, Sheehy, & Nel, 2012), and an online sample of gay and bisexual men (Weber-Gilmore, Rose, & Rubinstein, 2011). Each of these studies showed that higher-educated men reported less internalized homophobia. However, income (Weber-Gilmore, Rose, & Rubinstein, 2011) and occupational status (Vu et al., 2012) are unrelated to internalized homophobia in multivariable models.

Although no research currently documents SES differences among LGB individuals in perceived stigma, it is reasonable to suspect that stigma perceptions would be greater for lower-SES LGB individuals compared to higher-SES individuals. This prediction is plausible because of the documented differences in attitudinal stigma and hostility toward sexual minorities within lower-SES communities (Ohlander, Batalova, & Treas, 2005; Walch et al., 2010). No studies have examined SES as a moderator for the associations between either internalized homophobia or perceived stigma and health.

Summary

Given that there is no integrated framework for understanding the role of SES in LGB health, I have proposed theory-based predictions and reviewed the existing literature in the preceding sections. Specifically, I reviewed three key areas at the intersection of SES and sexual orientation with the following conclusions.

1. Population-based studies have shown that LGB individuals report higher levels of education than the general population, but the pattern for individual income is more complicated: lesbian women earn higher wages than heterosexual women whereas gay men earn lower wages than heterosexual men. Research also suggests that occupational choices differ by sexual orientation, such that gay men are more likely than heterosexual men to choose "typically female" majors and careers whereas lesbian women are less likely than heterosexual women to enter these fields. Overall, the "myth of gay affluence" is inaccurate, given that LGB individuals are at least as socioeconomically diverse as heterosexual individuals.
2. Qualitative and quantitative studies have indicated that the intersection of being LGB and lower-SES represents a unique experience in several ways. Lower-SES LGB individuals may reside in a more hostile environment to LGB identity and expression, face stricter standards for gender role conformity, experience isolation from the mainstream LGB community, and engage in higher-risk health behaviors than higher-SES LGB individuals.
3. Preliminary evidence suggests that the minority stressors commonly studied as contributing factors to sexual orientation health disparities may differ by SES and that SES may provide an important context for understanding the impact of these stressors on health. Specifically, SES may moderate the associations between minority stress and health, such that lower-SES LGB individuals are more psychologically and physiologically vulnerable to the negative effects of discrimination and uniquely vulnerable to sexual orientation disclosure.

Implications and Future Directions

The research reviewed suggests that the intersection of SES and sexual orientation is health-relevant. From an intersectionality perspective, every individual occupies multiple social categories simultaneously, and we must examine these intersections in order to understand individual experiences (Bowleg, 2008; Cole, 2009; Crenshaw, 1991). Based on the review of this intersection and drawing on Cole's (2009) intersectional suggestions, some implications for future research directions emerge. First, researchers should reexamine the existing literature with increased awareness of how these social categories influence each other. Taking an intersectional perspective can encourage researchers to view the existing sexual orientation literature as predominantly a reflection of the experiences of white, middle-class, gay men rather than a reflection of the socioeconomic diversity of the LGB community. Second, researchers should hypothesize about predictors that have often gone unexamined. Because SES diversity exists within the LGB community, we might examine financial stress and poverty in addition to LGB-specific minority stressors in predicting health. Finally, unique interventions might emerge from this work that are inclusive of diversity within the LGB population. For example, if future research replicates the finding that sexual orientation "outness" is beneficial for health among higher-SES LGB people but

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harmful for health among lower-SES LGB people, researchers could uncover the mechanisms for this finding and develop interventions targeted to lower-SES LGB individuals. Rather than assuming that "coming out" is a universally positive approach for all LGB individuals, researchers might develop alternative health-promotion strategies for negotiating identity.

Although this review certainly points to the need to integrate research on SES into the LGB health literature, it also suggests that SES is a fundamental variable that should be examined more extensively in the field of psychology as a whole. Despite recognition for decades that SES is a powerful predictor of health status, researchers in the field have continued to largely control for SES without explicitly studying the construct. Given the research reviewed in this article showing that SES moderates each of the well-established links in the field of LGB health, it is possible that important findings in the field of psychology more broadly are dependent on an individual's status in the socioeconomic hierarchy as well. Without specific attention to SES in psychology research, we may continue as a field to assume that prominent theories and findings apply universally instead of recognizing that some apply only to more privileged groups.

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