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Article

Minority Stress Among South Asian LGBTQ+ Communities in the United States

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Highlights

Public health relevance—How does this work relate to a public health issue?

- South Asian American LGBTQ+ individuals experience minority stress, discrimination, and limited identity disclosure, all of which are associated with poorer mental health outcomes.
- Our study addresses a public health gap by documenting the sociodemographic characteristics and psychosocial stressors of an understudied population often excluded from health research.

Public health significance—Why is this work of significance to public health?

- Our study highlights how intersecting minority identities contribute to mental health burdens and barriers to social support among South Asian American LGBTQ+ individuals.
- Findings from our study provide the evidence necessary for developing culturally responsive mental health services and targeted public health interventions for members of this overlooked community.

Public health implications—What are the key implications or messages for practitioners, policy makers and/or researchers in public health?

- Mental health providers and public health practitioners should incorporate culturally competent, intersectionality-informed approaches when serving South Asian American LGBTQ+ individuals.
- Researchers and policymakers should prioritize inclusive data collection, community partnerships, and targeted support services to better address the unmet mental health and social needs of this population.

Abstract

Although the South Asian population in the United States is one of the country's most rapidly growing ethnic groups, no known studies have established a portrait of the minority stressors experienced by LGBTQ+ individuals in this demographic. Addressing this gap serves to identify if and how their intersectionality is experienced in the form of minority stress, which is an established determinant for their mental health and well-being. Minority stress theory and the subaltern status of sexual and gender minorities common in South Asian cultures offer reasons to expect challenges linked to these specific identities. Using data from a survey of South Asians residing in the United States (n = 101), we examine participants' range of outness and experiences of discrimination within the LGBTQ+ community and beyond in this descriptive study. Results indicate substantial numbers of South Asian American LGBTQ+ individuals restrict their levels of outness to only close relatives

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and friends, while most experience challenges due to their sexual/gender identity and their ethnic identity. Perceptions of discrimination based on ethnic identity within and beyond the broader LGBTQ+ community are correlated with more depressive symptoms. We conclude the South Asian American LGBTQ+ population's experiences reflect a considerable mental health burden, with important clinical implications, requiring future research using representative data at the national level.

Keywords: LGBTQ+; minority stress; sexual and gender minorities; South Asian Americans; intersectionality

1. Introduction

The tech boom that started in the 1990s drew substantial numbers of high-skilled individuals from South Asia to the United States [1], and evidence shows the South Asian population has grown quite rapidly since that time [2]. This population includes immigrants from Afghanistan, Bangladesh, India, Nepal, Pakistan, Sri Lanka, and the Maldives, as well as their descendants born in the United States. As the South Asian population has increased, the same can be expected of the LGBTQ+ segment of this community. Yet, very little research has focused on South Asian LGBTQ+ people in the United States, which reflects a sizable gap in our understanding of a demographic group that is not only increasing, but may possess unique challenges in their intersectionality. The LGBTQ+ community experiences variable levels of stress that are related to factors such as identity disclosure or outness, anti-LGBTQ+ prejudice, and heterosexist expectations [3]. The stresses arising from these factors are called minority stressors and are positioned to affect the well-being of this population [4]. However, a demographic portrait of these experiences for the South Asian LGBTQ+ population is absent from the existing literature. It is imperative to understand the minority stressors they encounter because not only will this improve their quality of life, but the lessons learned could be applied to other LGBTQ+ populations in the United States at the intersection of multiple identities. The current study, which is descriptive in nature, examines the experiences of minority stresses related to the sexual/gender identities and ethnicity of South Asian LGBTQ+ individuals in the United States, providing a demographic portrait that addresses a significant gap in the literature.

Focusing on the South Asian population is necessary in large part because they are among the country's most rapidly growing ethnic groups and serve as the largest Asian subgroup in the nation [5]. Some recent studies that have focused on this population in the United States and some aspects of sexuality have not placed a significant emphasis on sexual or gender identities. One study has examined mental health outcomes of South Asian survivors of sexual assault [6], while others have called for (and responded to) the important but distinct need to study the sexual health of South Asians [7,8]. Hence, it is clear the South Asian population in the United States is understudied, but this is especially true for South Asian individuals with LGBTQ+ identities.

While scholarly attention to the sexual health of this population is important, so too is an examination of their lived experiences in terms of outness, challenges, and support. Sexual and gender minority (SGM) populations, like those in the LGBTQ+ community, face significant threats to their mental health and overall well-being through multiple pathways. These pathways include possible discrimination, hostility, lack of support, and difficulty in maintaining a healthy self-image, and indeed, the linkages may be quite complex [9–11]. The status of being a member of the SGM population and the South Asian community may make it more difficult to maintain a positive self-image given the general

expectations of following norms that are based on tradition and culture, for example, entering an opposite-sex marriage [12]. Yet, ethnic identity alone serves as a consistent source of minority stress with the potential to strongly impact the lives and mental health of individuals [13]. Research guided by minority stress theory has found multiple minority statuses to significantly increase the risk of depression and suicide compared to individuals with one minority status, as well as individuals in non-minority groups [14].

The mechanisms of minority stress theory operate across a wide spectrum of minority statuses [4]. Using an intersectional lens, we argue that each minority status is likely to reflect unique elements that will vary the scope and intensity of the overall stress experienced by someone occupying multiple minority statuses [15,16]. In other words, the stress can and will manifest itself differently depending on specific minority statuses. It is particularly important to identify and assess the South Asian American LGBTQ+ population because, overall, the cultural traditions of South Asian countries tend to reflect more conservative views regarding sexual and gender minority identities despite societal progress that has positively impacted the lives of the SGM population in the subcontinent (e.g., decriminalization of homosexuality in India in 2018 [17]; Pakistan approving third sex marker X in passports in 2017 [18]; and Nepal provisionally approving same-sex marriage in 2023 [19]). These traditions may be tied to faiths common in South Asian countries, including Hinduism and Islam. For example, patriarchal and heteronormative Hindu customs and laws (e.g., Manusmriti) may promote stigmatizing views of sexual and gender minority statuses based on their moral framing of same-sex behaviors and gender expressions that deviate from patriarchal norms [20]. There is also considerable support suggesting a consistent thread of stigmatizing SGM statuses in many interpretations of Islam, even across many of its denominations [21]. Taken together, if and when the SGM status of individuals do not align with the traditional heteronormativity of South Asian cultures, they are unlikely to feel accepted within those groups [22]. This tension may influence a person's willingness or ability to be out, particularly to relatives and family friends, reflecting yet another source of minority stress.

It is well understood SGM people occupy a subordinate position in many traditional South Asian contexts. More specifically, research argues "queer" identities and cultures (in India) can be understood as subaltern, a position of subordination where individuals lack rights, legitimacy, and/or a general sense of cultural belonging [23]. Essentially, the intersectionality of LGBTQ+ South Asians in the United States positions them in a social framework such that while maintaining SGM statuses, they exist as racial/ethnic minorities within and beyond the LGBTQ+ community while also deviating from traditional norms of South Asian cultures. Identity-based experiences arising from the intersection of sexual and gender minority (SGM) status and racial/ethnic minority status may be conceptualized as dual marginalization or dual alienation [24,25]. Multiple minority identities promote the potential for dual alienation, such that one may feel like they cannot integrate their ethnic and sexual/gender identities, or simply promotes feelings of rejection in multiple communities [24]. This translates into subaltern statuses in the United States based on sexual/gender identities and ethnic identities, as well as a subaltern status as an ethnic minority within the LGBTQ+ community. Moreover, the cultural contexts of South Asian ethnic identities may perpetuate or even amplify the subaltern status of SGM individuals even while residing in the United States. The net impact of these multiple subaltern identities is unknown, particularly in terms of the person's comfort and ability to be out. More research is needed to account for the multiple marginalization experiences of LGBTQ+ people of color because the intersection of one's race–ethnicity may uniquely contribute to their gender/sexual identity development [25].

Our understanding of minority stress theory and the subaltern status of SGM people overall and more specifically in South Asian cultures combine to suggest South Asian American LGBTQ+ individuals are vulnerable to both enacted and felt stigma. Enacted stigma is reflected in experiences of discrimination or prejudice, whereas felt stigma is the fear or expectation of others' disapproval [26]. The former may be experienced by our population of interest based on their sexual/gender identities in the general population, and based on their ethnic identities, it may occur in the general population and/or within the LGBTQ+ community. Moreover, occupying an SGM status represents a deviation from the expectations of traditional South Asian cultures, thereby increasing the likelihood of experiencing felt stigma. The intersection of minority statuses exposes people to multiple patterns and degrees of both forms of stigma.

The current research literature lacks a portrait of the lived experiences of individuals who reflect these forms of intersectionality. It is important to establish the extent of one's identity disclosure, including their levels of outness across people in their social networks. A tension exists between ethnic group membership and sexual/gender identity for South Asian Americans who identify as an SGM because such identities reflect a certain level of differentiation within South Asian cultures. This differentiation may pose a threat to one's group membership specifically by deviating from similarity to others and lacking their validation [27], thereby promoting or amplifying concerns related to enacted and/or felt stigmas. Such concerns may factor into one's willingness to share their sexual or gender identity with family and/or close friends, and by extension, anyone else at all. Our study seeks to address this gap by reporting on measures of identity disclosure to gauge the degrees of one's outness across their social networks.

The current literature also lacks a rendering of if and how intersecting ethnicity and SGM statuses discretely and jointly contribute to minority stress experiences (e.g., discrimination, anger). Indeed, it is unclear if and how the ethnicity of South Asian Americans serves as a social stressor within and beyond LGBTQ+ communities. Our study also seeks to address this gap by reporting on measures indicating the extent to which one's South Asian identity is the source of prejudice and feelings of rejection within the LGBTQ+ community, as well as within the general population. Additionally, our measures reflect one's assessment of whether the intersection of their ethnicity and SGM status is particularly challenging, and if they have found their ethnic identity to be embraced within the LGBTQ+ community.

Therefore, our study utilizes unique measures to fill several knowledge gaps in the existing literature. Indeed, it is important to identify if and how South Asian LGBTQ+ in the United States experience challenges, discrimination, and/or acceptance as a function of both their ethnic origin and their sexual/gender identities. It is equally important to know the degree of identity disclosure (i.e., outness) across different domains of one's social network. Variations in identity disclosure may reflect how well positioned one is to cope with minority stress experiences. All of these measures are likely to be connected to feelings of social acceptance and overall psychological well-being. This study provides an important initial portrait of identity disclosure and minority stress experiences for South Asian Americans who identify as LGBTQ+.

2. Materials and Methods

This study uses data from an online cross-sectional survey conducted in 2022, colloquially known as Kabhi Khushi Kabhi Gham (K3G) that translates to "Happiness at times, Sadness at times." The survey was designed to collect pilot data on sociodemographic characteristics and minority stress experiences among South Asian American LGBTQ+ individuals. Study materials and procedures were approved by the Institutional Review Board

of Texas State University. Informed consent was obtained from all individual participants included in the study.

Participants were recruited by contacting moderators of South Asian LGBTQ+ groups in the United States and requesting them to post advertisements on their social media channels (e.g., Facebook, Instagram, WhatsApp) or to share the survey link with their mailing lists. Individuals who clicked through to the study's landing page programmed in Qualtrics were presented with a brief overview of the research procedures and screened for eligibility. The study's eligibility criteria included being at least 18 years of age, identifying as a South Asian resident of the United States, and identifying as a member of the LGBTQ+ community. Individuals who met the eligibility criteria were directed to the K3G survey that took approximately 15 min to complete. Individuals who did not provide informed consent or meet the eligibility criteria were directed to the study's terminal page and thanked for their time and interest.

Sociodemographic information collected from participants included their age, ethnic origin, place of birth, duration of residence in the United States, religion, education status, employment status, and relationship status. Regarding minority stress experiences, the survey included questions on LGBTQ+ identity disclosure (i.e., outness) as well as experiences of discrimination. Specifically, participants were asked to indicate the degree to which they had disclosed their sexual and/or gender identity to their family members, to their social contacts, and to their professional contacts (i.e., out to none, out to a select few, out to some, out to most, and out to all). The three-item disclosure scale with values ranging from 3 to 15 demonstrated acceptable internal consistency ($\alpha = 0.70$), and it reflects a standard approach to measuring outness of the respondents across the domains of family, friends, and coworkers (see [28]). The participants were asked how strongly they agreed to statements about their experiences with discrimination based on their South Asian identity within the general population, as well as their experiences of discrimination within the LGBTQ+ community because of their South Asian identity. Data for each domain were collected as a 5-point Likert item (i.e., strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, and strongly disagree) but combined into three categories (i.e., agree, neither agree nor disagree, and disagree) due to small cell sizes. Finally, the presence and severity of depression symptoms were measured using the widely adopted Patient Health Questionnaire-9 (PHQ-9) scale [29].

Given this article's focus on sociodemographic characteristics and minority stress experiences, the analytic sample was restricted to 101 participants who provided complete information on these variables. Statistical analyses were conducted using SPSS version 30. Descriptive statistics, including frequencies and percentages, were computed to summarize the quantitative survey data. Bivariate analyses were conducted to compare the relationships between the minority stress variables and depression. Minority stress was assessed from two separate variables that measured LGBTQ+ identity disclosure and discrimination. We created an overall outness variable by summating the three LGBTQ+ identity disclosure variables that captured the extent to which the respondents were out to their family members, social contacts, and professional contacts. Because responses to each of these three questions ranged from 1 (out to none) to 5 (out to all), this overall outness variable could range from 3 to 15, with higher values indicating higher levels of outness. We used a *t*-test to assess if mean depression scores varied significantly between those with outness levels that were below or at average outness and those with outness levels above the average outness for the sample. To create an overall discrimination variable, we summated the two variables that measured experiencing discrimination within the general population and within the LGBTQ+ community because of the respondents' South Asian identity. Because our response categories in each of these questions were re-coded

as 1 (agree), 2 (neither agree nor disagree), and 3 (disagree) due to small cell sizes, the overall discrimination variable could range from 2 to 6, with higher values indicating high levels of experienced discrimination. The reliability of the PHQ-9 scale for our sample was high, with a Cronbach's alpha of 0.89, and scores ranged from 0 to 25. Similar to prior studies, we used five categories to quantify the presence and severity of depression symptoms: minimal (0–4), mild (5–9), moderate (10–14), moderately severe (15–19), and severe (20–27) [29]. We used the Goodman and Kruskal's Gamma statistic to assess the relationship between discrimination and depression.

3. Results

The mean of the PHQ-9 depression scale for the 101 South Asian LGBTQ+ participants was 7.56 out of a maximum value of 25 (Table 1). The distribution of the depression scores shows that almost two out of three in the sample exhibited minimal to mild levels of depression while about one in three exhibited moderate to severe levels of depression. Taken together, the data presented indicates that the participants indicated depression levels on the lower side of the scale.

Table 1. Distribution of PHQ-9 scores for the sample.

	n	**(Mean, %)**	**SD**
Depression (0–25)	101	7.56	6.00
Level of Depression			
Minimal (0–4)	41	40.59	
Mild (5–9)	26	25.74	
Moderate (10–14)	21	20.79	
Moderately Severe (15–19)	9	8.91	
Severe (20–25)	4	3.97	
Total	101	100	

Sociodemographic characteristics of the participants are presented in Table 2. Approximately half (50%) of participants were aged between 25 and 34 years. Regarding ethnic origin, the majority (81%) reported being Indian, followed by Pakistani (11%), Nepali (4%), and Bangladeshi (4%). Almost two-thirds of the participants (64%) were born abroad, and the majority (73%) had been residing in the United States for ≥10 years. Regarding religion, more than half (57%) of the participants indicated being atheist or agnostic or non-practicing. Of those who practiced some religion, the majority (27%) indicated practicing Hinduism, followed by Islam (10%) and Christianity (2%). Notably, more than 9 in 10 participants had a college degree or higher education level. Regarding employment status, the majority of participants (90%) were working full-time or part-time. Finally, almost half of the participants (48%) were partnered.

Table 3 summarizes the minority stress experiences of 101 participants. Regarding disclosure of their LGBTQ+ identities, just over half of the participants (56%) were out to most or all people in general, while more than two-fifths (44%) were out to only some, a select few, or none. Much of this identity disclosure appears driven by participants' social contacts, where more than three-fourths of the participants (78%) were out to most or all individuals in that domain. Only about half (53%) of the participants were out to most or all professional contacts (e.g., coworkers, supervisors), and only slightly over one-third

(36%) were out to most or all family members. Despite (or sometimes perhaps because of) high levels of disclosure, a greater proportion considered life as an LGBTQ+ person to be challenging because of their South Asian identity. Indeed, almost all of the participants agreed that life was challenging as an LGBTQ+ person because of their South Asian identity (93%), with only a single participant disagreeing with this notion. Additionally, almost three-fourths of the participants (73%) reported experiencing discrimination within the general population because of their South Asian identity, and almost 7 out of 10 (69%) reported experiencing discrimination within the LGBTQ+ community because of their South Asian identity.

Table 2. Sociodemographic characteristics of 101 South Asian American LGBTQ+ participants in K3G.

Characteristic	*n*	(%)
Age		
≤24 years	20	(19.80)
25–34 years	53	(52.48)
35–44 years	19	(18.81)
≥45 years	9	(8.91)
Ethnic origin		
Indian	82	(81.19)
Pakistani	11	(10.89)
Nepali	4	(3.96)
Bangladeshi	4	(3.96)
Place of birth		
United States	37	(36.63)
Outside the United States	64	(63.37)
Duration of residence in the United States		
<10 years	29	(28.71)
≥10 years	72	(71.29)
Religion		
Hinduism	26	(25.74)
Islam	10	(9.90)
Christianity	2	(1.98)
Atheism or agnosticism or none	58	(57.43)
Other	5	(4.95)
Education level		
Some college (no degree) or lower	10	(9.90)
College degree or higher	91	(90.10)
Employment status		
Working full-time or part-time	91	(90.10)
Not employed	10	(9.90)
Relationship status		
Single	53	(52.48)
Partnered	48	(47.52)

Table 3. Minority stress experiences of 101 South Asian American LGBTQ+ participants in K3G.

Characteristic	*n*	(%)
Identity disclosure		
Family members		
Out to none	16	(15.84)
Out to a select few	40	(39.60)
Out to some	9	(8.91)
Out to most	19	(18.81)
Out to all	17	(16.83)
Social contacts (e.g., friends, acquaintances)		
Out to none	0	(0.00)
Out to a select few	13	(12.87)
Out to some	9	(8.91)
Out to most	24	(23.76)
Out to all	55	(54.46)
Professional contacts (e.g., coworkers, supervisors)		
Out to none	15	(14.85)
Out to a select few	19	(18.81)
Out to some	14	(13.86)
Out to most	24	(23.76)
Out to all	29	(28.71)
Ethnicity-related experiences		
Feel that life as LGBTQ+ person can be challenging especially because of South Asian heritage		
Agree	94	(93.07)
Neither agree nor disagree	6	(5.94)
Disagree	1	(0.99)
Have experienced discrimination within the general population because of their South Asian identity		
Agree	73	(72.28)
Neither agree nor disagree	13	(12.87)
Disagree	15	(14.85)
Have experienced discrimination within the LGBTQ+ community because of their South Asian identity		
Agree	69	(68.32)
Neither agree nor disagree	10	(9.90)
Disagree	22	(21.78)

Finally, results from the bivariate analyses indicate that although the mean depression scores for those with outness levels that were below or at average outness (8.35) were higher compared to those with outness levels above the average outness (7.09), the difference was not statistically significant (Table 4). However, the relationship between experiencing discrimination and depression was statistically significant ($p < 0.05$). Experiencing higher

levels of discrimination because of one's South Asian identity was associated with increased levels of depressive symptomatology (Table 5).

Table 4. Analysis of depression and outness using *t*-test.

Depression					
Outness	***n***	**Mean**	**Standard Deviation**	***t* (df)**	***p***
Lower than average	37	8.35	6.76	1.015 (99)	0.31
Average or higher than average	64	7.09	5.52		

Table 5. Analysis of depression and discrimination experience using Goodman and Kruskal's Gamma.

	Discrimination Experience Score [#]					Goodman and Kruskal's Gamma	*p*
Depression	2	3	4	5	6	0.254	0.036
Minimal	7	2	3	6	23		
Mild	4	2	4	5	11		
Moderate	0	0	6	4	11		
Moderately severe	0	0	0	0	9		
Severe	0	0	0	0	4		

[#] High values of discrimination experience scores indicate more agreement with experiencing discrimination within the general population and within the LGBTQ+ community because of the respondents' South Asian identity.

4. Discussion

In this descriptive paper, we present a picture of the sociodemographic characteristics and minority stress experiences of a sample of South Asian American LGBTQ+ individuals, a segment that has been overlooked in health-related research in the United States. Our portrait reflects social and demographic measures, as well as indicators of identity disclosure and stresses due to their multiple minority statuses. This study also attempts to lay the foundation for identifying mental health challenges faced by South Asian American LGBTQ+ individuals and developing interventions and support systems to improve their well-being and quality of life.

The demographic profile of our sample reflected some similarities to a recent study on cisgender gay and bisexual South Asians in the U.S. [8], where the majority of participants were young adults and also foreign born. The young age distribution also aligns with the age distribution of various South Asian ethnic groups in the United States [5]. The smaller proportion of older participants in this sample may be attributed to not being out, indicating a generational effect, or because of lower engagement in social media. In this study, those with an Indian origin overwhelmingly made up the largest share, consistent with the broader population wherein individuals of Indian origin comprise approximately 80% of the South Asian population [5,8]. The proportion of the sample that identified as atheist, agnostic, or not practicing any religion was markedly higher than the share of religiously unaffiliated Indians residing in the United States [30]. It is also notably distinct from the 28% of all adults in the U.S. who are religiously unaffiliated (atheist, agnostic, or "nothing in particular") [31]. Given the known challenges faced by many individuals in reconciling religious and (minority) sexual identities (see [32]), and the heteronormative

expectations and beliefs common in the predominant religions of South Asia [23], our data are not unexpected. It is possible the respondents' SGM status prompted a movement away from a traditional religious identity. Future research should assess how religion intersects with these other minority statuses, and if and how it may reflect patterns of outness and minority stress. Participants in this sample had high levels of education and employment. This is not surprising because a substantial segment of the South Asian population immigrates to the U.S. to pursue higher education and/or to be employed primarily in the information technology sector [8,33].

Participants in this study were asked questions related to their minority stress experiences, including their levels of outness and experiences with discrimination. In this study, over 70% of the participants were out to most or all of their social contacts, which is not surprising given that our sample was largely derived using the advertising of LGBTQ+ groups. Yet, it is notable that more than one-third of the participants reported little to no identity disclosure among professional contacts. This may signify concerns regarding the workplace culture of our studies' participants with potential implications not only for their mental health, but also their career and advancement opportunities. Given the high prevalence of reported discrimination and prejudice based on their South Asian ethnic identity, it is reasonable to believe non-disclosure to professional contacts may be motivated by fear of additional enacted and felt stigmas related to their LGBTQ+ identities.

The majority of the K3G survey respondents (55%) were either out to only a select few relatives or not out at all. This limited disclosure may be attributed to the documented stigma associated with queer identities within South Asian culture, where societal norms such as marrying partners of the opposite sex and following family traditions and customs are highly valued [34,35]. Overall, this trend suggests that disclosure is less likely to occur outside of the safer spaces of one's social network, such as friends and acquaintances.

In this study, we examined whether minority stress experienced by participants from the South Asian LGBTQ+ community has any association with mental well-being. We found, as expected, that those with higher levels of outness had a mean depression score that was lower than those with lower levels of outness, but this difference was not statistically significant. This is perhaps due to a small sample size. We also found that there was a statistically significant positive association between depression and having experienced discrimination based on one's South Asian identity. Taken together, these data indicate that minority stress may be detrimental to mental health and this aligns with studies performed with LGBTQ+ people belonging to communities of color [36].

These conclusions are echoed and reinforced in the patterns observed in other data [34,37]. There too, participants indicated that they encountered high levels of discrimination and cultural bias within the LGBTQ+ community and in the general population. Specific to this study, the data offer evidence to suggest that participants reported having experienced discrimination in the LGBTQ+ community because of their South Asian identity. At the same time, most of our sample reports that life as an LGBTQ+ individual is challenging because of their South Asian heritage. Taken together, these data reflect how intersecting minority statuses may promote problems of dual alienation and multiple marginalizations [24,25]. In this way, the findings support the notion that South Asian LGBTQ+ individuals are likely to experience hardships, including discrimination, which emerge from their occupation of multiple subaltern statuses.

Overall, there are several implications of this paper's findings. This paper provides a first-of-its-kind view into the sociodemographic makeup of South Asian LGBTQ+ individuals residing in the United States. Moreover, the results highlight the challenges of dual alienation and multiple marginalization faced by members of the South Asian American LGBTQ+ community due to their intersectional identities, which may have ramifications

on their mental health and well-being. Despite being out within the general LGBTQ+ community, the data suggest that South Asian American LGBTQ+ individuals remain susceptible to racial and ethnic biases that may lead to a substantial mental health burden similar to those experienced by other Black, Indigenous, and People of Color (BIPOC) communities [38,39], even though the minority stress experienced by this sample could be offset by their high education and income levels.

In summary, using a convenience sample, this paper fills a crucial gap in knowledge about the LGBTQ+ people of South Asian descent in the United States. While there are few studies that examine specific segments of this population [8,35], no studies assess their sociodemographic characteristics and minority stress experiences, which are important because they affect key outcomes related to health and well-being. This initial portrait of minority stress and the psychological well-being of LGBTQ+ South Asians in the U.S. suggests several directions for future research. For instance, scholars should also consider various resources that may be used to protect against the minority stresses and mental health vulnerabilities. Such measures may include accounts of support from family, friends, and support groups [40,41]. The role of religion as it intersects with minority statuses also warrants greater attention. Much of what we know from the resilience literature is based on primarily White respondents, and research on gay and bisexual Black men indicates resilience may be fostered while negotiating conflicts with religion [41].

4.1. Limitations

While this study sheds light on and enhances our understanding of the South Asian LGBTQ+ population in the United States, we have identified limitations that should be taken into consideration. Because the sample was derived primarily from metropolitan areas and through social media advertising, it is nonrepresentative, and the results cannot be generalized to the entire South Asian LGBTQ+ population residing in the United States. Yet, nonrepresentative convenience samples are an important resource especially for creation of knowledge about groups that are marginalized and/or not studied extensively. These samples are valuable because they reduce costs, increase efficiency, and enable researchers with limited resources to contribute to scientific knowledge [42]. Another limitation may arise if the respondents from this sample alleviated their experiences of stress, isolation, and/or stigma through support from the communities in which they were identified for inclusion in the surveys; then, our estimates of these stressors may be conservative. In turn, the mental health vulnerabilities may be even higher for those not accessible through LGBTQ+ groups. Also, only collecting quantitative data limits us from providing an in-depth understanding of the ramifications of the outness and discrimination variables. In this study, as the eligibility criterion was simply being part of the LGBTQ+ community, we did not collect data that would have allowed us to disaggregate the sample based on sex assigned at birth and gender identities [43]. For future studies, we recommend collecting data on sexual orientation and gender identity separately. Additionally, the sample size consisting of 101 participants is small and future studies with larger samples are recommended to increase the reliability of the findings by avoiding issues related to Type II error and low statistical power. Further, as the convenience sample in this study was skewed toward younger participants, it could be expected that they may experience stressors associated with identity development and, for those who are recent migrants to the United States, adaptation to a new cultural environment. A limitation of this study is that we did not examine the potential effects of age, given the relatively young composition of the sample. Future research should investigate age-related differences to provide a more comprehensive understanding of the experiences of LGBTQ+ individuals of South Asian background. Despite these shortcomings, we believe that our paper paints an informative

portrait of the South Asian LGBTQ+ community and minority stress experiences based on data that is lacking in the current literature.

4.2. Clinical Implications

Our findings and analysis have relevance for clinical practice and underscore the recent call for health providers to be cognizant of the amplified risks experienced by those with intersecting minority stresses (e.g., racism within the LGBTQ+ community) [44]. Mental health professionals will be best positioned to serve South Asian LGBTQ+ individuals when equipped with strong cultural competence and by considering the complex interplay between their SGM status and cultural identities of their patients. Felt and enacted stigmas as a function of occupying an SGM status are likely to be exacerbated by a disconnect between one's authentic self and traditional South Asian cultural expectations. Indeed, the burdens of identity management and not coming out are shown to be a statistically significant predictor of both anxiety symptoms and depressive symptoms [45]. In line with findings for the BIPOC population [36,38,39], our findings make clear the mental health among South Asian LGBTQ+ persons appears vulnerable given the multiple stressors associated with their intersectional identities.

Considerations for mental health strategies and interventions may draw from related research on SGM asylum seeking individuals. For instance, Fox and colleagues [46] found reports of social isolation in SGM asylum seekers in North America because of internalized stigma among their respondents, as well as struggling to identify if/how their SGM identities may be accepted (or not) across different social contexts. Hence, knowledge of and access to resources, such as counseling services, could benefit members of the South Asian LGBTQ+ community to overcome the challenges related to being able to live as their authentic selves and/or to navigate and manage the minority stressors. A key part is the establishment and fostering of relationships between the community LGBTQ+ services and the local South Asian LGBTQ+ organizations because as a substantial segment of our respondents are foreign-born, gaining the knowledge of such services is critical to accessing services such as counseling and more. Usually, LGBTQ+ community services in cities and urban areas have information on mental health resources and some even house counseling services within them. By establishing relationships with the local South Asian LGBTQ+ organizations, these community services can provide information to their members about access to mental health resources vital to handling the various challenges identified in this study.

5. Conclusions

This study assessed the minority stress experiences of LGBTQ+ South Asian individuals residing in the United States, including levels of identity disclosure and reports of perceived discrimination. The findings reveal high levels of perceived discrimination based on their South Asian identity, both within and beyond the broader LGBTQ+ community, which is correlated with significantly higher levels of depressive symptoms. The overall results are relevant to developing culturally responsive and intersectionality-informed mental health interventions. Future research using more representative samples of this understudied population is needed to better guide these efforts.

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