



# Addressing Eating Disorders, Body Dissatisfaction, and Obesity Among Sexual and Gender Minority Youth

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## Introduction

Sexual and gender minority (SGM) people experience higher rates of eating disorders, body dissatisfaction, and obesity compared to the general population.<sup>1-6</sup> In this clinical brief, primary care and behavioral health providers will discover how these issues manifest in different subgroups of SGM adolescents and young adults, and will learn ways to address these conditions using affirming and effective treatments.

### *Who are Sexual and Gender Minority Youth? A Note on Terminology*

Recent research (and a quick scan of social media) indicates that an increasing number of young people no longer identify with traditional binary identities like straight and gay, or male and female. Although some youth still use the terms *lesbian*, *gay*, and *bisexual*, to describe their sexual orientation, others use more gender-inclusive terms, like *queer* and *pansexual*. Likewise, some youth do not identify as exclusively male or female, and may use terms like *genderqueer* or *non-binary* to describe their gender identity. For these reasons, this publication uses the term *sexual minorities* to refer to youth who are attracted to people of the same gender or more than one gender, and *gender minorities* to refer to people whose gender identity is different than the sex assigned to them at birth. The resources listed at the end of this publication offer more information on these terms and concepts.

## Discrimination, Stigma, and Minority Stress

Disparities in body image, weight, and eating disorders among SGM youth can best be understood within the framework of minority stress. This framework explains how daily experiences of stigma, discrimination, and victimization create stressors that significantly impact behavioral and physical health.<sup>7-10</sup> Among SGM populations, these experiences can begin at a very early age. For example, some SGM children receive intense pressure from their families to conform to traditional gender norms in their choice of clothing, toys, etc. Others conceal their identities to avoid rejection. As adolescents, many SGM youth are either forced out of their homes, or choose to leave because of family intolerance, which is why an alarmingly high number of SGM youth are homeless.<sup>7,11,12</sup>

Schools present challenges for SGM youth as well. Even though bullying is present among all school-age children, bullying and marginalization of SGM youth are disproportionately greater.<sup>9,13</sup> Gender-specific school restrooms can be a traumatic stressor for SGM youth because they may experience harassment while using restrooms that align with their gender identity. Many GM youth will forego eating or drinking so as not to be tempted to use the restroom.<sup>14</sup> The need to continuously manage these and other ongoing stressors can lead to the development of behavioral health issues, including non-adaptive coping behaviors like substance use, sexual risk-taking, and disordered eating, weight and shape control, and body dysmorphia.<sup>6,8,15</sup>



## Sexual Minority Male Youth

Eating disorders are characterized by persistent and extreme disturbances in eating-related behaviors. Some of the most common eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder.<sup>116</sup> Men account for 5-20% of people with eating disorders, and 14-42% of those men are SGM.<sup>17</sup> But while eating disorders in females are readily explored and documented, those in males usually remain undiagnosed.<sup>16,18</sup> Body dysmorphic disorder (BDD) involves intrusive and distressing preoccupation with a self-perceived physical flaw that is not apparent to others. BDD is not classified as an eating disorder because it does not always involve food and eating.<sup>19</sup> Among SM youth, however, eating disorders and BDD are often inter-related, because the perceived body flaw for these young men often involves musculature, body shape, and/or weight. For example, SM males are more likely to perceive themselves as overweight despite being of healthy weight or underweight.<sup>20,21</sup> Among SM males, dissatisfaction with one's body predicts elevated depressive symptoms, lower sexual self-efficacy, and elevated sexual anxiety.

For some, achieving a highly muscular body is a way of counteracting the stereotype that gay men are weak and feminine. SM males may binge on high protein foods, practice excess dieting, and use diet pills and laxatives to achieve what society deems an ideal body for a male. This goal can sometimes lead to misuse of anabolic steroids, with extremely dangerous side effects.<sup>116</sup>

## Sexual Minority Female Youth

According to the CDC, about 17% of children and adolescents are obese in the United States. Obesity disproportionately affects children who are African American and Hispanic (20% and 22% prevalence respectively).<sup>22</sup> Overall, SM females are more likely to be overweight or obese than non-SM females.<sup>2,3,23</sup> Interestingly, SM women may see themselves as being of a healthy weight even when they are overweight or obese.<sup>15,23</sup> Contrary to social norms in the gay male community, lesbian communities may be more accepting of overweight bodies, and tend to focus less on traditional models of physical attractiveness<sup>24</sup>; some lesbian-identified females are extremely averse to cultural and societal female physical standards.<sup>23</sup> Still, SM adolescent girls may have 3-4 times the odds of engaging in excessive weight-control behaviors, such as bingeing and using diet pills, compared to non-SM girls.<sup>25</sup> One study attributed binge eating to obesity in the SM female population.<sup>23</sup> Unhealthy food choice, lack of exercise, and binge eating among SM females are recognized as maladaptive coping mechanisms for societal discrimination and subsequent depression.<sup>15</sup> The cycle of binge eating and depression is often compounded by social isolation, suppression of sexual identity, and internalized homophobia.<sup>6</sup>

## Gender Minority Youth

GM youth are more likely to be dissatisfied with their bodies compared to their non-GM peers.<sup>5</sup> Body dissatisfaction appears to be related not only to body parts that do not align with gender identity, but also to overall shape and weight. In response to dissatisfaction with their bodies and to societal disapproval of their gender nonconformity, some GM youth engage in disordered eating.<sup>26</sup> Treating younger GMs with gonadotropin-releasing hormone agonists to suppress puberty, and then providing them with gender-affirming medical interventions in later adolescence, may increase body satisfaction and decrease eating disorders and depression.<sup>26-28</sup> However, pubertal suppression can initially create body dissatisfaction for GM youth who are bothered by looking younger than their peers.<sup>27</sup>

Clinicians have observed that GM patients tend to gain weight after receiving gender-affirming hormone treatment. Nearly half of the transmasculine population may be obese.<sup>29</sup> In a study of GM college students, GM students were found to be less likely to meet recommendations for strenuous physical activity and screen time compared to non-GM students.<sup>30</sup>





## How Health Center Providers Can Support SGM Youth

Early intervention in treating body image and eating disorders in adolescents is essential. By addressing these issues during high school or earlier, clinicians can help prevent downstream adverse effects on growth, bone density, and reproductive function.<sup>20</sup> Although treatment for SGM youth does not differ from other populations in terms of using the best available evidence-informed tools and techniques, clinicians will need to attend to the unique SGM-related stressors and sociocultural factors that amplify risk for eating, weight-related, and body image-related disorders.<sup>6</sup> In addition, clinical environments that foster a welcoming, inclusive space for all SGM people will increase the likelihood that these youth will feel safe sharing personal information with their providers. For example, it is important to train all health center staff, including non-clinical staff, to communicate respectfully and effectively with SGM people. Having educational brochures and imagery that reflect a diversity of sexual orientations and gender identities, and designating certain restrooms as ‘all gender’ or offering single-stall restrooms are also important. See the Resources section below to access information on how to achieve a more welcoming and affirming health care environment.

### Screening

General questions that explore a patient’s attitudes toward shape, weight, and dieting can be used to begin screening for an eating or other weight- and shape-related disorder. For example:

- How satisfied are you with your weight and shape?
- How often do you try to lose or gain weight?
- How often have you been dieting?
- What other sorts of methods do you use to lose weight?<sup>31</sup>

Depending on the patient’s answers to these questions, the provider can then probe with more specific questions about behavioral patterns associated with eating. For example:

- Have you ever lost a lot of weight and weighed less than other people thought you should weigh?
- Have you had eating binges where you eat a large amount of food in a short period of time?
- Do you ever feel out of control when eating?
- Have you ever vomited to lose weight or to get rid of food that you have eaten?
- What other sorts of methods have you used to lose weight or to get rid of food?<sup>31</sup>

As for assessing risk for obesity, providers can use standard body mass index tools to determine if intervention is needed.

## In Primary Care

Primary care providers can ask SGM youth about eating behaviors and body image satisfaction as part of their routine histories, referring patients to SGM-inclusive behavioral health specialists as needed. HIV care providers may also want to include screening for eating and other weight control disorders as part of their programs for SGM youth. To address obesity and weight control, SM female youth may need tailored interventions that involve treatment for binge eating, and that encompass lesbian community norms about appearance. When delivering messages about weight loss or gain to GM patients, providers should frame it in a way that is sensitive to and affirms a patient's gender expression. GM youth may especially need more targeted interventions to alleviate high levels of stress related to transgender discrimination.

## In Behavioral Health Care

Table 1 presents evidence-based therapies that can be used by behavioral health providers to treat eating and body image disorders. For more on these and other treatments and methodologies, visit the Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatments and Services website: [www.samhsa.gov/treatment/mental-disorders/eating-disorders](http://www.samhsa.gov/treatment/mental-disorders/eating-disorders).

Blashill, et al. 2017<sup>32</sup> designed a cognitive behavioral therapy intervention specifically for improving body image and self-care (CBT-BISC) in HIV-infected SM men. A controlled trial of this 12-session, manualized intervention showed preliminary efficacy in improving body image and HIV medication adherence after 3 and 6 months.

**Table 1: Behavioral Therapies for Eating and Body Image Disorders**

Cognitive Behavioral Therapy for Body Image and Self-Care (CBT-BISC)<sup>32</sup>

Enhanced Cognitive Behavioral Therapy for Eating Disorders<sup>33</sup>

Family Based Treatment (FBT) (Maudsley Approach)<sup>34, 35</sup>

Interpersonal Therapy (IPT)<sup>36</sup>

Dialectical Behavioral Therapy (DBT) - Adapted for Binge-Eating<sup>37</sup>

## Minority Stress Treatment Principles for Behavioral Health Providers

To effectively engage SGM patients in treatment, behavioral health providers should consider ways to use a minority stress framework. The following treatment principles were developed by J.E. Pachankis, 2014,<sup>38</sup> to support providers in caring for SGM people:

- Acknowledge and normalize the adverse impact of sexual and gender minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate the unique strengths and resilience of SGM youth
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender

## Gender-Affirming Treatment Principles for Behavioral Health Providers

Providing gender-affirming care has been shown to significantly increase body satisfaction in GM people.<sup>26</sup> As part of treating GM youth, providers can apply the following principles:

- Consistently use the patient's pronouns and affirmed name
- Explore gender identity, expression, and role
- Focus on reducing internalized transphobia
- Help improve body image
- Facilitate adjustment through gender affirmation process (physical, psychological, social, sexual, reproductive, economic, and legal)

## Resources

The following resources can help support health centers and their primary care and behavioral health providers in offering more culturally affirming care for SGM youth and adults. The following resources can be accessed from the National LGBT Health Education website at [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org).

- [Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff](#)
- [Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff](#)
- [Providing Affirmative Care for Patients with Non-binary Gender Identities](#)
- [Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients](#)
- [Ten Things: Creating Inclusive Health Care Environments for LGBT People](#)
- [Glossary of LGBT Terms for Health Care Teams](#)
- [Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity: Ready, Set, Go!](#)
- See also [webinars](#) on behavioral health topics

## Other Resources:

The Fenway Guide to LGBT Health, 2nd Edition.

<https://store.acponline.org/ebizatpro/Default.aspx?TabID=251&ProductId=21572>

World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People.

[www.wpath.org](http://www.wpath.org)

American Psychological Association (APA) Transgender Identity Issues in Psychology

[www.apa.org/pi/lgbt/programs/transgender/index.aspx](http://www.apa.org/pi/lgbt/programs/transgender/index.aspx)

Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatments and Services: Eating Disorders

[www.samhsa.gov/treatment/mental-disorders/eating-disorders](http://www.samhsa.gov/treatment/mental-disorders/eating-disorders)

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