

Eating Disorders in LGBT (Gay/Lesbian/Bisexual/Transgender) Populations

Eating disorders have historically been associated with straight, young, white females, but in reality, they affect people from all demographics and they are not caused by any single factor. They arise from a combination of long-standing behavioral, biological, emotional, psychological, interpersonal, and social factors. Research suggests that eating disorders disproportionately impact some segments of LGBT populations, though there is much research still to be done on the relationships between sexuality, gender identity, body image and eating disorders.

The myriad of unique stressors LGBT-identified people experience, such as coming out and harassment in schools or the workplace, can impact levels of anxiety, depression, low self-esteem, and unhealthy coping mechanisms such as substance abuse - all of which are common co-occurring conditions and can be contributing factors in the development of an eating disorder. Eating disorders among LGBT populations should be understood within the broader cultural context of oppression.

Potential factors that may interact with an LGBT person's pre-disposition for developing an eating disorder may include, but are not limited to:

- Coming out: Fear of rejection/experience of rejections by friends, family and co-workers
- Internalized negative messages/beliefs about oneself due to sexual orientation, non-normative gender expressions, or transgender identity
- Experiences of violence (gay bashing), contributing to development of Post-Traumatic Stress Disorder, which research shows sharply increases vulnerability to an eating disorder
- Discrimination
- Being bullied
- Discordance between one's biological sex and gender identity
- Homelessness or unsafe home environment
 - Up to 42 % of homeless youth are LGBT-identified
 - 33% of youth who are homeless or in the care of social services experienced violent assault when they came out
- Body image ideals within some LGBT cultural contexts

LGBT people, in addition to experiencing unique contributing factors, may also face challenges for accessing treatment and support. Some of those barriers include:

- Lack of availability of culturally-competent treatment, which addresses the complexity of unique sexuality and gender identity issues
- Lack of family/friend support if not a part of an accepting family/community
- Insufficient eating disorder education among LGBT resource providers who are in a position to detect and intervene
- The emergence of LGBT youth drop-in centers, gay-straight alliances, LGBT community centers and LGBT healthcare resources have created more safe spaces to access support and mental health care. However, many LGBT people still remain isolated in communities that do not offer such services/programs.

Research on LGBT Populations and Eating Disorders:

- Research is limited and conflicting on eating disorders among lesbian and bisexual women.
- While research indicates that lesbian women experience less body dissatisfaction overall, research shows that beginning as early as 12, gay, lesbian and bisexual teens may be at higher risk of binge-eating and purging than heterosexual peers
- In one study, gay and bisexual boys reported being significantly more likely to have fasted, vomited or taken laxatives or diet pills to control their weight in the last 30 days. Gay males were 7 times more likely to report bingeing and 12 times more likely to report purging than heterosexual males.
- Females identified as lesbian, bisexual or mostly heterosexual were about twice as likely to report binge-eating at least once per month in the last year.
- Elevated rates of binge-eating and purging by vomiting or laxative abuse was found for both males and females who identified as gay, lesbian, bisexual or “mostly heterosexual” in comparison to their heterosexual peers.
- Compared to other populations, gay men are disproportionately found to have body image disturbances and eating disorder behavior (STATS). Gay men are thought to only represent 5% of the total male population but among men who have eating disorders, 42% identify as gay.

- In a 2007 study of Lesbian, Gay and Bisexual (LGB)-identified participants, which was the first to assess DSM diagnostic categories, rather than use measures that may be indicative of eating disorders (e.g., eating disorder symptoms), in community-based (versus those recruited from clinical or academic settings) ethnically/racially diverse populations. Researchers found:
 - Compared with heterosexual men, gay and bisexual men had a significantly higher prevalence of lifetime full syndrome bulimia, subclinical bulimia, and any subclinical eating disorder.
 - There were no significant differences between heterosexual women and lesbians and bisexual women in the prevalence of any of the eating disorders.
 - Respondents aged 18–29 were significantly more likely than those aged 30–59 to have subclinical bulimia.
 - Black and Latino LGBs have at least as high a prevalence of eating disorders as white LGBs
 - A sense of connectedness to the gay community was related to fewer current eating disorders, which suggests that feeling connected to the gay community may have a protective effect against eating disorders

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