Children's Hospital of Philadelphia PolicyLab

LGBTQ+ Youth Need Tailored Eating Disorder Treatments

Adolescent Health & Well-Being

Date Posted:

Aug 29, 2024



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For the purposes of this post, the umbrella term LGBTQ+ describes individuals whose sexuality or gender identity has been historically minoritized, including those who identify as lesbian, gay, bisexual, pansexual, transgender, non-binary, gender-fluid, or two-spirit.

Eating disorders are serious mental health conditions that have a profound impact on individuals' physical and psychological health and well-being. Despite myths that eating disorders primarily affect cisgender and heterosexual White women, research shows eating disorders affect individuals across all gender identities, races, ethnicities, ages, sexual orientations, weight statuses and socioeconomic statuses.

In a national survey of LGBTQ+ youth on mental health, 9% of respondents said they have been diagnosed with an eating disorder, and 29% suspected they might suffer from one even though they had never received a formal diagnosis. This is in line with past research findings: compared to heterosexual and cisgender populations, LGBTQ+ youth are at higher risk of eating disorders, body dissatisfaction, and related disordered eating behaviors, including binge eating, purging and laxative abuse.

At PolicyLab, we have researchers and clinicians dedicated to improving eating disorder screening and treatment for youth and to increasing equity in the care of LGBTQ+ youth. We're collaborating because it's time to ensure LGBTQ+ youth have access to the life-saving eating disorder treatment they need. Below, we outline opportunities for health care providers and policymakers to enhance inclusivity, quality and access.

LGBTQ+ Youth Experience Additional Risk Factors

LGBTQ+ youth are three times more likely to experience an eating disorder due to a variety of risk factors. Societal stigma, prejudice, and discrimination contribute to an environment of heightened stress and marginalization. LGBTQ+ youth are more likely to experience abuse and harassment, which can exacerbate psychological distress, increasing the risk of developing an eating disorder or worsening already present symptoms. Moreover, they may experience a lack of understanding or acceptance from family and community members, which can lead to social isolation and rejection. Beauty standards and physique expectations can also serve as additional stressors to LGBTQ+ youth who are struggling with their gender and sexual identity.

These internal struggles can result in internalization of negative beliefs and self-concept.

Certain groups within the LGBTQ+ population report even higher rates of eating disorders. Youth whose gender identity or gender expression does not align with their sex assigned at birth are more likely to experience gender dysphoria and engage in eating disorder behaviors to minimize the incongruence. Adolescent males who identify as gay are more likely to report restrictive eating, binge eating, excessive exercise, purging and use of diet pills compared to their heterosexual counterparts. Similarly, lesbian adolescents report higher rates of fasting, diet pill use and purging.

The intersection between sexual orientation, gender identity, and age may result in unique stressors for these young people and a diversity of eating disorder presentation within the LGBTQ+ community, making it critical for health care providers to pay close attention to the particular needs of each patient.

Barriers to Diagnosis and Treatment

Common challenges that keep individuals from seeking care for mental health, such as the burden of shame and stigma, can be compounded for LGBTQ+ youth when negative societal attitudes toward gender and sexual minorities, bullying, and exclusion are at play. Adding to the complexity, a lack of awareness about eating disorders and difficulties in locating help can hinder access to necessary treatment. LGBTQ+ youth may also harbor concerns about how their gender or sexual identity will be acknowledged and addressed over the course of their treatment.

Many traditional treatment programs, including those for eating disorders, lack inclusivity and adequate awareness of LGBTQ+ challenges, often maintaining care protocols based on heteronormativity and the gender binary. Instances of bias and mistreatment within health care settings are not uncommon, as LGBTQ+ individuals often report negative experiences with clinicians who are insensitive to their needs. One study found that transgender patients who need to educate their providers about transgender people are four times more likely to delay or avoid needed care. There is also considerable variability in training for LGBTQ+ care in medical and nursing schools. This gap in providers' competency in addressing LGBTQ+ issues can be particularly harmful for these youth who already face barriers to seeking care.

Without robust training, well-meaning health care providers working with LGBTQ+ youth may find it challenging to identify eating disorders and provide tailored treatment. This lack of awareness extends to recognizing the potentially different manifestations and maintenance factors of eating disorders among LGBTQ+ individuals.

Taken together, these barriers hinder the optimal mental health and eating disorder treatment outcomes for LGBTQ+ youth.

Creating More Inclusive Care in Eating Disorder Treatment

Given the high prevalence of eating disorders and disparities in access to treatment for LGBTQ+ youth, it is essential to create an environment in which LGBTQ+ youth feel comfortable when they do choose to seek support. There are several strategies that health care providers may enact to enhance inclusivity:

- Learn about gender identity, gender expression, and sexuality to appreciate existing diversity.
- Consider how eating disorder presentations can vary among LGBTQ+ populations and develop screening processes to reliably identify patients who may be struggling.
- Establish an environment that welcomes gender diverse youth by mentioning your pronouns when introducing yourself.

- Always ask patients about their chosen name and their pronouns. Use gender neutral language.
- Engage regularly in training programs focused on cultural humility and competency.
- Promote body neutrality, emphasizing health and well-being.
- Be aware of common stressors LGBTQ+ youth experience and inquire about their struggles.
- Connect youth with LGBTQ+ support networks and resources whenever possible.
    - The Trevor Project is a suicide prevention non-profit organization dedicated to supporting LGBTQ+ youth.
    - It Gets Better is a non-profit organization and a platform that empowers LGBTQ+ youth by sharing stories and providing educational resources.
    - The Fenway Institute offers training programs aimed at promoting health equity and improving access to quality health care for LGBTQ+ communities.

Policy Recommendations for Increasing Access to Care

There is also an urgent need for policymakers to combat discrimination and increase access to eating disorder treatment, especially for at-risk adolescents who require timely intervention. Some policy opportunities include:

- Support funding for research that is inclusive of the LGBTQ+ population to facilitate broader representation.
- Systematically measure and evaluate access to eating disorder treatment services using sexual orientation and gender identity data.
- Ensure that our public coverage programs have adequate coverage for eating disorder treatment for LGBTQ+ youth, who are disproportionately insured by public programs.
- Create formal guidelines for medical organizations to train eating disorder providers on LGBTQ+ health issues.
- Expand telehealth options to increase access to treatment in low resource and rural settings.

Given the serious psychiatric and physiological symptoms associated with eating disorders, timely identification and intervention is crucial in providing effective treatment. Laws and policies that promote inclusive health care systems and require specific training to meet the needs of LGBTQ+ youth are needed to ensure comprehensive care.

By promoting diversity and cultural competency within the health care system, we can create a supportive environment better tailored to address the elevated risk of eating disorders for youth of all sexual orientations and gender identities, ensuring a more personalized and understanding approach to treatment.

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