

UNDERSTANDING GENDER DIVERSITY

The 2021 England and Wales census revealed that 262,000 individuals do not identify as the gender they were assigned at birth, including transgender male, transgender female, and non-binary individuals [1]. The term transgender refers to an individual that identifies as a gender different to the one they were assigned at birth. This can encompass a range of identities, such as non-binary and genderqueer, i.e. those whose identity lies between male or female, those whose identity may be male or female at different times, as well as individuals who do not experience a gender identity altogether [2]. However, it is important to note that not all non-binary and genderqueer individuals identify as transgender [3], and it is important to not generalise but rather understand an individual's identity on a case-by-case basis.

PREVALENCE OF EATING DISORDERS IN GENDER MINORITIES

Research indicates that gender minority populations are at a heightened risk of developing eating disorders compared to cisgender individuals, with a prevalence rate of 17.6% [4].

REFERENCES

- [1] Office for National Statistics. (2021). First census estimates on gender identity and sexual orientation - Office for National Statistics. Office for National Statistics.
- [2] Schudson, Z. C., & Morgenroth, T. (2022). Non-binary gender/sex identities. *Current Opinion in Psychology*, 48(48), 101499.
- [3] Matsuno, E., & Budge, S. L. (2017). Non-binary/Genderqueer Identities: a Critical Review of the Literature. *Current Sexual Health Reports*, 9(3), 116–120.
- [4] Duffy, M. E., Henkel, K. E., & Joiner, T. E. (2019). Prevalence of Self-Injurious Thoughts and Behaviors in Transgender Individuals With Eating Disorders: A National Study. *Journal of Adolescent Health*, 64(4), 461–466.
- [5] James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. transgender survey. National Center for Transgender Equality.
- [6] McGuire, J. K., Doty, J. L., Catalpa, J. M., & Ola, C. (2016). Body image in transgender young people: Findings from a qualitative, community based study. *Body Image*, 18, 96–107.
- [7] Fairburn, C., Wilson, G. T., & Schleimer, K. (1992). *Binge eating: Nature, assessment, and treatment*. New York: Guilford Press.
- [8] Burnette, C. B., Luzier, J. L., Weisenmuller, C. M., & Boutté, R. L. (2022). A systematic review of sociodemographic reporting and representation in eating disorder psychotherapy treatment trials in the United States. *International Journal of Eating Disorders*, 55(4).
- [9] Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health care encounters. *Social Science & Medicine*, 84, 22–29.
- [10] Kattari, S. K., Bakko, M., Hecht, H. K., & Kattari, L. (2020). Correlations between healthcare provider interactions and mental health among transgender and nonbinary adults. *SSM - Population Health*, 10(1), 100525.

DISCLAIMER

Any research or evidence quoted is continuously advancing and any language used in this asset is not intended to stigmatise or trigger. If you're affected by anything in this resource, seek help from your GP and primary care team.

SUPPORTING GENDER DIVERSE INDIVIDUALS WITH EATING DISORDERS

essential considerations for mental health practitioners



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RISK FACTORS AND CHALLENGES

Research has highlighted many unique challenges that may contribute to the increased risk of eating disorders. One factor is the chronic exposure to stigma and discrimination from society and social circles based on one's gender identity [5]. Additionally, gender dysphoria (the distress experienced due to the incongruence between one's gender identity and assigned sex at birth) often manifests in negative feelings toward one's body [6]. These stressors can have significant impacts on mental health, contributing to low self-esteem, and the development or exacerbation of eating disorders.

TREATMENT

CONSIDERATIONS

Cognitive behavioural therapy (CBT) is a common treatment for eating disorders [7]. However, this method was originally formulated for cisgender female clients, meaning it may not be effective for other demographics [8]. Because of this, when working with gender minority populations, it is important to recognise that the suitability of CBT may vary. The unique needs of gender diverse individuals need considering when designing treatment plans.

BARRIERS TO TREATMENT

Research has cited numerous barriers faced by gender minorities when seeking treatment for eating disorders. These obstacles can be multifaceted and often include challenges finding affirming and inclusive treatment. Additionally, this demographic may encounter clinician bias, discrimination, and face misgendering from practitioners. Lack of education and exposure in mental health professionals also act as a barrier [9]. 25% of gender minority clients have reported that they felt the need to inform their provider about gender identity [10].



GUIDANCE FOR PRACTITIONERS

It is essential for mental health practitioners to approach treatment with empathy and respect when working with gender diverse clients with eating disorders. By incorporating gender-affirming practices and addressing systemic barriers to care, practitioners can create a more inclusive and supportive treatment environment that promotes the well-being of all individuals, regardless of gender. Some ways to achieve this are:

- **Use affirming language:** Utilise language that affirms and individual's gender identity. Ask clients their preferred name and pronouns and use them throughout
- **Create a safe environment:** Emphasise confidentiality and non-judgemental attitudes to promote trust and openness
- **Validating experiences:** Encourage open dialogue about their gender and its intersections with their eating disorder experiences
- **Educate yourself:** Educate yourself on the specific needs and experiences of gender minorities. Stay informed about best practices in providing affirming care
- **Provide resources and referrals:** Collaborate with other professionals and resources to ensure comprehensive support