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health in focus: eating disorders in LGBT2SQ adults and adolescents

An evidence review and practical guide designed for healthcare providers and researchers.

PURPOSE

This *Health in Focus* educational resource was created to highlight risk factors associated with eating disorders or disordered eating behaviours in LGBT2SQ adults and adolescents.

This document will help you to identify how particular subgroups within the LGBT2SQ population engage in disordered eating and to better understand how to address disordered eating using an LGBT2SQ-affirming approach to care.



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summary

To improve LGBT2SQ health outcomes, healthcare providers should be aware that LGBT2SQ adults and adolescents experience eating disorders and disordered eating behaviours at a greater rate than the general population.^(1, 2) Eating disorders and disordered eating behaviours are associated with high mortality rates and can lead to other mental health comorbidities including substance use and self-harm behaviours.⁽¹⁻³⁾ While there are many risk factors associated with eating disorders and disordered eating behaviours, LGBT2SQ adults and adolescents may be particularly vulnerable due to their unique lived experiences.⁽¹⁾ Understanding the impacts of LGBT2SQ lived experiences is necessary to address the health burden associated with eating disorders and disordered eating behaviours in LGBT2SQ adults and adolescents.

When providing services to LGBT2SQ people with eating disorders or disordered eating behaviours, healthcare providers' care will be enhanced by learning about:

- 1. eating disordered and disordered eating behaviours:** minority stress and its impact;
- 2. LGBT2SQ adolescents:** risk factors for disordered eating in gay, lesbian, bisexual, transgender and non-binary adolescents; and
- 3. LGBT2SQ adults:** risk factors for disordered eating in gay, lesbian, bisexual, transgender and non-binary adults.

eating disorders and disordered eating behaviours

Eating disorders and disordered eating behaviours are characterized by the relationship between perceived or actual weight, diet and exercise. Eating disorders can only be clinically diagnosed when specific criteria are met.⁽⁴⁾ Disordered eating behaviours, on the other hand, can be more subtle or ambiguous, making them difficult to identify.⁽⁴⁾ Healthcare providers should be aware that eating disorders and disordered eating behaviours have a variety of signs and symptoms. When working with LGBT2SQ populations, consideration of specific risk factors related to minority stress may be helpful for recognizing an eating disorder or disordered eating behaviours.

Generally, LGBT2SQ adults and adolescents experience higher rates of eating disorders and disordered eating behaviours compared to the general population.^(1, 2) Some factors for developing an eating disorder or disordered eating behaviour may be common across all subgroups in the LGBT2SQ communities, whereas some risk factors may be present in certain subgroups more than others.⁽¹⁾ Understanding how lived experiences may increase risk of developing an eating disorder or disordered eating behaviour can help healthcare providers to support LGBT2SQ adults and adolescents in maintaining good health.

MINORITY STRESS

The minority stress model illustrates the relationship between the unique experiences of LGBT2SQ people and how these experiences can impact health outcomes.⁽⁵⁾ For LGBT2SQ people, the impact of external stressors such as discrimination, stigma and violence can accumulate over time.⁽⁶⁾ Subsequently, the stress accumulated from external stressors can compound the impact of internal stressors, including internalized

homophobia or transphobia, effort to conceal sexual orientation and gender identity, and lack of social support.⁽⁶⁾ When LGBT2SQ populations experience external and internal stressors related to their identity, this is known as minority stress and can contribute to negative physical, mental, emotional, sexual and spiritual health outcomes.⁽⁵⁻⁷⁾

The minority stress model can be used to understand risk factors associated with eating disorders and disordered eating behaviours in LGBT2SQ adults and adolescents. Compared to heterosexual and cisgender counterparts, LGBT2SQ adults and adolescents are at greater risk for developing or having an eating disorder or disordered eating behaviour(s).⁽¹⁾ This is largely due to the experience of external and internal stressors related to sexual or gender identity. To improve service provision to LGBT2SQ adults and adolescents, healthcare providers must consider how minority stress can increase the risk associated with eating disorders and disordered eating behaviours.

MINORITY STRESS IN ADOLESCENCE

In LGBT2SQ adolescents, the experience of minority stress may stem from familial rejection or attitudes towards sexual identity and gender norms.⁽⁸⁾ While living at home, LGBT2SQ adolescents may feel pressure to conform to cisgender heteronormativity, often concealing their identity to avoid confrontation with family members. On many occasions, LGBT2SQ adolescents may be forced to leave home due to family rejection or because their home is no longer safe.⁽⁸⁾ These experiences contribute to minority stress in LGBT2SQ adolescents and may increase the risk of developing an eating disorder or disordered eating behaviours.⁽⁹⁾

LGBT2SQ adolescents

During adolescence, eating disorders and disordered eating behaviours are likely to emerge for a variety of reasons⁽³⁾ that will be discussed later in this guide. The early development of eating disorders and disordered eating behaviours is associated with future development of other negative health outcomes.⁽¹⁰⁾ This is particularly concerning for LGBT2SQ adolescents who may be at increased risk of developing disordered eating behaviours as they begin to explore their sexual orientation and gender identity.⁽³⁾ Regarding eating disorders and disordered eating behaviours in LGBT2SQ adolescents, healthcare providers should note that:

- LGBT2SQ adolescents are more likely to engage in unhealthy weight control behaviours, including restrictive dieting, bingeing, purging and use of dieting pills or laxatives compared to heterosexual and cisgender adolescents;^(1, 11)
- gay and bisexual adolescent males are 12 times more likely than heterosexual males to report binge eating by age 16;⁽¹²⁾
- gay and bisexual adolescent males are more likely to exercise with the intention to lose weight;⁽¹³⁾
- lesbian and bisexual females are three times more likely to report binge eating and/or purging by age 16;⁽¹²⁾ and
- bisexual adolescent females engage in fasting, purging, weight cycling and meal skipping more frequently than heterosexual and lesbian adolescent females.⁽¹⁴⁾

RISK FACTORS

LGBT2SQ adolescents typically have more body and weight concerns compared to mostly heterosexual adolescents.^(3, 13) Across LGBT2SQ adolescent subgroups, risks associated with eating disorders and disordered eating behaviours vary.⁽³⁾ Understanding the particular risks within LGBT2SQ subgroups will help healthcare providers to identify and address eating disorders and disordered eating behaviours in this group. For a summarized list of risk factors in LGBT2SQ adolescents, see Table 1 on the next page.

TABLE 1. EATING DISORDER AND DISORDERED EATING BEHAVIOUR RISK FACTORS IN LGBT2SQ ADOLESCENTS

GAY ADOLESCENTS

- Body image dissatisfaction^(3, 13)
- Higher BMI^(15, 16)
- Lack of physical activity⁽¹⁵⁾
- Lack of support from adults⁽¹⁵⁾
- Being bullied by peers⁽¹⁵⁾
- Achieving sexual minority developmental milestones at a younger age⁽¹⁶⁾

LESBIAN ADOLESCENTS

- Body image dissatisfaction^(3, 13)
- Higher BMI^(15, 16)
- Lack of physical activity⁽¹⁵⁾
- Being cyberbullied by peers⁽¹⁵⁾
- Depression, anxiety, excessive alcohol use^(2, 16)

BISEXUAL ADOLESCENTS

- Body image dissatisfaction^(3, 13)
- Higher BMI^(15, 16)
- Being bullied/cyberbullied by peers⁽¹⁵⁾
- Lack of physical activity⁽¹⁵⁾
- Lack of support from adults
- Depression, anxiety, excessive alcohol use^(2, 16)
- Achieving sexual minority developmental milestones at a younger age⁽¹⁶⁾

TRANSGENDER AND NON-BINARY ADOLESCENTS

- Body image dissatisfaction^(17, 18)
- Higher BMI^(15, 16)
- Gender dysphoria⁽¹⁹⁾
- Feeling unsafe at school⁽¹⁷⁾
- Self-criticism⁽¹⁷⁾
- Lack of timely gender dysphoria management⁽²⁰⁾
- Suicide ideation, attempt, or self-harming behaviour⁽²⁰⁾

GAY ADOLESCENTS

For gay adolescents, identifying sexual orientation or coming out at an earlier age is associated with increased risk for developing disordered eating behaviours.⁽¹⁶⁾ During the coming out process, gay adolescents may develop concerns about muscularity and the desire to achieve an ideal masculine physique, both contributing to disordered eating behaviours.⁽¹⁾ As gay adolescents continue to age, concerns about muscularity and the desire to have toned muscles increase.⁽²¹⁾ As a result, gay adolescents may have greater body dissatisfaction contributing to disordered eating behaviours, especially when BMI is high.⁽¹⁾

Gay adolescents may also have increased risk of disordered eating behaviours when they are bullied by peers or if they lack support from adult figures.^(15, 16) When gay adolescents are bullied by peers, they are more likely to engage in disordered eating behaviours as a coping mechanism, rather than to manage weight and appearance.⁽¹⁶⁾

LESBIAN ADOLESCENTS

Risk factors for disordered eating behaviours in lesbian adolescents is mixed. For some lesbian adolescents, body dissatisfaction is a concerning risk factor for disordered eating behaviours, but for other lesbian adolescents, self-reported body satisfaction is higher than heterosexual adolescents.⁽¹⁾ Despite mixed findings, having a higher BMI, lack of physical activity, and being bullied by peers can lead to body dissatisfaction and the development of disordered eating behaviours.^(15, 16)

Other risk factors for disordered eating in lesbian adolescents may include coming out at an earlier age, and can be compounded by other mental health factors including depression, anxiety and excessive alcohol use.⁽¹⁶⁾

BISEXUAL ADOLESCENTS

There is limited research on eating disorder risk factors in bisexual adolescents but there is evidence that bisexual adolescents are more likely to have weight and appearance concerns in comparison to heterosexual adolescents.⁽¹³⁾ Generally, risk factors for disordered eating behaviours for bisexual adolescent males and females include having lack of support from adults and being bullied by peers both at school and online.^(15, 16) For bisexual adolescent females, being bullied increases the likelihood of using bingeing and purging as a coping mechanism.⁽¹⁶⁾

Bisexual adolescent males are more likely to view themselves as being overweight despite being healthy or underweight.⁽²²⁾ As bisexual adolescent males get older, they become more likely to develop disordered eating behaviours and are less likely to engage in physical activity.⁽²¹⁾ For bisexual adolescent females, coming out at an early age is a risk factor for developing disordered eating behaviours.⁽¹⁶⁾ This can be compounded by mental health concerns including depression, anxiety and excessive alcohol use.⁽¹⁶⁾

TRANSGENDER AND NON-BINARY ADOLESCENTS

While the development of disordered eating behaviours is a concern for all LGBT2SQ adolescents, those who identify as cisgender do not experience the same risk factors felt by transgender and non-binary adolescents.⁽¹⁾

For transgender and non-binary adolescents, the distress arising from the incongruence between internal gender and sex assigned at birth, known as gender dysphoria, increases risk of developing disordered eating behaviours.^(1, 19) The experience of gender dysphoria may motivate transgender adolescents to engage in disordered eating

behaviours to manipulate body shape and size, suppress secondary sex characteristics and prevent puberty onset/progression.^(23, 24) Additionally, when transgender and non-binary adolescents experience barriers to treatments for affirming gender, disordered eating behaviours can be exacerbated. Lack of parental support and lack of timely referral to gender-affirming treatment are barriers that can increase disordered eating behaviours in transgender and non-binary adolescents.⁽²⁰⁾

Notably, being connected to school, family, friends and other social supports are protective factors for disordered eating in transgender and non-binary adolescents.⁽²⁵⁾ Having connection to social supports can mitigate the burden of other risk factors experienced by transgender and non-binary adolescents, including discrimination and stigmatization.⁽²⁵⁾

LGBT2SQ adults

Generally, minority stress factors including discrimination and stigmatization increase risk of eating disorders and disordered eating behaviours in LGBT2SQ adults.⁽¹⁾ While LGBT2SQ adults experience eating disorders and disordered eating behaviours at a greater rate than heterosexual adults, the prevalence of eating disorders and forms of disordered eating behaviours across LGBT2SQ subgroups are varied.⁽¹⁾ Understanding unique risk factors within each subgroup of the LGBT2SQ community will help healthcare providers to improve their care for these populations.

GAY ADULTS

Gay adults are more likely to be diagnosed with a clinical eating disorder or report disordered eating behaviours in comparison to heterosexual counterparts.^(26, 27) Understanding how gay adults engage in disordered eating can help healthcare providers to identify and address these behaviours when providing care. Healthcare providers should be aware that:

- many gay adults are unsatisfied with their eating habits and 63% of gay adults base their self-worth on their weight status;⁽²⁶⁾
- gay adults report more frequent dieting, binge eating and purging when compared to heterosexual men;⁽²⁸⁾
- gay adults are more likely to experience a decrease in BMI from adolescence to early adulthood;⁽²¹⁾

- gay adults are less likely to engage in physical activity, but may engage in physical activity with the intention to lose weight;⁽²⁹⁾ and
- gay adults tend to view themselves as overweight despite being healthy or underweight.⁽³⁰⁾

RISK FACTORS

There are a variety of risk factors that contribute to eating disorders in gay adults. These risk factors can be related to body image, sexual orientation, relationship dynamics and mental health.⁽¹⁾ A summarized list of risk factors for eating disorders and disordered eating behaviours in gay adults can be found in Table 2 on the next page.

TABLE 2. EATING DISORDER AND DISORDERED EATING RISK FACTORS IN GAY ADULTS

BODY IMAGE
<ul style="list-style-type: none">• Body image dissatisfaction⁽²⁹⁾• Higher BMI^(15, 16)• Internalization of societal standards of attractiveness⁽²⁶⁾
SEXUAL ORIENTATION
<ul style="list-style-type: none">• Sexual orientation ambivalence⁽²⁹⁾• Concern about how others perceive sexual orientation⁽²⁹⁾
RELATIONSHIP DYNAMIC
<ul style="list-style-type: none">• Beliefs about partner body image preferences⁽³¹⁾• Social media usage⁽³²⁾
MENTAL HEALTH
<ul style="list-style-type: none">• Depression and anxiety^(28, 29)• Substance use disorder⁽³³⁾• History of childhood sexual abuse⁽³³⁾• Low self-esteem and self-compassion⁽²⁶⁾• Negative affect⁽³⁴⁾

Among gay adults, body dissatisfaction is a common risk factor for eating disorders and disordered eating behaviours.⁽²⁹⁾ For many gay men, disordered eating behaviours may emerge due to beliefs about partner body image preferences.⁽³¹⁾ To feel physically attractive, gay adults may feel pressure to be thin and muscular which are particularly valued by the gay male community.^(31, 35) Disordered eating behaviour risk factors related to body image may include spending more time exercising, using anabolic steroids and internalization of societal standards of attractiveness specifically relating to athletic, masculine bodies.^(26, 36) Use of social media may reinforce internalization of societal standards of attractiveness and contribute to the development of disordered eating behaviours.⁽³²⁾

Other risk factors for eating disorders and disordered eating behaviours in gay adults may include feeling ambivalent about sexual orientation and being preoccupied by how others perceive their sexuality.⁽²⁹⁾ Experiencing childhood harassment for gender nonconformity can increase risk of developing an eating disorder or disordered eating behaviours.⁽³⁶⁾

Mental health comorbidities can also increase risk of developing an eating disorder or disordered eating behaviours. For gay adults, depression, anxiety, substance use disorder and history of childhood sexual abuse are risk factors for eating disorders.^(28, 29, 33) Sub-clinical mental health factors, including low self-esteem, low self-compassion and negative affect, may make gay adults more prone to disordered eating behaviours.⁽³⁴⁾

Within the literature, specific pathways to disordered eating behaviours in gay adults have been theorized. These pathways may highlight the experience of minority stress factors including discrimination and stigmatization as underlying the presence of other risk factors for disordered eating behaviours.⁽²⁶⁾ Healthcare providers should consider how risk factors for eating disorders and disordered eating behaviours may be interconnected when providing care to gay adults.

LESBIAN ADULTS

Eating disorders and disordered eating behaviours among lesbian adults are inconsistent.⁽¹⁾ While there is evidence that demonstrates lesbian adults have elevated rates of eating disorders and disordered eating behaviours, some evidence suggests there are no differences when compared to other women.⁽¹⁾ Healthcare providers should be aware of the particular ways in which lesbian adults may engage in eating disorders or disordered eating behaviours. Note that:

- lesbian adults are at greater risk of developing clinical eating disorders, including binge eating disorder, in comparison to heterosexual adults;^(26, 37)
- lesbian adults have higher incidence of disordered eating behaviours, including restrictive dieting, binge eating, purging and laxative use;⁽³⁸⁾
- lesbian adults may diet and exercise more frequently than bisexual and heterosexual adult women;⁽³⁹⁾ and
- dieting and exercising with intention to lose weight in lesbian adults may be perceived as forms of healthy eating and physical activity practice.⁽⁴⁰⁾

RISK FACTORS

Among lesbian adults, there are several risk factors for eating disorders and disordered eating behaviours. These risk factors can be related to body image, sexual orientation, relationship dynamics and mental health.⁽¹⁾ A summarized list of risk factors for eating disorders and disordered eating behaviours in lesbian adults can be found in Table 3.

TABLE 3. EATING DISORDER AND DISORDERED EATING BEHAVIOUR RISK FACTORS IN LESBIAN ADULTS

BODY IMAGE

- Internalized societal body image standards, including the pressure to be thin^(37, 39, 41)
- Low self-esteem, self-worth and body satisfaction^(37, 39, 42)
- High BMI^(37, 42)

SEXUAL ORIENTATION

- Less time being out in sexual orientation⁽²⁶⁾
- Discrimination contributing to internalized homophobia^(1, 37, 43)
- Concealment of sexual orientation^(43, 44)
- Perceived stigma or consciousness of stigmatization^(1, 43, 44)

RELATIONSHIP DYNAMIC

- Lack of social support⁽²⁶⁾
- Lack of belonging⁽²⁶⁾

MENTAL HEALTH

- Depression and anxiety^(37, 44)
- Negative affect^(37, 44)

Despite findings that suggest sexual orientation may protect against societal pressure to be thin, there is evidence that the pressure to be thin experienced by lesbian adults is varied.⁽¹⁾ Some lesbian adults experience increased body satisfaction after sharing their sexual identity to others while other lesbian adults feel increased pressure to be thin from within the LGBT2SQ community.⁽⁴¹⁾ The pressure to be thin may be exacerbated by romantic partners, family members and LGBT2SQ friends.⁽⁴¹⁾

For lesbian adults, feeling disconnected from other sexual minorities and from the lesbian community are risk factors for disordered eating behaviours.⁽⁴⁵⁾ In lesbian adults who are depressed, the unmet need to belong is increased.⁽²⁶⁾ Having a sense of belonging, particularly to the lesbian community, can serve as a protective factor against disordered eating for lesbian adults.⁽⁴⁵⁾

BISEXUAL ADULTS

Similar to gay and lesbian adults, bisexual adults have higher rates of eating disorders and disordered eating behaviours when compared to heterosexual counterparts.⁽³⁸⁾ For bisexual adult women, rates of disordered eating may be higher when compared to lesbian and gay adults, but not when compared to heterosexual women.⁽⁴⁶⁾ When supporting bisexual adults, healthcare providers should be aware of how disordered eating behaviours may differ from other LGBT2SQ subgroups. Note that:

- bisexual adults experience and engage in binge eating and purging more frequently than heterosexual adults;⁽³⁸⁾
- bisexual adult men are more likely to engage in unhealthy weight control behaviours in comparison to heterosexual and gay adults;⁽⁴⁰⁾ and
- bisexual adult women who perceive themselves as overweight are more likely to engage in unhealthy weight control practices like use of dieting pills or laxatives.⁽⁴⁷⁾

RISK FACTORS

Many risk factors for eating disorders and disordered eating behaviours in bisexual adults overlap with risk factors for gay and lesbian adults.⁽¹⁾ Generally, bisexual adults have greater body dissatisfaction, internalization of societal standards of attractiveness, and mental health comorbidities contributing to higher rates of disordered eating behaviours.⁽¹⁾ Similar to other subgroups of the LGBT2SQ community, discrimination and stigmatization can exacerbate the impact of these risk factors. For bisexual adults, the experience of biphobia from within and outside the LGBT2SQ community can be an additional risk factor for eating disorders and disordered eating behaviours.

Biphobia is the stigmatization of bisexual people that undermines the legitimacy of bisexual identity. Both within and outside of the LGBT2SQ community, bisexuality may be viewed as a phase or transitional period to identifying as gay or lesbian.⁽⁴⁸⁾ For both bisexual men and women, internalization of biphobia is linked to internalization of societal standards of attractiveness and body shame, contributing to disordered eating behaviours.⁽⁴⁹⁾

TRANSGENDER AND NON-BINARY ADULTS

Transgender and non-binary adults experience eating disorders and disordered eating behaviours at a greater rate than their cisgender counterparts.⁽²⁶⁾ Despite these findings, transgender and non-binary adults are often treated as one group, meaning little is known about specific identities within this population.⁽¹⁾ When working with transgender and non-binary adults, healthcare providers should know that:

- 70% of transgender and non-binary adults are unsatisfied with their eating patterns;⁽²⁶⁾
- transgender and non-binary adults engage in weight control behaviours, including binge eating, purging, fasting and dietary restraint, more frequently than cisgender adults;^(50, 51) and
- transgender and non-binary adults may experience reduced disordered eating behaviours after Transition-Related Surgery (TRS).⁽⁵¹⁾

RISK FACTORS

For transgender and non-binary adults, there are many risk factors for eating disorders and disordered eating behaviours. Many of these risk factors are similar to other subgroups of the LGBT2SQ population, but transgender and non-binary adults have additional risk factors that are not experienced by cisgender adults.⁽⁵⁰⁾ A summarized list of risk factors for eating disorders and disordered eating behaviours in transgender and non-binary adults can be found in Table 4.

Transgender and non-binary adults experience greater body dissatisfaction than cisgender counterparts.⁽¹⁸⁾ Underlying body dissatisfaction, transgender and non-binary adults who experience gender dysphoria may resort to disordered eating behaviours to increase body satisfaction and affirm gender.⁽⁵¹⁾

To reduce gender dysphoria, transmasculine and transfeminine adults may engage in different forms of disordered eating.⁽⁵¹⁾

For transfeminine adults, disordered eating behaviours may emerge in an effort to reduce secondary sex characteristics.⁽⁵¹⁾ Transfeminine adults may also internalize societal standards of attractiveness, increasing the desire to be thin and contributing to the development of disordered eating behaviours.⁽⁵³⁾ This differs from transmasculine adults who may have higher BMIs in effort to ‘reduce femininity’.^(51, 52)

Other factors that contribute to body dissatisfaction in transgender and non-binary adults include anxiety, low self-esteem, perfectionism and self-criticism.⁽⁵⁵⁾ These factors can increase the desire to be thin and increase risk of eating disorders and disordered eating behaviours.⁽⁵⁵⁾

TABLE 4. EATING DISORDERS AND DISORDERED EATING BEHAVIOURS IN TRANSGENDER AND NON-BINARY ADULTS

BODY IMAGE

- Body image dissatisfaction⁽¹⁸⁾
- Higher BMI^(51, 52)
- Internalized societal standards of attractiveness⁽⁵³⁾

GENDER IDENTITY

- Gender dysphoria⁽⁵¹⁾
- Non-affirmation of gender identity⁽⁵⁴⁾

MENTAL HEALTH

- Anxiety⁽⁵⁵⁾
- Low self-esteem⁽⁵⁵⁾
- Self-criticism⁽⁵⁵⁾
- Perfectionism⁽⁵⁵⁾

Implications for healthcare providers

Understanding how lived experiences contribute to minority stress can help healthcare providers to recognize and address eating disorders and disordered eating behaviours in LGBT2SQ adults and adolescents. When supporting LGBT2SQ clients with eating disorders or disordered eating behaviours, best practices for healthcare providers include:

- assessing risk factors for eating disorders and disordered eating behaviours that specifically impact LGBT2SQ populations;⁽¹⁾ and
- using family-based therapy to support LGBT2SQ clients with eating disorders.
 - healthcare providers must consider that LGBT2SQ clients may have strained relationships with biological family, and involving chosen family in therapy may be more practical.^(3, 8)

CREATING SAFE AND AFFIRMING SPACES

Creating inclusive, welcoming and affirming environments for LGBT2SQ clients relies upon cultural competency at the organizational and individual level. Cultural competency refers to behaviours, attitudes and policies that support the provision of care and services in a sensitive and meaningful way to diverse populations. Steps to creating inclusive, welcoming and affirming environments include:

1. Using an intersectional approach to care by learning about how different parts of an individual's identity shape their experiences;
2. Integrating lived experiences of LGBT2SQ clients when performing assessments;
3. Using culturally sensitive and age-appropriate language to build rapport;
4. Seeking ongoing Anti-Oppression/Anti-Racism and LGBT2SQ-specific training on diversity and inclusion; and
5. Having gender-inclusive intake and registration forms and communications.

Fundamentally, creating an inclusive healthcare environment is about treating the whole person and not making assumptions. Using your critical analysis skills, you can step back from binary concepts about sex and gender and grow your knowledge regarding these populations for open, affirming care relationships, where your LGBT2SQ clients have full confidence in your clinical and cultural competency.

recommended resources to learn more

1. [Addressing Eating Disorders, Body Dissatisfaction, and Obesity Among Sexual and Gender Minority Youth – National LGBT Health Education Center](#)
2. [Eating Disorders in LGBT Populations – National Eating Disorders Association](#)

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