



NATIONAL LGBTQIA+ HEALTH
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Health at the Intersection of Body Image, Identity, and Development: LGBTQIA+ Children and Youth

April 19th, 2022

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REAT, ATR-BC, ATCS, LPC, NCC, CLAT, LCMHC, TPMH, LPCC

Rainbow Recovery, Project HEAL, Walden Behavioral Care

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



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The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

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- Completing the evaluation is required to obtain a CME certificate



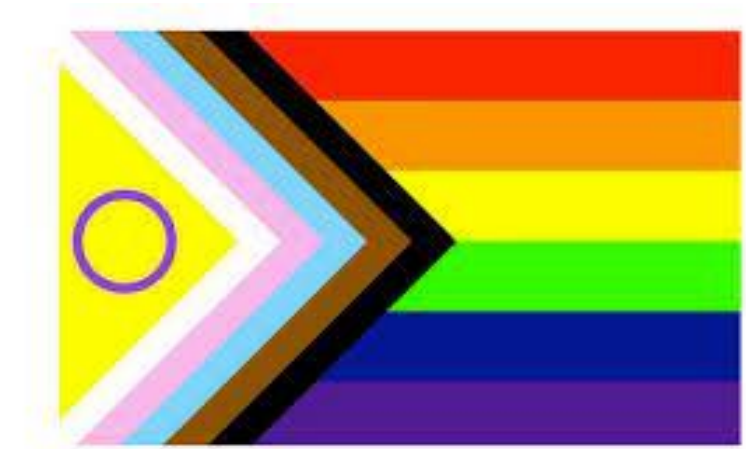
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Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

Outline for Today

- Foundation Setting
 - Why this topic matters
 - Language & definitions
- Understanding Gender
- Eating Disorders (ED's), Body Dysmorphia & Gender Dysphoria
 - Screening & assessment
 - Relationship with body image
 - Societal standards vs. reality
 - Early intervention
 - Gender neutral, Body neutral language
 - Talking about bodies



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Foundation Setting

- Things that get in the way of providing trauma-informed, body positive, queer-affirming care to youth include:
 - Implicit biases- The unconscious attribution of particular qualities to a member of a certain social group. Implicit stereotypes are shaped by experience and based on learned associations between particular qualities and social categories, including race and/or gender
 - Fatphobia- The belief that fat people are less than, out of control around food, or need to lose weight in order to be healthy or deserve health, and the use of weight as a reason or excuse to deny medical treatment
 - Lack of knowledge around gender and sexuality

Foundation Setting II

- In studies by Boroughs Et al. (2010):
 - There is a clear relationship between body image and gender identity development for youth
 - Body image is a fundamental condition for subjects with gender dysphoria. Persons with gender dysphoria have a dissonance between their sex assigned at birth and their gender identity thus body dissatisfaction can appear
 - Studies also show Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and pansexual (2sLGBTQIAP+) youth are 50-70% more likely to experience eating disorders or body dysmorphia compared to their cisgender, heterosexual peers
 - They are also 50% less likely to be assessed and offered treatment compared to their cisgender, heterosexual peers

Boroughs, M. S., Krawczyk, R., & Thompson, J. K. (2010). Body dysmorphic disorder among diverse racial/ethnic and sexual orientation groups: Prevalence estimates and associated factors. *Sex Roles*, 63(9-10), 725–737. <https://doi.org/10.1007/s11199-010-9831-1>



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Foundation Setting III

- This may show up in your health centers as:
 - Seeing children or youth in your health center with strong feelings of anxiety for being totally different from cisgender people
 - Patients affected by alienation and loneliness which may be self-chosen as a means of protection
 - Seeing children who may prefer to play games, wear clothing or attempt to present in a gender-expansive way or with a more androgynous presentation
 - You also may meet youth who are depressed, have suicidal ideation and are unsure why except for feeling intense discomfort being in their bodies



Language and Definitions I

SEXUALITY describes to whom a person is sexually attracted. Some people are attracted to people of a particular gender; others are attracted to people of more than one gender. Some are not attracted to anyone.

- Asexual - not sexually attracted to anyone and/or no desire to act on attraction to anyone. Does not necessarily mean sexless. Asexual people sometimes do experience affectional (romantic) attraction
- Bisexual - attracted to people of one's own gender and people of other gender(s). Two common misconceptions are that bisexual people are attracted to everyone and anyone, or that they just haven't "decided." Often referred to as "bi"
- Gay - generally refers to a man who is predominately attracted to men. Sometimes refers to all people who are attracted to people of the same sex; sometimes "homosexual" is used for this also, although this term is seen by many today as a medicalized term that should be retired from common use
- Lesbian - a woman who is predominately attracted to women. Sometimes also or alternately "same-gender-loving woman" or "woman loving woman"



Language and Definitions II

- Questioning - one who may be unsure of, reconsidering, or chooses to hold off identifying their sexual identity or gender expression or identity
- Queer - traditionally a derogatory term, yet reclaimed and appropriated by some LGBTQIA+ individuals as a term of self-identification. It is an umbrella term which embraces a matrix of sexual preferences, gender expressions, and habits that are not of the heterosexual, heteronormative, or gender-binary majority. It is not a universally accepted term by all members of the LGBTQIA+ community, and it is often considered offensive when used by straight cisgender people
- Straight - attracted to people of the “opposite” sex. Also sometimes generally used to refer to people whose sexualities are societally normative. Alternately referred to as “heterosexual”

Language and Definitions III

- Pansexual/Fluid - attracted to people regardless of gender. Sometimes also or alternately “omnisexual” or “polysexual”
- Intersex - A general term used for genetic, hormonal, or anatomical variations in sex development beyond traditional societal notions of female or male bodies. Some intersex individuals identify as transgender or gender variant; others do not
- Transgender – An umbrella term used to describe people whose gender identity or gender expression does not align with society’s expectations based on the sex they were assigned at birth



Language and Definitions III

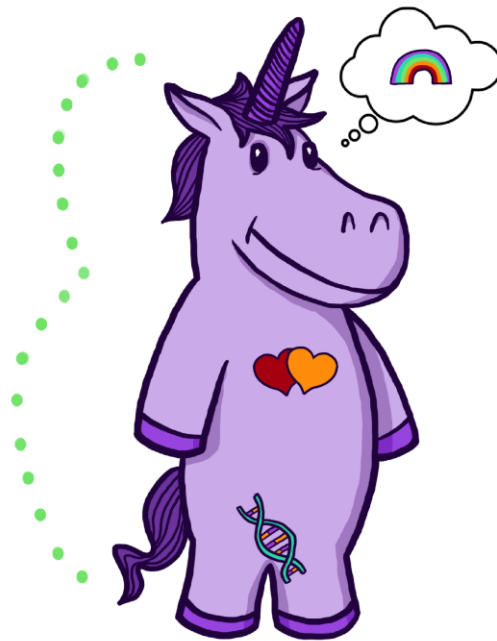
- Two-Spirit – A person who identifies with the Native American tradition of characterizing certain members of the community as having the spirit of both the masculine and feminine genders
- Cisgender - A gender identity that society considers to align with social expectations based on the sex assigned at birth. The prefix cis- means “on this side of” or “not across from.” A term used to call attention to the privilege of people who are not transgender
- Genderqueer/Gender Fluid/Non-binary - These terms are used by people who identify as being between and/or beyond man or woman. They may feel they are neither, a little bit of both, or they may simply feel restricted by gender labels



Understanding Gender

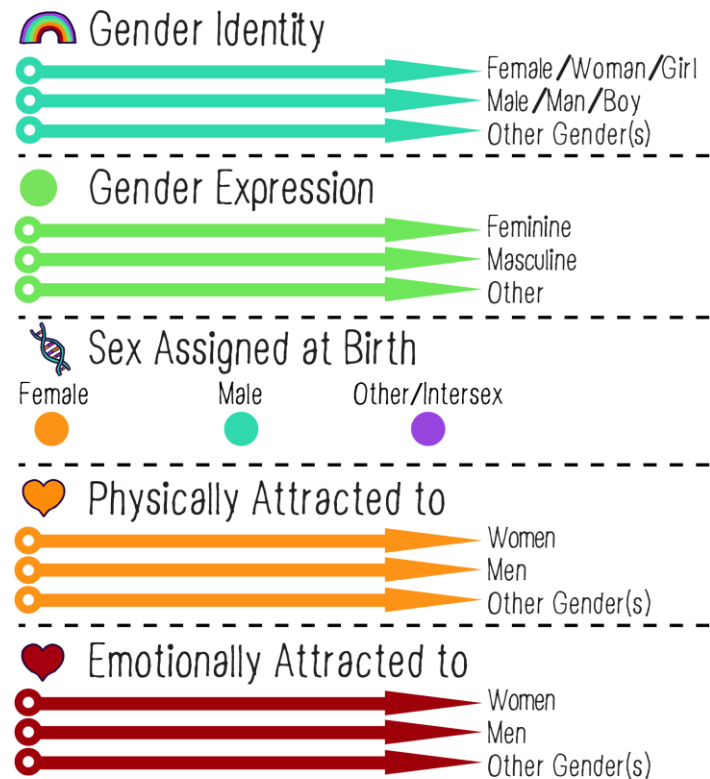
The Gender Unicorn

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www.transstudent.org/gender

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Understanding Eating Disorders

According to the National Institute of Health:

“Eating disorders are actually serious and often fatal illnesses that are associated with severe disturbances in people’s eating behaviors and related thoughts and emotions. Preoccupation with food, body weight, and shape may also signal an eating disorder. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder.”

U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health. (Updated 2021). NIMH Strategic Plan for Research (NIH Publication No. 20-MH-8120). Retrieved from <https://www.nimh.nih.gov/sites/default/files/documents/about/strategic-planning-reports/NIMH-Strategic-Plan-for-Research-2021-Update.pdf>.

Understanding Body Dysmorphic Disorder

- According to the Mayo Clinic: “Body dysmorphic disorder is a mental health disorder in which you can't stop thinking about one or more perceived defects or flaws in your appearance — a flaw that appears minor or can't be seen by others. But you may feel so embarrassed, ashamed and anxious that you may avoid many social situations.”



Litin, S. C., & Nanda, S. (2018). *Mayo Clinic Family Health Book*. Mayo Clinic.

Understanding Body Dysmorphic Disorder

- When you have body dysmorphic disorder, you intensely focus on your appearance and body image, repeatedly checking the mirror, grooming or seeking reassurance, sometimes for many hours each day. Your perceived flaw and the repetitive behaviors cause you significant distress, and impact your ability to function in your daily life
- You may seek out numerous cosmetic procedures to try to "fix" your perceived flaw. Afterward, you may feel temporary satisfaction or a reduction in your distress, but often the anxiety returns and you may resume searching for other ways to fix your perceived flaw

Understanding Gender Dysphoria

According to the American Psychological Association (2021), symptoms of gender dysphoria can include feeling a strong sense of distress or discomfort with one's assigned gender. Some signs that someone is experiencing gender dysphoria include:

- A desire to no longer have the primary sex characteristics associated with their sex assigned at birth
- A desire to be treated as a gender different from what is assumed by sex assigned at birth
- A desire to have the primary and secondary sex characteristics of their preferred gender identity
- The insistence that they are a gender different from their birth-assigned sex
- Preferences for gender roles that do not align with society's expectations of their sex assigned at birth
- Strong rejection of toys, games, and other things that are typically associated with their birth-assigned sex
- Wearing clothing typically associated with a gender different from what is assumed by sex assigned at birth



Screening & Assessing: Eating Disorders

- There are no good screenings for eating disorders
- Most are self-assessments and can leave some important gaps however they are a great tool to have in your intake packets to open up the discussion
- These assessments include:
 - EDQOL- Eating Disorder Quality of Life
 - BSQ-34- Body Shape Questionnaire
 - BED7- Binge Eating Disorder 7 Question Assessment
 - EDE-Q- Eating Disorder Examination Questionnaire
 - I personally prefer the EDQOL as it can serve as a jumping off point



Screening & Assessing: Eating Disorders II

- I usually ask clients a multitude of questions to gauge if an eating disorder is present, which one, and the severity. Some good basic questions to ask include:
 - How often do you eat and what foods do you like to eat?
 - How do you feel about your body?
 - Do you ever work out or count calories to change your body?
 - Have you ever been and are you currently on a diet?
 - Do you like your body?
 - If you could change something about your body what would it be?



Screening & Assessing: Body Dysmorphic Disorder

- It is important to note that most people with an eating disorder have some level of body dysmorphia, but **Body Dysmorphic Disorder** is clinically different
- Assessment tools for Body Dysmorphic Disorder:
 - BDDQ – Body Dysmorphic Disorder Questionnaire
 - BDDE- Body Dysmorphic Disorder Examination
- When assessing, the important thing is to delineate the difference between not liking/hating a part of the body and an obsessive thought pattern about that body part including attempts at medically dangerous methods to change that body part



Screening & Assessing: Body Dysmorphic Disorder II

- I will typically ask questions like:
 - What have you done to try to change that part of your body?
 - Have you spent large sums of money to change that part of your body?
 - How much time do you spend thinking about that part of your body?
 - Do you avoid relationships, work or social situations due to how you feel about that part of your body?

Screening & Assessing: Gender Dysphoria

- There are a few assessments for Gender Identity & Gender Dysphoria
- It's important to note that an assessment cannot encompass what an individual goes through and experiences in terms of gender dysphoria
- These assessments are mainly self report and therefore only hold so much validity
- You also cannot tell someone's gender or sexuality by a score on an assessment

Screening & Assessing: Gender Dysphoria II

- I often ask questions rather than rely on assessments for this. I'll typically ask things like:
 - Do you often feel that your sex assigned at birth and the roles and appearance related to that don't match how you feel and see yourself?
 - Do you have a strong desire to be rid of sex characteristics because they don't align with who you are?
 - Do you have a strong desire to present as a gender different than what is expected of your assigned sex at birth?
 - Do you have a strong desire to be treated as a gender different than the one you were assigned at birth?
 - Do you hold a strong feeling that many of your feelings and reactions could be due to being a gender that does not align with society's expectations of the sex you were assigned at birth?

Relationships to Body Image

- We often hear about body positivity and body love, but the reality is it only works when your body is a part of the culture's dominant narrative
- Instead, Body Neutrality is an inclusive framework that promotes viewing the body not just for how it looks but what purpose it serves
- Body Neutrality asks us how our body works for us in the world, and where would we be without it
- It also validates that stretch marks may not feel beautiful, that extra fat on your hips may not feel sexy, that our bodies are much more than how they look, and we are allowed to not like things about ourselves



Societal Standards vs. Reality of Bodies

- Our culture tell us that a “good body” or a “healthy body” is free from:
 - Any excess weight
 - Clothing sizes over a 10
 - Eating a variety of foods including processed foods and sugars
 - Physical limitations including physical disabilities
 - Mental limitations including mental health issues
 - Chronic illnesses of any kind

How realistic is this?



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Early Intervention

- Early intervention for eating disorders, body dysmorphia and gender dysphoria include:
 - Talking about all food equally- each food has something our body needs, including fat and sugar, and encouraging variety
 - Providing information about Joyful Movement- finding movement that feels good for the body and is not focused on calorie burning or changing the body
 - Refraining from talking about diet, calories, weight loss or BMI
 - Talking about what bodies do and how they serve us rather than just esthetics
 - Separating anti-fatness from honest conversations about health and wellness

Gender Neutral & Body Neutral Language

- Refrain from using guys, ladies and gentlemen, etc.
- Folx, y'all, people, and humans are the most commonly used for addressing large groups of people
- Defaulting to they/them pronouns until you ask someone which pronouns they use
- Refrain from words related to morality such as good, bad
- When talking about body size using words like fat, big, or small are preferred to thin and skinny



Talking About Bodies with Children & Youth

- Our culture has made it feel difficult or dirty to talk about bodies the way we need to for children to gain a real understanding of what it means to be in a body
- Start by helping children learn and use terms for their body parts.
- Start with both anatomically correct terms and checking in with the child to ask consent for the word being used. There may be a gender neutral term, preferred term feels affirming and safe and consensual.
- Asking for consent to discuss their body is KEY!
- Asking children where they feel things: “When you’re sad where do you feel it in your body?”
- Or: “When you say you feel fat, what feeling is that for you emotionally and where does it sit in your body?”
- “I hear you saying you don’t like your body. When you think about it, what reactions happen in your body?”



In Summary:

- 2sLGBTQIAP+ youth are more likely to develop eating disorder, body image issues, and body dysmorphia, due to a myriad of social and emotional intersections
- When treating eating disorders, body dysmorphia, and gender dysphoria, it is important to discern which behaviors and feelings are attached to each issue as many symptoms overlap and often look the same
- There are no good assessments for gender dysphoria and very few for eating disorders and body dysmorphia, mainly because these are self-assessments
- Often an open dialogue with open-ended questions and motivational interviewing is the best approach
- Most of all utilize, gender neutral language and use the scientific language for human anatomy



Questions & Conversation



For The Future:

**M. Reim Ifrach, REAT, ATR-BC, ATCS, LPC, NCC, CLAT,
LCHMC, TPMH, LPCC**

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Citations

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