

Eating Disorders and Body Image - Issues Affecting LGBTQ Young People

 **your.**
voice 


October
2016



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Introduction

Children and young people are increasingly under pressure to conform and as part of Healthwatch Northamptonshire and Young Healthwatch Northamptonshire's recent Eating Disorder (ED) survey, which gathered the views of over 2,000 young people in Northamptonshire, we decided to hold a focus group session with young people who attend the OUT THERE LGBTQ (Lesbian, Gay, Bi-sexual, Transgender, Questioning) youth group at The Lowdown in Northampton.

We were keen to find out if there were any particular body image issues for this group of young people and what information about eating disorders and body image they thought should be available for the young LGBTQ community.

Healthwatch spoke to nearly 20 young people and gave them an opportunity to think about their own body image along with pressures and concerns they had. The session was interactive and information was provided in confidence.

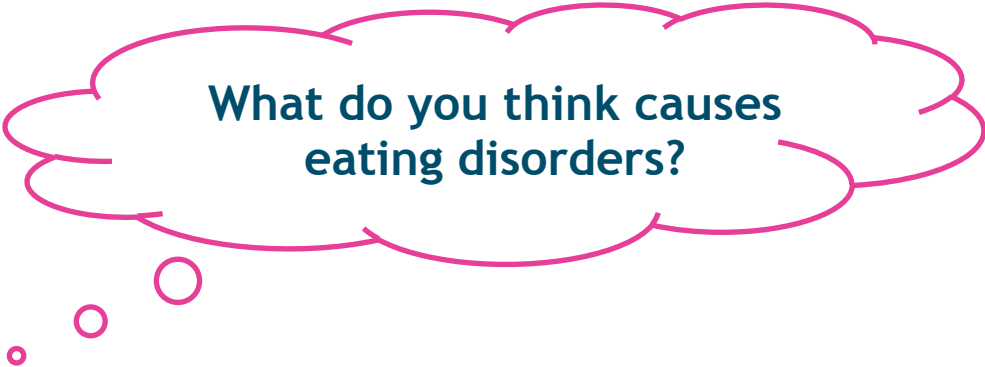
They were asked the following questions:

- What do you think causes eating disorders?
- What are the body image issues for young LGBTQ?
- Why do you think more girls than boys have eating disorders?
- What information should be available for LGBTQ about eating disorders?
- What information should be available for LGBTQ about body image?

This short report simply highlights the young people's views, in their own words, and is not meant to be a 'research' project in itself.



What the young people said



What do you think causes eating disorders?

A range of things were mentioned, including:

- Society, social pressures and expectations
- Mental health issues and illnesses, body image, self-esteem, need to control something
- Bullying, peer pressure
- Upbringing, genetics
- Changes in personal life, bereavement

“Many things cause eating disorders such as: upbringing, society, mental health, bullying”

“Expectations”

“Expectations set by society and media”

“To live up to societies expectations”

“Self-esteem, body image, society, mental health”

“Social pressures, abuse, unhappy personal life, means to control”

“Hating body image”

“Negative body image, media, peer pressure”

“Incorrect and negative interpretations of certain body types and the over exaggerated celebration of other body types”



“Desire for control - if more things out of their control, may be only thing they can change personally”

“Change, e.g. social circles, personal life, loss, geographical area”

“Genetic predisposition¹, body image issues, brain chemical imbalances, low self-esteem”

“Bullying, family genetics (passed down in genes), chemicals like MSG that cause addictions (mostly found in fatty food)”

“Gender dysphoria², other mental illnesses”

What are the body image issues for young LGBTQ?

- Dysphoria/gender dysphoria and feeling uncomfortable in one’s body was mentioned by many people, particularly as issues for transgender young people.

Other issues included:

- Body dysmorphia³ and eating in a way to change body shape
- Stereotypes, expectations and comparison of bodies by same-sex couples

¹ **Genetic predisposition** (sometimes also called genetic susceptibility) - an increased likelihood of developing a particular disease based on a person's genetic makeup. A genetic predisposition results from specific genetic variations that are often inherited from a parent.

² **Dysphoria** - a profound state of unease or dissatisfaction. In a psychiatric context, dysphoria may accompany depression, anxiety, or agitation.

Gender dysphoria - a condition where a person experiences discomfort or distress because there's a mismatch between their biological sex and gender identity. It's sometimes known as gender identity disorder (GID), gender incongruence or transgenderism.

³ **Body dysmorphic disorder (BDD)**, also known as body dysmorphia or dysmorphic syndrome, but originally termed dysmorphophobia, is a mental health disorder characterised by an obsessive preoccupation that some aspect of one's own appearance is severely flawed and warrants exceptional measures to hide or fix it.



“Dysphoria - also leads onto other issues - specific to ED’s and LGBTQ people”

“Dysphoria - That takes ages to alleviate because waiting times from NHS

“Trans⁴ people can have gender dysphoria which can include negative body image and the media can portray negative images of LGBTQ people in general therefore lead to a negative image of self”

“Dysphoria, passing stereotypes, comparing to others, media representation”

“Weight - unrealistic, overly sexualised representations of LGBTQ people in the media - dysphoria”

“Especially trans youth they experience dysphoria and body image issues, same sex couples compare bodies”

“Feeling trapped in the wrong body”

“People often feel uncomfortable in their bodies due to being self-conscious about their gender identity”

“Body Dysmorphia. More likely to be bullied so more likely to think less of themselves and develop one”

“When you’re growing up aware of what isn’t there and what should be there it’s easy to get worked up about it”

“People tend to compare the bodies of the same-sex couples more “

“Social media, standards set by others”

“Have to ‘pass’⁵ to be socially acceptable - only have to pass as themselves”

⁴ **Trans man** - a person who was assigned female at birth but whose gender identity is male.

Trans woman - a person who was assigned male at birth but whose gender identity is female.

⁵ **Passing** - In the context of gender, passing refers to a person’s ability to be regarded at a glance to be either a cisgender man or a cisgender woman. Typically, passing involves a mixture of physical gender cues (for example, hair style or clothing) as well as certain behavioural attributes that tend to be culturally associated with a particular gender. Irrespective of a person’s presentation, many experienced crossdressers assert that confidence is far more important for passing than the physical aspects of appearance. Groups of people whose members may be concerned with passing are crossdressers, drag queens and drag kings, trans men, trans women and those who identify as a third, non-binary, or genderqueer identity.

Cisgender - a term for people who have a gender identity that matches their assigned sex.



“Due to stereotypes about LGBTQ people, most feel that they need to change their bodies at such a young age”

“Some trans guys develop ED’s because I think they think they won’t pass as male if they have visible curves”

“Young girls many obsessed with eating enough to develop a chest”

“My friend has an ED and type one diabetes - they got taken off disability benefits”

Why do you think more girls than boys have eating disorders?

It was interesting to note that many of the young people did not appear to agree with the statement in this question and found it ‘assumptive’. They pointed out the existence of ‘non-binary’ genders and the prevalence of eating disorders in males, including how there could be a difference in boys speaking out about having an eating disorder or an under-diagnosis. The media and bullying were suggested as reasons that more girls have eating disorders.

“This question is assumptive and non-binary people exist”

“Personally I don’t think I really get that, there is equal displays of ‘ideal’ for both boys and girls - don’t agree”

“This statement is incorrect; girls are just depicted more because boys are told not to talk about their emotions”

“Underdiagnoses in boys - more media pressure for girls”

“Boys less likely to be open about ED’s - seen as feminine/only for girls”

“More likely (boys) to be pressured into being bigger/buffer/more muscular”



“Since girls are more likely to fall under bullying (which can cause eating disorders)”

“Society tells girls they are not pretty if they are not skinny”

“Girls are more objectified in the media and are supposed to look a certain way”

“Media (e.g. magazines) portraying skinny as beautiful and not skinny as not beautiful”

“Social media creates false ideals and are objective to unrealistic habits”

“Speak out, tell friends”

What information should be available for LGBTQ about eating disorders?

Most of the suggestions related information about types of eating disorders, where to get help, and eating disorders in relation to body image or dysphoria.

“Anyone can have an eating disorder regardless of body type, gender issues etc.”

“Eating disorders are not body types”

“About them and what to do if you know a friend that has”

“Specialised counselling or help”

“Help and therapy numbers”

“Helplines, counselling, meal plans, friendship groups”



“Healthier coping mechanisms”

“More about dysphoria and jazz⁶”

“Trans: how to feminise/masculinise body without weight”

“Just healthier options of dieting”

**What information should be available
for LGBTQ about body image?**

“More info for boys, not portraying as a female thing”

“Better, more realistic representation of LGBTQ and people in the media - let trans kids know they don’t have to pass to be valid”

“Help for dysphoria, body positivity, variation in body types in the media”

“Body positivity for ‘queer’ and trans and gender non-forming bodies”

“Body image, i.e. gender so certain body image of gender, everyone beautiful, etc.”

“National statistics perhaps?”

“Androgyny⁷ = skinny”

⁶ This may relate to the use of American transgender teenager Jazz Jennings as a role model, https://en.wikipedia.org/wiki/Jazz_Jennings

⁷ **Androgyny** - the combination of masculine and feminine characteristics. Gender ambiguity may be found in fashion, gender identity, sexual identity, or sexual lifestyle.



Conclusion

It appears that this particular group of young people have a high level of awareness and knowledge, not only about their sexuality and body issues, but about issues for other people too.

Speaking to this group highlighted issues that were different to those raised in our wider survey about eating disorders in young people and presumably relate to the wider LGBTQ community. Issues mentioned included gender dysphoria and feeling uncomfortable in one's body, body dysmorphia and body image issues specific to LGBTQ. These were also areas that the group suggested information was available about, in addition to information about what eating disorders are and where to get help (which were also mentioned in the wider survey).

Recommendations

Based on this feedback Healthwatch Northamptonshire recommends that:

- Commissioners and Providers of eating disorder services consult further with the LGBTQ communities when commissioning/providing eating disorder services.
- Those providing information about eating disorders (specialist services and general services, such as schools) consider how to address the issues raised by this group.
- Young people are involved in co-producing information and services for people with eating disorders and the wider population (co-production of services is recommended by the Education Policy Institute's Mental Health Commission⁸, who rated the Northamptonshire Transformation Plan⁹ as requiring substantial improvement in August 2016).

⁸ Progress and challenges in the transformation of children and young people's mental health care - a report of the Education Policy Institute's Mental Health Commission, August 2016

⁹ NHS Nene Clinical Commissioning Group (CCG) is working together with local partners across the NHS, local authority public health, children's services, education and youth justice sectors and voluntary and community sectors to develop Local Transformation Plans for delivering improvements in children and young people's mental health and wellbeing in Northamptonshire over the next 5 years. The CCG will take guidance and approval from NHS England Specialised Commissioning and the local Health and Wellbeing Board in developing a vision for the future - to ensure that every child or young person gets the help they need when and where they need it.



Acknowledgements

Healthwatch Northamptonshire would like to thank all of the young people who gave their time and insight.

We would also like to thank The Lowdown in Northampton for helping facilitate our consultation and engagement session.



About The Lowdown

The Lowdown was established in 1989 and is a registered charity providing free and confidential counselling information and support services for 12 to 25 year olds. Their aim is it to ensure that no young person has to experience mental or physical ill health unsupported. They provide safe friendly, non-judgemental and confidential services, with trained counsellors who are there to listen and support young people through any situation. Based in Northampton town centre they also deliver services across the county via their outreach services. They are able to help with a wide range of situations and young people can drop in and make an appointment. The Lowdown also provides a sexual health service which is highly utilised and well respected. They provide free condoms, chlamydia testing, pregnancy testing and C-Cards¹⁰. They also have a Sexual Health Nurse for emergency and ongoing contraception, STI testing and treatments, well-men checks and referrals for clinic appointments. They have a dedicated helpline which is available during opening times for individuals who may find it easier to access services via phone. In addition to this, The Lowdown has its Out There LGBTQ (Lesbian, Gay, Bisexual, Transgender & Questioning) Service, which includes a telephone helpline, weekly youth group for 13-17 year olds, a fortnightly youth group for 18-25 year olds and an LGBTQ Parent/Carers support group which meets once per month. For more information on The Lowdown and its services, please visit its website at www.thelowdown.info

Services:

- Free and confidential services
- Sexual Health services (inc. a Nurse and pregnancy/abortion advice)
- Counselling and support on all issues
- Targeted mental health support and counselling
- School based counselling services
- LGBTQ services for young people and their families
- Coaching and mentoring
- Health and Helplines
- Stress management
- Support groups
- Anger management
- Support for Self-Harmers (fASH) Bags (fun Alternative to Self Harm)
- British Association for Counselling and Psychotherapy
- Youth Access

¹⁰ The C-Card scheme is a coordinated free condom distribution network. It provides quick, easy and confidential access to condoms, supported by nationally produced young people's sexual health materials



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.



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