

Applying An Intersectional  
Framework to Eating  
Disorders:  
Addressing Barriers for the  
BIPOC Community

By: Javon Garcia, LSW

# Trigger Warning

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During this presentation:

Some content may be triggering, please take care of yourself.

Topics include ***Sexual Assault, Sexual Violence, Police Violence, Racism, Eating Disorders and Abuse.***

# Who am I ?

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# Objectives

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- 1.) Attendees will gain an understanding of how racial trauma and racial stress can be a risk factor for eating disorders in the BIPOC Community.
- 2.) Attendees will have a better understanding of how racial bias and a lack of multicultural research has left BIPOC communities overlooked when it comes to diagnosing and treating eating disorders.
- 3.) Attendees will learn/enhance skills in providing eating disorder treatment that is culturally sensitive and inclusive to BIPOC communities.

# Reflection Questions ?

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1. How do you incorporate an Anti-Racist lens in your work ?
2. How do we bring attention to the importance of decolonizing our field and practices in our agencies ?
3. How do you think Racial Trauma impacts your clients and the communities you serve?

# Eating Disorders

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EATING DISORDERS ARE COMPLEX

# Intersectionality

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- Refers to the unique experiences that arise due to the interaction between race, gender, sexuality, disability, age and many other factors.
- **Kimberle Crenshaw** who is an American Lawyer, Law Professor and Critical Race Theory Scholar coined the term in 1989 to explain the oppression and discrimination faced by women of color.
- *“If we aren’t intersectional, some of us, the most vulnerable, are going to fall through the cracks.”*

# Racial Trauma/ Racial Stress

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- Racial trauma, or race-based traumatic stress, refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes.
- Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury.
- In the U.S., Black, Indigenous People of Color (BIPOC) are most vulnerable due to living under a system of white supremacy (ex. Individual and systemic racism).

# Six Common Types of Eating Disorders

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- Anorexia Nervosa: Most well known eating disorder. Symptoms include constantly monitoring weight, very restricted eating patterns, and restricting calories.
- Bulimia Nervosa: Symptoms include recurrent episodes of binge eating and recurrent episodes of purging behaviors to prevent weight gain.
- Binge Eating Disorder: Eating large amount of food rapidly in secret and feeling lack of control during episodes of binge eating. No use of purging behaviors. More common.

# Six Common Types of Eating Disorders

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- Pica: Symptoms include eating things that are not considered food such as dirt, chalk, soap, cloth, wool, pebbles, or laundry detergent.
- Rumination Disorder: Symptoms are regurgitating food they have previously chewed and swallowed, re-chews it and then either re-swallows it or spits it out.
- Avoidant/Restrictive Food Intake Disorder (ARFID): Symptoms include avoidance or restriction of food intake that prevents person from eating sufficient calories or nutrients.

# Eating Disorder or Disordered Eating

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Disordered eating is a broad umbrella term that includes disordered relationships with food, exercise, and one's body.

Disordered eating is clinically defined as *“a wide range of irregular eating behaviors that do not warrant a diagnosis of a specific eating disorder”*. This means that disordered eating is not a diagnosis in itself, but rather a term used to describe the behaviour patterns seen in someone who does not fit within the specific criteria for any of the eating disorders listed in the DSM-5.

**Examples: Guilt and shame around food, yo-yo dieting, restriction, rigid food rules, “clean eating”, juicing and body image concerns.**

# Myths on Eating Disorders

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- Eating Disorders only affect girls and women.
- Eating Disorders are just about food and/or vanity.
- Only very thin people can have an eating disorder.
- Eating disorders only affect teenagers.
- Eating disorders only affect white people.

# Facts on Eating Disorders

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- 1 in 3 people who have an eating disorder identify as male (NEDA). NEDA also notes that in the US 10 million males will experience an eating disorder at some point in their lives.
- Eating disorders can affect anyone regardless of gender, race, class, and sexuality, although we typically see white straight thin women.
- Eating disorders are not just about food they are a mental health issue which can stem from multiple factors.
- While media portrays everyone with an eating disorder to be underweight, this is not the case. You can't tell if someone has an eating disorder by looking at them.
- NEDA states that onset of eating disorders is 18 year old but can develop early in childhood and later in older adults.
- Eating disorders affect all racial identities and ethnicities.

# Eating Disorders & Trauma

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Roxane Gay's *Hunger: A Memoir of (My) Body*

"I hope that by sharing my story, by joining a chorus of women and men who share their stories too, more people can become appropriately horrified by how much suffering is born of sexual violence, how far-reaching the repercussions can be."

"I feel guilt not only for what happened, but for how I handled the after, for my silence, for my eating and what became of my body."

"The bigger you are, the smaller your world becomes."

"I am tracing the story of my body when I was a carefree young girl who could trust her body and who felt safe in her body, to the moment when that safety was destroyed, to the aftermath that continues even as I try to undo so much of what was done to me."

# Risk Factors for BIPOC Community

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- Racism and discrimination is stressful- Strong link between discrimination and serious health related conditions.
- History of anti-blackness and systemic racism in medical field.
- Food insecurity disproportionately impacts BIPOC children and adults.
- Lack of discussion in BIPOC communities.
- Doctors and Therapists often don't look for eating disorders in BIPOC folks.
- Under-diagnosed and under-treated (body diversity).

# BIPOC Eating Disorder Statistics

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- Black teenagers are 50% more likely than white teenagers to exhibit symptoms of bulimia such as binge eating and purging.
- In a study of adolescents, researchers found that Hispanics were significantly more likely to suffer from bulimia than their non-Hispanic peers.
- The researchers also reported a trend toward a higher prevalence of binge eating disorder in all BIPOC groups.

# BIPOC Eating Disorder Statistics

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- Asian American college students report higher rates of restriction compared with their white peers and higher rates of purging and muscle building than their white or non-Asian, BIPOC peers.
- According to a survey of Native American teenagers in the Chippewa tribe in Michigan, found that 74% were trying to lose weight through dieting or purging behavior.

# Historical Context- Fearing the Black Body

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Sabrina Strings's *Fearing the Black Body: The Racial Origins of Fat Phobia*

“...racial discourse was deployed by elite Europeans and white Americans to create social distinctions between themselves and fat racial others. Black people, as well as so-called degraded or hybrid whites (Celtic Irish, Southern Italians, Russians), were primary targets of these arguments.”

“The fear of the imagined ‘fat Black women’ was created by racial and religious ideologies that have been used to both degrade Black women and discipline white women.”

# The Politics of Anti-Fatness as Anti-Blackness

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Da'Shaun Harrison's *Belly of the Beast: The Politics of Anti-Fatness as Anti-Blackness*

Explores the intersections of Blackness, gender, fatness, health and the violence of policing.

To live in a body both fat and Black is to exist at the margins of a society that creates the conditions for anti-fatness as anti-Blackness. Hyper-policed by state and society, passed over for housing and jobs, and derided and misdiagnosed by medical professionals. Fat Black people in the U.S. are subject to sociopolitically sanctioned discrimination, abuse and trauma.

Ex: Eric Garner, NYPD Union lawyer stated he died from obesity cardiac arrest not from chokehold.

# Food Insecurity and Disordered Eating

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- According to the U.S. Department of Agriculture, **42 million people in the U.S. experience food insecurity** which is formally defined as “a household-level economic and social condition of limited or uncertain access to adequate food.”
- Food insecurity disproportionately impacts marginalized and low-income communities, **72% of African American and Latino children are particularly at risk.**
- Compared with individuals who have regular access to food, individuals with food insecurity engaged in more objective binge-eating, night-time eating, food restriction (such as skipping meals) and dietary restraint.
- Researchers found that 17% of individuals in a child food insecurity group exhibited a clinically significant eating disorder.

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Because I was a Black girl with natural hair who had grown up below the poverty line, no one ever suspected I could be bulimic. Only I seemed aware that melanin content did not guarantee me an eating-disorder free life. My color became the perfect shield against suspicion.”

— STEPHANIE COVINGTON ARMSTRONG,  
AUTHOR

# Racial Bias and Lack of Multicultural Research

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- Providing culturally competent care for diverse racial/ethnic background requires that clinician/providers perform a self-examination of their own beliefs and biases. Individuals from the dominant culture are encouraged to reflect on how being from a different race/ethnic group, which may be associated with power and privilege.
- Unfortunately, research on evidence-based treatments that are culturally adapted in the United States for diverse populations is extremely limited. CBT and self guided CBT for binge-type disorders have been adapted for Latinas and one study conducted with African American women used CBT- based treatment to teach adherence to hunger (UNC Center of Excellence for Eating Disorders, October 2019).

# Rayo Cole: Hidden Secrets

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# Barriers to Treatment for BIPOC Folks

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- The U.S. Department of Health and Human Services reports that BIPOC folks are less likely to be diagnosed and treated for their mental illnesses, have less access to mental health services and often receive a poorer quality of mental health care (this includes eating disorders).
- BIPOC with eating disorders are half as likely to be diagnosed or receive treatment.
- BIPOC with self-acknowledged eating and weight concerns were significantly less likely than white patients to have been asked by a doctor about eating disorder symptoms.

# What does Allyship look like?

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Dr. Meredith Clark asks the question:

“How would it look, and what would it mean, for white professionals to catalyze a movement in dialoguing about the racialized nature of eating disorders treatment in an effort to develop an allyship praxis for/with BIPOC folks ?”

# Cultural Somatics

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- **Cultural Soma**: The invisible sensing, feeling and thinking body that emerges out of networks of complex relationships (Includes humans as well as ancestors, animals, plants, natural elements and other beings).
- Individual and collective trauma transformation are inseparable-because oppression is trauma and trauma is oppression.
- When there is trauma from violence in our relationships, it becomes held in a cultural somas as systemic oppression, when there is unaddressed systemic oppression held in cultural somas it manifests as violence.
- **Resmaa Menakem** is a Black somatic therapist and author, who does leading edge work on healing racialized trauma in collective bodies.

# Culturally Sensitive and Inclusive Treatment

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- Cultural Somatic Therapy: One on one and group healing work that addresses oppressions such as white supremacy as trauma itself. Social change work built upon the foundations of trauma-informed somatic healing such as movement, grounding, self-regulation, relationship building and titration.
- Clinicians not shying away from conversations on cultural mistrust, anti-blackness, racial bias and racism in the mental health and medical field.
- Support more BIPOC professionals going into eating disorder specialities, changing the face.
- Examine and improve current assessment and treatment approaches in eating disorder treatment centers.
- Challenge cultural and societal stigmas around eating disorders.

# BIPOC Therapy Group

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This group is centered on processing racism, racial trauma, identity development, microaggressions and racial violence. For people wanting to heal from depression, anxiety and stress that's tied to one's culture, identity, intergenerational trauma and racism/discrimination. This will be a safe and supportive environment among BIPOC folks that offers an intersectional framework (including gender identity, sexuality, citizenship, class, religion, disability and more) for understanding and addressing power, privilege and oppression.

# BIPOC Therapy Group

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- First cycle was in Spring 2021 and ran for 8 weeks
- Once a week for 8 weeks- 90 minute weekly sessions
- 6 participants and 2 group facilitators
- Starting Second Cycle in October- Extending it to a 16 week group

Within the group we had weekly check-ins for each person in the group and then the rest of the time was spent discussing topics such as internalized racism, microaggressions, gender expression, gender identity, homophobia/transphobia in BIPOC communities, racism in the LGBTQ community, racial trauma, interracial dating, sexual racism, family/culture and identity development.

# Client Feedback from BIPOC Therapy Group

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- Validation

- Community

- Healing

- Shared Experiences amongst BIPOC LGBTQ folks

- Safe space for BIPOC LGBTQ folks created by BIPOC LGBTQ folks

- Limited spaces exist for BIPOC LGBTQ folks

- Supportive Environment

# Questions ?

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Thank you for your time !

Any Questions ?

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