

EDV Position Paper: Men, Boys, and Gender Inclusivity in Eating Disorders

Definitions of key terms

Recovering	When a person is actively engaged in eating disorder treatment and is currently experiencing physical, psychological or behavioural symptoms of an eating disorder. Further, as defined by the NEDC, recovery is “a process of gaining personal control and working towards a meaningful life that is not dominated by the symptoms of an eating disorder” (p.5).
Recovered	Defined by EDV as a person who is free of physical, psychological and behavioural symptoms. There may be some unhelpful eating disorder thoughts sparingly or from time to time but are managed swiftly and with a sense of ease.
Muscle dysmorphia	A subtype of the obsessive mental disorder body dysmorphic disorder, defined by a preoccupation that one’s body is not lean or muscular enough (Cerea et al., 2018).



Eating disorders in men are prevalent but poorly understood and inadequately addressed. Research indicates that over one third of people experiencing an eating disorder are men (Koreshe et al., 2023). Many experts believe that this number could be even higher, as the stigma and shame surrounding eating disorders in men prevent many from seeking help.

Defining terms: men and boys

The terms ‘men’ and ‘boys’ are based on social constructions of gender norms and risks appropriately considering the diversity of men as a population group. This includes those in sexual and gender minority groups (Thapliyal et al., 2017). In the eating disorder sector this is exacerbated by the focus of literature on primarily white, cis-gendered, and able-bodied women, with restrictive eating disorders.

This perpetuates stigma and stereotypes and causes further harm by contributing to rigid gender expectations. ‘Men and boys’ in this paper therefore describes a diverse group that are not defined by rigid gender norms.

Eating disorders in men and boys

Men are estimated in one third of all reported eating disorder diagnoses (Mitchison et al., 2015; Paxton et.al., 2012) and the rates continue to increase globally (Thapliyal et al., 2017). From 1990-2019, prevalence rates of eating disorders globally have increased at a faster rate in men than in women (22% increase in men compared to a 12% increase in women) (Collaborators, 2022).

More specifically, 117.9 out of 100,000 men will develop an eating disorder in their lifetime (compared to 231.5 out of 100,000 women being affected) (Collaborators, 2022). Across the gender spectrum, eating disorders and disordered eating behaviours are based on the same neurological and psychological disturbances.

Men account for approximately:

- 20% of people with anorexia nervosa (Hay et al., 2015)
- 30% of people with bulimia nervosa (Hay et al., 2015)
- 43% of people with binge eating disorder (Hay et al., 2015)
- 55-77% of people with other specified feeding or eating disorder (Hay et al., 2015)
- 67% of people with avoidant/restrictive food intake disorder (Eddy et al., 2015)

Estimates are also likely to be conservative and underreported due to stigma, stereotyping, and misdiagnosis. In addition, research that aligns with gender constructions and dominant social norms indicate that disordered eating and body dissatisfaction is more commonly manifested as the pursuit of a muscular, lean physique rather than a lower body weight (Nagata et al., 2020; NEDC, 2018).

What does the literature say?

There is no single risk factor, but rather a **multifactorial relationship** between **social, psychological** and **biological factors** that lead to the development of eating disorders. Some of the societal factors that present more or less of a risk to men and boys include:

- Like women, the onset of eating disorders in boys and men is more likely in the **adolescent years**. Survey findings in Australia reveal that approximately 12.8% of adolescent boys may have an eating disorder (Mitchison et al., 2020).
- Men and boys are more likely to experience **night-time eating disorder** and **binge eating disorder** (Mitchison et al., 2020), while weight-loss dieting is a less common risk factor for men compared to women (Mitchison et al., 2019).
- Male **athletes** are at a higher risk of developing an eating disorder with estimates that up to 19% of male athletes experience disordered eating and/or an eating disorder (Reardon et al., 2019). The risk is higher in weight-class sports that require a particular physique, such as gymnasts, swimmers, jockeys, weightlifters, wrestlers and body builders (Reardon et al., 2019; Wells et al., 2020). A scoping review on rates of eating disorders in male athletes suggests a lifetime prevalence of 32.5% (Karrer et al., 2020).
- Research suggests that up to 14% of **gay or bisexual men** have struggled with eating disorders (Nagata et al., 2020). Risk factors include stigma, discrimination, stress of

concealment of sexuality, and verbal and social violence and victimisation (Parker & Harriger, 2020).

- **Transgender** individuals have also been found to experience eating disorders at a higher rate compared to cis-gender peers (Simone et al., 2022).
- A significant influencing factor is also societal norms and pressure to conform to **body ideals**, such as the hegemonic V-shaped physique with well-defined muscles identified continuously through mainstream media.

The harm of gender expectations and eating disorders

The harmful impact of society's gender constructions relating to eating disorders is evident in the gendered lens through which these conditions are often viewed. The higher prevalence estimates in girls and women contribute to this skewed perspective. Additionally, social norms surrounding masculinity, characterised by expectations of unbreakable strength, competitiveness, and independence, perpetuate stereotypes that hinder boys and men from seeking help for eating disorders (Coopey & Johnson, 2022). This perpetuates a rigid masculine image contributing to stigma and isolation, acting as significant barriers to help-seeking, while also leading to a lack of public awareness regarding boys and men at risk or currently experiencing an eating disorder.

Community attitudes and social norms are important indicators of how one's help-seeking efforts will be met and explains potential gaps in gender inclusive services and resources available to the public (Kinniard et al., 2019). This was highlighted by researchers Räisänen & Hunt (2014) that **“rather than referring him for psychological treatment he was, in his words, told to ‘man up’ and ‘not be weak’ but ‘be strong and deal with the problem’”** (p.5). This research with young boys and men emphasises the internalisation of this external environment. Young men expressed their beliefs that eating disorders were ‘something girls got’, echoing social learnings and conditioning (Räisänen & Hunt, 2014). Further to this, a participant in another study stated **“I wasn’t even sure that men got it... There were no role models... so maybe then this is an abnormal thing...maybe this isn’t what I’ve got”** (Markham et al., 2013, p.45).

Awareness raising is vital for social change to ensure boys and men have equitable care and support around prevention, early intervention, and help-seeking for eating disorders.

Intersectionality

Research highlights that the intersection of more than one **marginalised social identity** (race, culture, class, gender, sexual preference, and neurodiversity) is a significant contributor to the development of poor mental health, eating disorders, and concern for health equity in treatment and support (Burke et al., 2020; Parker & Harriger, 2020). It is understood that poor mental health and eating disorder risk in those at the intersection of these marginalised identities are largely contributed to by social and environmental factors that interact with the **internalisation and pressure of male body ideals in society** (Parker & Harriger, 2020). These factors include discrimination and victimisation, anticipation of rejection and internalised stigma (e.g., homophobia), concealment stress, physical violence and verbal abuse (Parker & Harriger, 2020).

Current policy context

Medicare support

In 2019, Medicare extended support to individuals of all ages experiencing an eating disorder. Eligible young people with eating disorders have access to an **Eating Disorder Plan (EDP)**. The EDP involves Medicare subsidies for 20 sessions with a private dietitian and up to 40 sessions with a private mental health clinician over a 12-month period. [Click here](#) for more information. Individuals who are not able to access an EDP can be referred to Better Access to Mental Health Care (MHCP), that provides up to 10 therapy sessions per calendar year (InsideOut, 2021).

Child and Adolescent Local Mental Health and Wellbeing Services (CAMHS) and Child and Youth Local Mental Health and Wellbeing Services (CYMHS)

CAMHS and CYMHS provide services for young people (up to 18 in CAMHS, 25 in CYMHS), including for those with eating disorders. These services typically recommend FBT as the first-line response and treatment approach for restrictive eating disorders in children and adolescents.

Adult Local Mental Health and Wellbeing Services (AMHS)

AMHS provide services for adults from 25 years old and up. For both CAMHS, CYMHS and AMHS, inpatient treatment is required when all community-based treatment avenues have been exhausted, or an individual is medically unstable.

The Mental Health & Wellbeing Act (2023)

Detailed information about the new Act is available on the Victorian Department of Health website [here](#). Below we have outlined four changes that we believe are of particular importance to our community.

- **More patient autonomy**, including broader advance statements and opt out non-legal mental health advocacy.
- **Less restrictive care**, with the goal of elimination

- **Clearer pathways** for formal complaints for carers and support people
- Greater lived experience professional **opportunities** and **leadership roles**

National Men’s Health Strategy 2020–2030

Mental health is the first of five priority areas in this national strategy, which has three core objectives, including:

- Empower and support men and boys to optimise their own and each other’s health and wellbeing;
- Build the evidence base for improving men’s health; and
- Strengthen the capacity of the health system to provide quality appropriate care for men and boys.

What are we advocating for?



Awareness raising to address stigma and stereotyping of risk factors and warning signs of eating disorders in men and boys

The gendered stereotype of eating disorders as a female illness creates barriers to first-line community responses, eating disorder care, and personal ability to recognise disordered behaviours and symptoms that lead to the development of an eating disorder (Räisänen & Hunt, 2014).

It is important to highlight that there are more similarities than differences in the presentation of eating disorders across the gender spectrum.

Considering this, the different presentations of eating disorders in men compared to women are largely due to gender stereotypes of body image

ideals, such as social messaging about lean and muscular body shapes (Kinniard et al., 2019; Nagata, Gansen & Murray, 2020; Räisänen & Hunt, 2014). Understanding how eating disorders develop and the range of ways disordered eating and eating disorders present across the gender spectrum, and in boys and men, is key to effective intervention and support.

Body dissatisfaction specifically is highlighted as a significant concern and risk factor for the development of eating disorders among boys and men (Butterfly Foundation, 2017). This is particularly concerning as it has been found that children as young as six have been found to experience body dissatisfaction (McLean et al., 2018).

Further to this, a nation-wide survey in 2017 finding that 40% of males surveyed were dissatisfied or very dissatisfied with their appearance (compared to 46% of females) (Butterfly Foundation, 2017). These numbers are comparable with research indicating this experience is largely attributed to by social conversations with friends and peers around appearance, appearance-based criticism and internalised appearance ideals (Lawler & Nixon, 2011).

The prevalence of eating disorders in men in the LGBTIQ+ community is also a significant concern (Burke et al., 2020; Parker & Harriger, 2020).

Adolescent boys who identify within a sexual minority (gay and bisexual) have been found to more commonly experience body dissatisfaction, disordered weight control behaviours, muscle enhancing steroid use, and eating disorders (Nagata et al., 2020). This highlights the importance of inclusive, intersectional, and individualised care, with a priority focus on boys and men who identify with a sexual minority. The central influence of these social factors provides a pathway for advocacy in prevention, early intervention, help-seeking, and treatment access across the continuum of care and improving equity across all social identities (Räsänen & Hunt, 2014).

EDV's Position:

1. **Gender assumptions, stereotypes and biases must be challenged to enable early help-seeking.**
2. **Wide-spread recognition of sociocultural factors (e.g., male body ideals) that influence body image across a range of settings (e.g., schools and sporting clubs) is critical for early intervention.**

2

Gender inclusive health workforce training and capacity building

Men face significant underrepresentation in the eating disorder sector and research, imposing barriers to accessing formal diagnoses. This gender disparity has led to a **pronounced lack of gender neutrality in diagnostic criteria and psychometric assessment tools**, primarily designed and tested with female participants and patients (Gallagher et al., 2021). The pervasive sociocultural perception of eating disorders as predominantly afflicting females creates a significant barrier that hampers awareness of eating disorders in men,

obstructing help-seeking, recognition, and early intervention (Räsänen & Hunt, 2014).

This issue is exacerbated by entrenched practices among general practitioners and other primary healthcare providers, who play a crucial role in prevention, diagnosis, early intervention, and referrals to specialised services (Räsänen & Hunt, 2014). The consequences of this gender bias also extend to research, resulting in a lack of evidence on eating disorders in men. However, recent strides in research have led to the

development of specialised assessment tools tailored for men, in addition to extensions to existing questionnaires (Gallagher et al., 2023; Hildebrandt et al., 2023; Murray et al., 2019; Stanford & Lemberg, 2012).

Health care worker training is needed for recognition and intervention of key gender differences that are influenced by sociocultural norms, such as the emphasis on muscularity rather than the traditional focus on thinness observed in research on females with restrictive eating disorders (Halbeisen et al., 2022). To effect meaningful change, it is essential to integrate these understandings into **targeted professional development initiatives** and efforts to **enhance workforce capacity**. This is essential to dismantle the pervasive barriers that hinder the effective identification, understanding, and treatment of eating disorders in males.

Gender-inclusive approach to treatment and service models for eating disorders

EDV recognises the need for widespread treatment and support models and options that are specialised and adapted for men. Through understanding the gender differences in service use at EDV, where we note the preference for seeking help more anonymously, there is an identified need for more **online, telehealth, digital platforms** to reach men and boys. Given the lack of evidence, there is a need for further research on these treatment and support options

for gender diverse populations. The implications of the lack of gender diversity in research in the interim is a potential lack of effectiveness for those who are accessing treatment and support.

Eating disorder services have traditionally been designed based on the needs and experiences of women. The establishment of the statewide Victorian women's mental health unit further emphasises this gender-specific focus. While these units play a crucial role in addressing women's mental health concerns, they may **inadvertently perpetuate** the misconception that eating disorders primarily affect females, thereby neglecting the unique needs of men and boys.

The development of new services therefore must take a **more inclusive approach**, considering the diverse experiences of individuals across the gender spectrum. This involves reassessing the current models of care to ensure they cater to the unique needs of men and boys struggling with eating disorders. Research into men's experiences with eating disorders and their encounters with mental health services highlights that treatment approaches do not need to be fundamentally different but should be tweaked to consider gendered patterns (muscularity vs thinness) (Kinnaird et al., 2019). By incorporating men's experiences into research agendas and service design, the sector can take a significant step toward providing equitable and comprehensive mental health support for all individuals affected by eating disorders.

EDV's Position:

- 1. A gender-inclusive lens for training and workforce development (e.g., GPs, public hospital units, male lived experience professionals) is needed.**
- 2. Men and boys' experiences need to inform and be incorporated into the development and delivery of treatment & service models.**

Contacting EDV for support

EDV Hub

Help at EDV often starts by contacting the EDV Hub. The Hub offers free and confidential information, navigation and support. Open to all Victorians impacted by eating disorders.

PH 1300 550 236

Email hub@eatingdisorders.org.au

Online www.eatingdisorders.org.au/find-support/eating-disorder-helpline/

EDV Website

Learn more about eating disorders and the range of support services available at EDV by visiting our website.

www.eatingdisorders.org.au

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Need help?

Eating Disorders Victoria help Victorians understand and recover from eating disorders.

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E: hub@eatingdisorders.org.au

W: www.eatingdisorders.org.au

