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Original article

Gender Identity, Sexual Orientation, and Eating-Related Pathology in a National Sample of College Students

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A B S T R A C T

Purpose: This study examined associations of gender identity and sexual orientation with self-reported eating disorder (SR-ED) diagnosis and compensatory behaviors in transgender and cisgender college students.
Methods: Data came from 289,024 students from 223 U.S. universities participating in the American College Health Association—National College Health Assessment II (median age, 20 years). Rates of past-year SR-ED diagnosis and past-month use of diet pills and vomiting or laxatives were compared among transgender students (n = 479) and cisgender sexual minority (SM) male (n = 5,977) and female (n = 9,445), unsure male (n = 1,662) and female (n = 3,395), and heterosexual male (n = 91,599) and female (n = 176,467) students using chi-square tests. Logistic regression models were used to estimate the odds of eating-related pathology outcomes after adjusting for covariates.
Results: Rates of past-year SR-ED diagnosis and past-month use of diet pills and vomiting or laxatives were highest among transgender students and lowest among cisgender heterosexual men. Compared to cisgender heterosexual women, transgender students had greater odds of past-year SR-ED diagnosis (odds ratio [OR], 4.62; 95% confidence interval [CI], 3.41–6.26) and past-month use of diet pills (OR, 2.05; 95% CI, 1.48–2.83) and vomiting or laxatives (OR, 2.46; 95% CI, 1.83–3.30). Although cisgender SM men and unsure men and women also had elevated rates of SR-ED diagnosis than heterosexual women, the magnitudes of these associations were lower than those for transgender individuals (ORs; 1.40–1.54).
Conclusions: Transgender and cisgender SM young adults have elevated rates of compensatory behavior and SR-ED diagnosis. Appropriate interventions for these populations are urgently needed.
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IMPLICATIONS AND CONTRIBUTION

To date, few studies have examined the impact of gender identity on the prevalence of clinical eating disorders and compensatory behaviors. We found that transgender and cisgender nonheterosexual college students were at increased risk of eating disorder diagnosis and compensatory behaviors. Findings highlight the need for targeted prevention and intervention efforts in these vulnerable groups.

Most research on eating-related pathology has focused on cisgender individuals, whose current gender identity matches the sex they were assigned at birth. Although several case studies and case series have described transgender individuals with eating disorders (EDs; e.g., [1,2]), few studies have compared rates of eating-related pathology between transgender and cisgender individuals. Transgender individuals experience high rates of discrimination [3,4], which have been significantly associated

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with poor mental health outcomes in sexual minority (SM) populations [5,6]. Qualitative research suggests transgender persons may be at increased risk of body dissatisfaction, which may predispose them to disordered eating [1,2]; however, results of empirical studies of associations between transgender and EDs have been inconsistent [7–10]. This inconsistency may result from variation in the size and composition of the transgender groups, as well as the choice of comparison group. In particular, several previous studies selected transgender and comparison participants from different source populations [7,8,10], a practice that may introduce selection bias [11]. Only one study to date has investigated associations between gender identity and disordered eating using transgender and cisgender groups derived from the same source population. That study, which examined "conflicted gender identity" rather than self-identified transgender status in a cross-sectional study of Finnish twins and their siblings, found that women with conflicted gender identity had higher Eating Attitudes Test disordered eating scale scores than their non-gender identity conflicted counterparts, with no significant difference among men [9]. Of note, only one study has compared disordered eating in transgender and cisgender SM individuals [7]; to our knowledge, no studies have examined differences in disordered eating in transgender people relative to other gender and sexual minorities and cisgender heterosexual men and women.

Additional studies have shown that cisgender SM men are at significantly higher risk of disordered eating than heterosexual men (e.g., [5,12,13]). Findings comparing cisgender SM and heterosexual women have been more mixed, with some studies reporting increased levels of disordered eating and others showing no significant differences (e.g., [12,13]). Surprisingly few studies have compared rates of disordered eating in heterosexual and SM men to those in heterosexual and SM women [14–16]. These studies have yielded comparable findings, where heterosexual women had higher total scores on the Eating Attitudes Test [15,16] and restrained eating scale scores on the Dutch Eating Behavior Questionnaire [14] than heterosexual men and lesbian women; however, there were no significant differences in scores between heterosexual women and gay men.

None of the previously mentioned studies comparing heterosexual and gay men to heterosexual women included other cisgender sexual minorities, such as those identifying as bisexual or people who were unsure of their sexual orientation. Several studies have found elevated rates of disordered eating among individuals unsure of their sexual orientation relative to their same-gender heterosexual counterparts (e.g., [13,17]). A recent study examining differences in disordered eating by sexual orientation using data from the American College Health Association's National College Health Assessment (ACHA-NCHA) found that men who identified as gay, bisexual, and unsure of their sexual orientation were all significantly more likely than heterosexual men to have an ED diagnosis and to engage in compensatory behaviors (CBs), whereas associations among women were inconsistent and less robust [18]. The authors stratified their analyses by gender, which prevented comparisons of heterosexual and SM males to heterosexual women, the most well-studied group in the ED literature. In addition, transgender participants were omitted from the analyses because of low numbers. As the ACHA-NCHA is conducted every semester with an increasing number of colleges and universities participating in it, more data have been collected and released since the analyses for the previous study were completed, and the number of transgender participants has increased substantially.

A closer investigation of how disordered eating differs across gender and sexual orientation may provide a greater understanding of its underlying mechanisms. We sought to expand on prior research by examining differences in eating-related pathology by gender identity and sexual orientation in a large, diverse sample of college students participating in the ACHA-NCHA.

Methods

The present study uses data collected from students enrolled in 223 U.S. colleges and universities (median age, 20 years) between Fall 2008 and Fall 2011 as part of the ACHA-NCHA [19,20], a nationally recognized survey of a broad range of health behaviors, outcomes, and perceptions among college students. Participating institutions sampled students and collected data in one of the following two ways: (1) students in randomly selected classrooms were asked to complete the survey on paper or (2) a link to the Web-based survey was sent to a random sample of enrolled students. Data were collected anonymously. The mean response rate ranged from 19.0% to 36.0% over the eight semesters of data collection [19,21–23]. The individual campuses participating in the ACHA-NCHA provided documentation of institutional approval of the survey research. Although the questionnaire was administered in multiple semesters at some institutions, the present study only uses data from the first semester that each institution participated in the survey to ensure that all responses came from unique individuals. To best represent the American college population, the current analyses were limited to participants aged 26 years and older.

The ACHA-NCHA questionnaire included items regarding mental health, substance use, sexual behavior, and nutrition and has established reliability and validity [19,21]. Sexual orientation and gender identity were queried in the demographics section of the interview. Response options for the question, "What is your gender?" were "female," "male," and "transgender." Sexual orientation was assessed by the question, "What is your sexual orientation?" (response options: "heterosexual," "gay/lesbian," "bisexual," or "unsure"). For the current analyses, information on gender identity and sexual orientation was combined into a seven-level variable: transgender, cisgender SM men, cisgender unsure men, cisgender heterosexual men, cisgender SM women, cisgender unsure women, and cisgender heterosexual women (referent). Cisgender heterosexual women were designated as the reference category because the ED literature largely focuses on cisgender women, most of whom are heterosexual. Individuals were categorized as SM if they identified as gay/lesbian or bisexual. Transgender individuals were collapsed into a single group regardless of sexual orientation because of the relatively low number of transgender respondents ($n = 479$).

Past-year ED diagnosis was assessed through two questions: "Within the past 12 months, have you been diagnosed or treated by a professional for anorexia?" and "Within the past 12 months, have you been diagnosed or treated by a professional for bulimia?" each with the response options: "No," "Yes, diagnosed but not treated," "Yes, treated with medication," "Yes, treated with psychotherapy," "Yes, treated with medication and psychotherapy," or "Yes, other treatment." For the current analyses, we constructed a single dichotomous variable to reflect whether the respondent

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