

# Eating Disorders in Underrepresented Populations

Are we asking the right questions ?



Whitney Trotter  
RDN/LDN MS RN RYT  
PMHNP student (May 2023)

[www.whitneytrotter.com](http://www.whitneytrotter.com)





Disclosures:

**I have no financial disclosure or conflicts of interest with the presented material in this presentation**





# Objectives:

1

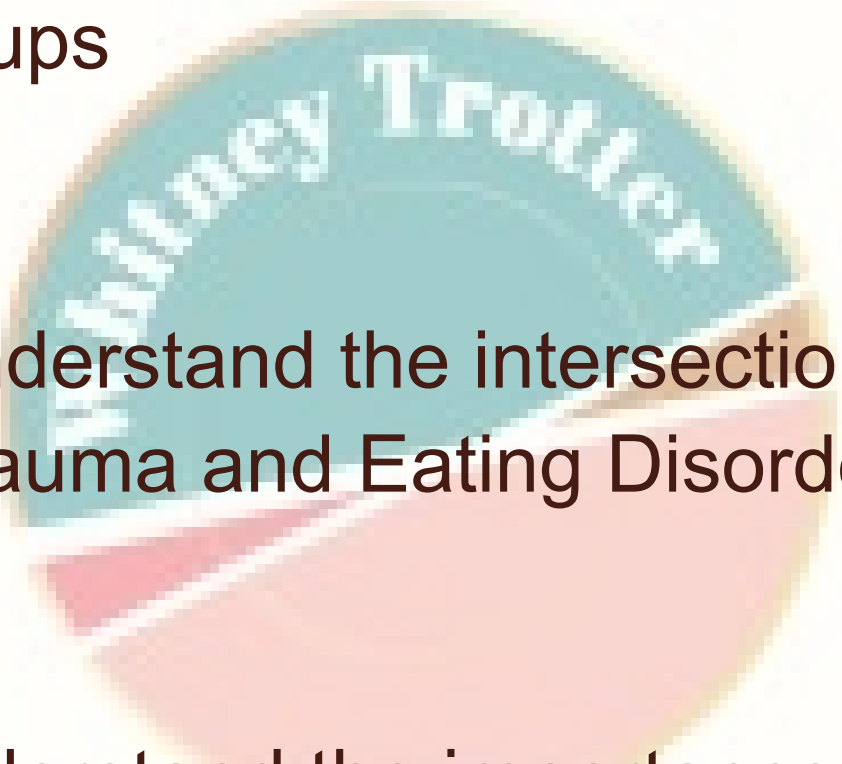
Define: Underrepresented groups and historically marginalized groups

2

Understand the intersection of Trauma and Eating Disorders

3

Understand the importance of culturally sensitive screening and questions



# *Eating Disorders*

Characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning

. \*DSM diagnosis

## Important facts about EDs

01

All EDs are serious disorders with life-threatening physical and psychological complications.

02

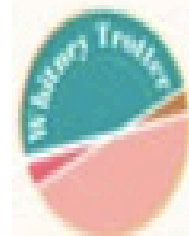
EDs do not discriminate. They can affect individuals of all ages, genders, ethnicities, socioeconomic backgrounds, and with a variety of body shapes, weights and sizes.

03

Weight is not the only clinical marker of an ED. People at any weight can have an ED, may be malnourished and/or engaging in unhealthy weight control practices.

04

Individuals with an ED may not recognize the seriousness of their illness and/or may be ambivalent about changing their eating or other behaviors.



# Important facts about EDs

05

The medical consequences of EDs can go unrecognized, even by an experienced clinician.

06

In children and adolescents, failure to gain expected weight or height, and/or delayed or interrupted pubertal development, should be investigated for the possibility of an ED.

07

All EDs can be associated with serious medical complications affecting every organ system of the body.

08

All instances of precipitous weight loss or gain in otherwise healthy individuals should be investigated for the possibility of an ED.



# Definitions of Eating Disorders

1

*Anorexia Nervosa*

2

*Bulimia Nervosa*

3

*Binge Eating Disorder*



# Anorexia Nervosa

Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.

Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected

- Intense fear of gaining weight or becoming “FAT,” or persist in behavior that interferes with weight gain.
- Denial of hunger and consistent excuses to avoid mealtimes.
- Withdrawal from usual friends
- Unusual food behaviors or rituals



# Bulimia Nervosa

- Characterized by consuming large amounts of food while feeling out of control and engaging in compensatory behaviors to prevent weight gain.
- The behaviors may include self-induced vomiting, misuse of laxatives, diuretics, or other medication, fasting, or excessive exercise.
- Individuals are often unduly influenced by body shape and weight.
- The minimum level of severity is based on the frequency of inappropriate compensatory behaviors (see below).
- Mild: average of 1-3 episodes of inappropriate compensatory behaviors/week
- Moderate: Average of 4-7 episodes of inappropriate compensatory behaviors/week
- Severe: Average of 8-13 episodes of inappropriate compensatory behaviors per week
- Extreme: An average of 14 or more episodes of inappropriate compensatory behaviors per week





# Binge Eating

- Characterized by binge eating (within a 2-hour period) without the compensatory behaviors characteristic of Bulimia.
- The binge-eating episode may be accompanied by eating more than normal, eating until uncomfortably full, eating large amounts of food independent of physical hunger, eating alone due to embarrassment of consuming such large quantities, and guilt after consuming large amounts of food.
- The binge eating occurs, on average, at least once a week for 3 months.

The binge-eating episodes are associated with three (or more) of the following:

1. Eating much more rapidly than normal.
2. Eating until feeling uncomfortably full.
3. Eating large amounts of food when not feeling physically hungry.
4. Eating alone because of feeling embarrassed by how much one is eating.
5. Feeling disgusted with oneself, depressed, or very guilty afterward.



# General Stats

Eating disorders affect at least 9% of the population worldwide.

9% of the U.S. population, or 28.8 million Americans, will have an eating disorder in their lifetime.

Less than 6% of people with eating disorders are medically diagnosed as “underweight.”

28-74% of risk for eating disorders is through genetic heritability.

Eating disorders are among the deadliest mental illnesses, second only to opioid overdose.

10,200 deaths each year are the direct result of an eating disorder—that’s one death every 52 minutes.

About 26% of people with eating disorders attempt suicide. The economic cost of eating disorders is \$64.7 billion every year.



If we know the prevalence of Eating Disorders, why are we still missing a significant population of people?



# Because we don't know how to "assess" Underrepresented population groups



- Historically White, thin, cis, affluent

- IGI Global defines "A group that is less represented in one subset (e.g., employees in a particular sector, such as IT) than in the general population. This can refer to gender, race/ethnicity, physical or mental ability, LGBTQ+ status, and many more. Also referred to as minorities, **underrepresented** minorities, or marginalized populations."





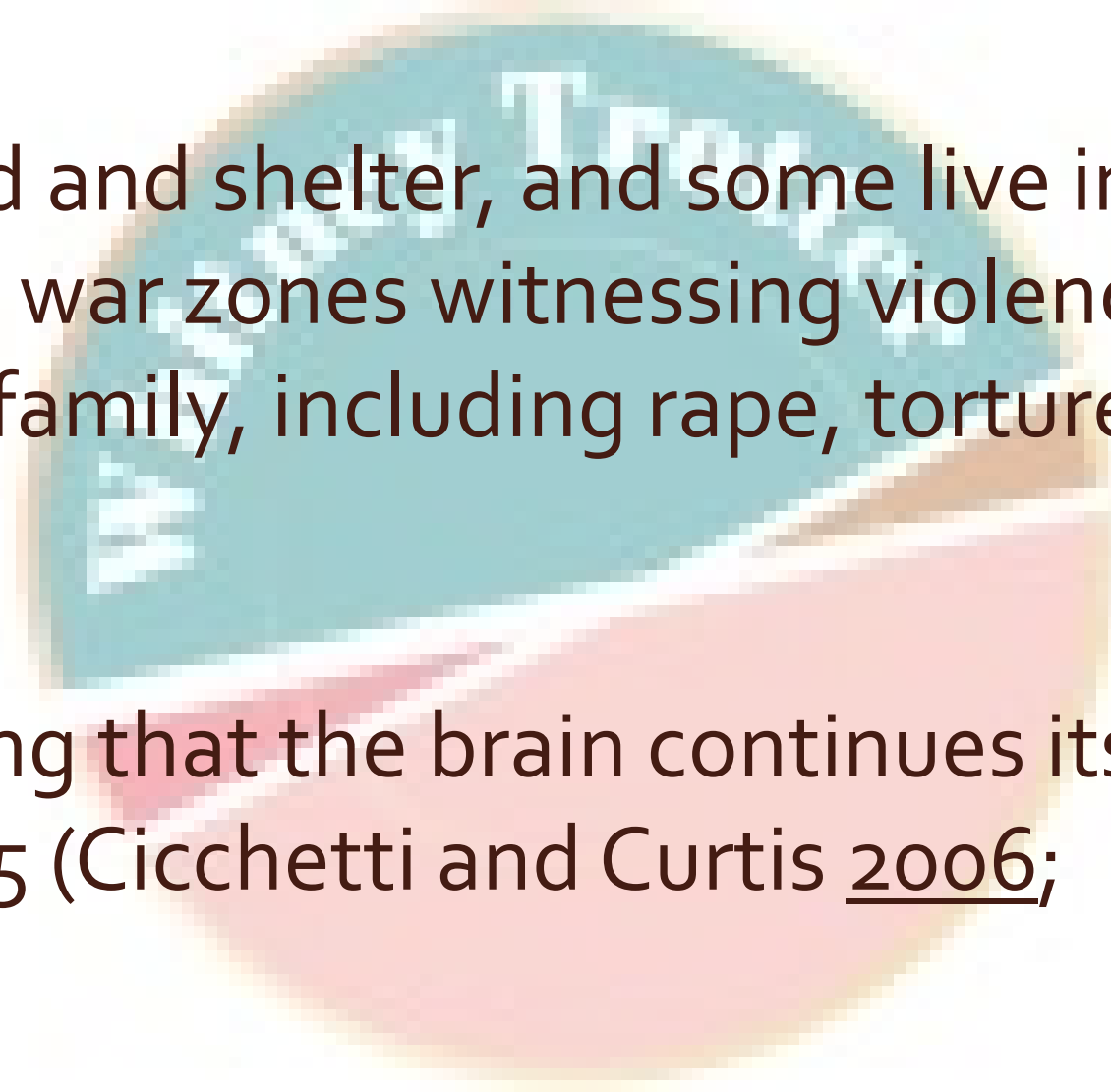
# The Impact of Trauma and Eating Disorders

The impact of trauma can be felt generationally and through every life cycle

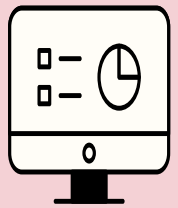


# Trauma in Early Childhood

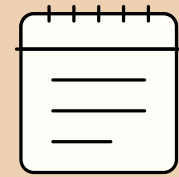
- Millions of children throughout the world are currently growing up amidst traumatic environments
- Many lack adequate food and shelter, and some live in unsafe communities and war zones witnessing violence occurring to friends and family, including rape, torture and murder
- Recent studies suggesting that the brain continues its development until age 25 (Cicchetti and Curtis 2006; Giedd 2008).
- Trauma in early life, affects brain development, especially the development of right hemispheric brain functions, which include among other things, regulation of mood and social adjustment.



# Questions to ask ?



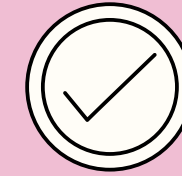
Have you ever had to exchange a sex act for food, clothing, water or shelter



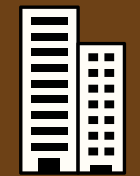
How do restrictive eating disorders in early childhood affect the development of the prefrontal cortex



How has survivor's guilt shaped your relationship with food and body?



What is the generational impact of trauma and eating disorders? Do previous family members have ED's?



Is their ED rooted in the client's survival? Does the client have access to culturally competent, trauma informed care

# Trauma

An emotional response to a terrible event- accident, rape or natural disaster.

Flight, fright, freeze, or fawning can occur . Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches, nausea, or chronic pain

- **Acute Trauma**

Is often a single incident/stressor such as an accident, being a victim of a crime or even a natural disaster..

- **Chronic Trauma**

This results from repeated and prolonged exposure to highly stressful events. Examples include cases of child abuse, bullying, or domestic violence.

- **Complex**

This results from exposure to multiple traumatic events.

- **Vicarious Trauma**

A person develops trauma symptoms from close contact with someone who has experienced a traumatic event.



# Complex Trauma Cycles

1

## Racial Trauma

Fear of being black or brown  
PWI or spaces  
Microaggressions  
diagnosis based on skin tone

2

## Poverty Trauma

basic needs  
working 2-3 jobs  
working over night  
basic needs  
financial security

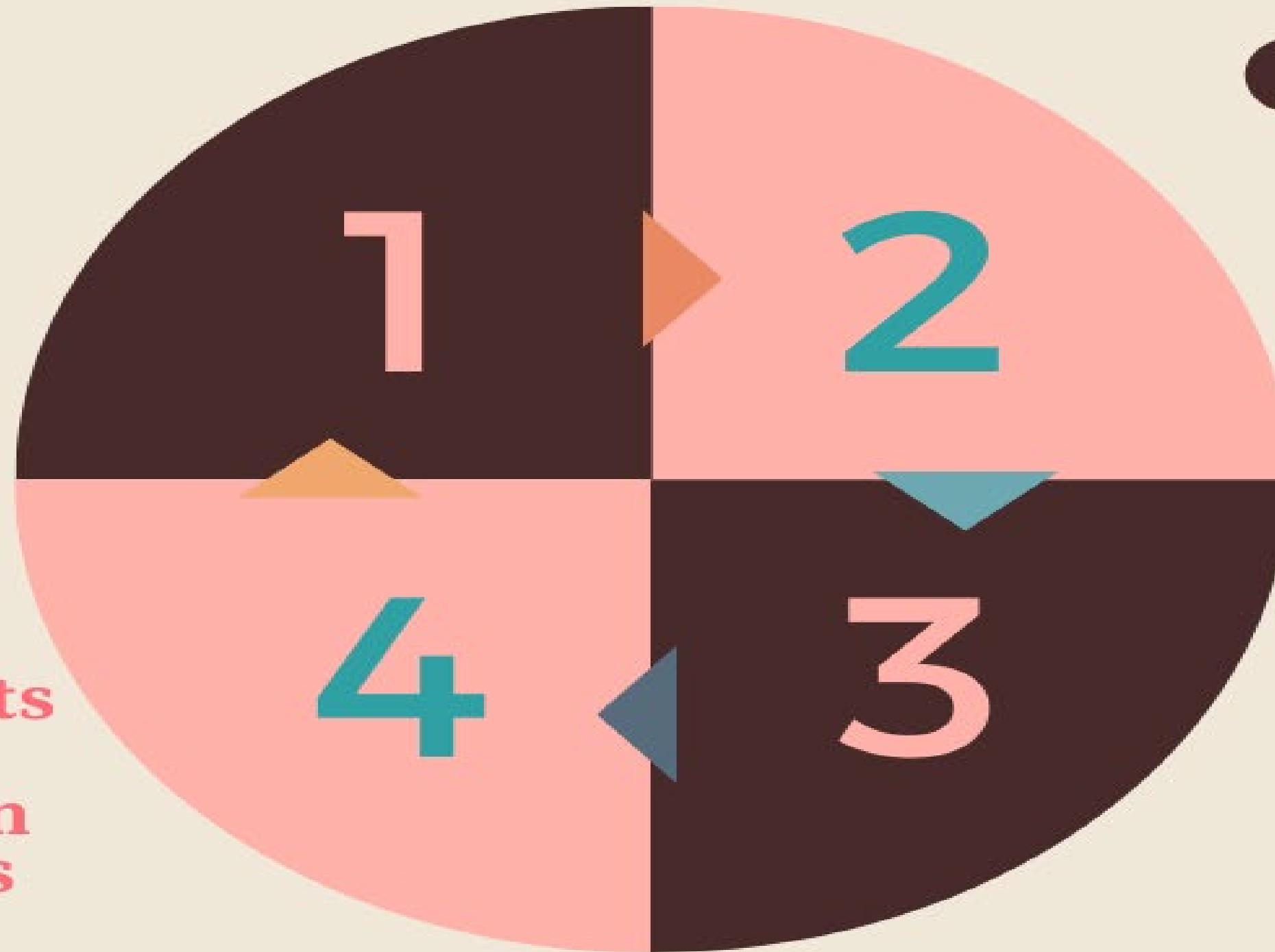
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## Immigrants or First Generation Americans

3

## Cultural Assimilation

How is their culture impacting their nervous system  
Is their culture supportatiave of care



# Trauma and Immigration/Migration

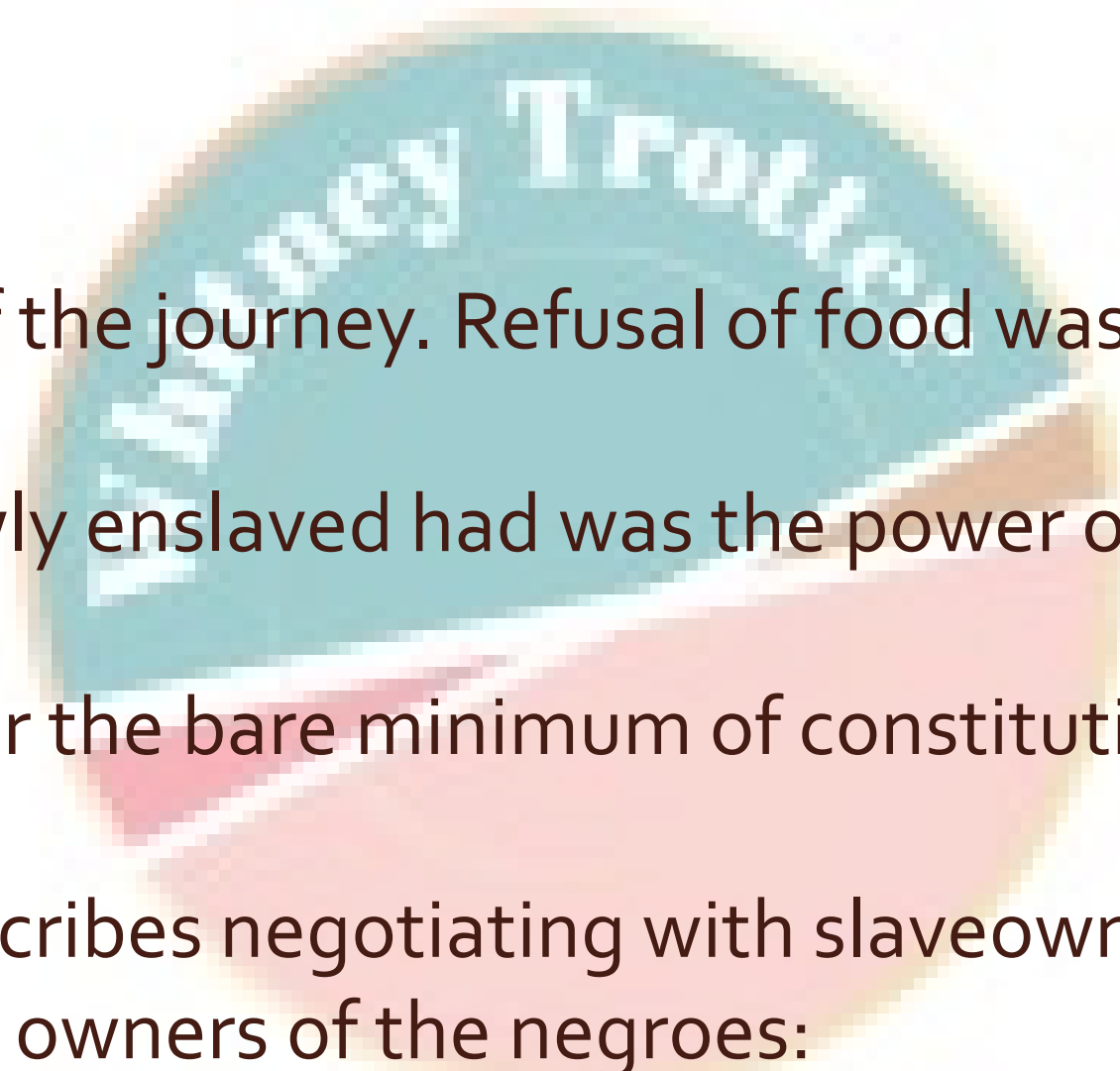
- In 2010, some 214 million people—3 % of the world's population—lived outside of their country of origin (Batalova and Lee 2012)
- Worldwide, there are currently over 15 million refugees uprooted from their home countries, the highest number since the 1990s Rwandan genocide (McClelland 2014).
- For many of these individuals, trauma is compounded by grief over loss—loss of family members and friends, loss of homes, neighborhoods, language, and even familiar smells.
- For those whose migration status is undocumented or illegal, seeking or obtaining help for their trauma is often impossible; thus their trauma may remain unresolved and may carry over to the next generation



# Defining History for Black and Indigenous Communities

## Historical Perspective

- The power of refusal
- Resistance was every step of the journey. Refusal of food was a way to take back power
- The only power that the newly enslaved had was the power of refusal
- What feeding was needed for the bare minimum of constitution
- Sims (Father of OBGYN) describes negotiating with slaveowners: "I made this proposition to the owners of the negroes:
  - If you will give me Anarcha and Betsey for experiment, I agree to perform no experiment or operation on either of them to endanger their lives, and will not charge a cent for keeping them, but you must pay their taxes and clothe them." He also complains about the expense of feeding them.



\*\*\*\*\*speculum oris





*As part of “The 1619,” Evelyynn Hammonds, a historian of science at Harvard, told Jeneen Interlandi of The New York Times: “There has never been any period in American history where the health of blacks was equal to that of whites. Disparity is built into the system.”*

When presented with identical case studies demonstrating disordered eating symptoms in white, Hispanic and Black women, clinicians were asked to identify if the woman’s eating behavior was problematic. **44% identified the white woman’s** behavior as problematic; **41% identified the Hispanic woman’s behavior as problematic**, and only **17% identified the Black woman’s behavior as problematic.**

The clinicians were also less likely to recommend that the Black woman should receive professional help (Gordon, Brattole, Wingate, & Joiner, 2006)





# BMI and Eurocentric Ideals

- BMI was invented about 200 years ago in an era that justify nationalism, racism and eugenics.
- The index was established by Belgian mathematician Lambert Adolphe Jacques Quetelet, who sought to measure the height and weight of the “average” man based on a sample of White, European men. He saw this average as an ideal.
- Metropolitan Life Insurance Company attempted to establish “how weight might play a role in someone’s likelihood of dying” by using the BMI



# Nervous System

- Nervous system is divided into two parts

- Central nervous system (CNS) and Peripheral nervous system (PNS)

- CNS- brain and spinal cord,
  - PNS- all the nerves that branch out from the brain and spinal cord and extend to other parts of the body ie muscles and organs .

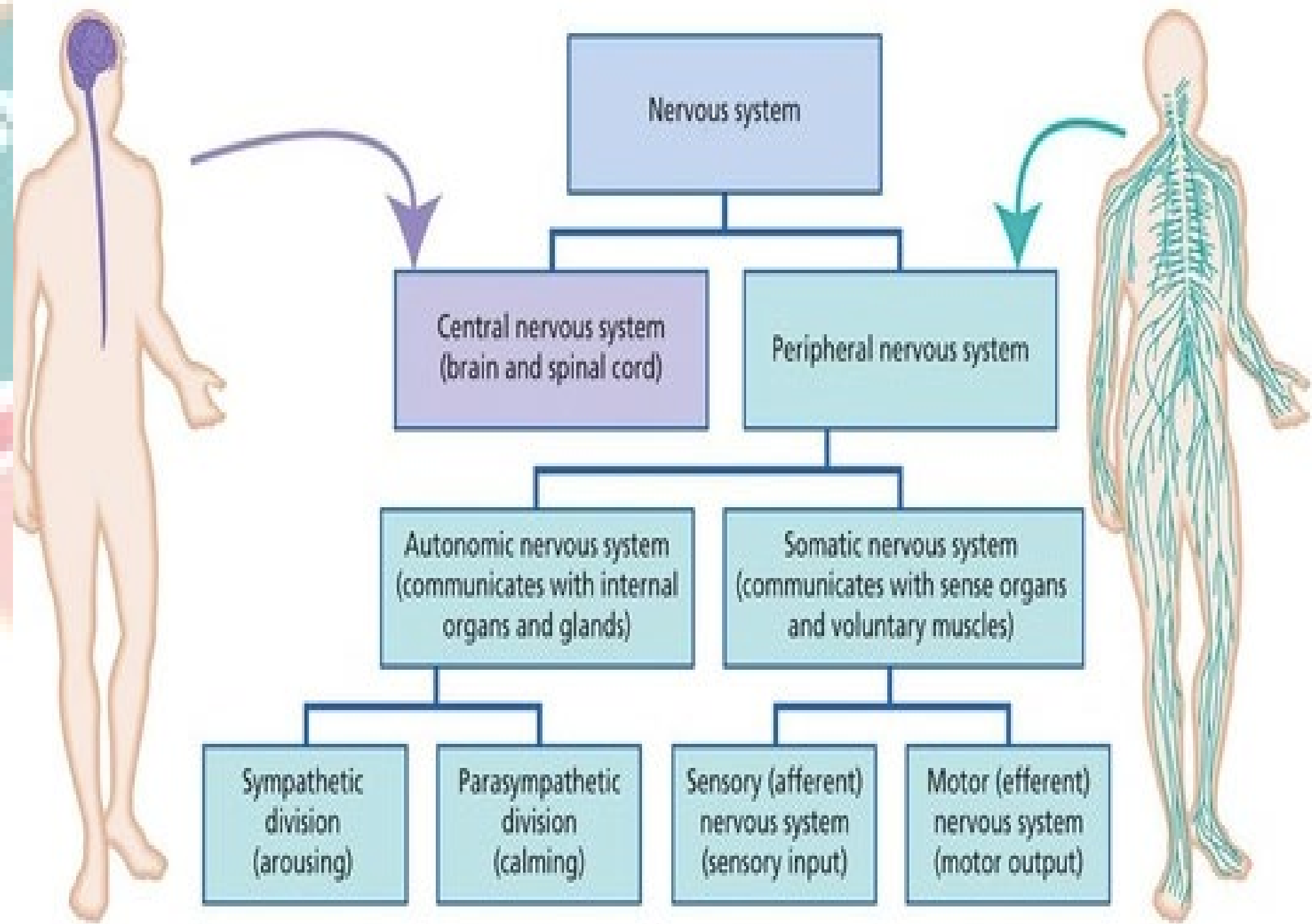
- The somatic nervous system

- The autonomic nervous system

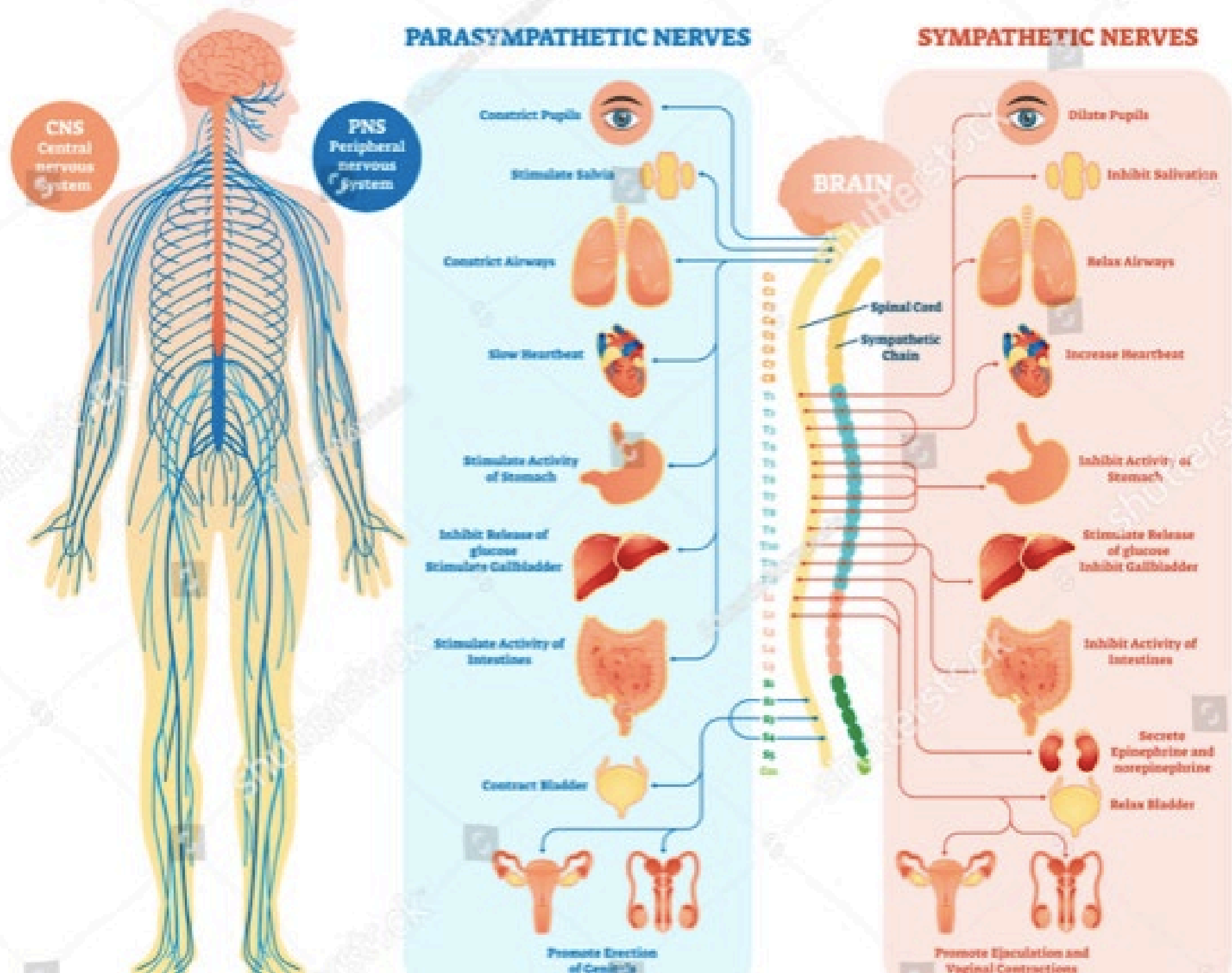
- The autonomic system divided into

- Sympathetic

- Parasympathetic



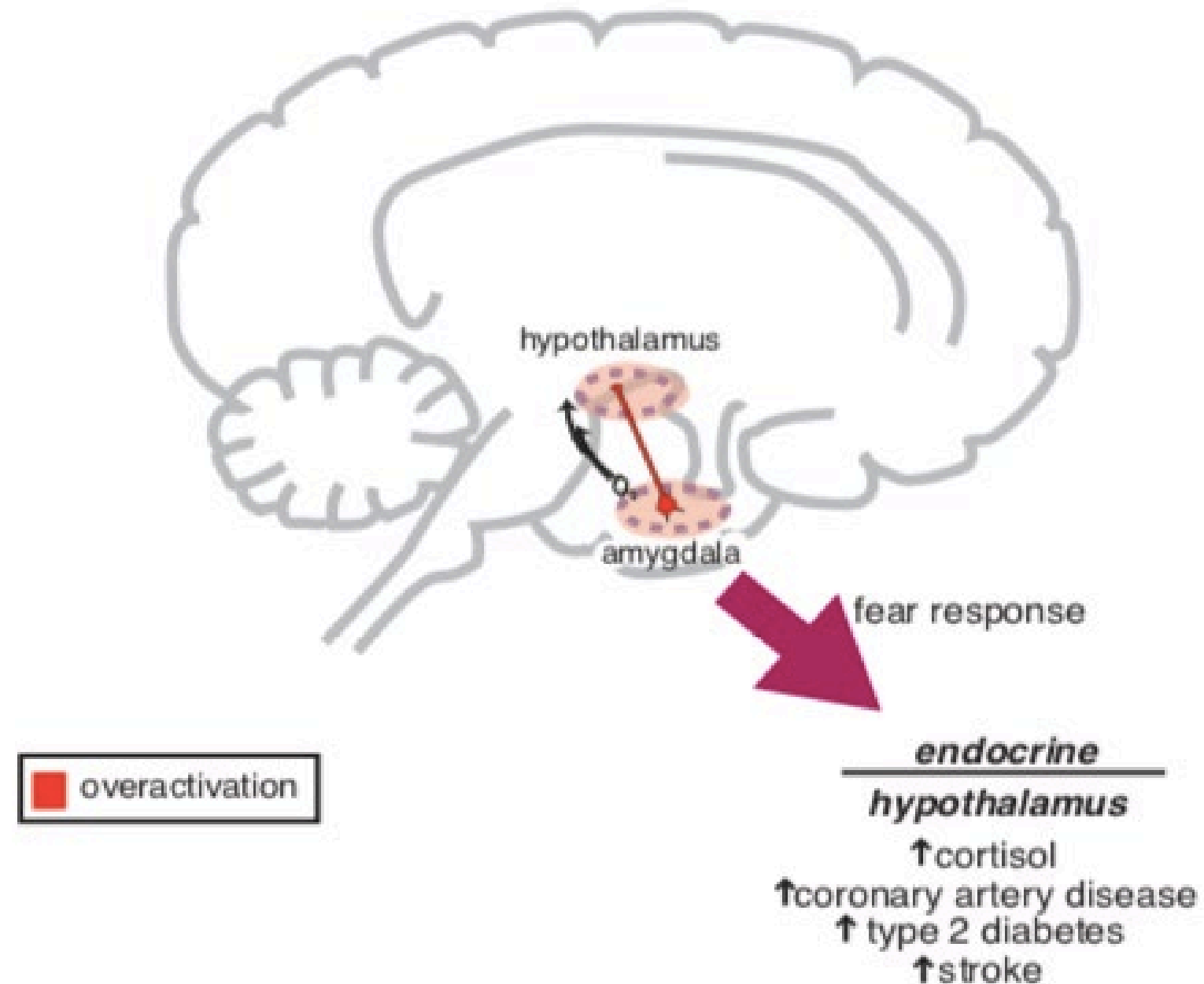
# HUMAN NERVOUS SYSTEM



- **The sympathetic system**
  - Regulates the flight-or-fight response
  - Prepares the body to expend energy and deal with potential threats in the environment.
  - Speeds up the heart rate, increasing breathing rate, increasing blood flow to muscles, activating sweat secretion, and dilating the pupils.

- **The parasympathetic system**
  - Maintain normal body functions and conserve physical resources.
  - Once a threat has passed, this system will slow the heart rate, slow breathing, reduce blood flow to muscles, and constrict the pupils.

## Endocrine Output of Fear



**Figure 9-10. Endocrine output of fear.** The fear response may be characterized in part by endocrine effects such as increases in cortisol, which occur because of amygdala activation of the hypothalamic–pituitary–adrenal (HPA) axis. Prolonged HPA activation and cortisol release can have significant health implications, such as increased risk of coronary artery disease, type 2 diabetes, and stroke.

A quick boost of cortisol may enhance survival when encountering a real but short-term threat. However, chronic and persistent activation of this aspect of the fear response can lead to increased medical comorbidity, including increased rates of coronary artery disease, type 2 diabetes, and stroke

When autonomic responses are repetitive and inappropriately or chronically triggered as part of an anxiety disorder, this can lead to increases in atherosclerosis, cardiac ischemia, hypertension, myocardial infarction, and even sudden death

Anxiety can be triggered internally from traumatic memories stored in the hippocampus and activated by connections with the amygdala, especially in conditions such as posttraumatic stress disorder.



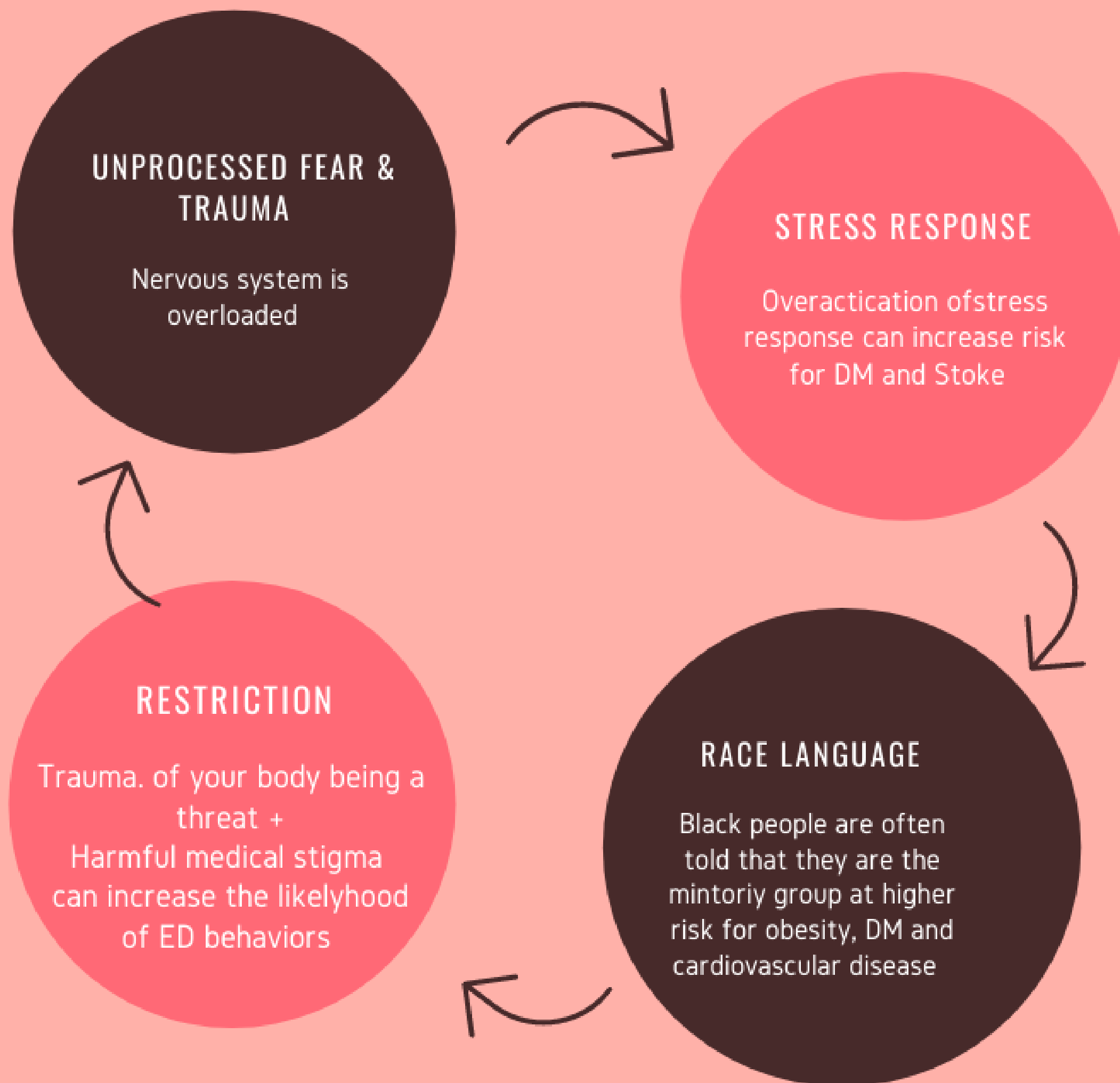
- Glucose is the principal fuel of each single neuron of our brain. Its metabolism is indispensable for brain functioning: production of neurotransmitters, information processing, maintenance of homeostatic plasticity, and other vital neuronal and glial activities
- Glucose Regulation and Distribution in the Brain Blood glucose level homeostasis, with a normal range between 70 and 110 mg/dl, is maintained mainly via two hormones, insulin and glucagon, and by the parasympathetic nervous systems activities
- optimal blood glucose levels are essential for virtually any cognitive process
- The problem with starvation and prolonged restriction is that the brain is fueled by glucose and the effects of low blood glucose levels can negatively affect the brain
- disequilibrium between food intake and energy expenditure or prolonged fasting, often precipitate hypoglycemic states with consequent drastic effects on physiology
- recurring hypoglycemia has been linked to structural and functional brain changes
- Certain eating habits, such as uncoordinated fasting, has been shown to have negative influences on visual attention, by decreasing BOLD-signal in high order occipital regions during visual stimulation



# HOW LANGUAGE CAN IMPACT OUR RELATIONSHIP W FOOD & BODY

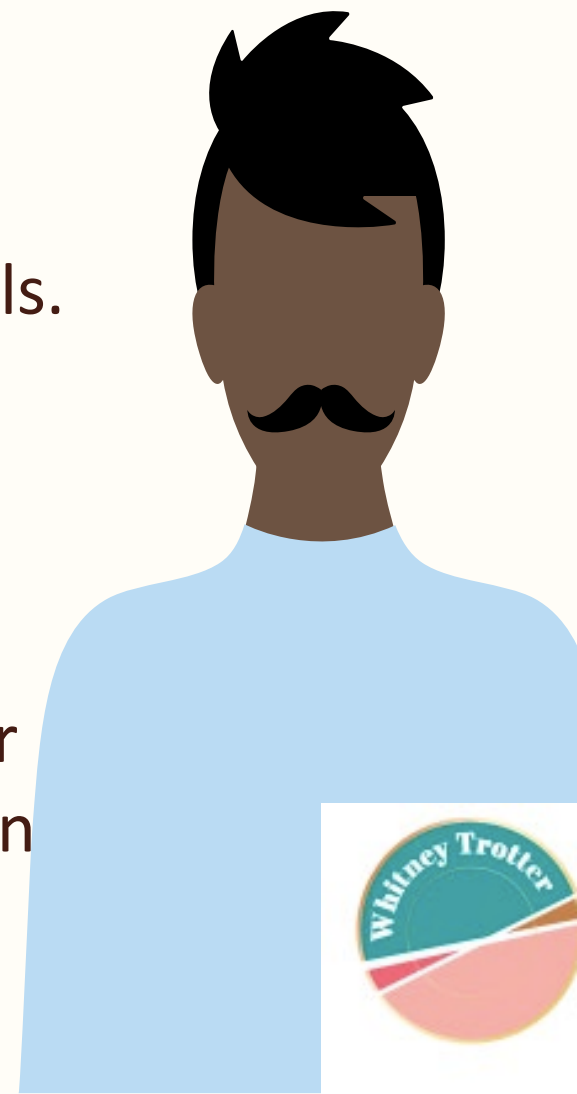
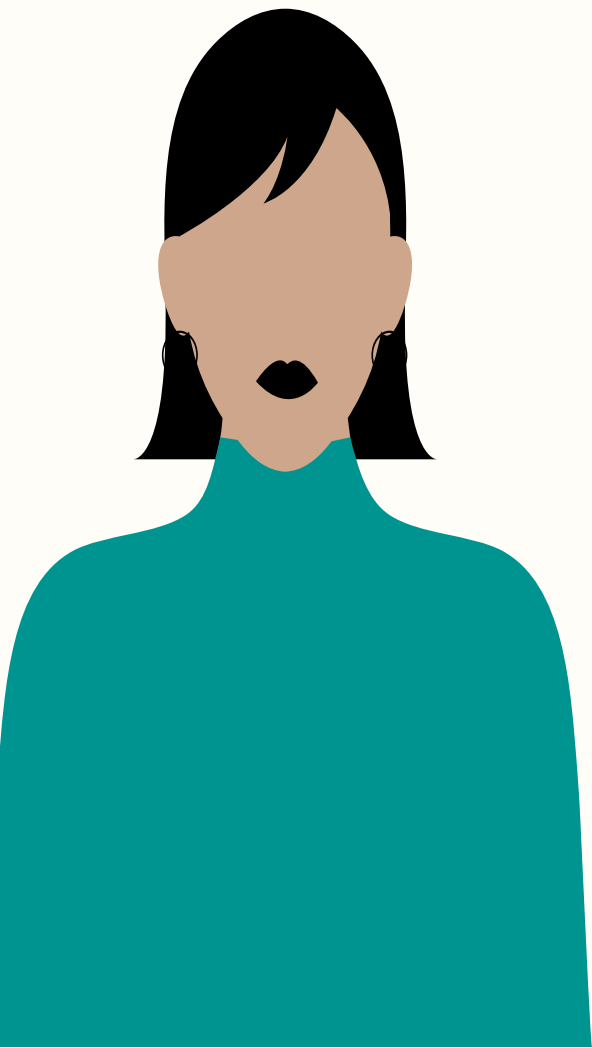
## EATING DISORDER CYCLES

Chronic and persistent activation of this aspect of the fear response can lead to increased medical comorbidity, including increased rates of coronary artery disease, type



# Shifting the Narrative

- Black teenagers are 50% more likely than white teenagers to exhibit bulimic behavior, such as bingeing and purging (Goeree, Sovinsky, & Iorio, 2011).
- People of color with self-acknowledged eating and weight concerns were significantly less likely than white participants to have been asked by a doctor about eating disorder symptoms, despite similar rates of eating disorder symptoms across ethnic groups. (Becker, 2003)
- Evidence has emerged supporting the relationship between higher levels of eating disorder symptoms and acculturation stress, as well as investment in appearance ideals.
- Research shows that, beginning as early as 12, gay, lesbian, and bisexual teens may be at higher risk of binge-eating and purging than heterosexual peers
- Elevated rates of binge-eating and purging by vomiting or laxative abuse was found for people who identified as gay, lesbian, bisexual, or “mostly heterosexual” in comparison to their heterosexual peers.



# Intersection of Child Abuse + Eating Disorders

- In a nationally representative sample of the United States, the prevalence of CSA was approximately 5.9–6.1% for women, and 1.8–2.3% for men
- An umbrella review identified that the odds of any ED following CSA is increased 2.2-fold (95% CI 1.8–2.8)
- . In a longitudinal cohort of adolescent females (n=999), those exposed to two or more episodes of CSA had nearly five times the risk of compared to females who had none, after adjusting for age and background factors
- Nationally representative datasets (n=36,039) have shown that among the various types of child maltreatment, the odds of binge eating disorder (BED) is always higher than the odds of anorexia nervosa (AN)
- Finding suggests that something about the binge is particularly important for trauma survivors—likely related to alterations in the reward system.
- Additionally, multiple studies have shown that binge eating episodes relate to one's level of dissociation
- Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity <https://doi.org/10.1007/s40519-021-01293-3>

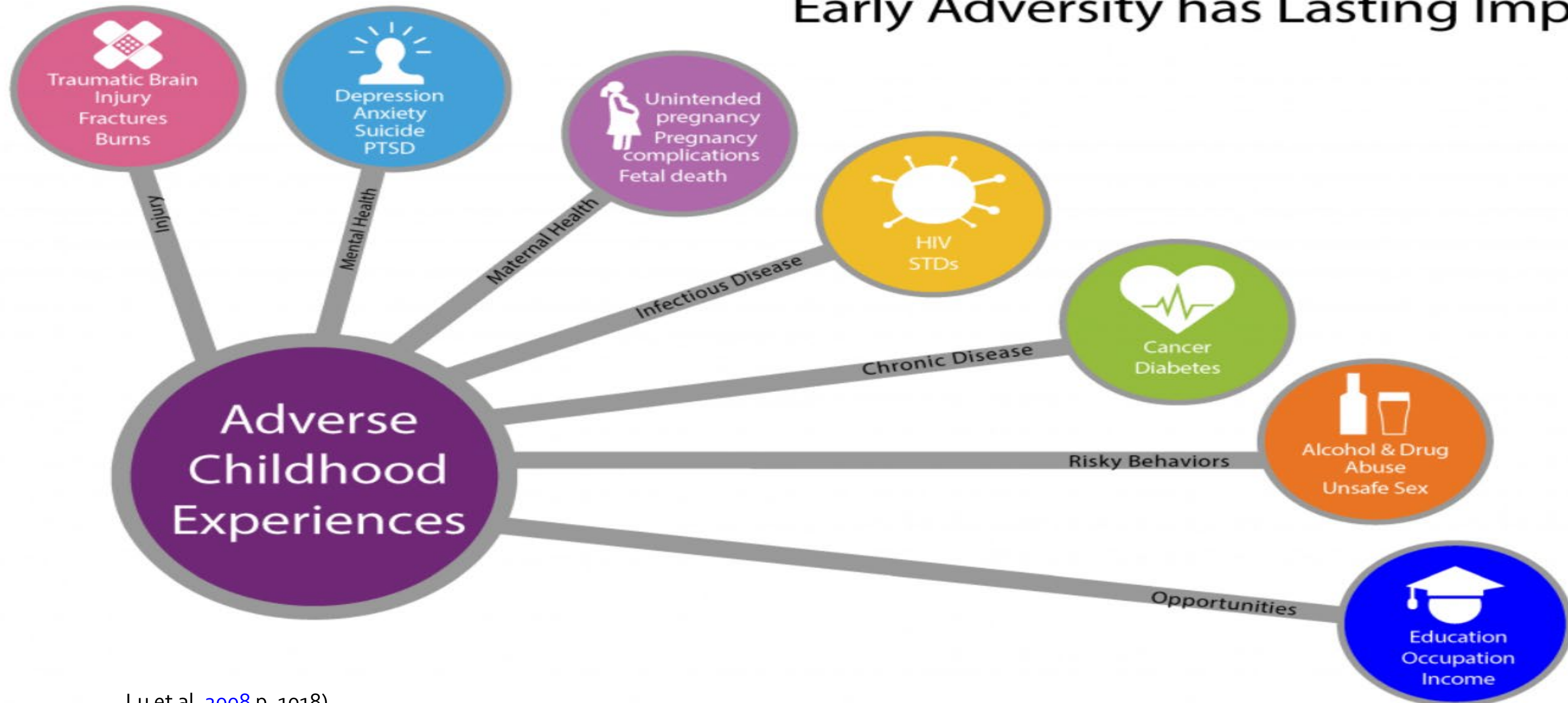




# Adverse Childhood Experiences

Data from the (ACE) study suggests that ACEs are “related to a greater likelihood of developing a variety of behavioral, health, and mental health problems, including smoking, multiple sexual partners, heart disease, cancer, lung disease, liver disease, sexually transmitted diseases, substance abuse, depression, and suicide attempts” .

## Early Adversity has Lasting Impacts





# LGBTQ+ Eating Disorder Statistics

- Gay men are seven times more likely to report binge-eating and twelve times more likely to report purging than heterosexual men.
- Gay and bisexual boys are significantly more likely to fast, vomit, or take laxatives or diet pills to control their weight.
- Transgender college students report experiencing disordered eating at approximately four times the rate of their cisgender classmates
- 32% of transgender people report using their eating disorder to modify their body without hormones.
- 56% of transgender people with eating disorders believe their disorder is not related to their physical body.
- Gender dysphoria and body dissatisfaction in transgender people is often cited as a key link to eating disorders.
- Non-binary people may restrict their eating to appear thin, consistent with the common stereotype of androgynous people in popular culture
- [https://anad.org/get-informed/about-eating-disorders/eating-disorders-statistics/?gclid=CjwKCAjwy7CKBhBMEiwAoEb7a05ie3d2Hf7iyAQClA7xn1nN7nZvj-HcFnJqeVTN4hcY2dPC4osr3BoC6hoQAvD\\_BwE](https://anad.org/get-informed/about-eating-disorders/eating-disorders-statistics/?gclid=CjwKCAjwy7CKBhBMEiwAoEb7a05ie3d2Hf7iyAQClA7xn1nN7nZvj-HcFnJqeVTN4hcY2dPC4osr3BoC6hoQAvD_BwE)



# Foster and Adoptive Care

- AdoptUS Kids states, “there are currently more than 400,000 children in foster care in the United States”.
- Of the 400,000 children in foster care, approximately 120,000 are waiting to be adopted.
- Age range from infants to 21 years old (in some states).
- Average age of a child in foster care is more than 8 years old, and there are slightly more boys than girls.
- Children and youth enter foster care because they have been abused, neglected, or abandoned by their parents or guardians.
- There is a form of loss, grief, and trauma
- Some will be separated from their siblings. Others will be bounced from one foster care placement to another, never knowing when their lives will be uprooted next.
- Too many will be further abused in systems that are supposed to protect them.
- In 2019, over 672,000 children spent time in U.S. foster care.
- Average length of time children spend in state care is for over a year and a half, and five percent of children in foster care have languished there for five or more years.
- Average age of kids entering care is 8 years old
- In 2019, a third of children entering US foster care were young people of color.



# Foster and Adoptive Care

- Some of the more common diagnoses include oppositional defiant disorder/conduct disorder, major depressive disorder, post-traumatic stress disorder, and reactive attachment disorder (Engler et al., 2020)
- There is emerging evidence suggesting the relationship between food insecurity and eating disorder pathology.
- Adults with a history of food insecurity are associated with higher levels of eating disorder pathology, binge eating disorder, and compensatory behaviors such as bulimia nervosa. Individuals living with current food insecurity, or a history of food insecurity can experience cycles of “feast-or-famine”, in which food intake fluctuates during periods of food scarcity and food abundance.
- Youth in foster care are at an increased risk of food scarcity and food-related trauma due to navigating transitional living periods (Hazzard et al., 2020).



# Foster and Adoptive Care Considerations

- Who has legal standing ?
- HLOC out of state?
- Who can admit for acute needs?
- Do foster care parents know when to send youth to higher levels of care for psychiatric issues?
- who has decision-making capabilities?
- Are biological parental rights terminated
- But who determines consent?



# Adoptees and Mental Health

## Compared to the general population, adoptive children:

- Are more often referred to specialist inpatient and outpatient psychiatric treatment
- Exhibit increased risk of suicide attempts and suicide
- More often display symptoms of Attention Deficit Hyperactivity Disorder (ADHD)
- More often externalize behavioral problems that may require care during adolescence
- In a 2019 Swedish study of 115, 000 participants, “international adoptee women displayed significantly higher levels of self-induced vomiting, loss-of-control eating, food preoccupation, underweight, and drive for thinness compared to non-adoptee women.”

FOSTER CARE CHILDREN IN THE U.S.

408,425

GIRLS IN FOSTER CARE  
PREGNANT BY 19

50%

FORMER FOSTER KIDS  
IN U.S. PRISON

74%

CARCERATED WITHIN 2 YEARS  
OF “AGE OUT”

50%

FORMER FOSTER YOUTH  
ON THE DEATH ROW

80%

\* Statistics provided by the US Administration for Children and Families, the US Department of Justice, the Casey Foundation and the National Foster Care Coalition.





# Growth Charts

## BMI percentile

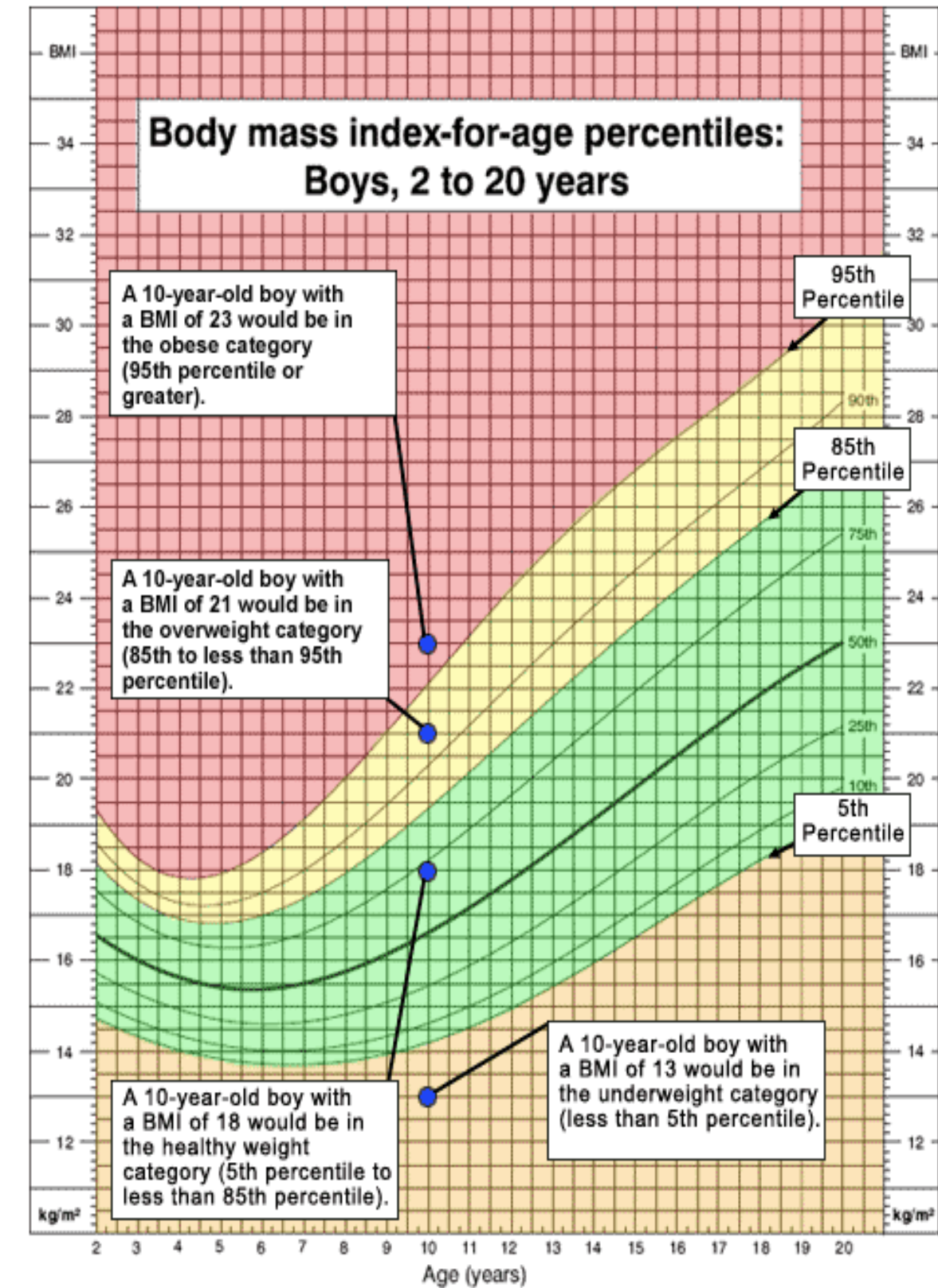
After BMI is calculated for children and teens, it is expressed as a percentile obtained from a graph or a percentile calculator

Percentiles express a child's BMI relative to US children who participated in national surveys from 1963-65 to 1988-944.



Weight and height change during growth and development, as does their relation to body fatness.

Consequently, a child's BMI must be interpreted relative to other children of the same sex and age



# Questions to Consider

**Biologically appropriate weights (BAW)** are weights that are easily maintained without the practice of dieting or other inappropriate food and exercise behaviors. A BAW reflects pre-morbid **weight**, normal physical and psychological function, genetic predisposition (ethnicity), gender and family history



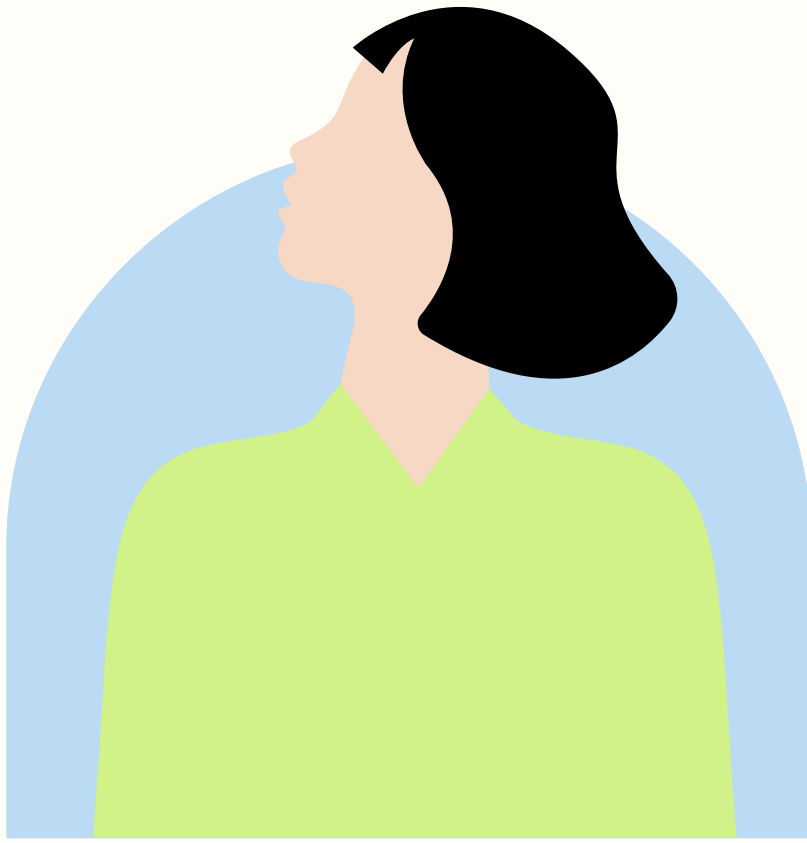


# Assessment & Screening Tools

How are we assessing the most vulnerable populations for EDs?



# SCOFF Assessment



Do you make yourself **Sick** (induce vomiting) because you feel uncomfortably full?

Do you worry you have lost **Control** over how much you eat?

Have you recently lost more than **One** stone [approximately fifteen pounds] in a 3 month period?

Do you believe yourself to be **Fat** when others say you are too thin?

Would you say that **Food** dominates your life?



# Lets talk about intersectionality...



Intersectionality theory offers an explanation on why a person's **nationality, gender identity, sexual orientation, race and disability** can *affect* how they are treated within the health care system and how it *increases* the discrimination and disadvantages they might face.

“

**Rooted in black feminism and critical race theory, intersectionality is a method and analytic tool introduced used to address the marginalization of black women and women of color with respect to anti-discrimination law, the feminist movement and anti-racist theory and politics** ←  
**(Novak, J. D., & Cañas, A. J, 2008).**

@whitneytrotter.rd

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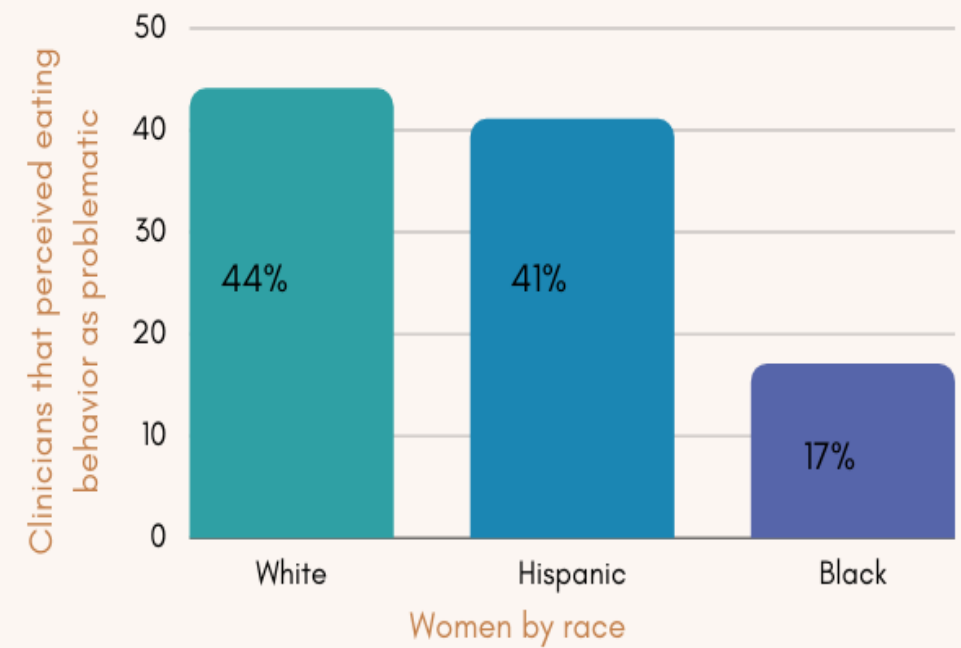




# WHY IS THERE SO LIMITED LITERATURE ON BIPOC AND ED EXPERIENCES?

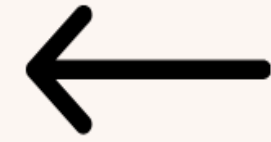
AS WHITE SUPREMACY REINFORCES ITS DOMINANCE OVER INSTITUTIONS AND MEDIA, IT NEGATES BIPOC FROM BEING INCLUDED, AND CREATES AN ERASURE OF BIPOC EXPERIENCES AS A RESULT.

<https://www.nytimes.com/2016/02/07/magazine/the-painful-consequences-of-erasure.html>



Studies have shown that BIPOC may experience ED at higher rates than non-BIPOC. However, they are less likely to be identified and receive help for their eating issues.

Study shows that clinicians perceive Black women eating behaviors as less problematic than other ethnic groups (Gordon, Brattole, Wingate, & Joiner, 2006).



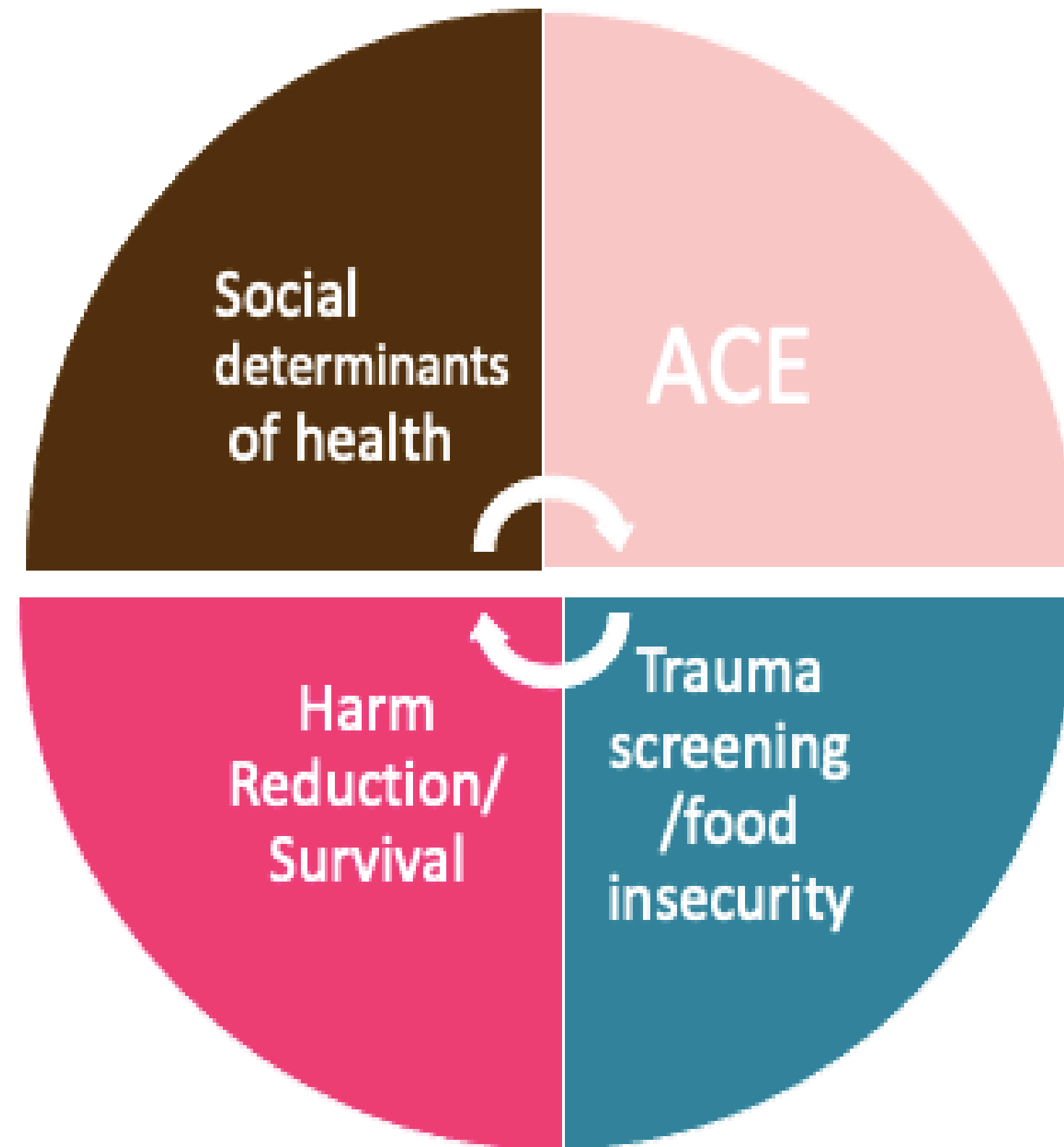
**Fatphobia**

Lack of culturally competent screening

<https://www.nationaleatingdisorders.org/people-color-and-eating-disorders>

# Trauma Assessment

Trauma does not have a LOOK it has an Assessment



How are you asking these questions on your assessment or making them a priority in your work?



# Resource



Medical apartheid  
Racial trauma  
Poverty trauma  
Fatphobia  
Anti-racism  
Tokenism  
White saviorism  
Assimilation  
Diversity and inclusion  
Effects of being at PWI  
Exposure therapy  
Screening/assessments for BIPOC clients  
Growth charts  
BMI  
Trauma/survival in ED recovery  
Supervision /Case consultation  
Certification programs  
Referring BIPOC clients to HLOC  
Validation in BIPOC care  
Working with immigrants, refugees, first generation Americans





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