SAFE, SEEN, SUPPORTED

SAFE, SEEN, SUPPORTED

Navigating eating disorders recovery in the 2SLGBTQIA+ community

SUGGESTIONS FOR SERVICE PROVIDERS:

Avoid assuming gender identity based on appearance or medical documentation.

- **Instead,** ask how people identify their gender. Assumptions led participants to feel misunderstood, and less likely to trust their service providers. This can also be reflected in intake forms, bed placement, and other sites where binary gender approaches are found in the medical system.

Avoid assuming trauma is the central experience of 2SLGBTQIA+ people.

- **Instead,** try to use trauma-informed approaches wherever possible – recognize that support seekers could have trauma, but don't assume its cause or expect it to be the focus of their treatment.

Avoid using the phrase "preferred pronouns." Pronouns and gender identity aren't a preference or a choice – and using the right pronouns is mandatory.

- **Instead**, ask which pronouns they use.

Avoid conflating gender dysphoria with body dysmorphia. Gender-affirming care is an important aspect of eating disorders recovery, and cisgender approaches to body positivity do not address the underlying factors of gender diverse individuals in eating disorders recovery.

- **Instead,** recognize that the two concerns can exist simultaneously, but therapeutic approaches should respect their differences. Service providers can instead focus on finding services which affirm gender identity, recognizing that body positivity may be toxic for trans individuals experiencing dysphoria.

eating disorders Nova Scotia

CLARI
Change Lab Action Research Initiative

Mount Saint Vincent University

More info: phillip.joy@msvu.ca