# A Review of Binge-Eating Disorder in Black Women: Treatment Recommendations and Implications for Healthcare Providers

Rachel W. Goode[1,2] · C. Kashonna Webster[3] · Rebecca E. Gwira[4]

Accepted: 6 October 2022 / Published online: 12 November 2022

## Abstract

**Purpose of Review** We review relevant factors and barriers to care for binge-eating disorder (BED) in Black women. We examine evidence for the treatment of BED and provide recommendations to improve cultural relevance for assessing and treating BED in Black women.

**Recent Findings** BED is the most common eating disorder among Black women. Moreover, evidence supports alternative factors that contribute to the onset of BED in Black women, including stress, trauma, and food insecurity. Furthermore, though there are evidence-based treatments for BED, disparities persist in access to care and treatment retention. Recommendations for increasing the cultural relevance of assessments and treatments are provided.

**Summary** Gaps in the literature remain on the use of evidence-based treatments for BED among Black women. As such, healthcare providers should include Black women as co-collaborators in their care and seek out training and consultation to aid in providing culturally affirming treatment.

**Keywords** Binge-eating disorder · Eating disorders · Black American · Binge eating · Eating disorder treatment

## Introduction

Binge-eating disorder (BED) is a DSM-5 diagnosed eating disorder that causes impairments to daily functioning including mood symptoms, negative views of one's body, and low quality of overall life functioning [1, 2]. BED is marked by recurrent episodes of binge-eating (i.e., once per week for at least 3 months) that involve a loss of control, and marked distress, without regular compensatory behaviors [3]. BED is the most common eating disorder across racial and ethnic groups in the United States (US) [4, 5] and has been estimated to affect approximately 0.90–3% of the US population [4, 6]. Additionally, BED is comorbid to other psychopathologies, including personality pathology, substance use, and mood disorders [5, 7–10], and is associated with obesity, type 2 diabetes, hypertension, asthma, menstrual and pregnancy complications, pain, sleep, and gastrointestinal conditions [11]. Indeed, a recent systematic review found that individuals with BED experienced decreased mental and physical health–related quality of life and increased healthcare utilization and costs compared to those without an eating disorder [12].

This article is part of the Topical Collection on *Eating Disorders*

✉ Rachel W. Goode
rwgoode@email.unc.edu

[1] School of Social Work and Department of Psychiatry, University of North Carolina at Chapel Hill, 325 Pittsboro Street, CB #3550, Chapel Hill, NC 27599, USA

[2] UNC Nutrition Research Institute, University of North Carolina at Chapel Hill, Kannapolis, NC, USA

[3] Harbor-UCLA Medical Center, Torrance, CA, USA

[4] Department of Counseling and Psychological Services, Georgia State University, Atlanta, GA, USA

### Binge-Eating in Black Americans

Although eating disorders are stereotypically believed to affect skinny, White, affluent, cis-gender women, recent studies report similar rates of BED across racial and ethnic groups in the US, and, in particular, among Black women [4, 13]. BED is the most common eating disorder among Black Americans, with lifetime prevalence estimated between 0.62 and 1.48% [4, 7]. Furthermore, rates of binge-eating, defined as eating in a discrete period (within 2 h), an amount of food that is larger than what someone would typically consume under normal circumstances, are similar or higher, than

compared to other racial/ethnic groups [3]. For example, binge-eating prevalence among Black women was found to be nearly 5% compared with 2.5% among non-Hispanic White women [13–15]. This prevalence may be even higher among Black women with obesity, around 30% of whom also report binge-eating [16, 17].

Black women not only experience BED at rates different from White women; they also often experience different pathways to BED. Namely, while traditional conceptions of disordered eating behaviors have tended to attribute these behaviors to an individual's overevaluation of their shape or weight [18], disordered eating behaviors among Black women have been theorized as behaviors that function as means of coping with stress and oppression, including but not limited to trauma and negative affect [19, 20].

Despite the availability of evidence-based interventions to treat binge-eating and improve body image [21], vast disparities persist in treatment access and retention among Black women. In fact, Black women have some of the lowest rates of access to care for eating disorders, with fewer than 8% of Black women with BED seeking treatment compared to 20% of White women with BED [22, 23]. Moreover, Black women who begin eating disorder treatment are more likely than White women to drop out of treatment [24]. Though reasons for this disparity vary, Black women have causes of disordered eating behaviors that are unique from those of other populations, and interventions may not be appropriately designed to engage this population.

### Current Paper

In light of the prevalence of BED and binge-eating among Black women and the barriers they face to accessing treatment, the aims of this article are (1) to review the unique factors that contribute to binge-eating among Black women; (2) to identify the most salient barriers to treatment faced by Black women; and (3) to provide treatment recommendations for best practices when working with Black women with or at risk for BED. To this end, this review will first examine cultural factors contributing to the development of binge-eating among Black Americans broadly, followed by barriers that may influence access to care among Black women specifically. We then conclude by offering treatment recommendations and best practices that recognize key factors affecting BED treatment outcomes among Black women. By distilling the evidence-based treatments to date for binge-eating and BED treatment in Black women, this review aims to better equip clinicians to provide culturally relevant care.

## Factors Affecting Binge-Eating

To date, much of what researchers and interventionists know about eating disorders has been generated by studies of samples that do not include Black Americans. Historically, prevailing conceptualizations of eating disorders frame them as occurring because of individual pathologies [18, 25••]. By contrast, more recent evidence grounded in studies of Black women highlights the function of poverty, mental health, racism, and microaggressions as additional contributing factors in eating disorders, productively expanding the scope of contributing factors to be addressed by researchers and interventionists focusing on eating disorders [25••, 26••].

### Food Insecurity

Food insecurity (i.e., not having enough food to meet the needs of household members) affects approximately 37 million Americans, and Black-headed households are among those most likely to experience food insecurity [27]. In several recent studies, people with the highest levels of food insecurity reported higher levels of binge-eating behaviors and disordered eating behavior [28, 29•]. Goode et al. [30••] found that even before adjusting for sociodemographic factors, Black adults experiencing severe food insecurity were more likely to report lifetime binge-eating, compared to those who were food secure. Food insecurity is also associated with elevated anxiety and weight stigma, which are known to positively correlate with disordered eating [28]. Moreover, food insecurity may also have a lasting impact on those with past or childhood experiences of poor access to food [31]. Collectively, these research findings warrant greater attention to food insecurity as a critical factor in binge-eating among adults.

### Stress and Discriminatory Stress

Another factor that may contribute to binge-eating behavior among Black women is stress [19, 32, 33]. Indeed, stress is well-documented as an important factor in the onset and maintenance of binge-eating. For example, a study of a sample of 178 Black and White participants found that stress, assessed by examining the extent and response to daily life hassles, as well as how frequently participants were unable to control certain things in their lives, was associated with binge-eating [19]. Furthermore, discriminatory stress, measured by examining the frequency of specific racial events over the past year and during the lifetime, is also associated with binge-eating among Black Americans [34]. In a study

using data from the National Survey of American Life examining the relationship between perceived discrimination, gender, and BED, perceived discrimination was associated with higher odds of BED [34].

### Trauma

Though limitations of retrospective reports of trauma have been established [35], exposure to trauma or the experience of traumatic events is associated with the development of disordered eating among Black women [19]. For example, in a controlled case study by Striegel-Moore et al. [36], Black and White women diagnosed with BED had higher rates of physical and sexual abuse than those in the healthy comparison group. Indeed, in a recent systematic review examining 70 studies on adverse life experiences and BED, approximately 90% of included studies verified the relationship between trauma and the development of BED [37]. For Black women, part that relationship may be explained by the internalization of a strong Black woman ideology (further discussed in a later section), which entails the obligation to show strength at all costs [38, 39]. Being exposed to trauma influences how intensely strong Black woman ideology is internalized, and survivors may find it difficult to regulate emotions and in turn, use eating to meet psychological needs [32]. In sum, binge-eating may be a means of regulating negative affect among those with past trauma.

### Depressive Symptoms

Nearly 20% of adults in the US have experienced depression in their lifetime. Eating disorders are frequently co-morbid with depressive symptoms and are associated with binge-eating in Black women. Indeed, depressive symptoms are associated with binge-eating cross-sectionally among Black undergraduate students [40], those pursuing bariatric surgery [41], and community-based samples [33]. Furthermore, the association between binge-eating and depressive symptoms endures over time; for example, in a longitudinal study of Black young adults, embarrassment over the amount eaten and binge-eating-related concerns still predicted depressive symptoms 7 years later [42].

### Views on Body Image

Although various factors influence the risk of binge-eating, body dissatisfaction is a core behavior of concern [43]. Among Black women, body image dissatisfaction is a strong predictor of binge-eating [44]. In fact, greater weight is associated with increased body image concerns and binge-eating in Black women [45].

Historically, discussions of Black women's body image have been situated in a framework that contrasts their behavior to that of White women and the compulsion with achieving the thin ideal [46, 47, 48•]. Previous research has suggested Black women have higher rates of body satisfaction and experience less pressure to achieve societal standards of thinness in comparison to White women [47, 49, 50]. Certainly, Black women have generated alternative cultural norms related to body satisfaction (e.g., reporting that their views of body image are influenced by factors other than just weight, including hair, skin tone, and attitude) [51–54]. However, while some Black women may prefer a curvier figure compared to White women, this does not imply that these Black women experience body satisfaction or an increased desire to remain in a larger body [55]. Black women still report feeling dissatisfied with their weight and self-conscious about their bodies [56–58], with greater dissatisfaction observed among women with higher BMI values [59••]. For example, among Black women seeking treatment for eating disorders, various studies report high rates of body dissatisfaction and shape or weight concerns [60, 61••]. In fact, recent evidence from a qualitative study of Black women indicated that 76% of participants were dissatisfied with their body weight, and 80% wanted help to achieve a body size that would not be characterized as overweight or obese [55].

### Strong Black Woman Role

A *strong Black woman* (or *superwoman*) can be characterized as a woman who, out of the necessity for survival, is able to assume multiple roles of caretaking, financial provision, and emotional support [38, 39]. Being a superwoman entails an obligation to suppress emotions, help other people, show strength, and avoid showing weakness or asking for help [38]. Internalizing the pressure to be "strong" also has increased levels of selflessness, self-silencing, and powerlessness among Black American women [39]. This archetype and the presumption of strength among Black women may push Black women to develop disordered eating behaviors [32, 39]. For example, in a sample of 179 Black American women who were trauma survivors, assuming the strong Black woman role was associated with difficulties with emotion regulation, eating for psychological reasons, and binge-eating [32].

## Barriers to Treatment for Eating Disorders

Currently, there is a dearth of literature studying treatments for binge-eating using samples of Black women [26••]. Though Black women have comparable (or higher) rates of binge-eating to White women [13, 62, 63], vast racial disparities in treatment access persist, meaning that Black women remain greatly underrepresented in clinical studies

for the treatment of binge-eating [63, 64]. Understanding the barriers to treatment for BED will serve as an essential foundation for creating effective, tailored intervention programming for Black women with eating disorders.

### Limited Recognition

One challenge to the treatment of eating disorders among Black women is these women's limited recognition of symptoms and/or knowledge of what may be considered disordered eating. Indeed, Black women have reported limited awareness of the symptoms of BED, and/or surprised that their eating behavior may be considered "disordered" or something for which they could receive support [23].

### Bias

Black women may also experience bias in their encounters with medical providers. In fact, Black women are less likely than White women to be referred to or to seek eating disorder treatment [13, 65, 66], and evidence suggests that racial stereotyping may contribute to this disparity. Several studies have demonstrated that Black women are considered far less likely to be affected by eating disorders, are less likely than Whites to receive a recommendation or referral for further evaluation of care for an eating disorder, and/or are less likely than White women to be asked by their doctor about eating disorder symptoms [65, 67, 68]. Additionally, while BED may be common among patients in primary care settings given its association with increased medical problems and service utilization, many medical providers remain unfamiliar with BED symptoms and thus may miss opportunities for diagnosis [63, 69].

### Multiple Caregiver Role

Another barrier to seeking and obtaining care for disordered eating among Black women may be their performance of a *multiple caregiver role* (i.e., being responsible for providing emotional and/or tangible aid to extended family and friends) [70], a role often assumed by Black women. Similar to the strong woman syndrome/superwoman schema [38], this role may inhibit Black women's participation in activities to improve their health and physical activity because its extensive physical and mental demands may result in their disengagement from self-care and development of maladaptive coping strategies (e.g., overeating, binge-eating) [71].

## Treatment Needs

### Conceptualization of Eating Disorders

According to the cognitive-behavioral model of eating disorders, the overevaluation of shape or weight is a core driver of the development of disordered eating behaviors [18]. However, body image ideals differ by race and ethnicity, and Black women have often rejected mainstream cultural norms pursuing the thin ideal [19]. Thus, a model focusing on the pursuit of thinness may not fully capture and explain eating pathology among Black women [19].

One alternative model posits that eating disturbances among women of color often begin as strategies to cope with various stressors and traumas, including racism, oppression, poverty, sexism, and sexual abuse [72]. In interviews with nearly 20 multi-ethnic women, Thompson et al. [72] identified the interlocking nature of different forms of oppression experienced by women, and how this intersectionality (e.g., racism and sexism and/or poverty) anchored some of the interviewed women's choices and use of coping strategies [19]. Notably, although the women interviewed reported being hurt by the culture of thinness, they did not report that it was the core reason for their disordered eating behaviors. Instead, they reported their eating strategies were tools to cope with various traumas.

This finding is consistent with the affect regulation model of binge-eating which suggests that binge-eating is the consequence of the desire to regulate negative affect or emotion [73], as well as reports by Black women of using binge-eating to cope with stress, respond to trauma, and find comfort when experiencing negative moods [23]. Encouragingly, studies have already yielded findings supporting the use of this model among Black women [23, 32].

## Treatment Factors and Considerations

### Black Patients in Treatment for BED

Though clear racial disparities persist in access to care for BED, the literature has yielded mixed findings regarding the presence of racial differences in the presentation of eating disorder symptoms [62, 74•, 75]. For example, a study of Black and White BED participants seeking care in a primary care clinic found no significant differences in the clinical presentation of eating disorders or psychosocial functioning between Black ($n = 53$) and White participants ($n = 56$) with BED [75]. Similarly, other studies have found no significant racial differences in eating disorder pathology levels among between Black and White participants [26••, 62]. However, in another study of treatment-seeking adults, Black patients with BED had significantly higher BMI and higher binge-eating frequency compared to White patients with BED and had significantly lower depression compared to Hispanic and White patients with BED [62]. Additionally, even as racial disparities persist in treatment access, some evidence indicates that the beneficial treatment outcomes of established

treatments for BED are not similarly disparate. Indeed, in a study of 592 adults (19% Black), Black participants had comparable or better outcomes (i.e., fewer binge-eating, lower depression) in treatments for BED compared to White participants, except that they were less likely to have attained a 5% per weight loss by the end of the study [74•]. Notably, the authors concluded that disseminating evidence-based treatments for BED may be sufficiently effective and that these treatments may not require further adaptation for specific populations [74•].

Despite this study's conclusions, researchers and interventionists need culturally relevant strategies to ensure equitable, adequate access to care and to design treatment environments that appeal to Black women. Previous research has already shown that group-style interventions, a supportive facilitator, and cognitive-behavioral interventions may make BED treatments more effective for Black women [26••]. Furthermore, studies of the effectiveness of interventions for binge-type disorders for women of color support the use of accessible behavioral interventions to increase physical activity and raise appetite and satiety awareness [15, 76]. With this empirical foundation, researchers and interventionists are well-positioned to create and enhance programming for binge-type disorders among specific populations. The following sections detail evidence-based best practices for providers seeking to provide culturally congruent and effective care for Black women with BED.

## Treatment Facilitators

### Psychoeducation About Eating Disorders

One challenge to the treatment of eating disorders among Black women is the lack of awareness of BED and/or knowledge of what may be considered disordered eating. Although Black women have reported being distressed by the symptoms of BED, they may not view their binge-eating as a clinically significant problem [23]. Thus, when assessing Black women's disordered eating behaviors as part of treatment, it may be particularly important for clinicians to provide psychoeducation on relevant symptoms of BED, explore cultural views of shape and weight, and disseminate information on the nature of disordered eating, relevant treatments, and steps one may take to improve eating behaviors [23].

### Culturally Relevant Assessments

When working with Black women, providers need to recognize how this population's disordered eating terminology and motivations for disordered eating may differ from those of White patients. Importantly, Black women are not monolithic; this makes it critical for providers to consider the multi-dimensionality of questions being used to assess disordered eating for Black women [77••]. Given the factors affecting binge-eating among Black women often expand beyond shape and weight concerns, to adequately capture disordered eating in this population clinicians may need to ask additional culturally relevant questions designed to capture data on the life experiences potentially affecting the client's eating behaviors. For example, Small [77••] encourages providers to ask questions related to Black women clients' past experiences with racism and microaggressions, along with questions about the influence of skin color, hair, acculturative stress, and gender on eating behaviors. Questions assessing past or present experiences of food insecurity, depression, identification with the strong woman syndrome [38], trauma, and/or sexual abuse may also be useful means of gathering data on the causes and presentation of disordered eating behaviors. Certainly, providing space to question and discuss the roles of historical oppression, colorism, class, gender identity, religion, poverty, and past

**Table 1** Culturally relevant assessment questions to ask Black women clients with disordered eating. Adapted from *Treating Black Women with Eating Disorders: A Clinician's Guide* (Edited by Small & Fuller, 2021; pp. 25–26, 170)

| Potential assessment questions for Black-identifying clients with eating disorders |
|---|
| How has your race/ethnicity affected the way you think about body and/or your relationship with food? |
| What has it been like for you growing up in a culture where racism and microaggressions are present? |
| Do you find yourself in environments where you are one of the only people of color? How have those experiences affected your relationship with food and your body? |
| What messages from society have you received regarding your figure? |
| Have you had periods of your life when you did not feel you had access to enough food to eat? How have those experiences affected your relationship with food and your body? |
| What role does food serve in helping you manage your emotions? |
| Do you feel pressure to have to be strong and/or be "all things" to certain people in your life? |
| What messages about food have you received from your culture? |
| What messages do you tell yourself about your food and eating patterns? |
| What are your triggers to eat? |
| What strengths help you deal with your eating disorder? |

relationships will be essential to creating an effective context and provider–client relationship for treating eating disorders among Black women [25••]. Table 1 provides additional recommendations of culturally relevant assessment questions for providers.

#### Assessment Tools for Binge-Eating

A recent systematic review found that most screening measures for eating disorders (i.e., Eating Disorder Examination (EDE), EDE-Q, Binge Eating Scale (BES)) yielded similar scores among Black and White participants [26••]. For example, in a study examining two common eating disorder assessments (EDE and EDE-Q), Black ($n = 119$) and White ($n = 119$) participants exhibited similar convergence between the EDE and the EDE-Q. Scores were correlated, but higher on the self-report measure than in the interview for Black and White participants. The authors concluded that Black patients with BED can be evaluated similarly to White patients with BED, even though the assessment tools they considered were developed using predominately White samples [78]. However, subsequent research has highlighted the importance of using formal measures that assess specific and culturally relevant eating behaviors/attitudes, societal experiences, and racism to optimize assessment accuracy [79].

#### Helping Clients Manage Stress and Negative Emotions

Due to Black American cultural norms that may recognize eating as a legitimate means of managing negative emotions [79], it may be vital for clinicians to help Black women find new ways to effectively cope with stress and negative emotions [80••]. Binge-eating may be a way to self-soothe, particularly if clients are feeling pressured to perform the strong Black women or superwoman role by manifesting strength and suppressing emotions regardless of personal stress [38]. Thus, trainings for ways to manage negative affect and to develop healthy non-eating coping skills will provide essential tools for Black women experiencing disordered eating.

#### Role of Race in Clinician Relationship

Importantly, one critical factor in the treatment of BED and other eating disorders in Black women is to understand and/or provide space to examine the client's experiences of racism, sexism, and gender identity concerns. Indeed, recommendations have been made for clinicians, particularly those identifying as White, to take the time to understand their own racial identity and to invite clients to share on the impact of racism in their lives. It may further improve therapeutic rapport to acknowledge the limited understanding of the lived experiences of Black women and position oneself as a "learner" to create an atmosphere when the client may feel safe to share. Though all clients may not find it necessary to examine the role of racism and microaggressions, including this in an assessment allows this determination to be made by the client.

Finally, for clinicians who identify as Black, it will be important to bracket one's own racial identity development experience during the examination of the client's racial identity. Recommendations have been made to not assume that shared racial identity equates to similar racial history and experiences with clients [81, 82••]. Certainly, all are susceptible to be influenced by narratives from stereotypes; clinicians may find benefit in examining personal narratives of racial identity as well as working with the client to create an image that is healthy and not limited to ideas created by others and/or the larger society [82••].

## Conclusions

Though there is a growing literature to further the understanding of eating disorders, and specifically BED in Black women, gaps in the empirical literature remain. First, evidence remains limited on the use of evidence-based treatments for BED in samples of Black women [26••]. Though we have some data to suggest these treatments may be beneficial, without additional evidence of their use in samples of Black women, clear answers remain in question. Next, there is little evidence to evaluate the use of culturally relevant treatments for BED, and whether the use of these treatments, customized in respect to cultural factors/values influencing disordered eating, may improve long-term BED outcomes among Black women. Additional evidence is also needed to understand the barriers and facilitators to treatments for BED in samples of Black women. Though disparities are clearly noted, research is limited on facilitators that may improve access to care. Certainly, it will be critical for future clinicians to recognize the importance of cultural factors, socioeconomic and environmental factors, racism, and the intersections of these factors for creating effective treatments for BED among Black women [83••].

Importantly, clinicians should also take steps to recognize any of their own implicit biases that may affect the type and quality of care they provide [84]. Doing so will allow the provider to build the patient/provider alliance through an affirmative therapeutic approach, and hopefully reduce early termination and increase patient willingness to seek services and adhere to treatment. Clinicians should also ensure that they assess and attend to the full spectrum of disordered eating behaviors in Black women patients. Although binge spectrum disorders appear to be more common than anorexia nervosa among Black women, clinicians must nonetheless screen for restricting patterns among Black women clients

presenting with disordered eating to ensure that these clients receive appropriate treatment and support.

## Future Directions

Currently, there is a dearth of eating disorder screening tools and treatment modalities designed for use with Black women. As such, existing measures used for assessing eating disorders that have not yet been tested using Black samples should test their psychometric utility for Black women. Future research should also investigate ways of adapting current modalities to better align with Black clients' needs. Taking these steps will require researchers to prioritize creating new measures and treatments that are grounded in the expressed disordered eating behaviors, attitudes, needs, and motivations of Black women.

**Author Contribution** All authors contributed to the study conception and design. The first draft of the manuscript was written by C. Kashonna Webster and Rebecca Gwira. All authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

**Funding** Dr. Goode acknowledges grant support from K23129832, ADA-11–21-ICTSHD-12, and the Substance Abuse and Mental Health Administration (H79 SM081924).

## Declarations

**Conflict of Interest** The authors declare no competing interests.

**Human and Animal Rights and Informed Consent** This article does not contain any studies with human or animal subjects performed by any of the authors.

## References

Papers of particular interest, published recently, have been highlighted as:
• Of importance
•• Of major importance

1. Guerdjikova AI, Mori N, Casuto LS, McElroy SL. Binge eating disorder. Psychiatr Clin North Am. 2017;40(2):255–66. https://doi.org/10.1016/j.psc.2017.01.003.
2. McCuen-Wurst C, Ruggieri M, Allison KC. Disordered eating and obesity: associations between binge-eating disorder, night-eating syndrome, and weight-related comorbidities. Ann N Y Acad Sci. 2018;1411(1):96–105. https://doi.org/10.1111/nyas.13467.
3. American Psychiatric Association. Feeding and eating disorders. Diagnostic and statistical manual of mental disorders (5th ed). Washington, DC; 2013.
4. Udo T, Grilo CM. Prevalence and correlates of DSM-5-defined eating disorders in a nationally representative sample of U.S. adults. Biol Psychiatry. 2018;84(5):345–54. https://doi.org/10.1016/j.biopsych.2018.03.014.
5. Hudson JI, Hiripi E, Pope HG Jr, Kessler RC. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. Biol Psychiatry. 2007;61(3):348–58. https://doi.org/10.1016/j.biopsych.2006.03.040.
6. Kessler RC, Berglund PA, Chiu WT, Deitz AC, Hudson JI, Shahly V, et al. The prevalence and correlates of binge eating disorder in the World Health Organization World Mental Health Surveys. Biol Psychiatry. 2013;73(9):904–14. https://doi.org/10.1016/j.biopsych.2012.11.020.
7. Taylor JY, Caldwell CH, Baser RE, Faison N, Jackson JS. Prevalence of eating disorders among Blacks in the National Survey of American Life. Int J Eat Disord. 2007;40(Suppl):S10–4. https://doi.org/10.1002/eat.20451.
8. Thornton LM, Watson HJ, Jangmo A, Welch E, Wiklund C, von Hausswolff-Juhlin Y, et al. Binge-eating disorder in the Swedish national registers: somatic comorbidity. Int J Eat Disord. 2017;50(1):58–65. https://doi.org/10.1002/eat.22624.
9. Welch E, Jangmo A, Thornton LM, Norring C, von Hausswolff-Juhlin Y, Herman BK, et al. Treatment-seeking patients with binge-eating disorder in the Swedish national registers: clinical course and psychiatric comorbidity. BMC Psychiatry. 2016;16:163. https://doi.org/10.1186/s12888-016-0840-7.
10. Becker DF, Grilo CM. Comorbidity of mood and substance use disorders in patients with binge-eating disorder: associations with personality disorder and eating disorder pathology. J Psychosom Res. 2015;79(2):159–64. https://doi.org/10.1016/j.jpsychores.2015.01.016.
11. Olguin P, Fuentes M, Gabler G, Guerdjikova AI, Keck PE Jr, McElroy SL. Medical comorbidity of binge eating disorder. Eat Weight Disord. 2017;22(1):13–26. https://doi.org/10.1007/s40519-016-0313-5.
12. Agh T, Kovacs G, Pawaskar M, Supina D, Inotai A, Voko Z. Epidemiology, health-related quality of life and economic burden of binge eating disorder: a systematic literature review. Eat Weight Disord. 2015;20(1):1–12. https://doi.org/10.1007/s40519-014-0173-9.
13. Marques L, Alegria M, Becker AE, Chen CN, Fang A, Chosak A, et al. Comparative prevalence, correlates of impairment, and service utilization for eating disorders across US ethnic groups: implications for reducing ethnic disparities in health care access for eating disorders. Int J Eat Disord. 2011;44(5):412–20. https://doi.org/10.1002/eat.20787.
14. Striegel-Moore RH, Wilfley DE, Pike KM, Dohm FA, Fairburn CG. Recurrent binge eating in Black American women. Arch Fam Med. 2000;9(1):83–7.
15. Goode RW, Kalarchian MA, Craighead L, Conroy MB, Wallace J Jr, Eack SM, et al. The feasibility of a binge eating intervention in Black women with obesity. Eat Behav. 2018;29:83–90. https://doi.org/10.1016/j.eatbeh.2018.03.005.
16. Wilson PL, O'Connor DP, Kaplan CD, Bode S, Mama SK, Lee RE. Relationship of fruit, vegetable, and fat consumption to binge eating symptoms and African-American and Hispanic or Latina women. Eat Behav. 2012;13(2):179–82.
17. Mazzeo SE, Saunders R, Mitchell KS. Binge eating among African American and Caucasian bariatric surgery candidates. Eat Behav. 2005;6(3):189–96. https://doi.org/10.1016/j.eatbeh.2004.12.001.
18. Fairburn CG, Cooper Z, Shafran R. Cognitive behaviour therapy for eating disorders: a "transdiagnostic" theory and treatment. Behav Res Ther. 2003;41(5):509–28.
19. Harrington EF, Crowther JH, Henrickson HC, Mickelson KD. The relationships among trauma, stress, ethnicity, and binge eating. Cultur Divers Ethnic Minor Psychol. 2006;12(2):212–29. https://doi.org/10.1037/1099-9809.12.2.212.
20. Jackson JS, Knight KM, Rafferty JA. Race and unhealthy behaviors: chronic stress, the HPA axis, and physical and mental

health disparities over the life course. Am J Public Health. 2010;100(5):933–9. https://doi.org/10.2105/AJPH.2008.143446.
21. Wilson GT, Wilfley DE, Agras WS, Bryson SW. Psychological treatments of binge eating disorder. Arch Gen Psychiatry. 2010;67(1):94–101. https://doi.org/10.1001/archgenpsychiatry.2009.170.
22. Pike KM, Dohm FA, Striegel-Moore RH, Wilfley DE, Fairburn CG. A comparison of Black and White women with binge eating disorder. Am J Psychiatry. 2001;158(9):1455–60.
23. Scott TN, Gil-Rivas V, Cachelin FM. The need for cultural adaptations to health interventions for African American women: a qualitative analysis. Cultur Divers Ethnic Minor Psychol. 2018. https://doi.org/10.1037/cdp0000228.
24. Thompson-Brenner H, Franko DL, Thompson DR, Grilo CM, Boisseau CL, Roehrig JP, et al. Race/ethnicity, education, and treatment parameters as moderators and predictors of outcome in binge eating disorder. J Consult Clin Psychol. 2013;81(4):710–21. https://doi.org/10.1037/a0032946.
25.•• Small C, Fuller M, editors. Treating Black women with eating disorders: a clinician's guide. New York, NY: Routledge; 2021. **This comprehensive guide offers tools, innovative recommendations, and case study examples to aid professionals in better serving Black woman clients with eating disorder.**
26.•• Goode RW, Cowell MM, Mazzeo SE, Cooper-Lewter C, Forte A, Olayia OI, et al. Binge eating and binge-eating disorder in Black women: a systematic review. Int J Eat Disord. 2020. https://doi.org/10.1002/eat.23217. **This article reviews 38 studies reporting and examining binge-eating and binge-eating disorder in Black women.**
27. Coleman-Jensen A, Rabbit MP, Gregory CA, Singh A. Household food security in the United States in 2018. In: Agriculture USDo, editor. 2019.
28. Becker CB, Middlemass K, Taylor B, Johnson C, Gomez F. Food insecurity and eating disorder pathology. Int J Eat Disord. 2017;50(9):1031–40. https://doi.org/10.1002/eat.22735.
29.• Hazzard VM, Loth KA, Hooper L, Becker CB. Food insecurity and eating disorders: a review of emerging evidence. Curr Psychiatry Rep. 2020;22(12):74. https://doi.org/10.1007/s11920-020-01200-0. **This review looks at the connections between eating disorders and food insecurity and highlights future directions and considerations for providers in clinical practice and public health.**
30.•• Goode RW, Watson HJ, Masa R, Bulik CM. Prevalence and contributing factors to recurrent binge eating and obesity among Black adults with food insufficiency: findings from a cross-sectional study from a nationally-representative sample. J Eat Disord. 2021;9(1):154. https://doi.org/10.1186/s40337-021-00509-2. **This is the first study to examine the relationship between food insufficiency and binge-eating in a sample of African American and African Caribbean participants. Before controlling for sociodemographic factors, food insufficiency was associated with lifetime binge-eating.**
31. Hazzard VM, Hooper L, Larson N, Loth KA, Wall MM, Neumark-Sztainer D. Associations between severe food insecurity and disordered eating behaviors from adolescence to young adulthood: findings from a 10-year longitudinal study. Prev Med. 2022;154:106895. https://doi.org/10.1016/j.ypmed.2021.106895.
32. Harrington EF, Crowther JH, Shipherd JC. Trauma, binge eating, and the "strong Black woman." J Consult Clin Psychol. 2010;78(4):469–79. https://doi.org/10.1037/a0019174.
33. Adamus-Leach HJ, Wilson PL, O'Connor DP, Rhode PC, Mama SK, Lee RE. Depression, stress and body fat are associated with binge eating in a community sample of African American and Hispanic women. Eat Weight Disord. 2013;18(2):221–7. https://doi.org/10.1007/s40519-013-0021-3.
34. Assari S. Perceived discrimination and binge eating disorder; gender difference in African Americans. J Clin Med. 2018. https://doi.org/10.3390/jcm7050089.
35. Baldwin JR, Reuben A, Newbury JB, Danese A. Agreement between prospective and retrospective measures of childhood maltreatment: a systematic review and meta-analysis. JAMA Psychiat. 2019;76(6):584–93. https://doi.org/10.1001/jamapsychiatry.2019.0097.
36. Striegel-Moore RH, Dohm FA, Pike KM, Wilfley DE, Fairburn CG. Abuse, bullying, and discrimination as risk factors for binge eating disorder. Am J Psychiatry. 2002;159(11):1902–7. https://doi.org/10.1176/appi.ajp.159.11.1902.
37. Palmisano GL, Innamorati M, Vanderlinden J. Life adverse experiences in relation with obesity and binge eating disorder: a systematic review. J Behav Addict. 2016;5(1):11–31. https://doi.org/10.1556/2006.5.2016.018.
38. Woods-Giscombe CL. Superwoman schema: African American women's views on stress, strength, and health. Qual Health Res. 2010;20(5):668–83. https://doi.org/10.1177/1049732310361892.
39. Beauboeuf-Lafontant T. Strong and large Black women? Exploring relationships between deviant womanhood and weight. Gend Soc. 2003;17(1):111–21.
40. Mitchell KS, Mazzeo SE. Binge eating and psychological distress in ethnically diverse undergraduate men and women. Eat Behav. 2004;5(2):157–69. https://doi.org/10.1016/j.eatbeh.2003.07.004.
41. Azarbad L, Corsica J, Hall B, Hood M. Psychosocial correlates of binge eating in Hispanic, African American, and Caucasian women presenting for bariatric surgery. Eat Behav. 2010;11(2):79–84. https://doi.org/10.1016/j.eatbeh.2009.10.001.
42. Hazzard VM, Hahn SL, Bauer KW, Sonneville KR. Binge eating-related concerns and depressive symptoms in young adulthood: seven-year longitudinal associations and differences by race/ethnicity. Eat Behav. 2019;32:90–4. https://doi.org/10.1016/j.eatbeh.2019.01.004.
43. McLean SA, Paxton SJ. Body image in the context of eating disorders. Psychiatr Clin North Am. 2019;42(1):145–56. https://doi.org/10.1016/j.psc.2018.10.006.
44. Blostein F, Assari S, Caldwell CH. Gender and ethnic differences in the association between body image dissatisfaction and binge eating disorder among Blacks. J Racial Ethn Health Disparities. 2017;4(4):529–38. https://doi.org/10.1007/s40615-016-0255-7.
45. Hrabosky JI, Grilo CM. Body image and eating disordered behavior in a community sample of Black and Hispanic women. Eat Behav. 2007;8(1):106–14. https://doi.org/10.1016/j.eatbeh.2006.02.005.
46. Roberts A, Cash TF, Feingold A, Johnson BT. Are Black-White differences in females' body dissatisfaction decreasing? A meta-analytic review. J Consult Clin Psychol. 2006;74(6):1121–31. https://doi.org/10.1037/0022-006X.74.6.1121.
47. Rucker CE, Cash TF. Body images, body-size perceptions, and eating behaviors among African-American and White college women. Int J Eat Disord. 1992;12(3):291–9.
48.• Watson LB, Lewis JA, Moody AT. A sociocultural examination of body image among Black women. Body Image. 2019;31:280–7. https://doi.org/10.1016/j.bodyim.2019.03.008. **This review looks at the work of Thomas Cash and his research around Black women and their body image views. Additionally, the authors look at the intersectionality of gender and racism and provide recommendations for body satisfaction for Black women.**
49. Cotter EW, Kelly NR, Mitchell KS, Mazzeo SE. An investigation of body appreciation, ethnic identity, and eating disorder symptoms in Black women. J Black Psychol. 2013;41(1):3–25. https://doi.org/10.1177/0095798413502671.

50. Kronenfeld LW, Reba-Harrelson L, Von Holle A, Reyes ML, Bulik CM. Ethnic and racial differences in body size perception and satisfaction. Body Image. 2010;7(2):131–6. https://doi.org/10.1016/j.bodyim.2009.11.002.
51. Awad GH, Norwood C, Taylor DS, Martinez M, McClain S, Jones B, et al. Beauty and body image concerns among African American college women. J Black Psychol. 2015;41(6):540–64. https://doi.org/10.1177/0095798414550864.
52. Capodilupo CM, Kim S. Gender and race matter: the importance of considering intersections in Black women's body image. J Couns Psychol. 2014;61(1):37–49. https://doi.org/10.1037/a0034597.
53. Lovejoy M. Disturbances in the social body: differences in body image and eating problems among African-American and White women. Gend Soc. 2001;15(2):239–61.
54. Parker S, Nichter M, Nichter M, Vuckovic CS, Ritenbaugh C. Body image and weight concerns among African-American and White adolescent females: differences that make a difference. Hum Organ. 1995;54:103–14.
55. Coleman L, Bass M, Cafer A, Ford-Wade A, Loftin M. Influences on body size perceptions among Black women in the Mississippi Delta. Am J Health Promot. 2020;34(8):901–8. https://doi.org/10.1177/0890117120925745.
56. Baugh E, Mullis R, Mullis A, Hicks M, Peterson G. Ethnic identity and body image among Black and White college females. J Am Coll Health. 2010;59(2):105–9. https://doi.org/10.1080/07448481.2010.483713.
57. Befort CA, Thomas JL, Daley CM, Rhode PC, Ahluwalia JS. Perceptions and beliefs about body size, weight, and weight loss among obese African American women: a qualitative inquiry. Health Educ Behav. 2008;35(3):410–26. https://doi.org/10.1177/1090198106290398.
58. Gustat J, Carton TW, Shahien AA, Andersen L. Body image satisfaction among Blacks. Health Educ Behav. 2017;44(1):131–40. https://doi.org/10.1177/1090198116644181.
59.•• Johnson ER, Affuso O, Levitan EB, Carson TL, Baskin ML. Body image and dissatisfaction among rural Deep South African American women in a weight loss intervention. J Health Psychol. 2019;24(9):1167–77. https://doi.org/10.1177/1359105317694489. **This study examined how body image dissatisfaction among Black women may depend on BMI status. Authors found that women with higher BMI reported greater dissatisfaction.**
60. Fernandes NH, Crow SJ, Thuras P, Peterson CB. Characteristics of Black treatment seekers for eating disorders. Int J Eat Disord. 2010;43(3):282–5. https://doi.org/10.1002/eat.20684.
61.•• Lin M, Gillikin LM, Patarinski AGG, Srivastava P, Juarascio AS. Characterizing eating disorder psychopathology and body image related constructs in treatment-seeking Black individuals with binge-eating spectrum disorders. Eat Weight Disord. 2021. https://doi.org/10.1007/s40519-021-01165-w. **This article examines symptoms of Bulimia Nervosa among Black and White women. Despite meeting criteria for bulimia nervosa, Black women were much less likely to self-report purging.**
62. Lydecker JA, Grilo CM. Different yet similar: examining race and ethnicity in treatment-seeking adults with binge eating disorder. J Consult Clin Psychol. 2016;84(1):88–94. https://doi.org/10.1037/ccp0000048.
63. Grilo CM, White MA, Barnes RD, Masheb RM. Psychiatric disorder co-morbidity and correlates in an ethnically diverse sample of obese patients with binge eating disorder in primary care settings. Compr Psychiatry. 2013;54(3):209–16. https://doi.org/10.1016/j.comppsych.2012.07.012.
64. Franko DL, Thompson-Brenner H, Thompson DR, Boisseau CL, Davis A, Forbush KT, et al. Racial/ethnic differences in adults in randomized clinical trials of binge eating disorder. J Consult Clin Psychol. 2012;80(2):186–95. https://doi.org/10.1037/a0026700.
65. Becker AE, Franko DL, Speck A, Herzog DB. Ethnicity and differential access to care for eating disorder symptoms. Int J Eat Disord. 2003;33(2):205–12. https://doi.org/10.1002/eat.10129.
66. Cachelin FM, Rebeck R, Veisel C, Striegel-Moore RH. Barriers to treatment for eating disorders among ethnically diverse women. Int J Eat Disord. 2001;30(3):269–78.
67. Gordon KH, Perez M, Joiner TE Jr. The impact of racial stereotypes on eating disorder recognition. Int J Eat Disord. 2002;32(2):219–24. https://doi.org/10.1002/eat.10070.
68. Kelly NR, Mitchell KS, Gow RW, Trace SE, Lydecker JA, Bair CE, et al. An evaluation of the reliability and construct validity of eating disorder measures in White and Black women. Psychol Assess. 2012;24(3):608–17. https://doi.org/10.1037/a0026457.
69. Crow SJ, Peterson CB, Levine AS, Thuras P, Mitchell JE. A survey of binge eating and obesity treatment practices among primary care providers. Int J Eat Disord. 2004;35(3):348–53. https://doi.org/10.1002/eat.10266.
70. Samuel-Hodge CD, Headen SW, Skelly AH, Ingram AF, Keyserling TC, Jackson EJ, et al. Influences on day-to-day self-management of type 2 diabetes among African-American women: spirituality, the multi-caregiver role, and other social context factors. Diabetes Care. 2000;23(7):928–33. https://doi.org/10.2337/diacare.23.7.928.
71. Blackman Carr LT, Samuel-Hodge CD, Tate DF. The multicaregiver role and its relationship to behavioral adherence and weight among treatment engaged Black women. Am J Health Promot. 2022;36(7):1162–9. https://doi.org/10.1177/08901171221092389.
72. Thompson B. "A way outa no way": eating problems among African-American, Latina, and White women. Gend Soc. 1992;6(4):546–61.
73. Deaver CM, Miltenberger RG, Smyth J, Meidinger A, Crosby R. An evaluation of affect and binge eating. Behav Modif. 2003;27(4):578–99.
74.• Lydecker JA, Gueorguieva R, Masheb R, White MA, Grilo CM. Examining race as a predictor and moderator of treatment outcomes for binge-eating disorder: analysis of aggregated randomized controlled trials. J Consult Clin Psychol. 2019;87(6):530–40. https://doi.org/10.1037/ccp0000404. **This study reported ways in which evidence-based treatments for BED may be appropriate for work with Black treatment seekers. It also reports ways in which Black participants may differ from White participants (e.g., less weight loss maintenance), thus warranting further exploration of treatment effectiveness.**
75. Udo T, White MA, Lydecker JL, Barnes RD, Genao I, Garcia R, et al. Biopsychosocial correlates of binge eating disorder in Caucasian and African American women with obesity in primary care settings. Eur Eat Disord Rev. 2016;24(3):181–6. https://doi.org/10.1002/erv.2417.
76. Mama SK, Schembre SM, O'Connor DP, Kaplan CD, Bode S, Lee RE. Effectiveness of lifestyle interventions to reduce binge eating symptoms in African American and Hispanic women. Appetite. 2015;95:269–74. https://doi.org/10.1016/j.appet.2015.07.015.
77.•• Small C. Eating because we're hungry or because something's eating us. In: Small C, Fuller M, editors. Treating eating disorders in Black women: a clinician's guide. New York, NY: Routledge; 2021. p. 13–32. **Provides an overview of culturally relevant factors in the etiology of eating disorders in Black women, as well as important questions to guide assessment.**
78. Lydecker JA, White MA, Grilo CM. Black patients with binge-eating disorder: comparison of different assessment methods.

Psychol Assess. 2016;28(10):1319–24. https://doi.org/10.1037/pas0000246.
79. Talleyrand RM, Gordon AD, Daquin JV, Johnson AJ. Expanding our understanding of eating practices, body image, and appearance in African American women: a qualitative study. J Black Stud. 2017;43(5):464–92.
80.•• Coker RC. An integrative approach to understanding and treating disordered eating in African American women. In: Small C, Fuller M, editors. Treating Black women with eating disorders: a clinician's guide. New York: Routledge; 2021. p. 88–102. **Provides guidance on stages of treatment to engage Black women with eating disorders, with attention to cultural factors.**
81. Sue DW, Sue D. Counseling the culturally diverse: theory and practice. 6th ed. Hoboken, NJ: John Wiley & Sons, Inc.; 2015.
82.•• Mann WC. The skin I'm in: stereotypes and body image development in women of color. In: Small C, Fuller M, editors. Treating Black women with eating disorders: a clinician's guide. New York: Routledge; 2021. p. 67–74. **Provides an overview of the influence of stereotypes on Black women, and guides clinicians on steps to honor the client's racial identity.**
83.•• Webster CK. Targeting the neurobiological processes and emotional distress in the treatment of binge eating disorder among Black women: clinical recommendations and exploration of a dual treatment modality. Alliant International University; 2021. **This dissertation examines recent treatment interventions for BED and reviews barriers and factors contributing to binge-eating in Black women. Additionally, this study provides expert opinions from professionals who work with BED along with treatment recommendations for providers working with this population.**
84. Chapman EN, Kaatz A, Carnes M. Physicians and implicit bias: how doctors may unwittingly perpetuate health care disparities. J Gen Intern Med. 2013;28(11):1504–10. https://doi.org/10.1007/s11606-013-2441-1.