Underdiagnosis and Delayed Treatment of Binge Eating Disorder Among Black and Hispanic Women in the United States

INTRODUCTION

Disordered eating and eating disorders manifest through a range of maladaptive eating behaviors. The most prominent eating disorders include binge eating disorder (BED), anorexia nervosa, and bulimia nervosa. BED is characterized by recurrent episodes of consuming unusually large amounts of food in a short period, often accompanied by feelings of loss of control and distress, without the compensatory behaviors seen in bulimia (Udo & Grilo, 2018). BED is the most prevalent eating disorder in the United States, affecting approximately 3.5% of adult women at some point in their lifetime. Associated complications include obesity, type 2 diabetes, cardiovascular issues, depression, and significantly reduced quality of life (Udo & Grilo, 2018). In addition to these outcomes, individuals with binge eating disorder frequently experience metabolic syndrome, hypertension, sleep disturbances, and chronic pain, all of which contribute to long-term health risks. Psychological consequences are also present, with elevated rates of anxiety disorders, substance use, and suicidal ideation compared to the general population (Hudson et al., 2007). Furthermore, the chronic stress and stigma associated with weight gain and disordered eating can exacerbate both physical and emotional health outcomes, leading to a cyclical relationship between psychological distress and maladaptive eating patterns (Hudson et al., 2007).

Historically, eating disorders have been perceived as primarily affecting affluent white women. However, more recent research challenges this previously held stereotype, revealing that

women of color-particularly Black and Hispanic women-experience binge eating disorder at equal or higher rates than white women (Rakhkovskaya & Warren, 2016). However, these populations remain significantly underdiagnosed and undertreated-women of color are less likely to receive timely and appropriate care for BED due to structural, cultural, and systemic healthcare barriers (Dyne et al., 2023, Schaefer et al., 2017). This disparity in diagnosis and treatment raises critical health concerns. Left untreated, BED can lead to chronic physical and psychological harm. Therefore, understanding the mechanisms driving underdiagnosis among Black and Hispanic women is essential for addressing health inequities.

Research Question

The purpose of this review is to examine and analyze the factors that contribute to the underdiagnosis and delayed treatment of binge eating disorder among Black and Hispanic women in the United States, compared to their white counterparts.

METHODS

Database Selection and Search Strategy

This literature review was conducted using two academic databases-PubMed and ScienceDirect-which were accessed through the University of Georgia Libraries system. The search aimed to identify peer-reviewed empirical studies that examined the prevalence, diagnosis, and treatment of BED among adult Black and Hispanic women in the United States.

Inclusion and Exclusion Criteria

Articles were included in this review if they met specific eligibility criteria designed to ensure relevance, quality, and focus on the target populations. To be included, studies had to be published within the last ten years (2015-2025) to ensure that findings were relevant and reflected current trends, standards, and research practices. Only original research articles were considered, while literature reviews and other secondary analyses were excluded. Eligible studies focused on adult women aged 18 years and older residing in the United States and reported data specific to Black and/or Hispanic women. Furthermore, each study needed to address binge eating disorder (BED) in relation to at least one of the following areas: prevalence, diagnosis, access to treatment, or systemic and structural barriers impacting care. Articles were excluded if they focused exclusively on men, adolescents, or populations outside of the United States. Studies were also excluded if they did not provide demographic breakdowns relevant to the target populations, or failed to include quantitative or qualitative data related to binge eating disorder. This screening process ensured that only studies offering meaningful insights into BED among Black and Hispanic women in the U.S. were retained for analysis.

Search Results and Filtering Process

The search process involved multiple databases, with specific search terms and filters applied to capture the most relevant literature. In the PubMed database, the following search terms were used: ("binge eating" OR "binge eating disorder") AND ("Black women" OR "African American women" OR "Latina" OR "Hispanic women") AND ("United States" OR "U.S."). This initial search yielded 73 results. After filtering by publication date (2015–2025) and article type (original research only), 35 studies remained. Of these, 10 articles were selected for full-text review based on relevance to the inclusion criteria. Similarly, a search was conducted in the ScienceDirect database using the terms ("binge eating disorder") AND ("racial/ethnic minority

women" OR "Black women" OR "Latina") AND ("United States"). This search produced 66 initial results. After applying filters for publication date and article type, 28 articles remained. From this subset, 11 articles were identified for full-text review. Each article's title and abstract were screened to determine its relevance to the research question. Full-text reviews were then conducted to evaluate whether each study adequately addressed binge eating disorder among Black and Hispanic adult women in the United States. Through this systematic selection and review process, a total of 21 articles met all inclusion criteria and were ultimately included in the final analysis.

RESULTS

Higher Prevalence, Lower Diagnosis

Multiple studies report that Black and Hispanic women experience binge eating disorder at rates equal to or exceeding those of white women. For example, Goode et al. (2021) found that Black adults facing food insufficiency were found to have higher rates of recurrent binge eating and obesity, indicating that systemic inequities in food access contribute to disordered eating. Similarly, among Latino populations, food addiction and binge eating behaviors are more commonly reported than previously assumed (Ivezaj et al., 2018). Multiracial students, specifically those identifying as Hispanic/Latinx, may experience unique risks, showing elevated rates of eating disorder pathology compared to single-race peers (Burke et al., 2021a). Publicly insured youth and youth of color are significantly less likely to receive clinical evaluation or intervention for eating disorders, pointing to systemic disparities in access to care (Simone et al., 2022, Moreno et al., 2023). These gaps suggest that socioeconomic constraints and healthcare

inequities contribute not only to increased risk but also to prolonged illness and poorer recovery trajectories in adulthood.

Barriers to Recognition and Diagnosis

One primary barrier to accurate diagnosis is provider bias and limited cultural competence. Clinicians often fail to associate eating disorders with women of color, influenced by pervasive stereotypes that frame disordered eating as a predominantly white, affluent issue. They may fail to associate eating disorders with women of color due to prevailing stereotypes, leading to misdiagnosis or dismissal of symptoms (Beccia et al., 2020). Additionally, standard methods of diagnosis may not account for culturally specific disordered eating behaviors. Standardized diagnostic tools and clinical interviews are also typically normed on white populations, neglecting culturally specific expressions of distress or eating behaviors. For instance, in some Hispanic communities, acculturative stress and stigma surrounding mental health can discourage disclosure of symptoms or delay treatment-seeking (Henning et al., 2025). Latino families, for example, may transmit food-related norms tied to cultural identity, which can either reduce or increase disordered eating habits depending on the level of acculturation (Claudat et al., 2016, Johansen et al., 2021). Among Black women, eating behaviors linked to emotional coping and racial trauma may not align with restrictive patterns commonly associated with eating disorders, leading to further underrecognition (Parker et al., 2022, Brown et al., 2025). Racial and gender discrimination has been found to manifest in binge eating among Black women (Dickens et al., 2024). Moreover, racial and gender discrimination have been identified as direct predictors of binge eating among Black women (Dickens et al., 2024). The tripartite influence model-which emphasizes body image pressures from peers, parents, and media-may also operate differently

across cultural groups, as beauty ideals and body satisfaction are shaped by diverse social and cultural expectations (Burke et al., 2021b).

Structural Inequities and Food Insecurity

Structural factors such as food insecurity, residential segregation, and low socioeconomic status are disproportionately experienced by Black and Hispanic populations and strongly associated with the development of binge eating disorder (Goode et al., 2021). In food-insecure environments, individuals may experience cycles of scarcity followed by overconsumption when food becomes available, creating physiological and psychological conditions that reinforce binge eating behaviors. This pattern often coexists with chronic stress related to financial instability, neighborhood disadvantage, and limited access to mental health resources. Public health systems, moreover, frequently lack the infrastructure to deliver culturally responsive or linguistically appropriate care in marginalized communities (Yoon et al., 2023). Even when individuals seek help, they often face additional barriers such as inadequate insurance coverage, long wait times, and a shortage of specialized eating disorder providers (Moreno et al., 2023). Collectively, these systemic shortcomings perpetuate disparities in both prevention and treatment outcomes.

Discrimination and Healthcare Experiences

Experiences of discrimination within healthcare settings further exacerbate inequities in eating disorder recognition and management. Perceived discrimination is directly associated with higher levels of binge eating and emotional distress among women of color (Henning et al., 2025). Latina women who reported frequent experiences of everyday discrimination were significantly more likely to engage in binge eating behaviors, underscoring how systemic racism contributes to the onset and persistence of disordered eating (Beccia et al., 2020, Johnson et al.,

2022). For Black women, discriminatory medical encounters often lead to distrust in healthcare systems, reduced treatment adherence, and delays in seeking care. These experiences reinforce psychological distress and can intensify maladaptive coping mechanisms such as emotional or binge eating (Dickens et al., 2024). Addressing these patterns requires not only culturally competent clinical practices but also institutional accountability to reduce racial bias, enhance inclusivity in research, and promote equitable access to evidence-based care.

DISCUSSION

Synthesis of Findings

Despite higher or equivalent rates of binge eating disorder, Black and Hispanic women remain underdiagnosed and undertreated, primarily due to a combination of structural inequities, cultural stigma, and healthcare system barriers. This inequity suggests a critical need for public health interventions tailored to the unique experiences of women of color.

Implications for Intervention

Improving the recognition and treatment of binge eating disorder (BED) among Black and Hispanic women requires a multifaceted approach that addresses both systemic and cultural barriers. One potential strategy is cultural competency training for healthcare providers. Physicians should be properly equipped with the knowledge and sensitivity to recognize the various ways in which eating disorders can present across different cultural backgrounds. Providers must be able to understand how cultural norms, experiences of discrimination, and societal pressures can influence how symptoms manifest and are reported. This awareness can help reduce misdiagnosis and ensure that patients receive more appropriate and empathetic care.

Additionally, adapted screening tools are necessary to improve the accuracy of diagnosis among diverse populations. Many existing clinical assessments were developed based on predominantly white samples and may fail to capture culturally specific expressions of binge eating behaviors or distress. Revising and validating screening instruments to reflect the lived experiences of Black and Hispanic women can lead to more accurate identification of BED and ultimately better treatment outcomes. Another important component is community outreach. Educational initiatives within Black and Hispanic communities can play a key role in reducing stigma surrounding mental health and eating disorders. By promoting open dialogue and increasing awareness about the signs and risks of binge eating disorder, these programs can encourage individuals to seek help earlier. Collaborating with trusted community leaders, local organizations, and faith-based institutions can further enhance the reach and effectiveness of these efforts. In addition to education and provider training, policy reforms within federal, state, and local governments are essential to address structural inequities in healthcare access. Expanding Medicaid coverage for mental health and eating disorder treatments, increasing funding for community health centers, and promoting greater representation of Black and Hispanic physicians are critical steps toward building a more equitable system. These changes can help ensure that women from underserved communities receive timely, affordable, and culturally sensitive care. Together, these strategies-cultural competency training, community engagement, systemic policy reform, and culturally adapted screening-form a comprehensive framework for reducing disparities in the diagnosis and treatment of binge eating disorder among Black and Hispanic women.

Limitations

This review is limited by its narrow scope. Only two databases were searched, and only 22 articles were included. The focus on BED excluded findings related to other eating disorders, such as bulimia or anorexia. Additionally, many studies relied on self-reported data, which may be influenced by social desirability bias or cultural interpretations of symptoms. Most studies reviewed were cross-sectional, so a definitive statement on causality is not possible. Furthermore, some racial/ethnic labels used in the literature (e.g., "Latina" or "Hispanic") group together heterogeneous communities, potentially obscuring unique subgroup differences (Uri et al., 2020).

CONCLUSION

The underdiagnosis and delayed treatment of binge eating disorder among Black and Hispanic women in the United States is indicative of a significant and persistent public health disparity. Addressing this issue requires a multi-level approach that includes systemic reform, culturally competent care, and targeted public health initiatives. Future research must focus on additional data collection and analysis to further understand the unique challenges faced by these communities. By confronting the systemic and interpersonal drivers of health inequity, we can strive towards equitable care for all individuals affected by eating disorders.