

Risk Factors

BIOLOGICAL

- **Having a close relative with an eating disorder.** Studies of families have found that having a first-degree relative (like a parent or sibling) with an eating disorder increases a person's risk of developing an eating disorder.
- **Having a close relative with a mental health condition.** Similarly, issues like anxiety, depression, and addiction can also run in families, and have also been found to increase the chances that a person will develop an eating disorder. [Learn more >](#)
- **History of dieting.** A history of dieting and other weight-control methods is associated with the development of binge eating.
- **Negative energy balance.** Burning off more calories than you take in leads to a state of negative energy balance. Many people report that their disorder began with deliberate efforts to diet or restrict the amount and/or type of food they were eating in the form of dieting, other causes can include growth spurts, illness, and intense athletic training.
- **Type 1 (insulin-dependent) diabetes.** Recent research has found that approximately one-quarter of women diagnosed with type one diabetes will develop an eating disorder. The most common pattern is skipping insulin injections, known as [diabulimia](#), which can be deadly.

PSYCHOLOGICAL

- **Perfectionism.** One of the strongest risk factors for an eating disorder is perfectionism, especially a type of perfectionism called self-oriented perfectionism, which involves setting unrealistically high expectations for yourself.
- **Body image dissatisfaction.** [Body image](#) encompasses how you feel both about and in your body. It's sadly not uncommon to dislike your appearance, but people who develop eating disorders are more likely to report higher levels of body image dissatisfaction and an internalization of the appearance ideal.
- **Personal history of an anxiety disorder.** Research has shown that a significant subset of people with eating disorders, including two-thirds of those with anorexia, showed signs of an anxiety disorder (including generalized anxiety, social phobia, and obsessive-compulsive disorder) before the onset of their eating disorder.
- **Behavioral inflexibility.** Many people with anorexia report that, as children, they always followed the rules and felt there was one "right way" to do things.

SOCIAL

- **Weight stigma.** The message that thinner is better is everywhere, and researchers have shown that exposure to this can increase body dissatisfaction, which can lead to eating disorders. [Weight stigma](#) is discrimination or stereotyping based on a person's weight, and is damaging and pervasive in our society.
- **Teasing or bullying.** Being teased or bullied – especially about weight - is emerging as a risk factor in many eating disorders. [The harmful effects of bullying](#) have received increased attention in recent years, starting an important national conversation. 60% of those affected by eating disorders said that bullying contributed to the development of their eating disorder. Weight shaming needs to be a significant part of anti-bullying discussions, particularly in the context of the widespread anti-obesity messaging.
- **Appearance ideal internalization.** Buying into the message of the socially-defined “ideal body” may increase the risk of an eating disorder by increasing the likelihood of dieting and food restriction.
- **Acculturation.** People from racial and ethnic minority groups, especially those who are undergoing rapid Westernization, may be at increased risk for developing an eating disorder due to complex interactions between stress, acculturation, and body image. Within three years after western television was introduced to Fiji, women, previously comfortable with their bodies and eating, developed serious problems: 74% felt “too fat;” 69% dieted to lose weight; 11% used self-induced vomiting; 29% were at risk for clinical eating disorders.
- **Limited social networks.** Loneliness and isolation are some of the hallmarks of anorexia; many with the disorder report having fewer friends and social activities, and less social support. Whether this is an independent risk factor or linked to other potential causes (such as social anxiety) isn't clear.
- **Historical trauma**, or intergenerational trauma, describes the “massive cumulative group trauma across generations,” like with Jewish Holocaust survivors, Native American populations, and Indigenous groups that experienced European colonization. Research shows health consequences including “anxiety, intrusive trauma imagery, depression, elevated mortality rates from cardiovascular diseases as well as suicide and other forms of violent death, psychic numbing and poor affect tolerance, and unresolved grief” (Brave Heart, 1999). Similarities between the effects of eating disorders and historical trauma points to a need for more research and information that addresses these systems of oppression.

*These statistics have been taken from www.nationaleatingdisorder.org