

Study	Participants	Data analysis	Variables	Measures	Significant Results ¹	Nonsignificant Results ²
Kimmel & Mahalik, 2005	357 gay men aged 18-74	Bivariate correlations, hierarchical regression analyses	internalized homophobia, expected stigma, experiences of physical attack, body image dissatisfaction, masculine body ideal distress	Body Image Ideals Questionnaire Masculine Body Ideal Distress Scale Internalized Homophobia Scale Stigma Scale Conformity to Masculine Norms Inventory	Internalized Homophobia, stigma, and antigay physical attack were associated with both body image dissatisfaction and masculine body ideal distress Conformity to masculine norms was associated with gay men's distress if their body did not meet the physically powerful masculine ideal	Conformity to masculine norms did not correlate with body image dissatisfaction if participants' body met their masculine ideal
Haines et al., 2008	150 lesbian women (mean age 35.12 years)	Bivariate correlations, path analysis	internalized heterosexism, feminist self-identification, negative eating attitudes, depressive symptomatology, body surveillance, body shame	Lesbian Internalized Homophobia Scale Objectified Body Consciousness Scale Eating Attitudes Test Center for Epidemiologic Studies Depression Scale	Prevalence 25,3% of the sample was above the clinical cut-off for depressive symptomatology; 12% of the sample scored above the clinical cut-off for negative eating attitudes. Bivariate correlations Internalized heterosexism was negatively correlated with feminist self-identification, positively correlated with surveillance, body shame and depression. Path model Model had good fit to the data, explaining 30% of the variability in negative eating attitudes scores and 29% of depression scores. All paths but one were significant. Body surveillance and body shame mediated the relationship between internalized heterosexism and negative eating attitudes, as well as depressive symptomatology.	Bivariate correlations Feminist self-identification was not related to self-objectification variables or clinical outcomes. Internalized heterosexism was not related to negative eating attitudes. Path model Feminist self-identification path to body surveillance was non-significant.
Brennan et al., 2012	400 men (350 gay, 34 bisexual) aged 16-76	Bivariate correlations, multivariate analyses, regression analyses	drive for muscularity, age, race, education, disordered eating behaviors, hiv status, internalized homophobia, substance use	Ad-hoc questions for sexual behavior, sexual abuse and HIV status Center for Epidemiologic Studies Short Depression Scale Internalised Homonegativity Scale Eating Attitudes Test Drive for Muscularity Scale	Prevalence 14% of the participants were at high risk of disordered eating symptomatology Bivariate correlations Drive for muscularity was positively associated with disordered eating behaviors. Multivariate analyses Participants reporting high internalized homonegativity reported a higher drive for muscularity than those reporting low internalized homonegativity. Participants over 50 years old had lower drive for muscularity compared to participants of other age groups. Regression analyses Predictors accounted for 10% in the variance in drive for muscularity. Having high risk for disordered eating symptomatology, high levels of internalized homonegativity, higher levels of depression and being diagnosed with an STI predicted a higher drive for muscularity. Being over 50 years old predicted a lower drive for muscularity compared to the 16-25 years old age group.	N/A
Hunt et al., 2012	64 gay men aged 20-35 (M=26.92)	Multiple linear regression	connection to gay community, rejection sensitivity, self-esteem, stigma consciousness,	Drive for Muscularity Scale Drive for Thinness subscale of the Eating Disorder Inventory Gay Community	Greater connection/involvement with the gay community predicted higher drive for muscularity. DFM Model accounted for 16,2% of the variance in DFM. A higher BMI and lower self-esteem predicted a higher Drive for Thinness.	Correlations between demographic variables and body image variables were nonsignificant.

¹ All reported associations and correlations statistically significant unless otherwise stated

			Internalized Homophobia, drive for muscularity, drive for thinness, openness and comfort about being gay, BMI	Involvement Inventory (ad-hoc measure developed for this study) Rejection Sensitivity Scale Stigma Consciousness Questionnaire Rosenberg Self-esteem Inventory Homosexuality-related Implicit Association Test BMI		Stigma consciousness and comfort with being gay did not predict Drive for Muscularity. IAT scores and Rejection sensitivity did not predict Drive for Thinness.
Brewster et al., 2014	316 bisexual women aged 18-69 years old (93% women, 2% trans women, 5% other)	Path analysis	internalized biphobia, sexual objectification, anti-bisexual discrimination, internalization of sociocultural standards of awareness, body surveillance, body shame, eating disorder symptoms	Anti-bisexual Experiences Scale Internalized Homonegativity subscale of the Lesbian, Gay, Bisexual and Identity Scale Interpersonal Sexual Objectification Scale Internalization subscale of Sociocultural Attitudes Towards Appearance Questionnaire Body Surveillance and Body Shame subscales of the Objectified Body Consciousness Scale Eating Attitudes Test-26	Direct relationships: Antisexual discrimination showed significant positive direct relation with internalization of Cultural Standards of Appearance (CSA) and internalized biphobia. Internalization of CSA showed significant positive direct relation with body surveillance. Antisexual discrimination, internalization of CSA, and body surveillance showed significant direct relations with body shame. Sexual objectification, internalization of CSA and body shame showed significant direct relations with eating disorder symptoms. Indirect relationships: Internalization of CSA showed an indirect link with body shame through body surveillance. Body surveillance showed an indirect link with eating disorder symptoms through body shame. Internalization of CSA showed an indirect link with eating disorder symptoms through body shame and body surveillance. Antisexual discrimination showed an indirect link with body surveillance through internalization of CSA. Antisexual discrimination showed an indirect link with eating disorder symptoms through internalization of CSA, body surveillance and body shame. Indirect links of antisexual discrimination with body surveillance and eating disorder symptoms reflect full mediation, while indirect links with body shame reflect partial mediation.	Internalized biphobia did not show any total or unique indirect links with eating disorder symptoms or body shame.
Watson et al., 2015	234 sexual minority women (18+); 107 identified as lesbian, 63 as bisexual, 31 as queer, 28 as pan, 9 as questioning, 2 as omnisequal, 3 as another unlisted identity	Path analysis	Heterosexist events, internalized heterosexism, sexual objectification experiences, internalized sociocultural standards of beauty, body surveillance, body shame, disordered eating	Interpersonal Sexual Objectification Scale Sociocultural Attitudes Towards Appearance Questionnaire - Internalization Subscale Objectified Body Consciousness Scale - Body Surveillance & Body Shame Subscales Eating Attitudes Test-26 Heterosexist Harassment, Rejection and Discrimination Scale Lesbian Internalized Homophobia Scale	Correlations Most variables had significant positive correlations between each other. Direct effects Most paths from the hypothesized model were significant: Internalized sociocultural standards of beauty to body surveillance to body shame to disordered eating; Sexual objectifications experiences to internalized sociocultural standards of beauty; Internalized heterosexism to body surveillance and body shame. Indirect effects Internalized sociocultural standards of beauty fully mediated the relationship from sexual objectification experiences to body surveillance. Internalized sociocultural standards of beauty also fully mediated the relationships from sexual objectification experiences to body shame and disordered eating. Body shame fully mediated the relationship between body surveillance and disordered eating symptoms.	Correlations: Experiences of heterosexism were not related to internalized heterosexism. Internalized heterosexism was not related to sexual objectification experiences. Sexual objectification was not related with body shame. Direct effects: Paths from sexual objectification experiences to body surveillance; from body surveillance to disordered eating; from internalized heterosexism to disordered eating; from heterosexist experiences to internalized sociocultural standards of beauty, internalized heterosexism, body surveillance and body shame. Indirect effects: Body surveillance did not mediate the relationship between heterosexist

						discrimination and body shame, and neither between sexual objectification experiences and body shame.
Siconolfi et al., 2016	591 young men who have sex with men identified with Kinsey Scale values "exclusively homosexual" and "not exclusively homosexual"	Multiple regression model	Sexual orientation, internalized homonegativity, ethnicity, Body-Mass Index, community affiliation, body dissatisfaction	Kinsey Scale - dichotomized to "exclusively homosexual" and "not exclusively homosexual" Ad-hoc single-item for gay community connectedness Ad-hoc internalized homonegativity scale Male Body Attitudes Scale	Bivariate associations Sexual orientation was associated with muscularity dissatisfaction. Community affiliation was associated with body dissatisfaction scores: men who felt neutral about their affiliation had higher scores than those who felt affiliated, and men who did not feel affiliated had higher scores than those who were affiliated. Higher BMI and internalized homonegativity were moderately correlated with body dissatisfaction. Higher BMI weakly negatively correlated with muscularity dissatisfaction. BMI was strongly correlated with body fat dissatisfaction, while internalized homonegativity was weakly correlated Main multivariable models BMI and internalized homonegativity were associated with increased overall dissatisfaction.	Bivariate associations: Sexual orientation was not associated with overall body dissatisfaction scores. Community affiliation was not associated with muscularity dissatisfaction. Main multivariable models: In the model assessing muscularity dissatisfaction, BMI was not associated with increased muscularity dissatisfaction. Among White YMSM, the model assessing muscularity dissatisfaction did not fit adequately.
Mason & Lewis, 2016	496 lesbians (18-30 years-old, self-identified)	Structural Equation Modeling	Discrimination, proximal minority stress (Acceptance concerns, Concealment motivation, Difficult process, internalized homophobia), Social anxiety, Body shame, Binge eating, BMI	Everyday Discrimination Scale Lesbian, Gay and Bisexual Identity Scale State Social Anxiety Questionnaire Objectified Body Consciousness Scale - Body Shame subscale Eating Disorder Inventory - Bulimia subscale and Eating Disorder Diagnostic Scale	Correlations All study variables were correlated with body shame and binge eating Direct effects Experiences of discrimination were associated with more proximal minority stress and social anxiety. Proximal minority stress was associated with social anxiety and body shame. Social anxiety was associated with increased with body shame and binge eating. Body shame was associated with binge eating. BMI was associated with body shame and binge eating. Indirect effects Four pathways to binge eating were found. Discrimination was associated with binge eating via proximal minority stress, social anxiety and body shame; minority stress and social anxiety; minority stress and body shame; social anxiety only.	Path from Discrimination to BMI
Velez et al., 2016	304 transgender men, 18 to 53 years old (Mdn = 23)	Structural Equation Modeling	Antitransgender discrimination, transgender congruence, internalization of sociocultural standards of attractiveness, body surveillance, body satisfaction, compulsive exercise	Heterosexist Harassment Rejection and Discrimination Scale Transgender Congruence Scale Sociocultural Attitudes Toward Attractiveness Questionnaire-3 - Internalization general subscale Objectified Body Consciousness Scale - Surveillance subscale Body Parts Satisfaction	Bivariate associations Internalization of Sociocultural Standards of Attractiveness (SSA) was positively correlated to body surveillance and compulsive exercise, negatively correlated to transgender congruence and body satisfaction (small to medium effect sizes) Body surveillance was negatively correlated with body satisfaction and positively related to compulsive exercise (small to medium effect sizes). Antitransgender discrimination was positively related to internalization of SSA, body surveillance, and compulsive exercise, and negatively related to transgender congruence and body satisfaction (small to near-large effect sizes). Transgender congruence was related to body satisfaction and negatively related to body surveillance. Age was positively related to transgender congruence and body satisfaction, negatively related to antitransgender discrimination, internalization of SSA, and body	Bivariate correlations: Transgender congruence, body satisfaction, age and BMI were not correlated to compulsive exercise. Structural equation model: Direct effects: Relations from internalization of SSA to transgender congruence and body satisfaction. Relations from body satisfaction and body surveillance to compulsive exercise.

				Scale for Men Compulsive Exercise Test	surveillance. BMI was negatively related to internalization of SSA, body surveillance and body satisfaction. Structural Equation Model The model, yielding excellent fit to the data, accounted for 8% of variance in internalization of SSA, 31% in transgender congruence, 37% in body surveillance, 49% in body satisfaction, and 15% in compulsive exercise. Direct effects: Internalization of SSA yielded positive relations with body surveillance and compulsive exercise. Antitransgender discrimination yielded negative relations with transgender congruence. Transgender congruence yielded positive relations with body satisfaction and negative relations with body surveillance. Indirect effects: Internalization of SSA yielded negative indirect relations with body satisfaction through body surveillance. Antitransgender discrimination yielded: a positive total indirect relation with body surveillance through transgender congruence as well as a serial pathway through both transgender congruence and surveillance; a positive total indirect relation with compulsive exercise. Transgender congruence yielded a positive indirect relation with body satisfaction through body surveillance.	Relations from antitransgender discrimination to internalization of SSA and body satisfaction. Indirect effects: All other indirect relations from internalization of SSA to body satisfaction. Total indirect relation from internalization of SSA to compulsive exercise. Total indirect relation of body surveillance to compulsive exercise through body satisfaction. All other indirect relations from antitransgender discrimination with body surveillance and body satisfaction. All unique indirect relations from antitransgender discrimination to compulsive exercise. Total indirect relation from transgender congruence to compulsive exercise.
Brewster et al., 2017	326 cisgender sexual minority men aged 18 to 62 years old (82% gay, 11% mostly gay, 2% bisexual, 1% mostly heterosexual, 3% another term)	Path analysis	Internalization of sociocultural standards of appearance (SSA), internalized heterosexism, body surveillance, body dissatisfaction, drive for muscularity, intentions to use anabolic steroids, compulsive exercise	Sociocultural Attitudes toward Appearance Questionnaire - Internalization subscale. Internalized Homophobia scale Objectified Body Consciousness Scale - Body Surveillance subscale. Body Parts Satisfaction Scale for Men Drive for Muscularity Scale Intention to use Anabolic Steroids Compulsive Exercise Test	Bivariate correlations Drive for muscularity, body surveillance, internalized SSA were positively correlated with intent to use AAS and compulsive exercise (r = small to medium). Internalized SSA were positively correlated with internalized heterosexism, drive for muscularity, body dissatisfaction and body surveillance (r = small to medium). Internalized heterosexism was correlated with body dissatisfaction and drive for muscularity (r = small). Body surveillance was correlated with drive for muscularity and body dissatisfaction (r = small to medium). Path analysis The model provided adequate fit to the data, although the CFI only approximated the .90 cutoff. The model explained 29% of the variance in body surveillance, 14% in body dissatisfaction, 17% in drive for muscularity, 17% of in intent to use AAS, and 4% in compulsive exercise. Direct effects: Internalization of SSA was positively correlated with drive for muscularity and body surveillance. Drive for muscularity was linked to use of AAS and compulsive exercise. Internalized heterosexism was linked to internalization of SSA and body dissatisfaction. Indirect effects: Internalization of SSA yielded an indirect link to use of AAS through drive for muscularity.	Bivariate correlations: Internalized heterosexism had no correlations with body surveillance, intent to use AAS or compulsive exercise. Body dissatisfaction had no correlation with intent to use AAS. Intent to use AAS had no correlation with compulsive exercise. Path analysis Direct effects The link between internalized SSA and body dissatisfaction approached significance. Body surveillance and body dissatisfaction were not correlated with drive for muscularity. Indirect effects: No other indirect effects were significant.

Tabaac et al., 2018	78 transgender or non-binary/gender-nonconforming people (mean age 29.5)	Bivariate correlations, linear regressions, mediational path model	Heterosexist discrimination, anxiety, depression, self-esteem, life satisfaction, body appreciation	Heterosexist Harassment, Rejection and Discrimination Scale - modified to refer to participants as "LGBTQ individuals" Hopkins Symptom Checklist 25 Rosenberg Self-Esteem Satisfaction with Life Scale Body Appreciation Scale	Correlational analyses Body appreciation was negatively associated with experiences of harassment/rejection, anxiety and depression, and positively associated with self-esteem and life satisfaction. Work/school and other discriminations were positively associated with anxiety. Linear regressions Harassment/Rejection, Work/School and Other discrimination as predictors explained 10.4% of the variance in body appreciation. Harassment/Rejection was inversely associated with body appreciation. Life satisfaction, anxiety, self-esteem and depression as predictors explained 60.7% of the variance in body appreciation. Self-esteem and life satisfaction were positively associated with body appreciation. Mediational model Direct effects: In nonsaturated model, paths from harassment/rejection to self-esteem and from self-esteem to body appreciation were significant. The same was true of paths involving life satisfaction as mediator. Indirect effects: Total effect of harassment/rejection on body appreciation through self-esteem and satisfaction with life was significant, suggesting full mediation.	Correlational analyses Body appreciation was not associated with work/school or other discrimination Work/school and other discrimination were not associated with depression, self-esteem or life satisfaction Linear regressions Work/School and other discrimination did not predict body appreciation. Anxiety and depression did not predict body appreciation. Mediational model Direct effects: In saturated model, path from harassment/rejection to body appreciation was nonsignificant
Brewster et al., 2019	205 transgender women aged 18-68 years old (mean 31.22) from the United States. Approximately 21% identified as exclusively lesbian, 21% as bisexual, 14% as mostly lesbian, 13% as pansexual, 9% as heterosexual, 8% as some other sexual orientation (e.g., demisexual, asexual), 7% as queer, and 7% as mostly heterosexual.	Structural Equation Modeling	Antitransgender discrimination, sexual objectification experiences, internalization of SSA, body surveillance, body dissatisfaction, disordered eating	Heterosexist Harassment, Rejection and Discrimination Scale - modified for use with transgender people Interpersonal Sexual Objectification Scale Sociocultural Attitudes Toward Attractiveness Questionnaire-3 - Internalization subscale Objectified Body Consciousness Scale - Body surveillance subscale Body Image Ideals Questionnaire Eating Attitudes Test-26	Structural Equation Modeling The measurement and structural models both yielded acceptable fit to the data. The hypothesized structural model accounted for 12% of the variance in internalization, 14% in body surveillance, 32% in body dissatisfaction, and 71% in disordered eating. Latent variables' correlations Dehumanization yielded small to large correlations with body surveillance, body dissatisfaction. Body surveillance yielded a large positive correlation with body dissatisfaction. Body satisfaction yielded a large positive correlation with disordered eating. Age yielded small to medium negative correlations with dehumanization, body surveillance and body dissatisfaction. Structural model Direct effects: Dehumanization yielded positive unique relations with internalization and disordered eating. Internalization yielded positive unique relations with body surveillance, body dissatisfaction and disordered eating. Contrary to expectations, body surveillance had a negative unique relation with disordered eating. Indirect effects: Dehumanization yielded a positive total relation with disordered eating through internalization, internalization and body surveillance (negative relation, contrary to expectations), and internalization and body dissatisfaction. Dehumanization yielded a positive indirect relation to body dissatisfaction through internalization. Internalization yielded a total positive indirect relation with disordered eating, primarily through body dissatisfaction. Contrary to expectation, internalization yielded a negative indirect relation with disordered eating through body surveillance.	Structural Equation Model Latent variables' correlations Body surveillance had no significant correlation with dehumanization or disordered eating. Age had no significant correlation with internalization and disordered eating. BMI did not yield significant correlations with any variable. Structural model Direct effects: Body surveillance yielded a marginally significant ($p=.05$) unique relation with body dissatisfaction. Relations from dehumanization to body surveillance and body dissatisfaction were nonsignificant. Indirect effects: Total indirect relation from dehumanization to body dissatisfaction was nonsignificant. Indirect relation from internalization to body dissatisfaction was nonsignificant. Indirect relation from body surveillance to disordered eating through body dissatisfaction was nonsignificant.

Oshana et al., 2020	268 sexual minority (self-identified) adolescents and adult men aged 14-35 (mean=24.59)	Bivariate correlations, logistic regression model, multiple linear regression model	body dysmorphic disorder symptoms, gay-related rejection sensitivity, heterosexual harassment, rejection and discrimination, internalized homophobia, sexual orientation concealment	Dysmorphic Concerns Questionnaire Gay-Related Rejection Sensitivity Scale Heterosexual Harassment, Rejection, and Discrimination Scale Internalized Homophobia Scale Sexual Orientation Concealment Scale	Prevalence Results indicated a possible body dysmorphic disorder (BDD) occurrence rate of 49.3 % among sexual minority adolescents and adult men Bivariate correlations All minority stressors were positively associated with BDD symptoms and a positive BDD screen. Logistic regression model (BDD screen) Controlling for sexual identity, age, ethnicity, race and all other sexual minority stress variables, sexual orientation concealment and gay-related rejection sensitivity were positively associated with a higher probability of a BDD positive screen. Multiple linear regression model (BDD symptoms) Controlling for age, ethnicity, race, sexual identity and all other minority stress variables, a higher gay-related rejection sensitivity and sexual orientation concealment were associated with greater BDD symptoms.	Logistic regression model (BDD screen) Sexual identity, age, ethnicity and race were not associated with a positive screen for BDD. Internalized homophobia as well as heterosexual harassment, rejection and discrimination were not associated with a higher probability of a BDD positive screen. Multiple linear regression model (BDD symptoms) Age, ethnicity, sexual identity and race were not associated with BDD symptoms. Internalized homophobia as well as heterosexual harassment, rejection and discrimination were not associated with BDD symptoms.
Conver-tino et al., 2021	962 sexual minority people (483 women, 479 men, 34.9% gay/lesbian, 58.6% bisexual, 2.1% asexual, 4.4% other) aged 18-30 years (mean=23.7) from the United States	Bivariate correlations, logistic regression model	eating disorders, body dysmorphia, appearance- and performance- enhancing drugs use, internalized homophobia, sexual orientation concealment, heterosexual discrimination, community involvement	Eating Disorder Examination Questionnaire 6.0 Dysmorphic Concerns Questionnaire Three items for drug misuse adapted from the Growing Up Today Study Internalized Homophobia Scale Revised Sexual Orientation Concealment Scale Heterosexual Harassment, Rejection, and Discrimination Scale Six items for behavioral community involvement adapted from the Social Justice Sexuality Project	Bivariate correlations Internalized homophobia, sexual orientation concealment, heterosexual discrimination, community involvement, drug misuse, positively screening for an ED and for BDD were all positively related. Age was negatively associated with a positive BDD screen and sexual identity. There were negative associations between race and heterosexual discrimination, as well as positive body dysmorphic screen; ethnicity was positively associated with internalized homophobia, heterosexual discrimination, community involvement, positive ED as well as BDD screen and drug misuse. Logistic regression model Higher internalized homophobia, sexual orientation concealment, heterosexual discrimination and community involvement were all positively associated with higher odds of eating pathology, dysmorphic concerns, and drug misuse.	Bivariate correlations Save for age, sexual identity had no significant relations with any of the other variables. Logistic regression model Considering eating pathology, dysmorphic concerns, and drug misuse, there were no significant interactions between internalized homophobia, sexual orientation concealment, heterosexual discrimination and community involvement.
Conver-tino et al., 2021	962 sexual minority people (483 women, 479 men, 34.9% gay/lesbian, 58.6% bisexual, 2.1% asexual, 4.4% other) aged 18-30 years (mean=23.7) from the United States	Structural Equation Modeling	thin-ideal internalization, muscular-ideal internalization, thinness-based dissatisfaction, muscularity-based dissatisfaction, heterosexual discrimination, sexual orientation concealment,	Sociocultural Attitudes Towards Appearance Questionnaire 4-Revised Eating Disorder Examination Questionnaire 6.0 gender invariant version Drive for Muscularity Scale Internalized Homophobia Scale-Revised Heterosexual Harassment, Rejection, and Discrimination Scale	Structural Equation Model (Men) The structural model provided acceptable fit to the data, and explained 58.4% in muscle-building behaviors and 61.7% of the variance in dietary restraint. The path from the interaction of community involvement and heterosexual discrimination to internalized homophobia was significant. The effect of heterosexual discrimination on internalized homophobia was highest among men with community involvement 1 standard deviation (SD) above the mean. Structural Equation Model (Women) The structural model for sexual minority women yielded an acceptable fit and explained 75.6% of the variance in muscle-building behaviors and 48.9% of the variance in dietary restraint. Several paths emerged as significant among interaction effects: Interaction between community involvement and pressures to muscular-ideal	Structural Equation Model (Men) The association between heterosexual discrimination was no longer significantly associated with internalized homophobia among men with community involvement 1 SD below the mean. All other paths were nonsignificant. Structural Equation Model (Women)

			internalized homophobia, dietary restraint, muscle building behavior	Sexual Orientation Concealment Scale 6 items for community involvement adapted from the Social Justice Sexuality Project	internalization. Interaction of community involvement and heterosexist discrimination to internalized homophobia. Interaction of community involvement and heterosexist discrimination to sexual orientation concealment. Interaction of community involvement and muscularity-based dissatisfaction to muscularity behaviors. The effect of muscular-ideal internalization was the highest among women with community involvement 1 SD above the mean, and it was not as high in women 1 SD below the mean. The effect of heterosexist discrimination on sexual orientation concealment was higher in women with community involvement 1 SD above the mean, and it was not as high 1 SD below the mean. In women with community involvement 1 SD above the mean, the effect of muscularity-based dissatisfaction on muscularity behaviors was strongest, and the same effect was not as high 1 SD below the mean.	All other paths were nonsignificant.
Jhe et al., 2021	498 adults aged 18 to 64 years (mean = 28.50). Sexual orientations were bisexual (74,8%), queer (16,5%), pansexual (3,4%), or other (5,2%, signaling attraction to multiple genders).	Regression analyses	BMI, heterosexual minority stress, anti-bisexual minority stress, emotional eating, body esteem, identity centrality and affirmation, connectedness to the bisexual community	Motivations to Eat Scale - Coping subscale Anti-Bisexual Experiences Scale Heterosexist Harassment, Rejection, and Discrimination Scale Harassment and Rejection subscales State Self-Esteem Scale - Appearance Self-Esteem subscale Lesbian, Gay, and Bisexual Identity Scale - Identity Centrality and Identity Affirmation subscales Ad-hoc item for connectedness to bisexual community	Regression Analyses: While accounting for sociodemographic variables, BMI, and heterosexist minority stress, anti-bisexual minority stress across all models was associated with more emotional eating and lower body esteem.	Regression analyses Analyses testing the two-way moderating interactions were not significant.
Klemmer et al., 2021	233 trans women over 18 years of age from San Francisco, California	Bivariate correlations; regression analyses; mediation analysis	Transphobia-based violence, body satisfaction, anxiety, depression	Ad-hoc questions for each variable	Mediation analysis Transphobia-based violence was associated with reports of depression and anxiety controlling for racial identity, lifetime hormone use, and gender confirmation surgeries. Transphobia-based violence was also associated with the degree of body satisfaction. Body satisfaction was associated with reports of depression diagnosis and anxiety diagnosis. Significant indirect and total effects existed from transphobia-based violence to depression and anxiety through degree of body satisfaction. 31.7% of the total effect of transphobia-based violence on depression was mediated by body satisfaction, whereas 53.3% of the total effect of transphobia-based violence on anxiety was mediated by body satisfaction.	Mediation analysis Direct effect of transphobia-based victimization on anxiety and depression was not significant
Uniacke et al., 2021	287 transgender and gender nonbinary people	Hierarchical multivariable	transgender congruence, receipt of gender-affirming care,	Eating Disorder Examination - weight concern and restraint subscales Transgender Congruence	Prevalence 53.3% of participants reported a lifetime history of more than one disordered eating behavior. The most prevalent lifetime and current behavior reported was Loss-Of-Control (LOC) eating (34.1% of individuals reported more than one episode during	Prevalence Differences between groups: The groups did not otherwise differ in the presence or frequency

		logistic regression	minority stress, disordered eating symptoms	Scale Everyday Discrimination Scale Stigma Consciousness Questionnaire Transgender Identity Survey Brief Symptom Inventory	the previous month, 14.9% reported more than four episodes). 3.8% of participants reported use of laxatives, diuretics, or other medications to control shape or weight during the previous month, and 2.8% reported the same on more than four occasions. 3.5% of participants reported self-induced vomiting in the previous month and 1.7% had induced vomiting more than four times. Finally, 7.3% of participants reported compulsive exercise during the previous month and 3.5% endorsed more than four episodes of the same. 56.4% of participants reported overvaluation of weight in the previous year, and 18.8% reported beliefs that they were fat despite other people reporting they were too thin. 60.6% of participants reported shape and weight concerns that were linked to eating behavior, and reported attempts to reduce their intake to affect their shape or weight during the previous year. Predictors of eating-related psychopathology Three statistical models were analyzed. In Model A, anxiety was associated with a higher chance of eating-related psychopathology. In Model B, higher transgender congruence was associated with a lower chance of eating-related psychopathology – participants who reported more congruence between their gender identity and external appearance had a lower chance to report eating-related symptoms. Additionally, individuals who reported receiving gender-affirming psychotherapy during the previous year had a higher chance to report eating-related symptoms. In Model C, gender-affirming psychotherapy in the previous year and increased internalized transphobia were associated with a higher chance of reporting eating-related psychopathology.	of disordered eating symptoms. Predictors of eating-related psychopathology In model B, neither prior gender-affirming surgery nor hormone therapy during the past year were associated with current eating-related psychopathology. Differences between groups: Bivariate comparison of clinical characteristics, including age, BMI, sex assigned at birth, race/ethnicity, receipt of past-year gender-affirming medical or psychotherapeutic care, and factors related to identity development and minority stress, did not significantly differ between individuals with and without persistent symptoms at follow-up.
Barnhart et al., 2022	1051 self-identified sexual minority people. 519 men (469 gay men and 50 bisexual men, 532 women (317 lesbian women and 215 bisexual women). Aged 18 to 49 years old.	Structural Equation Modeling	sexual orientation, appearance pressures, thinness-ideal internalization, muscularity-ideal internalization, drive for muscularity, body image comparisons, disordered eating, internalized homophobia, sexual orientation concealment, bmi, age	Sociocultural Attitudes Towards Appearance Questionnaire 4-Revised Drive for Muscularity Scale Female Muscularity Scale Upward Physical Appearance Comparison Scale and Downward Appearance Comparison Scale Eating Disorder Examination Questionnaire-Short Revised Internalized Homophobia Scale Self-Concealment Scale	Structural Equation Modeling Sexual minority men: A structural model and a revision of the same model were analyzed. The revised one showed an acceptable fit. The revised model explained 80.4% of the variance in drive for muscularity and 58.9% of the variance in thinness-oriented disordered eating. The largest direct effects on following variables were presented by appearance pressures. Downward body image comparison was associated with thinness-oriented disordered eating and drive for muscularity. Sexual orientation concealment was negatively associated with thinness-oriented disordered eating and drive for muscularity, suggesting the existence of suppression effects. Internalized homophobia was positively associated with thinness oriented disordered eating. Sexual minority women: Acceptable model fit. The model explained 54.0% of the variance in thinness-oriented disordered eating and 73.1% of the variance in drive for muscularity. The largest direct effects on following variables were presented by appearance pressures. Thinness-ideal internalization was associated with upward body image comparisons. Downward body image comparisons were associated with thinness oriented disordered eating. Upward body image comparisons were associated with drive for muscularity.	Sexual minority men: Upwards body comparison were not related to drive for muscularity and thinness-oriented disordered eating. Sexual minority women: Thinness-ideal internalization was not associated with downward body image comparisons. Muscularity-ideal internalization was not associated with upward or downward body image comparisons. Upwards body image comparison were not related to thinness-oriented disordered eating. Downward body image comparisons were not associated with drive for muscularity. Sexual orientation concealment and internalized homophobia were not significantly associated with thinness-oriented disordered eating or drive for muscularity.
Muratore et al., 2022	93 self-identified Transgender and Gender-Expansive adults over 18 years	Multiple Regression analyses	tripartite influence model factors (family, media,	Gender Minority Stress and Resilience Measure Sociocultural Attitudes Towards Appearance	Correlation coefficients Minority stress factors were moderately, positively correlated with the Tripartite Influence Model factors. Minority stress factors were moderately, positively correlated with body	Correlation coefficients No significant association was found between body dissatisfaction and disordered eating.

	old (43 women, 31 men, 7 nonbinary)		appearance influences), gender minority stressors, appearance comparison, body ideal internalization, discrimination, victimization, rejection, non-affirmation, internalized transphobia, negative expectations, concealment, community connectedness	Questionnaire—4 Perceived Sociocultural Pressures Scale Physical Appearance Comparison Scale Body-Image Ideals Questionnaire Eating Attitudes Test Drive for Muscularity Scale	dissatisfaction and disordered eating. Community connectedness was moderately, negatively correlated with some Tripartite Influence Model factors and disordered eating. Pride was moderately connected with Tripartite Influence Model factors and disordered eating. Tripartite Influence Model factors were strongly positively correlated with disordered eating. Test of Hypothesis 1 Minority stress factors accounted for 33% of the variance in body dissatisfaction, 59% in thinness-oriented and 42% of muscularity-oriented disordered eating. Test of Hypothesis 2 Muscularity-oriented factors explained 21% of the variance in body dissatisfaction and 65% of the observed variance in muscularity-oriented disordered eating. Thinness-oriented factors explained 58% of the observed variance in disordered eating. Test of Hypothesis 3 Adding gender minority stress factors to tripartite influence factors explained significant unique variance in body dissatisfaction in the thinness-oriented and muscularity-oriented models. Thinness-oriented models explained 38% of body dissatisfaction and 70% of thinness-oriented eating. Muscularity-oriented models explained 47% of body dissatisfaction and muscularity-oriented disordered eating.	Age was not associated with any study outcome. Test of Hypothesis 2 Overall relationship between thinness-oriented factors and body dissatisfaction was not significant Test of Hypothesis 3 Adding gender minority stress factors to tripartite influence factors did not explain the significant amounts of added variance in two disordered eating models and two body dissatisfaction models.
Schmidt et al., 2022	216 men (112 gay men and 104 heterosexual men)	Chi-squared tests, t-tests, Spearman's correlation coefficient	body image, disordered eating, discrimination, identification and involvement with the gay community	Body Appreciation Scale-2 Bodybuilder Image Grid-Original Body Image Coping Strategies Inventory Body Image Disturbance Questionnaire Dysmorphic Concern Questionnaire Drive for Leanness Scale Drive for Muscularity Scale Drive for Thinness Scale Eating Disorder Examination-Questionnaire Gender-Neutral Body Checking Questionnaire Identification and Involvement with the Gay Community Scale Everyday Discrimination Scale	Prevalence Gay men showed significantly higher scores in terms of drive for thinness, appearance fixing and general body image disturbance compared to heterosexual men. Gay men scored significantly higher than heterosexual men in terms of total eating disorder pathology, as well as weight, shape and dysmorphic concerns scales. Correlations Everyday discrimination of gay men was positively correlated with body avoidance, general body image disturbance, total eating disorder pathology, weight, shape and dysmorphic concerns.	Prevalence There were no significant differences between gay men and heterosexual men in terms of drive for leanness, body avoidance and body checking. There were no differences between gay men and heterosexual men regarding restraint eating and eating concern. There was no difference between gay men and heterosexual men regarding the frequency of everyday discrimination experiences. Correlations There was no relationship between involvement with the gay community and body image, eating disorder or body dysmorphic disorder factors. All other relationships were non-significant.
Mahon et al., 2023	8435 young adults aged 18-25 (29,4% men, 70,5% women; 75,4% heterosexual, 11% bisexual, 5,2% questioning, 3%	Analysis of covariance, Pearson and Spearman correlations,	minority stress, body esteem, body dissatisfaction, muscle building, weight loss, physical	Ad-hoc items for body dissatisfaction, muscle building, weight loss, physical activity, minority stress Body Esteem Scale for Adolescents and Adults	Body image Heterosexual men showed higher levels of body esteem compared to gay, bisexual and questioning men. Sexual minority men showed higher body dissatisfaction compared to heterosexual men. Bisexual women exhibited lower levels of body esteem and higher body dissatisfaction compared to heterosexual women. Pansexual women had lower levels of body	Body image No differences in body esteem were found across sexual minority men and between lesbian,

	gay, 1,9% lesbian, 1,4% pansexual)	multiple regressions	activity, social support, resilience	Multidimensional Scale of Perceived Social Support Brief Resilience Scale	satisfaction. Body change behaviors Bisexual men were more likely to report weight loss attempts or weight gain avoidance. Bisexual and gay men were more likely to report restricted food intake aimed at weight loss. Risk factors Bisexual men had a higher likelihood of being bullied; gay and bisexual men were more likely to have experienced identity-based discrimination. Bisexual and pansexual women had a higher likelihood of being bullied; lesbian and pansexual women were more likely to have experienced discrimination. Protective factors Heterosexual men were more likely to report higher levels of social support compared to bisexual and questioning men. Heterosexual women reported higher resilience than lesbian, bisexual and pansexual women. Predictors of body esteem In gay men, resilience, social support and comfort with one's own sexuality were associated with body esteem. In bisexual men, food intake reduction aimed at weight loss and steroid/supplement use were negatively associated with body esteem. Regular gym attendance and resilience were positively associated with body esteem. In lesbian women, bullying was negatively associated with body esteem. In bisexual women, muscle building attempts, comfort with one's own sexuality, resilience and social support were positively associated with body esteem. Weight loss attempts and steroid/supplement use were negatively associated with body esteem. In pansexual women, resilience was positively associated with body esteem.	questioning and heterosexual women. Body change behaviors In men, no effects were found for use of supplements/steroids for weight loss, muscle gain, exercise to lose weight. In women, no effects were found for muscle building attempts, muscle building strategies, weight loss attempts, exercise/supplements aimed at weight loss were observed. Protective factors No differences between sexual orientation categories were found in resilience levels. Predictors of body esteem All other associations were non-significant.
Huang, 2023	405 gay (86.8%) or bisexual (13.2%) men over 18 years old (mean=28.54) from Taiwan	Bivariate correlations, multivariate analyses	BMI, body dissatisfaction, minority stress, romantic relationship satisfaction, parent-adult child relationship	Sexual Minority Stressor Scale Gay and Lesbian Relationship Satisfaction Scale Family Relationship Scale developed single-item ad-hoc question for body dissatisfaction	Bivariate correlations Body dissatisfaction was positively correlated with BMI and sexual minority stress and negatively associated with relationship satisfaction and parent-child relationship. Multivariate analyses The model accounted for 14.2% of the variation in body dissatisfaction. Specifically, body dissatisfaction was greater among those with a higher BMI, greater sexual minority stress, lower relationship satisfaction, and poorer parent-child relationship.	Relationship satisfaction did not moderate the negative effects of sexual minority stress on body dissatisfaction
Paul, 2023	292 plurisexual (i.e., bisexual: 49,3%; pansexual: 19,2%; asexual: 2,4%; queer: 24%; fluid: 1,4%; other: 3,8%) women of color aged between 18 and 49 (mean=27.08)	Mediation analysis	Internalized racism, internalized biphobia, body surveillance, body satisfaction	Appropriated Racial Oppression Scale Lesbian Internalized Homophobia Scale - Short form Objectified Body Consciousness Scale - abbreviated Body Surveillance subscale Multidimensional Body-Self Relations Questionnaire Appearance Scales - Body Areas Satisfaction Scale	Internalized Racism was directly and indirectly (through Body Surveillance) related negatively to Body Satisfaction, with a total mediation effect of 29%; variables in the model accounted for more than one-sixth of the variance in Body Satisfaction. Internalized Biphobia was directly and indirectly (through Body Surveillance) related negatively to Body Satisfaction, with a total mediation effect of 40%; variables in the model accounted for about one-sixth of the variance in Body Satisfaction. Differences between groups: Significant differences in mean scores of Internalized Biphobia were found between plurisexual participants who self-identified as bisexual and plurisexual participants who self-identified as queer, with bisexual people having higher scores.	In the attempt of an alternative model, no differences were found when using gender identity as the independent variable and the other main variables as dependent variables.

Polihronakis et al., 2023	325 bisexual women (78% bisexual, 7% other sexual orientation, 6% queer, 2% mostly lesbian or mostly heterosexual; 84% cisgender; 6% genderqueer; 2% transgender) aged 18-59 (mean=23.98)	Structural Equation Modeling	Anti-bisexual discrimination, sexual objectification, internalization, body surveillance, body shame, appearance anxiety during sexual activity, sexual risk behaviors	Interpersonal Sexual Objectification Scale Anti-Bisexual Experiences Scale Objectified Body Consciousness Scale - Body Surveillance subscale Objectified Body Consciousness Scale - Body Shame subscale Body Exposure during Sexual Activities Questionnaire Sexual Risk Survey	Direct effects: Both internalization and body surveillance yielded unique positive relations with body shame, and body shame was directly positively linked with appearance anxiety during sexual activity Indirect effects: Marginalization showed a positive total indirect relation with body surveillance through the mediating role of internalization, as well as body shame. This was driven via the path through internalization, and a serial path through internalization and body surveillance. Marginalization showed a positive total indirect link with appearance anxiety during sexual activity, driven by serial paths through internalization and body shame and through internalization, body surveillance, and body shame. Body surveillance mediated the positive indirect relation of internalization with body shame and body shame mediated the positive indirect relation of body surveillance with appearance anxiety during sexual activity. Last, internalization yielded significant unique positive indirect relations with appearance anxiety during sexual activity through the mediating role of body shame and the serial path including body surveillance and body shame. Some other indirect relations were opposite to the predicted outcomes. Internalization and body surveillance did yield total indirect links with sexual risk behaviors, but they were negative (as opposed to an anticipated positive link).	No other unique indirect relations of marginalization with appearance anxiety during sexual activity were found to be significant. The same was true regarding indirect associations of body shame with sexual risk behaviors via the mediating role of appearance anxiety during sexual activity.
Simone et al., 2023	105 queer women (40,4% lesbian, 25% bisexual, 10,5% pansexual, 15,4% queer, 3,8% asexual; mean age 23,6 years)	Reflexive thematic analysis	race, gender identity, sexual orientation, disordered eating, weight perception, weight control, body image ideal	Eating disorder Examination-Questionnaire Open-ended questions regarding weight perception, weight control and body image ideals	Prevalence 69,5% of participants scored above the clinical cut-off score for global eating disorder symptomatology, 57,6% scored above the cut-off for eating restraint, 57% on eating concern, 81% on shape concern. 44,2% of participants reported that gender identity influenced their weight concerns; 39,4% reported the same for weight control behaviours. 39,4% of participants reported that their sexual orientation influenced their weight concern, 37,5% reported the same for weight control behaviors, 32,7% reported the same for body image ideals. Thematic analysis Analysis of the open-ended questions resulted in 9 emerging themes. Among these, several recounted the influence of sexual orientation and gender identity on body image and disordered eating. One emerging theme highlighted participants' experiences of trying to move towards idealised body images to compensate for aspects of identity (queerness, weight) linked to systems of oppression. One participant in particular recounts fear of rejection due to queerness status. Another theme is the entwinement of gender identity with weight status, connecting femininity and low body weight. Another is the use of weight as 'queer signaling', describing participants' need to attain specific and restrictive body shapes. Queer community is described as body positive. Queer-specific body ideals and norms are described as restrictive depending on specific sub-cultural ideals (e.g. masculine, feminine, androgynous ideals; butch, dyke, small ideals)	N/A
Hong et al., 2023	200 transgender people aged 18-39 (30% men, 57,5% women, 6%	bivariate correlations, regression	transgender identity, internalized cisgenderism, body	"Revised Internalized Homophobia modified for transgender populations Objectified Body	Bivariate correlations Age was negatively associated with body surveillance, body shame, suicidal ideation, and suicide attempts (all effect sizes small). BMI was associated with disordered eating (small effect size).	Path analysis Path from internalized cisgenderism to body surveillance.

	genderqueer, 1,5% gender non-conforming, 1% gender-fluid, 3,5% non-binary)	analyses, path analysis	surveillance, body shame, psychological distress, disordered eating, non-suicidal self injury, suicidal ideation and suicide attempts	Consciousness Scale Short Kessler Psychological Distress Scale Eating Disorder Examination Questionnaire - Short form Non-suicidal self-injury scale	Internalized cisgenderism yielded associations with body shame (medium effect), psychological distress (medium effect), disordered eating (medium effect), NSSI (small effect), suicidal ideation (small effect), and suicide attempts (small effect). Body surveillance had associations with body shame (medium effect), psychological distress (medium effect), disordered eating (small effect), and suicidal ideation (small effect). Body shame was associated with psychological distress (medium effect), disordered eating (large effect), NSSI (small effect), suicidal ideation (small effect), and suicide attempts (small effect). Regression analyses Internalized cisgenderism was associated with higher body shame, psychological distress, disordered eating, NSSI, and suicidal ideation. Higher body surveillance was associated with body shame and psychological distress; higher body shame was associated with psychological distress, disordered eating, NSSI, and more suicide attempts. Path analysis Body shame had significant indirect effects with body surveillance, disordered eating, NSSI, suicide attempts. Body surveillance, in turn, was associated with psychological distress, disordered eating, NSSI and suicide attempts. Internalized cisgenderism was associated with higher body shame, which, in turn, was associated with psychological distress, disordered eating, NSSI and suicide attempts.	
Soulliard et al., 2023	Study 1: 502 gay (76,9%) and bisexual (23,1%) men aged 18-84 (mean=54,29) Study 2: 424 gay (73,7%) and bisexual (21,1%) men aged 18-35 (mean 26,52; wave 2 of the same sample)	bivariate associations, hierarchical regression	male body attitudes, gay community stress, sexual-orientation-related rejection sensitivity, internalized stigma, identity concealment, sexual-orientation-based interpersonal discrimination	"Male Body Attitudes Scale Gay Community Stress Scale Sexual Orientation-Related Rejection Sensitivity Scale Internalized Homophobia Scale Bisexual Identity Inventory - Internalized Binegativity Subscale Sexual Orientation Concealment Scale Everyday Discrimination Scale	Study 1 Bivariate associations: Age was negatively associated with body dissatisfaction, gay-community stress, rejection sensitivity, and internalized stigma. Body dissatisfaction was associated with gay-community stress, rejection sensitivity and internalized stigma. Hierarchical regression: Demographic and minority stress variables accounted for 12% of the variance in body dissatisfaction. The addition of minority stress variables yielded a significant change from step 1. Adding gay-community stress to the model, it accounted for 13% of the variance. Gay-community stress, rejection sensitivity and internalized stigma predicted body dissatisfaction (small to medium effect sizes). Differences between groups: Bisexual participants reported higher identity concealment compared with gay participants. Single participants reported higher gay-community stress and concealment compared with participants in a relationship. Study 2 Bivariate associations: Age was negatively associated with gay community stress. Hierarchical regression: Demographic and minority stress variables accounted for 27% of the variance in body dissatisfaction. The addition of minority stress variables yielded a significant change from step 1.	Study 1 Bivariate correlations: No relationship between body dissatisfaction and identity concealment or discrimination. Differences between groups: No differences in any study variable were found for race/ethnicity and education. Study 2 Differences between groups: No differences were found in any study variables for income (except for body dissatisfaction), education, relationship status (except for gay community stress).

					Adding gay-community stress to the model, it accounted for 32% of the variance, and predicted body dissatisfaction. Differences between groups: Bisexual participants reported higher internalized stigma and identity concealment compared with gay/queer participants. Racial/ethnic-minority participants reported higher gay-community stress compared with White/non-Hispanic/Latinx participants.	
Askew et al., 2024	942 sexual minority cisgender men and women (men 49,8%, women 50,2%); gay/lesbian 35,7%, bisexual 59,9%, other 4,5%) aged between 18-30 (mean=23,67).	bivariate correlations, linear regression models	structural sexual minority stigma, structural racism, appearance and/or performance drug misuse (APED), eating pathology, dysmorphic concerns	Racial Equity Index Sexual Orientation State Policy Tally Eating Disorder Examination Questionnaire Dysmorphic Concerns Questionnaire Items adapted from the Growing Up Today Study for APED	Prevalence Average levels of eating pathology, dysmorphic concerns and APED misuse are higher in this sample than expected in the general population. Bivariate correlations Structural sexual minority stigma and structural racism were associated with APED misuse scores. Linear regression models Gender and hispanic/latinx ethnicity were associated with eating pathology. Black ethnicity was negatively associated with eating pathology. Age and black ethnicity were negatively associated with dysmorphic concerns. Hispanic/Latinx ethnicity was associated with dysmorphic concerns. A significant interaction effect was found between structural racism and participant race/ethnicity regarding APED misuse among Hispanic/Latinx participants. Differences between groups Compared to women, men displayed lower levels of eating pathology. Compared to White participants, Black participants reported lower levels of eating pathology, while Hispanic/Latinx individuals reported higher rates of eating pathology. Black and Asian participants reported lower levels of dysmorphic concerns compared with White participants. Hispanic/Latinx participants reported higher levels of dysmorphic concern compared to White participants. Compared to men, women reported higher levels of APED misuse. Hispanic/Latinx participants reported higher APED misuse compared to White participants.	Bivariate correlations Structural sexual minority stigma scores were unrelated to eating pathology scores and dysmorphic concerns scores. Linear regression models There was no significant main effect of structural sexual minority stigma or structural racism on eating pathology, dysmorphic concerns or APED misuse, and no significant interaction between structural racism and participant race/ethnicity either.