

# EATING DISORDERS IN CHILDREN



## WHAT ARE EATING DISORDERS?

Eating disorders are serious and complex, mental, and physical illnesses that affect an estimated 1 million Australians each year. Eating disorders are not a lifestyle choice, they are not something a person will grow out of, nor are they something a person does for attention. Eating disorders can affect people of all genders, backgrounds, cultures, of all ages and in all body shapes and sizes.

There are several different eating disorders that develop due to a range of social, psychological, and biological reasons. They are not caused by a particular parenting style. You cannot 'catch' or 'give' someone an eating disorder.

There are a range of risk factors and a number of psychological, physical, and behavioural warning signs; many of these are not visible. Eating disorders often present alongside other illnesses; depression, anxiety, addictions, type-1 diabetes, and more is being understood about eating disorders and Autism Spectrum Disorders. These are called co-morbidities.

In children, anxiety disorders often are associated with the development of eating disorders. In adolescents, body dissatisfaction is considered a significant risk factor, but this is not always a factor in children with eating disorders.

**NOTE:** Butterfly Body Bright aims to build protective factors in children and works to reduce the risk of more serious body image and eating issues from developing in adolescence.

Preventing eating disorders is complex and multi-faceted. Butterfly Body Bright does not claim to prevent the development of eating disorders. It has been developed to do no harm as a mental health promotion program designed for primary schools.

## PREVALENCE AND AGE OF ONSET

Recent data for eating disorders in children under 12 in Australia are somewhat limited. However, there is evidence of eating disorders developing in children as young as 5 years old.

While eating disorders can affect anyone at any age, they remain more prevalent among adolescents and young people, with the average age of onset for eating disorders being between 12 and 25 years.

There is also a higher prevalence among people who identify as female, however, eating disorders are increasingly being reported in people who identify as male and other gender groups.

## How do eating disorders affect children?

- Impact mood, behaviour, and energy levels
- Impact physical growth and development
- Reduce ability to concentrate and focus
- Impair performance (sports/activities and academic)
- Effect cognitive function and learning potential
- Cause nutritional deficiency and immune system impairment
- Cause serious and life-threatening physical complications
- Increase perfectionism/obsession with academic results and other activities
- Impacts relationships and friendships (with family, friends, and peers)
- Increase absenteeism due to treatment requirements and/or school refusal
- Developmental milestones affected, such as onset of puberty.

## TYPES OF EATING DISORDERS THAT ARE MORE COMMON IN CHILDREN.

### Avoidant Restrictive Food Intake Disorder (ARFID)

Avoidant/restrictive food intake disorder is an eating or feeding disturbance and is characterized by a persistent failure to meet appropriate nutritional and/or energy needs. It is more common in children than adults. People with ARFID often refuse to eat, have a fear of choking, vomiting, eat slowly if at all and can struggle with the textures, tastes, and smells of food. It is well beyond fussy eating and often co-occurs with other diagnoses, such as anxiety disorders or obsessive-compulsive disorder. It requires professional diagnosis and treatment.

For more information visit:

[www.raisingchildren.net.au/guides/a-z-health-reference/avoidant-restrictive-food-intake-disorder-arfid](http://www.raisingchildren.net.au/guides/a-z-health-reference/avoidant-restrictive-food-intake-disorder-arfid)

### Anorexia Nervosa

Anorexia Nervosa is characterised as an excessive fear of gaining weight, restricted energy intake and low weight.

There are a number of warning signs and behavioural changes that may be present and are complex in how it develops, which include a number of Biological, Psychological and Socio-cultural factors. Anorexia can be diagnosed in all genders but is more prevalent in those who identify as female, between the age of 12-25, but has been reported as young as 8.

### Atypical Anorexia Nervosa

Atypical Anorexia Nervosa is diagnosed when a person does not meet all the diagnostic criteria for Anorexia Nervosa (i.e., their weight is not considered low). It sits within Other Specified Feeding and Eating Disorders (OSFED).

For more information visit: <https://butterfly.org.au/eating-disorders/eating-disorders-explained/anorexia-nervosa/>

As a teacher/non mental health professional it is not within your role to diagnose or treat a student who may be experiencing an eating disorder. If a student has been diagnosed, it's important that you are informed by their parent/caregiver so that their recovery is supported while and when they are at school.

There is no such thing as a typical eating disorder experience and even if people have the same diagnosis they may have different symptoms and treatment needs. The information provided offers an overview of the various eating disorders that may develop in children.

### Pica

Pica is more common in children (and can occur in pregnant women) and involves people compulsively eating non-food items that have no nutritional value. Some may eat harmless items such as ice, but others may potentially eat dangerous items such as paint, glue, dirt, metal. PICA can sometimes present in children with Autism Spectrum Disorder or other developmental or intellectual disabilities. It can cause stomach pain and bowel problems and requires professional diagnosis and treatment.

For more information visit: [www.healthline.com/health/pica](http://www.healthline.com/health/pica)

### Other Eating Disorder presentations

There are several other eating disorders, such as Bulimia Nervosa (BN), Other Specified Feeding and Eating Disorders (OSFED), and Binge Eating Disorder (BED). These typically develop during adolescence and early adulthood but can develop in children.

For more information visit:

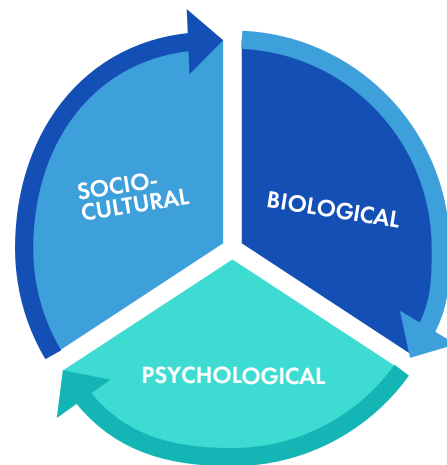
<https://butterfly.org.au/eating-disorders/eating-disorders-explained/bulimia-nervosa/>

<https://butterfly.org.au/eating-disorders/eating-disorders-explained/other-specified-feeding-and-eating-disorders-osfed/>

<https://butterfly.org.au/eating-disorders/eating-disorders-explained/binge-eating-disorder/>

## WHAT PLACES A CHILD AT GREATER RISK?

While eating disorders can develop in anyone, there are some people who are at greater risk than others of developing an eating disorder. There are a range of biological, psychological, and socio-cultural/environmental risk factors and it is often the complex combination of a range of these factors that can increase a person's risk of developing an eating disorder. Eating disorders do not develop due to one single reason/cause:



### Biological risk factors:

- Being a female increases a person's risk of an eating disorder.
- While research is limited, studies do report transgender people and people from the LGBTQI+ community at higher risk of eating disorders.
- Genetic influence also plays a role. A family history of an eating disorder places a person at higher risk.
- Type 1 Diabetes

### Psychological:

- Personality traits, including perfectionism, cognitive inflexibility (i.e., black, and white thinking), and difficulty managing emotions.
- Mental health concerns and/or illness, including depression and anxiety. Increasingly research is reporting a comorbidity with Autism Spectrum Disorders
- High body dissatisfaction
- Body comparison tendencies
- Internalisation of thin and muscular ideals

### Socio-cultural/Environmental:

- Trauma and traumatic situations (death, separation/divorce, stress, illness/injury, abuse)
- Weight-based bullying\*
- Exposure to western body and beauty ideals in media and social media\*\*
- Athletes and those involved in high level sports/activities

\*Higher weight is not a risk factor in and of itself. A child of higher weight is at greater risk due to weight stigma and weight discrimination they may experience due to their body size.

\*\*This is not to say that media is to blame for the development of eating disorders as there is no single cause. Beauty and body ideals promoted in media and social media can contribute to body dissatisfaction and increase a person's risk of developing disordered eating and potentially an eating disorder.

## BODY DISSATISFACTION AND EATING DISORDERS

Body dissatisfaction is a significant risk factor for the development of eating disorders, however, not every child or young person who experiences body dissatisfaction will develop an eating disorder. Notably, when a young person feels unhappy in their body, they are at greater risk of engaging in risky and harmful behaviours, such as under-eating/restrictive dieting, over-eating/binging and excessive exercise. These behaviours can negatively impact a person's relationship with their body, eating and exercise, which then places them at greater risk of developing an eating disorder.

Poor body image can impact a child's mental and physical health and their social and emotional wellbeing.

Intervening early with body image concerns can help to reduce the risk of more serious issues from developing.

### Further reading

Body Image:  
<https://butterfly.org.au/body-image/body-image-explained/>

### What about Body Dysmorphic Disorders?

These are not eating disorders, but Muscle Dysmorphia (MD) does have similarities with eating disorders, with a higher prevalence in males.

<https://www.swinburne.edu.au/research/centres-groups-clinics/centre-for-mental-health/our-research/body-dysmorphic-disorder/>

## WARNING SIGNS FOR EATING DISORDERS

Eating disorders can present in many ways. There are physical, behavioural and emotional warning signs. Some eating disorders may develop slowly, others more quickly with serious medical consequences. Eating disorders often present with other illnesses and disorders (Depression, Anxiety, Obsessive Compulsive Disorder, Autism Spectrum Disorders and Type 1 Diabetes), which can make them more challenging to identify.

In your role, while you can't diagnose someone, you can help with early identification which is **CRITICAL**. Familiarise yourself with the warning signs and speak to your wellbeing staff if concerned about a student:

### Behavioural

- Changes in attitude and performance (academic/sporting/other activities)
- Expresses body image concerns and engages frequently in fat and body talk
- Preoccupied with food, eating, diets, exercise
- Sudden change in eating behaviour (i.e., suddenly stops eating)
- Avoidance of food and food groups
- Change in mood; appears sad, depressed, irritable, anxious (different to mood fluctuations associated with puberty)
- Has been the target of weight-based bullying
- Withdrawn from friends and peers
- Obsessed with achieving low body weight, leanness or muscularity
- Compulsive/over-exercising (i.e. constantly walking, taking stairs multiple times, not sitting, constant fidgeting when seated)
- Changes in clothing style (baggy or high body exposure)

### Physical

- Rapid weight loss, gain, or weight fluctuations
- Lethargy or low energy
- Anxiety or avoidance of mealtimes (not eating recess or lunch)
- Dramatic change in weight or body shape (not accompanying natural changes associated with puberty)
- Over-training symptoms (injuries i.e. stress fractures)
- Increased illness
- Changes in clothing style (baggy clothing or high body exposure).

The child's friends or family may raise concerns with you as well.

It is important that concerns shared with you are taken seriously.

## SUPPORTING A STUDENT'S RECOVERY

As with any student diagnosed and receiving treatment for a serious illness, it is recommended that schools do what they can to support the treatment and recovery of that student within their school community. Helping a child maintain their connection to their school, the teaching staff, friends, and peers during treatment can play an important role in their recovery.

Every eating disorder case is different with people requiring different levels of support and treatment modalities. What is required will depend upon the diagnosis, the severity of their illness, their treatment required and the family and financial support they have access to.

Butterfly has developed a guide to help schools supporting recovery of students who have been diagnosed with an eating disorder.

[https://butterfly.org.au/wp-content/uploads/2022/02/Supporting-Recovery-of-Eating-Disorders-in-Schools-and-EDCP\\_FEB-2022.pdf](https://butterfly.org.au/wp-content/uploads/2022/02/Supporting-Recovery-of-Eating-Disorders-in-Schools-and-EDCP_FEB-2022.pdf)

## WHEN TO BE CONCERNED ABOUT A CHILD

As a teacher or school staff member, you may be one of the first people to notice that a student is experiencing difficulties with their body shape, weight and mood. It is important that if you are concerned about a student, that you do something sooner rather than later.

While it is not your role to diagnose an eating disorder in student, you can support the student by helping to intervene early.

This aims to highlight the continuum of attitudes and behaviours that may be experienced in a person who is thriving through to a person who may be experiencing an eating disorder. It is important to note that every eating disorder experience is different and development is often not linear.

	Thriving	Concerning	Disordered Eating	Eating Disorders
			<p>It is important to note that there is a fine line between disordered eating and an eating disorder. Disordered eating is one of the most significant risk factors for the development of an eating disorder, causing mental and physical health problems.</p> <p>Anyone experiencing disordered eating is deserving of support.</p>	
<b>ATTITUDES</b>	<p>Good self-esteem and a mostly positive body image.</p> <p>Their worth is not connected to their weight, shape, size or appearance.</p>	<ul style="list-style-type: none"> <li>Experiencing negative thoughts and feelings about their body more often.</li> <li>Greater connection of self-worth to body shape, size, image.</li> <li>Preoccupation with how their body looks.</li> <li>Increased thinking about food, eating and body shape/weight/size.</li> </ul>	<ul style="list-style-type: none"> <li>High-severe level of body dissatisfaction.</li> <li>Very consumed/preoccupied with body weight, shape and/or size.</li> <li>Activities avoided due to body discomfort/distress.</li> <li>Eating and exercise choices driven by weight and shape change.</li> </ul>	<p>Eating disorders are a mental and physical illness. They are not a lifestyle choice, attention seeking or something a person will grow out of. They cause the person an enormous amount of distress and can often be used as a way to manage emotional pain.</p>
<b>EATING BEHAVIOURS</b>  (An example of some of the behaviour that may present)	<p>Typical and balanced eating – eats a range of foods, for fun and nutrition, responds to body cues around hunger, satiety and fullness, and eats at regular intervals.</p>	<ul style="list-style-type: none"> <li>Calorie counting or increased interest in calorie value of foods.</li> <li>Commencement of restrictive dieting/eating practices</li> <li>Removing/avoiding food groups</li> <li>Occasional binge-eating.</li> </ul>	<ul style="list-style-type: none"> <li>Rigid eating patterns.</li> <li>Avoiding and cutting out food groups.</li> <li>Frequent and regular dieting.</li> <li>Food options motivated by weight/size</li> <li>Binge eating.</li> <li>Restrictive eating.</li> <li>May present as an hyperfocus on health or healthy eating.</li> </ul>	<p>Behaviours with eating will vary depending on the eating disorder that is being experienced.</p> <p>Read more about the warning signs for eating disorders above.</p>
<b>PHYSICAL ACTIVITY BEHAVIOURS</b>  (An example of some of the behaviour that may present)	<p>Regular/consistent physical activity. Participates for a range of reasons; enjoyment, health and possibly sporting competition.</p>	<ul style="list-style-type: none"> <li>May use exercise to compensate for eating or to undo feelings of guilt and shame from eating.</li> <li>“Energy In vs energy Out” mentality with physical activity.</li> <li>Physical activity choices driven by body shape/weight</li> </ul>	<ul style="list-style-type: none"> <li>Distress if exercise can't be performed or sessions missed.</li> <li>Rigid exercise practices.</li> <li>Physical activity used to compensate for food eaten or about to be eaten.</li> <li>Working hard to compensate for food eaten and/or to change body weight/shape.</li> </ul>	<p>Read more about the warning signs for eating disorders above.</p>
<b>WHAT SHOULD I DO?</b>	<p>Celebrate these attitudes and behaviours.</p>	<p>Be alert. These attitudes and behaviours may be observed in children. If these are occurring, prevention education and flagging concerns with a parent is recommended.</p>	<p>Act. Disordered eating is a significant risk factor for the development of an eating disorder. Early intervention can reduce the severity, duration and make a full recovery more likely.</p>	<p>Act. Eating disorders require diagnosis from a health professional (GP, Paediatrician, Psychologist, Psychiatrist) and treatment. Early intervention can reduce the severity, duration and make a full recovery more likely.</p>