

# 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. 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 improve protective factors and reduce risk factors in children to reduce serious body dissatisfaction and disordered eating behaviours from developing in adolescence. Preventing eating disorders is complex and multi-faceted, therefore, Butterfly Body Bright is a mental health promotion program and does not claim to prevent clinical eating disorders.

## PREVALENCE OF EATING DISORDERS

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.

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

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

While it is not your role to diagnose or treat a student who may be experiencing an eating disorder, it is important that if a student has been diagnosed, that you are informed about the illness they are experiencing.

Eating disorders do not always present as textbook cases and the information provided within this section is an overview of the various eating disorders that may develop 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)

### **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)

### **Anorexia Nervosa**

Anorexia Nervosa is characterised as an excessive fear of gaining weight, restricted energy intake and disturbed body image concerns. There are typical and atypical presentations of Anorexia Nervosa and contrary to popular belief, people can be diagnosed at a range of different weights (i.e., not just very low weight). Restrictive dieting and excessive exercise can contribute to the development of Anorexia Nervosa, but it is important to not oversimplify the development of Anorexia Nervosa as it is complex. Anorexia can be diagnosed in all genders; average onset age is 17 but can develop earlier. Anorexia Nervosa has been diagnosed in children as young as 8.

For more information visit: [www.vnedc.com.au/assets/Uploads/NEDC-Fact-Sheet-Anorexia-Nervosa-.pdf](http://www.vnedc.com.au/assets/Uploads/NEDC-Fact-Sheet-Anorexia-Nervosa-.pdf)

### **Other Eating Disorder presentations**

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

For more information visit: [www.nedc.com.au/assets/Uploads/NEDC-Fact-Sheet-Bulimia-Nervosa-.pdf](http://www.nedc.com.au/assets/Uploads/NEDC-Fact-Sheet-Bulimia-Nervosa-.pdf)

[www.nedc.com.au/assets/Uploads/NEDC-Fact-Sheet-OSFED-.pdf](http://www.nedc.com.au/assets/Uploads/NEDC-Fact-Sheet-OSFED-.pdf)

[www.nedc.com.au/eating-disorders/eating-disorders-explained/types/binge-eating-disorder/](http://www.nedc.com.au/eating-disorders/eating-disorders-explained/types/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 a clinical 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 showing a comorbidity with Autism Spectrum Disorders as well.
- 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.

\*\*Media is often blamed for the development of eating disorders. This is incorrect. Beauty and body ideals promoted in media and social media can contribute to body dissatisfaction, which can increase a person's risk of developing disordered eating and eating disorders.

## BODY DISSATISFACTION AND EATING DISORDERS

Body dissatisfaction is a significant risk factor to 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 something more serious.

Poor body image can impact a child's mental and physical health and their social and emotional wellbeing. Body image disorders such as Body Dysmorphic Disorder (which includes Muscle Dysmorphia) typically develop beyond childhood. Intervening early with body image concerns can help to reduce the risk of more serious issues from developing.

### Further reading

Body Image [www.butterfly.org.au/body-image/body-image-explained/](http://www.butterfly.org.au/body-image/body-image-explained/)

Body Dysmorphic Disorder [www.swinburne.edu.au/research/centres-groups-clinics/centre-for-mental-health/our-research/body-dysmorphic-disorder/](http://www.swinburne.edu.au/research/centres-groups-clinics/centre-for-mental-health/our-research/body-dysmorphic-disorder/)

## WHEN TO BE CONCERNED ABOUT A CHILD

As a teacher or school staff member, you may be one of the first people to identify that a student is experiencing something more serious. 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 a serious body image issue or eating disorder in student, you can support the student by helping to intervene early.

This information aims to highlight what positive and more serious behaviours and attitudes may look like and when it is necessary to intervene.

|   | Thriving  | Concerning   | Disordered Eating   | Disorders  |
|---|---|--|---|--|
| Might sound like  | "I feel pretty good about my body and self. I think about eating, movement and my body in mostly positive ways"   | "I don't like parts of my body"<br>"I'm going to stop eating sandwiches" "I need to exercise more"<br><br>"I wish I looked like ##"  | "I hate my body" "I don't want to go out/to school/ see my friends" "I can't stop thinking about eating and exercise" "I can only eat if I do (insert exercise)"  | The eating disorder mindset is incredibly cruel and has been likened to living with a bully, 24/7.   |
| Attitudes   | Good self-esteem and a mostly positive body image.  | <ul style="list-style-type: none"> <li>Experiencing feelings of body dissatisfaction more often.</li> <li>Attaching self-worth to body shape, size, image.</li> <li>Preoccupation with how their body looks.</li> <li>More frequent 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> | 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.   |
| Eating behaviours<br><i>(An example of some of the behaviour that may present)</i>            | 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. | <ul style="list-style-type: none"> <li>Calorie counting or increased interest in calorie value of foods.</li> <li>Increased restrictive dieting/eating.</li> <li>Limiting intake.</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>Constant dieting.</li> <li>Binge eating.</li> </ul>   | Read more about the warning signs for eating disorders below.  |
| Physical activity behaviours<br><i>(An example of some of the behaviour that may present)</i> | Regular/consistent physical activity. Participates for a range of reasons; enjoyment, health and possibly sporting competition.                                       | <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>Working hard to compensate for food eaten and/or to change body weight/shape.</li> </ul>   | Read more about the warning signs for eating disorders below.  |
| Should I do something?  | Yes. Celebrate these attitudes and behaviours.  | Yes. These attitudes and behaviours may be observed in children. If these are occurring, prevention education or speaking with a parent is recommended.  | Yes. Disordered eating is a significant risk factor for the development of an eating disorder, but is a mental health problem in its own right. Treatment and support is recommended to support people experiencing disordered eating.  | <p>Yes. Eating disorders require professional diagnosis and treatment.</p> <p>Early intervention can reduce the severity, duration and make a full recovery more likely.</p> <p>If a child has been diagnosed with an eating disorder, your school can play a positive role in the child's recovery.</p> |

## WARNING SIGNS FOR EATING DISORDERS

Eating disorders can present in many ways. Some may be slow to develop, others may develop 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), thus, sometimes making them challenging to identify and treat. In your role, it may be challenging to know if a student is experiencing an eating disorder but some warning signs that you may notice include:

### 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

### 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)
- Compulsive/over-exercising (this may be that they walk everywhere)
- 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.

## SCHOOLS PLAY AN IMPORTANT ROLE IN SUPPORTING A STUDENT'S RECOVERY.

Here are some things that schools can do to help a student:

### Establish a team

- Assign a staff member to act as the case manager at school. This would preferably be a staff member from the pastoral/wellbeing team and not the student's classroom teacher.
- Work together with the family and/or their treatment team, as necessary. This is to ensure that the school staff have a clear understanding of what the child can do (academically and physically) and where they are at with their recovery.
- The school case manager works to support the classroom teacher to help modify learning tasks and ensure that any limitations to the student's physical activity is understood as guided by the student's family and/or treatment team.

### Be informed

- Seek to understand. Ensure all staff who work with the student are well informed about what the student is experiencing by providing evidence based and factual information about eating disorders.
- Ensure school staff supports and sees the student as a person first, rather than their illness.

### Support meal support/ appointments

- Provide access for the parents to provide mealtime support to the student.
- Ensure the child is supported to attend off-site appointments, as necessary.
- If the student requires extended time away from school or is admitted to an inpatient program (hospital) stay in touch with the family and the student where possible.

### Supporting those close to the student

- Support the student's friends and peers as necessary and to discourage gossip behind the students back.
- Offer wellbeing, small group support to the student's friendship group, if required.
- Discourage gossip amongst the parent and staff community.

As with any child who is experiencing an illness, if the student becomes medically compromised at school, call 000.

If the school requires further information or resources to support their school community, please contact Butterfly National Helpline [www.butterflynationalhelpline.org.au](http://www.butterflynationalhelpline.org.au)

### Maintain Professional Boundaries

**It is important that school staff maintain professional boundaries. It is therefore not school staff's responsibility to:**

- Provide treatment or counselling to the student for their eating disorder.
- Share personal contact details with the student's family.
- Provide meal support to the student, however some schools may provide meal supervision, but this is at the discretion of the school and is not a requirement of school staff.