

Early Warning Signs of Disordered Eating in Your Trans Child



WITHDRAWING FROM SOCIAL MEALS

May frequently make excuses to skip group meals, feel anxious about eating in front of others, or isolate themselves during mealtimes.



DISGUIISING OR HIDING FOOD

Behaviours like moving food around on the plate, hiding uneaten food in napkins, or secretly disposing of food.



OBSESSION WITH "HEALTHY EATING"

They are fixated on eating only certain types of foods, cutting out entire food groups, or showing distress when "unhealthy" foods are available.



OVERCONSUMPTION OF GUM, CAFFEINE, OR SODAS

May be used to suppress appetite, avoid eating, or maintain feelings of fullness without consuming food.



OBSESSIVE CONSUMPTION OF PHYTOHORMONES

May consume high amounts of foods with plant oestrogens or androgens. E.g., soy milk for believed feminisation, nuts for believed masculinisation.



CONSTANT MONITORING OF APPEARANCE

May include weighing themselves, measuring body parts, pinching skin, or obsessively checking their appearance in reflective surfaces.



WEARING BAGGY CLOTHES OR LAYERING

May wear oversized clothing, multiple layers, or loose garments to hide weight changes and body part that are causing distress.



INTENSE PREOCCUPATION WITH 'PASSING'

May become fixated on achieving a certain look that aligns with their gender identity to reduce misgendering and dysphoria.



DELIBERATELY LIMITING NUTRIENT-RICH FOODS

May restrict foods like protein, dairy, or other nutrients that promote growth or muscle development to minimise effects of puberty.



SPENDING LONG PERIODS IN THE BATHROOM

May be engaging in purging, body checking, or avoiding mealtimes by staying in the bathroom for extended periods.



USING EXCESSIVE DEODORANT OR MOUTHWASH

Frequent use of strong scents, mouthwash, or breath mints can be a way to disguise self-induced vomiting or laxative use.



EXERCISING IN SECRET

May start exercising in private spaces or at unusual times to avoid being seen.



EMOTIONAL DISTRESS AROUND FOOD

May be particularly upset, anxious, or withdrawn around meal times or when required to eat.



RIGID FOOD RULES

May develop inflexible rules about what foods they can eat, how much, or when they can eat.



ANXIETY ABOUT TRANSITION WEIGHT REQUIREMENTS

May become hyper-focused on their weight due to concerns about meeting the requirements for gender-affirming hormones or surgeries.



WITHDRAWING FROM SUPPORT

May begin avoiding social supports they previously valued due to shame, secrecy, or distress about their eating or body image.