

Eating disorders

What are they?

An eating disorder is a mental health condition that involves controlling eating, usually to cope with other feelings or troubling situations. The most common eating disorders are:

- **Anorexia nervosa** – controlling weight by not eating enough food, doing too much exercise or both
 - **Avoidant/restrictive food intake disorder (ARFID)** – avoiding certain foods, limiting how much you eat, or both. Often this is due to negative feelings about the smell, taste or texture of certain foods, or a negative experience with a type of food (e.g. choking or vomiting)
 - **Bulimia nervosa** – going through cycles of eating a lot of food in a short amount of time (binge eating), and then getting rid of the food from your body to try to stop gaining weight (purging)
 - **Binge eating disorder (BED)** – regularly eating large quantities of food over a short period of time, until you're uncomfortably full. Someone with BED might feel like they're not in control of what they're doing
 - **Pica** – experiencing cravings to eat things that aren't food, with no nutritional value, such as soap, chalk, dirt or paper. Someone might feel they can't stop themselves from eating these things
 - **Other specified feeding or eating disorder (OSFED)** – when someone's symptoms don't exactly match those of the other eating disorders
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Who's most at risk?

Anyone can develop an eating disorder, regardless of their age, race or gender – boys can be forgotten, but they're also affected. It's also important to remember that anyone of any weight can be affected, not just someone who is under or overweight.

There's no simple answer for why a child might develop an eating disorder, and there's not typically 1 clear reason, rather a combination of different factors that contribute.

Risk factors for developing an eating disorder can include:

- Individual risk factors – a child with an eating disorder is more likely to have experienced low self-esteem, a preoccupation with perfectionism, anxiety, or is particularly sensitive
 - Sensory processing differences, e.g. linked to their autism or ADHD, that make certain food textures or smells overwhelming
 - Growing up being unhappy with a certain aspect of themselves, such as feeling too tall or not being good at sport
 - A family history of eating disorders
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- Growing up in an environment where they've been surrounded by weight concerns, such as parents/carers who diet, or comment on their own weight/the child's weight
 - Being bullied for their weight
 - Adverse childhood experiences, such as experiencing abuse or neglect or living with family members who have problems with substance abuse
 - Dieting, especially at an early age, can make it more likely for someone to develop an eating disorder
 - Children who take part sports, especially sports which focus on body shape and size such as gymnastics or ballet, may also be at risk
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What to look for

It's important to remember that every child is different, so each child may show different signs. Signs may also differ based on the type of eating problem they have. People with eating disorders often tend to try and hide their behaviour as much as possible.

Look out for:

- Rapid changes in weight, or behaviours to hide changes such as wearing loose-fitting clothing or refusing to get changed for lessons like PE
- Changes in eating habits. For example:
 - Eating lots of food very quickly
 - Eating very slowly
 - Hoarding food
 - Suddenly refusing foods they previously tolerated
 - Eating alone, e.g. they might find a secret place in school to eat
 - Rigid rules around food or eating
 - Putting themselves on restrictive diets or calorie counting, or they might use fitness apps to log everything they're eating
- Exercising more than before, or generally over-exercising
- Lying about how much they've eaten, what they've eaten, when they've eaten or their weight
- Going to the toilet a lot after eating
- Stealing food from classmates, the school canteen or nearby shops
- General changes in behaviour that may indicate a safeguarding concern, e.g. not coming into school or being absent from lessons, changes in mood, being more withdrawn or tiredness

Do not wait for a child to visibly change weight before raising a concern and contacting your GP.

What to do if you have a concern

- Contact your GP and discuss. Always take action if you're worried
- Be mindful about your language, where possible – choose language that is neutral around body image (e.g. avoid using words such as 'fat', 'big' and 'skinny')

What you shouldn't do

- Don't make comments about what or how much or little a child is eating, or about their weight
- Don't force the child to eat, or force them to stop eating

Sources

- [Overview – eating disorders, NHS](#)
- [Anorexia nervosa](#), [Bulimia](#), [Binge eating disorder](#), NHS
- Ann Marie Christian, one of our associate experts
- Deanne Jade, [National Centre for Eating Disorders](#)

This factsheet was produced by [The Key Safeguarding](#): thekeysupport.com/safeguarding