

Disordered Eating and Exercise in Trans and Gender Diverse People

Practical Guidance for Healthcare Professionals



Trans and gender diverse (TGD) people experience unique challenges and influences on health behaviours. The recent study by Schweizer and colleagues (2025) explored the lived experiences of TGD Australians and highlights the impact of gender identity, socio-environmental factors, and healthcare experiences on eating and exercise behaviours.

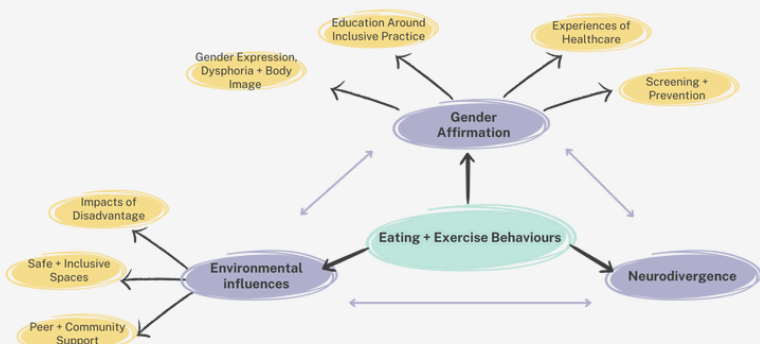
The research identifies both healthy and harmful behaviours, including compulsive exercise, restrictive eating, and disordered eating patterns, influenced by gender dysphoria, neurodivergence, and systemic barriers.

Methods

The study used a qualitative approach with semi-structured interviews to explore the eating and exercise experiences of 25 participants in Australia. The participants included:

- 12 TGD individuals (lived experience group)
- 13 healthcare professionals (e.g., dietitians, exercise physiologists, social workers, and medical doctors)
- Of the above, 6 people were TGD healthcare professionals

Interviews were conducted and analysed using reflexive thematic analysis allowing researchers to identify patterns in the experiences (below).



Key Findings

Unique Risks: TGD people experience unique risk factors for disordered eating and exercise behaviours, including gender dysphoria, minority stressors and systemic barriers.

Lack of Gender-Affirming Care: Many services and health care providers lack training, experience and support in providing gender affirming services.

Intersectionality: Understanding how different identities interact is crucial to understanding how they shape eating and exercise behaviours, especially with regards to gender identity and neurodivergence.

Eating & Exercise for Gender Affirmation: Some TGD people modify eating and exercise to align or express their gender identity, leading to both health promoting, or disordered behaviours (e.g., restrictive eating, compulsive exercise).

Inadequate Screening: Gendered assumptions in treatment pathways, especially eating disorders, result in under diagnosis or misdiagnosis, and ineffective care.

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Barriers and Challenges

Limited Access

Long wait times, financial strain, and a lack of knowledgeable providers make it difficult for TGD people to access timely and appropriate care when engaging in disordered behaviours.

Cisnormative Models

Many treatment programs reinforce binary gender norms, overlooking TGD-specific concerns and contributing to feelings of exclusion.

“Having a service that combines gender affirming care and eating disorder treatment. You can work with gender affirming care on preventing or helping with an eating disorder”

Mistrust in Healthcare

Negative experiences such as misgendering, deadnaming, and provider ignorance about TGD needs deter many from seeking support and treatment when needed.

“I refuse to access services, because I am scared and afraid of how I will be treated and how I will be viewed”

Environmental Barriers

Poverty, food insecurity, and a lack of culturally safe services restrict access to appropriate care in the community for TGD people.



Pathways to Positive Change

Gender-Affirming Practices: Eating disorder models of care that incorporate gender affirmation, including training and support for providers on meeting TGD-specific needs.



Multidisciplinary Approaches: Integrated teams + services that include dietitians, exercise physiologists, psychologists, and gender-affirming medical providers.

Screening & Assessment: Implement inclusive, non-gendered eating and exercise screening tools that account for gender dysphoria and body image concerns unique to TGD people.



Community-Based Care: Increase accessibility to peer-led groups, telehealth options, and culturally safe eating and exercise services.

Education & Training: Enhance exercise and diet professionals training on TGD-inclusive healthcare, across the spectrum of community and acute services.



Physical activity programs should be designed with healthy gender-affirming body goals in mind, that are fun & free from ‘sporty & competitiveness’ stereotypes.

Scientific & Community Implications

Policy Change: Advocate for funding and policy reforms to improve TGD-inclusive healthcare at institutional and governmental levels.

Service Development: Expand research into effective gender-affirming healthcare and treatment to foster health promoting behaviours and improve treatment for disordered behaviours.

Intersectionality in Care: Recognise the overlap between neurodivergence, mental health, and gender identity in treatment planning.

Myth-busting: Knowledge translation activities across TGD and health communities to combat misunderstandings and beliefs that negatively influence eating and exercise behaviours.

To cite this article:

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Other References:

Austin, F., Wright, K., Jackson, B., Lin, A., Schweizer, K., & Furzer, B. (2024). A scoping review of trans and gender diverse children and adolescents' experiences of physical activity, sport, and exercise participation. Mental Health and Physical Activity, 26, Article 100576. <https://doi.org/10.1016/j.mhpa.2024.100576>
Schweizer, K., Austin, F., Wright, K., Lin, A., Bickendorf, X., Jackson, B., Strauss, P., Gurevich, H., Granger, C., Luke, J., & Furzer, B. (2023). Physical activity behaviors in trans and gender diverse adults: a scoping review. International Journal of Transgender Health. Advance online publication. <https://doi.org/10.1080/26895269.2023.2284772>

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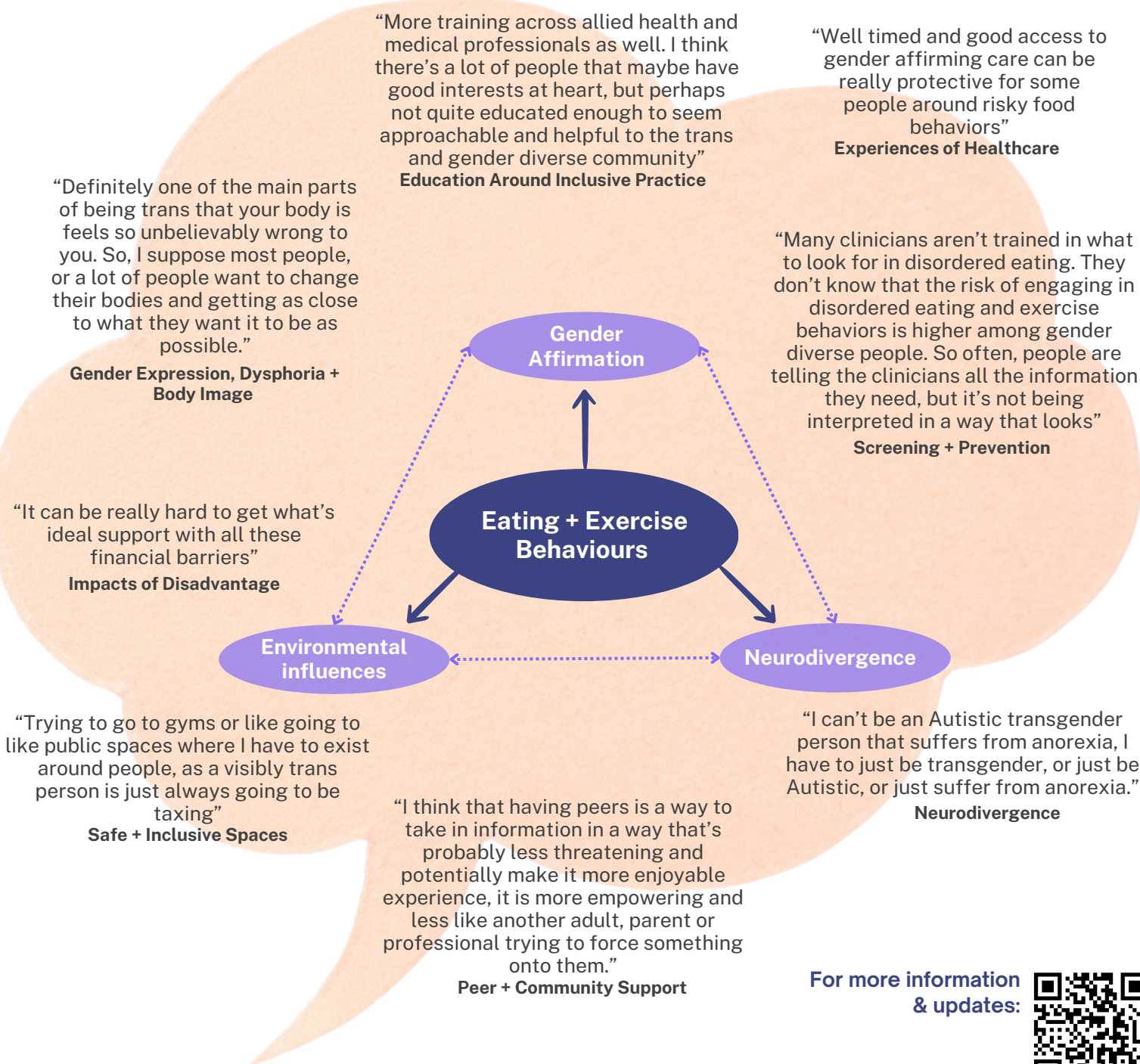


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Eating and exercise experiences of Australian trans and gender diverse folks: lived experience and stakeholder perspectives

Participant Responses



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