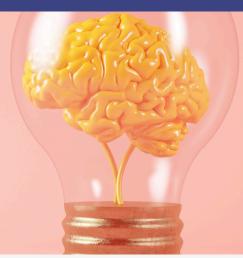


# Disordered Eating and Exercise in Trans and Gender Diverse People

# 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, socioenvironmental factors, and healthcare experiences on eating and exercise behaviours.

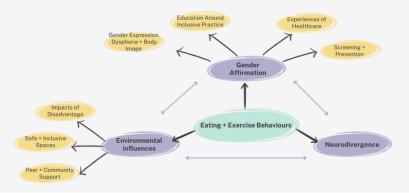
The research identifies both healthy and harmful behaviours, including compulsive exercise, restrictive eating, and disordered eating patterns, influenced by gender dysphoria, neurodivergence, and systemic barriers.

#### **Methods**

The study used a qualitative approach with semistructured 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. <a href="https://doi.org/10.1016/j.mhpa.2024.100576">https://doi.org/10.1016/j.mhpa.2024.100576</a>

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. <a href="https://doi.org/10.1080/26895269.2023.2284772">https://doi.org/10.1080/26895269.2023.2284772</a>

For more information & updates:



Kai Schweizer, Felicity Austin, Kemi Wright, Ben Jackson, Ashleigh Lin, Penelope Strauss & Bonnie Furzer (2025). Eating and exercise experiences of Australian trans and gender diverse folks: lived experience and stakeholder perspectives, International Journal of Transgender Health. DOI: 10.1080/26895269.2024.2447765



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

### Participant Responses

"More training across allied health and medical professionals as well. I think there's a lot of people that maybe have good interests at heart, but perhaps not quite educated enough to seem approachable and helpful to the trans and gender diverse community"

"Well timed and good access to gender affirming care can be really protective for some people around risky food behaviors" **Experiences of Healthcare** 

"Definitely one of the main parts of being trans that your body is feels so unbelievably wrong to you. So, I suppose most people, or a lot of people want to change their bodies and getting as close to what they want it to be as possible."

Gender Expression, Dysphoria + **Body Image** 

"It can be really hard to get what's ideal support with all these financial barriers"

**Impacts of Disadvantage** 

**Education Around Inclusive Practice** 

"Many clinicians aren't trained in what to look for in disordered eating. They don't know that the risk of engaging in disordered eating and exercise behaviors is higher among gender diverse people. So often, people are telling the clinicians all the information they need, but it's not being interpreted in a way that looks" Screening + Prevention

**Eating + Exercise Behaviours** 

Gender

**Affirmation** 

**Environmental** influences

Neurodivergence

"Trying to go to gyms or like going to like public spaces where I have to exist around people, as a visibly trans person is just always going to be taxing"

Safe + Inclusive Spaces

"I think that having peers is a way to take in information in a way that's probably less threatening and potentially make it more enjoyable experience, it is more empowering and less like another adult, parent or professional trying to force something onto them."

Peer + Community Support

"I can't be an Autistic transgender person that suffers from anorexia, I have to just be transgender, or just be Autistic, or just suffer from anorexia."

Neurodivergence

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