

This factsheet has been produced for Butterfly by Yellow Ladybugs, an autistic-led, non-government organisation supporting autistic girls and gender diverse youth. Butterfly and Yellow Ladybugs acknowledge the neurodivergent individuals and their families who contributed to this resource by sharing their lived experience. We affirm their identity, honour their wisdom, validate their feelings and recognise their strengths, as together we work toward a more inclusive world for autistic and neurodivergent individuals.

Talking Body Image with Autistic Young People

A bit about language

This factsheet uses identity-first language – meaning we refer to ‘autistic’ and young people rather than people ‘with autism’. Many autistic people prefer to use identity-first language as they see being autistic as intrinsic and a core part of their identity.

Autism is a lens through which autistic people see, experience and process the world. Being autistic means that a person may experience differences in ways of thinking and feeling including sensory processing, communication, language and social interactions. Every autistic person however, is unique and has particular strengths and challenges.

Body image and eating disorders

Eating disorders such as Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder (ARFID) or Binge Eating Disorder (BED) are complex mental illnesses that require specialised support to assist recovery.

Negative body image is one of the factors that can play a role in the development of eating disorders, in addition to environmental and genetic factors.

Developing a positive body image may help to prevent the development of eating disorders among young people.



Autism and eating disorders

Research shows that neurodivergent people are disproportionately affected by feeding and eating difficulties, with many experiencing eating disorders.

It's estimated that 20-37% of individuals with anorexia are also autistic¹.

Delayed diagnosis of autism may leave young people highly vulnerable to developing mental health challenges including eating disorders, as they struggle to fit in with a world not designed for them.

Some research suggests that both eating disorders and autism are integrally linked to sensory processing differences, such as difficulty recognising emotions (alexithymia), difficulty reading internal body cues (interoception), challenges with emotional regulation, proprioceptive differences (sensing the body in space) and sensitivities to textures, smells and tastes².

Autistic young people may report feeling hyper-sensitive to rejection or criticism particularly in relation to their bodies.

They may more rigidly seek to apply rules that are taught by caregivers or modelled through social norms in relation to food, eating and physical appearance or they may utilise control over food choices and obsessive-compulsive traits as a way to feel safe in a world that may reject and overwhelm them.

Additionally, many autistic young people may have experienced trauma which can increase the likelihood of the development of an eating disorder.

Some autistic young people may feel as though they have to mask/camouflage to be accepted and may seek to change their body in order to fit in. Finally, challenges with executive function (cognitive control of behaviour) can also impact eating patterns, mental health and body image.

“ I describe being autistic in this way: I feel more intensity, more often than others, and that emotional intensity lasts longer. I'm the overly sensitive one. The hyper-vigilant one. Struggling to filter all of the noise of the world, all of the time’.



¹[Eating-Disorders-and-Neurodivergence-A-Stepped-Care-Approach.pdf](#)

²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5098957/>

Avoidant Restrictive Food Intake Disorder

Avoidant Restrictive Food Intake Disorder (ARFID) is commonly misdiagnosed or missed completely among autistic young people. Unlike Anorexia Nervosa, ARFID isn't linked to distress about body shape or size.

Children and young people with ARFID may have a very restricted diet due to having little

to no interest in food, having fears about eating, swallowing or vomiting and/or sensory aversion to eating.

While the research is still emerging as to exactly why autistic young people are more likely to develop eating disorders, what is clear from those with lived experience is that **acknowledging and understanding the autistic identity and experience in conversations about body image and eating disorder recovery is vital.**

"After four years of struggling through secondary school without support or accommodations, I finally hit autistic burnout in Year 11 and developed a severe case of ARFID. I was misdiagnosed with depression and anorexia.

The treatments were ineffective and traumatising, worsening my burnout and ARFID. Ultimately, I ended up in emergency and hospitalised. Learning about my neurotype, unmasking, shedding shame and connecting with my Autistic community has been integral to my wellbeing."

"My dad thought I was attention seeking.

My friends thought I was being dramatic. I didn't hurt myself for any of those reasons.

In fact, I didn't really know what I was – but maybe it was because I was trying to gain some control in a world that made me feel uncomfortable and unsafe."

Factors that influence body image

Body image is a feeling state influenced by many factors including **cultural norms, family attitudes, life experiences and neurotype**. It is important to understand that even though we can aim to support the development of positive body image as a pathway to preventing eating disorders, what happens at home is only part of the picture. Experiencing negative body image is likely due to an interplay of all the factors listed above.

"Interestingly, I have very few body image issues. I see my body as part of my machine that is working or not working. When bits get damaged I make efforts to make them better."

"I believe my fixation on changing my body was simply an extension of my masking – I needed to look like the other girls because I couldn't BEHAVE like them as effectively anymore."

A Neuro-Affirming Approach

Being neuro-affirming means that you validate and acknowledge neurodivergent culture and do not see neurodivergent individuals as wrong, broken or needing to be fixed. At its core, adopting a neuro-affirming approach is **about listening to the lived experience of the person standing before you**, holding unconditional positive regard, and believing what they are telling

you even if you can't understand it from where you stand.

Being neuro-affirming means putting aside what may work for other individuals in relation to body image, and getting curious about what might work for the people within your own home, care setting or family. What works for many neurotypical people can be harmful and even traumatic for autistic people.

"I have body dysmorphia and eating disorders. I'm also non-binary. Part of my eating disorder is driven by keeping my curves away, keeping myself safe inside my own skin.

However, that safety also drives my eating disorder. I'm working with an amazing team and I'm now very well supported."

"I hate the narrative around loving your body, it seems like too much pressure for me! I prefer accepting my body for what it is."



When supporting a young person in your care, do:

- **Develop a shared, neuro-affirming understanding of what a positive body image is.** Just like all young people, it is not realistic for autistic young people to feel good in/about their body all the time. It will fluctuate depending on mood, stress, season and as they move through adolescence and life.
- **Talk honestly** about the factors that influence body image. Talking openly reduces feelings of isolation or shame and helps young people understand the societal and cultural pressures they may be feeling but unable to name.
- **Be aware of and push back** against cultural norms and appearance stereotypes as portrayed in the media. Remember, it is narrow ideals that are the problem, not young peoples' bodies.
- **Model talking kindly** about bodies (your own and others'), noticing all the wonderful things they can do, as well as highlighting other traits that are unrelated to body shape, size or ability.
- **Validate and provide a safe space** for them to share fears about their body shape, size or weight. Offer support in the moment if distressed – *"What can I do right now to help?"*
- **Take an interest** in their special interests and reinforce the things where the individual feels empowered – this will support self-esteem.
- **Normalise body functions** and experiences – talk about all the little things that we experience in our bodies through a lifetime, so they don't feel so foreign or scary when they happen.
- **Encourage connection** with neurokin – through podcasts, books, videos and meet-ups, so they can develop an understanding of neurodivergence and body image from those with lived experience.
- **Unpack** your own triggers, conditioning and expectations around food/physical activity and body weight, shape and size especially where it is causing conflict within the home.
- **Make peace** with the fact that mealtimes, movement and time focused on wellbeing will look different from other families. It's common in neurodivergent families for different family members to need different meals depending on their sensory profiles and needs and many neurodivergent families do not eat their meals together as a way to reduce sensory input or to support preferences around eating alone.
- **Set reminders** to eat for a young person who may have difficulty sensing hunger or offer smaller meals throughout the day for someone who may feel full quickly.
- **Look at pathways** to lower stress and demands to ensure lots of space for processing to reduce overall anxiety.
- **Reframe behaviour** – instead of seeing the young person as angry, consider that they may be overwhelmed. Instead of seeing them as dramatic, consider they may be crying out for help.
- **Have conversations** about what foods and movements feel good and why for different bodies and brain. For example, coloured foods look fun, bouncing feels happy, crunchy foods make a good sound.
- **Celebrate body diversity** (including for our gender diverse/trans young people) as much as you celebrate neurodiversity.
- **Introduce books/media** that show many different bodies and brains.
- **Support body autonomy** – respect your young person's choices around their body even if they don't make sense to you at the time.
- **Offer pathways** to engage in movement in non-competitive settings – or honour the ways in which they choose to move.



When supporting a young person in your care, avoid:

- **Talking about disability as a deficit** – we can acknowledge the challenges without perpetuating neuro-normativity.
- **Offering criticism veiled as support** for example, 'would you like me to take you to the gym?'
- **Labelling food as good or bad** or using food to punish or reward behaviour.
- **Commenting on others' food choices, weight or body shape or size.**
- **Invalidating their feelings** about their body or tell them to be positive if that's not how they feel.
- **Forcing eating, restricting food.** Respect your young person's needs around textures, tastes and smells.
- **Stigmatising or shaming** comments around eating habits. For example hurry up or slow down.
- **Encouraging dieting.**
- **Looking only at the behaviour** be curious about what is underneath.
- **Talking about autism as a condition** with symptoms that need to be 'treated'.
- **Shaming non-cis gendered bodies.**

" As a late-diagnosed autistic, now reflecting on my childhood, rules around eating at home have led to not knowing the difference between hunger and feeling full.

That it is not OK to not finish my plate. My parents did the best they could with the knowledge they had back then, but now as an adult I can see that I don't know when I'm hungry and when I'm full."

" For me, I found safety in unhelpful patterns and control that restriction brought me.

While autism and eating disorders often co-exist, I found great difficulty in accessing neuro-affirming treatment that would consider my extra challenges around sensory considerations and thought processing."

If concerned about a young person in your care, act early

If you are concerned that a young person may be developing or experiencing serious body image and eating issues it is important to trust your instincts, learn more and if you suspect an eating disorder is developing, to seek help.

A neuro-affirming GP or health professional is often a good place to start. Butterfly Foundation has a database of professionals including those who have self-identified as supporting neurodivergent individuals.

When talking with healthcare providers, ask for the consent of the young person to share their autism diagnosis and talk alongside them rather than for them.

Further information on [warning signs](#) and [what to do if you are concerned](#) can be found on the free [Body Kind Families](#) resource portal.

Butterfly's National Helpline provides free and confidential support Australia-wide, to anyone impacted by body image issues or eating concerns.

8am – Midnight (AEST/AEDT)
7 days a week



1800 ED HOPE
1800 33 4673



[via webchat](#)



www.butterfly.org.au



butterfly.org.au/get-support/helpline

Support and referral services

Eating Disorders Neurodiversity Australia
edneuroaus.com

Autism Connect
[National autism helpline | amaze.org.au](http://amaze.org.au)

LifeLine
[13 11 14 Crisis Support | Suicide Prevention](#)

Yellow Ladybugs
[Supporting Autistic Girls and Gender Diverse Youth](#)