Is It Complex Trauma or Eating Disordered?

Note that cPTSD and disordered eating are not fully distinct categories - it might be either, both, or what may have started off as one in turn developed into the other. Use this to inform your own thinking. There's no need to ask the client about trauma directly; let them share when they're ready.

COMPLEX TRAUMA	EATING DISORDERED
Food avoidance due to traumatic associations with specific foods, smells, or textures that trigger flashbacks or body memories	Avoiding foods based on the ED's list of 'fear foods' (influenced by diet culture, caloric content, or orthorexic rules)
Not knowing when to eat due to dissociation from body signals, chronic hypervigilance disrupting interoceptive awareness, or survival mode overriding hunger cues	Not knowing when to eat due to an ED-based pattern of ignoring hunger/fullness signals and belief that one's nutrition needs are far lower than they actually are
Eating in secret or alone due to shame, fear of judgment, or associations between eating and past abuse/criticism	Need to eat alone to have full control over meal and prevent 'accidentally' eating over allotted amount or breaking ED rules
Hoarding or hiding food due to past food scarcity, unpredictable access to food, or as a way to feel safe and prepared	Restricting access to food to maintain control over intake and prevent 'loss of control' eating
Difficulty trusting food or those who prepare it due to past experiences of being poisoned, drugged, or having food used as a weapon of control	Fear of certain foods due to ED beliefs about their impact on weight, shape, or 'purity' of eating
Eating very quickly or compulsively due to food scarcity trauma, fear that food will be taken away, or eating as emotional numbing	Binge eating driven by the restrict-binge cycle
Strong preference for familiar, 'safe' foods that provide comfort and predictability in an unpredictable world	ED only allows a small range of 'safe foods' to feel 'in control'
Difficulty eating around others due to trauma responses, fear of vulnerability, or past experiences of abuse during mealtimes	Eating alone to keep restriction hidden
Using food as self-soothing after trauma activation, eating to ground and reconnect with body	Using food restriction or binge-purge cycles as a way to cope with difficult emotions
Avoiding putting things in mouth due to oral trauma, feeling unsafe when vulnerable (chewing/swallowing), or loss of control associations	Restriction to maintain sense of control and achievement through denying bodily needs

Disconnection from body and hunger cues as a protective mechanism against body memories (reminders of trauma from being in ones body)	Disconnection from hunger cues through deliberate restriction and diet culture messaging
Eating rituals or specific ways of eating that create safety and predictability	Eating rituals as a way to control every aspect of meals and maintain ED rules
Fear of weight changes due to past experiences where body size affected safety (e.g., trying to become invisible, or past comments about body during abuse)	Fear of weight changes due to internalised diet culture and societal messages about body size
Stomach pain or nausea when eating due to chronic stress or the body reacting to trauma reminders	Stomach pain or GI issues due to starvation, restriction, or anxiety about eating 'forbidden' foods
Using food choices as a way to maintain control when everything else felt out of control during trauma	Restricting food options as a way to achieve control, perfection, or meet ED ideals
Difficulty enjoying food due to guilt, shame, or feeling undeserving of pleasure and nourishment	Difficulty enjoying food due to ED rules about earning food or fear of losing control
Eating patterns that may echo past experiences, such as feast-or-famine eating after unpredictable care	Eating patterns driven by restriction-binge cycles created by ED behaviours

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