



# Submission to the Select Committee Inquiry into Social Media and Online Safety

## House of Representatives

### Butterfly Foundation

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## About us

Butterfly Foundation is the national charity for all Australians impacted by eating disorders and body image issues, and for the families, friends and communities who support them. Butterfly operates a National Helpline that supports over 30,000 people each year. We also provide a wide range of individual and group-based programs for people in recovery, carers and family members, while our prevention programs address the modifiable risk factors in the development of body image issues and eating disorders.

## Acknowledgements

As an organisation which works with people affected by eating disorders, including families and carers, we recognise the value of lived experience as a form of knowledge and as a force for positive change. We acknowledge the insights shared with us by lived experience advocates which are reflected throughout this submission.

## Executive summary

Butterfly Foundation (Butterfly) welcomes the opportunity to contribute knowledge of social media and other digital spaces and their relationship to body image concerns and eating disorders. There is a significant body of evidence documenting the negative impacts of habitual social media use on body image. Negative body image is one of the highest risk factors for engaging in unhealthy dieting and disordered eating patterns.

Body dissatisfaction can begin early in life and is now common among children under 12. Stigmatising weight attitudes form from very early in childhood, and are related to appearance-based teasing, which are linked to the development of body dissatisfaction and unhealthy behaviours. A growing evidence base supports the need for interventions which address the social determinants of negative body image and disordered eating – such as negative impacts of social media usage – with children and adolescents before thoughts and behaviours become entrenched.

With high levels of misinformation and stigma, people experiencing or at risk of experiencing body image concerns and eating disorders are likely to seek information from social media. A growing number of social media influencers offer ‘solutions’ on what followers can do to improve their appearance, body and life. Children and young people, people with low media literacy, or those who are vulnerable in other ways, may not understand that opinions on ‘healthy lifestyles’ may bear no resemblance to evidence-based health advice. Exposure to this content can be harmful if the information relates to eating, nutrition, and exercise.

However, it is important to consider the range and complexity of social media usage and how this relates to the internalisation of appearance ideals, change in mood, body dissatisfaction and behavioural responses. While research has established a relationship between types of social media engagement and poor body image, online environments can alternatively provide opportunities for improving access to mental health services, enable positive connection among peers, and operate as sites of resistance to harmful narratives (such as diet culture discourses). The body positivity movement is one example of the way in which online environments can be used to improve awareness of body diversity, reduce stigma and create a community of support.

Steps have already been taken by industry to create safer online environments for those at risk of developing body image concerns of eating disorders. Butterfly provides feedback and advice to social media organisations who are taking action to mitigate the potential for harm on their platforms. Butterfly has an ongoing partnership with Instagram, including collaborating on campaigns such as

#OwnYourFeed (2018) and #TheWholeMe (2019), which support positive use of social media. Butterfly is also providing consultation to TikTok to advise on ways to mitigate against problematic content in relation to eating disorders.

Any changes to the regulation of online environments should build on progress to date and incorporate careful examination of the evidence base in relation to what works. Recent developments in the United Kingdom in response to their recent parliamentary inquiry into body image may be useful for consideration in the Australian context. Butterfly recommends that a similar national inquiry be undertaken in Australia, to consider new evidence and the rapid social and technological developments which have occurred since the formation of a National Advisory Group on Body Image in 2009. This advisory body was convened by the Commonwealth Government and its work included including a review of changes in online environments and the development of the now outdated Voluntary Industry Code of Conduct on Body Image (Australian Government, 2009).

We recommend that Committee Members closely examine the evidence base on the impact of social media when considering any policy or program responses, and note the scalability of several existing Butterfly programs which could be expanded to provide a stronger prevention and early intervention approach to reducing the negative impact of social media on body image.

We would welcome the opportunity to provide oral evidence in relation to any of the matters raised in this submission.

## Introduction

Butterfly Foundation welcomes the Select Committee Inquiry into Social Media and Online Safety (the Inquiry) and values the opportunity to contribute our knowledge in relation to the impact of social media and other online platforms on body image and eating disorders.

Due to the short timeframe, this submission will briefly cover areas relevant to eating disorders and body image issues in relation to the following Terms of Reference:

**Term of Reference (a):** the range of online harms that may be faced by Australians on social media and other online platforms, including harmful content or harmful conduct;

**Term of Reference (b) (i):** the evidence of the potential impacts of online harms on the mental health and wellbeing of Australians;

**Term of Reference (c):** the effectiveness, take-up and impact of industry measures, including safety features, controls, protections and settings, to keep Australians, particularly children, safe online; and

**Term of Reference (h):** any other related matter.

For the benefit of the Committee Members who are unfamiliar with eating disorders and body image concerns we provide an introduction to eating disorders and body image concerns below.

## Overview of eating disorders and body image concerns in Australia

Eating disorders are serious psychiatric disorders with significantly distorted eating behaviours and high risk of physical as well as psychological harm. Left unaddressed, the medical, psychological and social consequences can be serious and long term. Once entrenched, eating disorders can impact on every aspect of an individual's life and for many, can be life-threatening.

Types of eating disorders include: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Other Specified Feeding and Eating Disorders (OSFED), Avoidant/Restrictive Food Intake Disorder (ARFID), Unspecified Feeding or Eating Disorder (UFED), Rumination Disorder, and Pica.

## Prevalence

At any one time, approximately 4 per cent of the Australian population – or more than one million people – is experiencing an eating disorder, while lifetime prevalence is 9 per cent (Deloitte, 2015). Of those with eating disorders: 47 per cent have Binge Eating Disorder, 12 per cent have Bulimia Nervosa, 3 per cent have Anorexia Nervosa and 38 per cent have other eating disorders – such as Other Specified Feeding and Eating Disorders (OSFED) (Paxton et al, 2012). When ‘disordered eating’ behaviours are included (that is, sub-clinical behaviours), using a 3-month prevalence point, a large-scale community survey found that 16.3 per cent of people in Australia have experienced an eating disorder (Hay, Girosi & Mond, 2015).

The actual prevalence of eating disorders and disordered eating behaviour in the community may be much higher. Research recently conducted for Butterfly shows that from a representative national sample of 3,030 people, 17 per cent of the population – almost one in five – either have an eating disorder or have greater than three symptoms of disordered eating (Butterfly Foundation, 2021b). The Covid-19 pandemic has had a significant impact on eating disorder presentations (McLean, Utpala & Sharp, 2021) and Butterfly’s National Helpline experienced a significant per cent increase (pre-Covid) in contacts from the 2020 financial year to the 2021 financial year.

While eating disorders can affect anyone at any age, they remain more prevalent among adolescents and young people, with the average onset for eating disorders occurring during adolescence and young adulthood (Volpe et al, 2016; Hart et al, 2011). While comprehensive data on prevalence at a state and territory level is not available it is estimated that prevalence is similar across different regions of Australia (Deloitte, 2019).

## Comorbidities

Eating disorders are frequently associated with other psychological and physical disorders such as depression, anxiety disorders, substance abuse and personality disorders (Hudson et al, 2007).

## Mortality rate and suicidality

Eating disorders carry an increased risk of premature death due to long term medical complications and increased rate of suicide. With the exception of some substance abuse disorders, eating disorders have the highest mortality rate of any mental illness (Chesney, Goodwin & Fazel, 2014). The mortality rate for eating disorders is between one and half times to twelve times higher than the general population (Arcelus et al, 2011).

## Gender differences

Eating disorders can affect both women and men, however the highest prevalence rates in Australia occur in women and girls aged 15 to 29 years, with a prevalence rate of 13.6 per cent in the 20-24 age group (Deloitte, 2019: 3). In any given year, the majority of contacts to Butterfly Foundation’s National Helpline are from girls and women under 25, with numbers of contacts particularly elevated during the height of the Covid-19 pandemic – overall contacts to Butterfly’s Helpline in 2019-20 increased by 48 per cent from the previous year (Butterfly Foundation, 2021a). According to a large UK study, by mid-life 15 per cent of women have experienced an eating disorder, including through new onset and chronic disorders (Micali et al, 2017). According to a nationally representative study of 100,000 people in the USA, 1 in 5



women (19.7 per cent) will have had an eating disorder by the age of 40 (compared with 1 in 7, or 14.3 per cent of men) (Ward et al, 2019).

While approximately 90 per cent of people diagnosed with Anorexia Nervosa and Bulimia Nervosa in Australia are women or girls, there are significant numbers of men and boys affected by eating disorders and body dissatisfaction. National estimates produced in 2012 for Butterfly Foundation found that 36 per cent of those experiencing eating disorders identify as male. Instances of binge eating disorder are evenly represented across both women and men in Australia (Paxton et al, 2012), while body dissatisfaction (a risk factor for the onset of eating disorders) is a significant issue for younger men and boys. A 2017 Butterfly Foundation survey found that 40 per cent of respondents identifying as male were dissatisfied or very dissatisfied with their appearance (compared with 46 per cent of respondents identifying as female). Men and boys are subjected to specific cultural messages about appearance that can increase their vulnerability to eating disorders. These include an idealised physical body shape that is lean and muscular, and social norms that frame masculinity as about control and 'taking charge' (Griffiths, Murray, & Touyz, 2015). Eating disorders among boys and men may present differently than in girls and women, particularly with muscularity-oriented disordered eating (Nagata, Ganson & Murray, 2020). These features can mean that eating disorders among men and boys are overlooked or misdiagnosed by health care professionals.

### Other demographic characteristics

Contrary to common stereotypes, large scale surveys show that eating disorders do not discriminate by income or education (Hay, Girosi, & Mond, 2015), while emerging research suggests Aboriginal and Torres Strait Islander people experience eating disorders and body image issues at a similar or higher rate than non-Indigenous people (Burt et al, 2020).

People who are LGBTIQ+ are at greater risk for disordered eating behaviours (Calzo et al, 2017). An Australian study found that two out of three young trans people have limited their eating in relation to gender dysphoria during puberty, while 23 per cent have a current or previous diagnosis of an eating disorder (Strauss et al, 2017).

### Economic costs

The total social and economic cost of eating disorders in Australia in 2012 was estimated at \$69.7 billion (Paxton et al, 2012). In today's figures, this number is \$80.1 billion per year. This number includes health system costs, productivity cost and carer costs. In 2012, direct financial costs were estimated at \$17.1 million, and the burden of disease costs were \$52.6 million.

The estimated cost of eating disorders (in terms of disability-adjusted life years) is higher than that of depression and anxiety combined (Ibid).

### Overview of body dissatisfaction and dieting among children and young people

Body image concerns are consistently ranked within the top 3-5 personal concerns of young people aged 15-19 (Mission Australia, 2021). In 2021, 33 per cent of those surveyed were 'extremely' or 'very concerned' about their body image.

Body dissatisfaction can begin early in life and is now common among children under 12. Butterfly recently conducted a survey with 165 Australian adults, ranging in age from 19-65, who developed body image and/or eating concerns during primary school. This survey found that:

- 93 per cent of respondents indicated that their primary school body concerns worsened in adolescence

- A range of serious and unhealthy behaviours developed during primary school:
  - 64 per cent started restrictive dieting (most frequently at ages 10-12)
  - 77 per cent engaged in disordered eating behaviours (with ages 8, 10-12 most frequent ages of onset)
  - 33% engaged in excessive exercise (most frequently at ages 10-12)
- 43 per cent of respondents reported developing an undiagnosed eating disorder between the ages of 5 and 12 (highlighting the need to make more primary schools aware of these serious issues in childhood).

Stigmatising weight attitudes form from very early in childhood, and are related to appearance-based teasing, which are linked to the development of body dissatisfaction and unhealthy behaviours (Spiel et al, 2012; Damiano et al, 2015a; Puhl et al, 2021; Damiano et al, 2015b; Rancano et al. 2021). Body dissatisfaction is an important risk factor for negative physical, mental and social outcomes including unhealthy dieting and muscle building behaviours, depression, anxiety, higher weight and eating disorders (Paxton & Damiano, 2017). In one study, nearly 50 per cent of girls aged 9 to 12 years old reported feeling dissatisfied with their body (Clark & Tiggemann, 2008). Another study found that found that 54.8 per cent of boys aged 12 to 18 expressed a desire to alter their body in some way (Lawler and Nixon, 2011).

Importantly, greater body concerns from ages 5 and 7 have been shown to predict dieting by age 9 (Evans et al., 2013; Dohnt & Tiggemann, 2006). By the time they reach adolescence, 1 in 6 girls have already employed at least one potentially dangerous method of weight reduction (Field et al, 2003).

This research underscores the importance of working to address the social determinants of negative body image and disordered eating – such as negative impacts of social media usage – with children and adolescents before thoughts and behaviours become entrenched. Without preventative strategies and early intervention, interrupted physical, educational and social development can pose risk of significant medical complications in the long-term, along with other mental health issues.

## Overview of help-seeking, community attitudes, stigma and discrimination

It is important to consider social media engagement in the context of the low level of help-seeking among people with eating disorders and stigma.

### Low help-seeking among people with eating disorders

Less than one in four people (23.2 per cent) with eating disorders seek professional help (Hart et al, 2011). Stigma and shame are the most frequently identified barriers for accessing treatment. Other factors include denial of and failure to perceive the severity of the illness, practical barriers such as cost of treatment, low motivation to change, negative attitudes towards seeking help, lack of encouragement from others to seek help, and lack of knowledge about help resources (Ali et al, 2017).

### Low mental health literacy and stigmatising attitudes

Stigmatising views about eating disorders are common within the community. Recently published research conducted by Butterfly with a large community sample (n = 3,030 people) shows that one in four people in Australia believe that if people with eating disorders ‘were stronger people, they wouldn’t be doing this to themselves’, while three in five people believe that ‘most people think that bingeing/purging is disgusting’ (Butterfly Foundation, 2021b).

Existing research on eating disorder stigma in community samples – largely from the USA – shows that eating disorder stigma differs from other types of mental health stigma. For example, in one study people with anorexia nervosa were viewed as ‘most to blame for his/her condition’, were best able to ‘pull

him/herself together if he/she wanted to', and were 'acting this way for attention' compared to people with other conditions (Stewart, Keel, & Schiavo, 2006). Another study found that attitudes toward people with eating disorders are significantly more stigmatising than attitudes toward people with depression (Roehrig & McLean, 2010).

Related to stigma, community knowledge about eating disorders is another area that requires attention. While community understanding of conditions such as depression and anxiety has improved markedly in recent decades thanks to the efforts of organisations such as Beyond Blue, knowledge of eating disorders remains very low. Only one in ten people in Australia can recognise the signs and symptoms of eating disorders (Butterfly Foundation, 2021b).

### **Stigma and discrimination**

Stigma is also closely related to discrimination. In the survey mentioned above, Butterfly found that experiences of discrimination were common, with nearly a third of respondents saying they had experienced discrimination in accessing services. When elaborating, one respondent said: 'I was told that my ethnic background doesn't get eating disorders and that I would grow out of it'. Another respondent referred to: 'Being called the wrong name and pronouns consistently. Accessing some of the health care systems made me worse instead of better' (Butterfly Foundation, 2020a).

The evidence outlined above points to the need for greater community awareness activity, targeted education about eating disorders for health professionals, and eating disorder-specific anti-stigma initiatives under the national anti-stigma strategy. We recommend that resourcing under the strategy be dedicated for investigation of eating disorder stigma, including research and consultation with sector and lived experience representatives.

### **The impact of misinformation and stigma on body image and eating disorders**

With high levels of misinformation and stigma, and in the absence of access to reputable information resources and clinical treatment services, people experiencing at risk of or experiencing body image concerns and eating disorders are likely to seek information from social media. Many people on social media – such as 'influencers' – offer 'solutions' on what followers can do to improve their appearance, body and life. Children and young people, people with low media literacy, or those who are vulnerable in other ways may not understand that these personal opinions on 'healthy lifestyles' may not be grounded in evidence. Exposure to this content can be harmful if the information relates to eating, nutrition, and exercise.

From Butterfly's discussions with the community, our observation is that being exposed to potentially damaging trends can increase risk of engaging in risky and potentially harmful behaviours as vulnerable people seek to feel better about themselves and their body. We explore some of the evidence in support of this observation in the section below. Term of Reference (a): the range of online harms that may be faced by Australians on social media and other online platforms, including harmful content or harmful conduct

### **Term of Reference (b) (i): the evidence of the potential impacts of online harms on the mental health and wellbeing of Australians**

#### **The range of influences on body image and eating disorders**

Butterfly is alerted to harmful trends on social media platforms and other online spaces by our community on a regular basis.



Examples of harmful content include videos portraying young people engaging in dangerous restrictive dieting behaviours to lose excessive amounts of weight, which in theory could be demonstrative of an eating disorder. While this in itself is an issue, what is more concerning is that these behaviours are being shared with other users who may then engage in the same behaviours or make body, weight, shape, or appearance comparisons to the person in the original post (who may have or be at risk of experiencing an eating disorder). This type of content could encourage risky eating and exercise behaviours which are a known trigger for eating disorders. In addition, targeted advertising and machine learning can mean that people who are interested in appearance-related content (including those searching for help) may be exposed to such content at a higher rate, thereby increasing their risk for eating disorders (Rodgers et al, 2019). For someone at risk of, experiencing or recovering from an eating disorder, repeated exposure to this content can significantly stall recovery progress or reignite eating disorder thoughts and/or behaviours.

The exact nature of the harm caused by such content is difficult to quantify. This is because body image and eating disorder thoughts and behaviours are influenced by a range of factors including individual characteristics such as personality traits, with higher levels of neuroticism and lower levels of extraversion associated with poor body image (Allen & Walter, 2016; Roberts & Good, 2010; Swami et al., 2013). Psychological risk factors include low mood or depression, low self-esteem and perfectionism (Sharpe et al., 2018; Murray, Rieger, & Byrne, 2013; Nichols et al., 2018). Another individual-level factor is subscription to hegemonic appearance ideals (such as leanness or muscularity), with upwards social comparison a contributing factor to poor body image (Fardouly, Pinkus, & Vartanian, 2017). Biological life events such as puberty and menopause have also been found to influence body image (Slater & Tiggemann, 2012; de Guzman & Nishina, 2014; Deeks & McCabe, 2001; and Erbil, 2018).

Sociocultural factors include appearance-related teasing or bullying (Menzel et al., 2010; Valois et al., 2019; Webb & Zimmer-Gembeck, 2014) and weight stigma. Weight stigma refers to social devaluation of higher weight, which can lead to people in larger bodies experiencing prejudice and discrimination in the public sphere (including health care settings).

Weight stigma starts developing early in childhood, with children as young as 3 years old attributing negative qualities (such as 'lazy' and 'mean') to images of children with larger bodies and attributing positive qualities (such as 'nice' and 'clever') to images of children with thinner bodies (Musher-Eizenman et al., 2003; Damiano et al., 2015a; Spiel et al., 2012). At age 5, 90 per cent of boys and 92 per cent of girls have indicated a preference for not inviting children in a larger body to their birthday party, and perceiving thin-to-average sized children as 'good' (Children's Body Image Development Study, cited in Butterfly Foundation, N.D.).<sup>i</sup> Intersecting experiences of gender, race, ethnicity, age and sexuality also have an impact on body image (for an overview of this literature, see Centre for Appearance Research, 2020). Poor body image is, in turn, a risk factor for a range of mental health conditions including – but not limited to – eating disorders.

### **The role of social media in body image**

With the growth of social media in recent years there has been increasing research interest into its impact on the development of negative body image and eating disorders, particularly among adolescents and young adults. Adolescents are the biggest users of social media, with 85 per cent of adolescents aged 14 years reporting social media usage (Odgers and Robb, 2020). Surveys from Australia and the USA show that YouTube and Instagram are the most popular platforms among teenagers and young adults (Statistica, 2021).

There is now a significant body of evidence documenting the impacts of social media on negative body image and eating disorder risk. There is also evidence that there is a stronger association between social

media usage and eating disorder risk for social media and internet exposure when compared to traditional media exposure (e.g., magazines and television) (Tiggemann & Miller, 2010).

A recent systematic review of studies examining habitual social media use among adults aged 18-30 found engagement or exposure to image-related content on body image and food choices was associated with higher body dissatisfaction, dieting/restricting food and overeating (Rounsefell et al, 2019). The review identified several themes among the findings, including that: social media encourages comparison between users, comparisons heighten feelings about the body, and young adults modify their appearance to portray a perceived ideal image. The review also found that young adults are aware of social media's impact on body image and food choices, however external validation via social media is still pursued.

Social media influencers (people with a large number of followers) on appearance-focused platforms play a significant role in the promotion of unrealistic representations of bodies. Accounts on these platforms are the most likely to include what is commonly known as 'thinspiration' and 'fitspiration' content. These types of content can have a normalising effect on broader appearance ideals (Rodgers et al, 2019). Many influencer accounts present heavily edited imagery of themselves, endorse products (which they are paid to advertise) and promote opinions on 'healthy lifestyles' which may appeal to their followers but bear no resemblance to evidence-based health advice. In a context where organic posts with personal reflections and paid advertising posts are mixed, it may be difficult for social media users to distinguish user-generated versus industry-generated content.

Two theories are commonly used to explain the relationship between social media and body image: social comparison theory and objectification theory (Rounsefell et al, 2019).

### **Comparison theory**

Comparison theory posits that a predisposition to upwards social comparison (comparing oneself to peers perceived as more attractive or lean) is a precursor to body dissatisfaction. For people with this predisposition, being exposed to (and/or engaging with) people on social media is the mechanism through which their negative body image develops.

A new study investigating the relationship between social media use and body dissatisfaction among adolescent boys and girls has found that comparisons are an important mechanism within the relationships between social media use and body satisfaction, with bidirectional mediation found over time (Jarman et al, 2021). This study has demonstrated "the possibility of a feedback loop occurring whereby, through comparisons, higher social media use predicts lower body satisfaction, which then predicts higher social media use".

### **Objectification theory**

Objectification theory encompasses an understanding of dominant sociocultural influences, positing that girls and women are acculturated to internalise observers' perspectives of their bodies. Within a culture where women are sexually objectified, women are socialised to engage in self-objectification. As Rounsefell et al (2019) explain:

"Self-objectification refers to the degree that a person internalises a third-person perspective of themselves and becomes preoccupied with how their body looks to peers. This can result in habitual monitoring of their bodies' appearance. Social networking sites provide opportunities for young adults to engage in self-objectification behaviours by uploading photos of themselves that invite comments and reactions from others."

There is longitudinal data that demonstrates that internalisation of the thin appearance ideals and body dissatisfaction are risk factors for eating disorders in women (Rohde, Stice, & Marti, 2015).

Importantly, the development of self-objectifying behaviours, negative body image and eating disorder behaviour is not limited to girls and women. Similar studies have found that among boys and men, media

consumption was associated with the internalisation of appearance ideals, dissatisfaction with appearance, the pursuit of leanness and muscularity, and disordered eating behaviours (Rodgers, Ganchou, Franko, & Chabrol, 2012).

### **Harmful online content is not limited to social media**

Problematic body image and eating disorder content has been shared in online spaces for several decades, including 'pro-ana' and 'pro-mia' websites dating back to the 1990s. During the same period, weight loss programs (including smartphone applications which charge users for dieting regimes under the guise of psychology, such as Noom) have proliferated as part of a 'fitspo' culture and a 'wellness' industry which is a \$4.5 trillion global market (Global Wellness Institute, 2019). Advertising by the food industry promotes social interaction through consumption, while a complex array of products and services are developed and marketed in the service of 'appearance improvement' (Rodgers et al, 2019). This social and economic trend includes cosmetic procedures, including the rapidly growing area of non-surgical cosmetic treatments (e.g., anti-wrinkle injections and fillers). Prior to the Covid-19 pandemic, the Australian non-surgical cosmetic surgery market grew by 25 percent on the previous year (to \$560 million), compared to the surgery market which only grew by 1.4 per cent (to \$860 million) (IBISWorld data, cited in McKay, 2019).

This mix of influences within mass media, advertising or social media can leave people exposed to contradictory messages, resulting in a bind where "media contribute to the creation of an environment that is saturated in food cues and invitations to consume calorically dense foods, while simultaneously promoting an ultra-slender appearance ideal" (Rodgers et al, 2019).

Federal, state/territory and local government obesity prevention initiatives have also been using social media in recent years to influence food choices and exercise behaviour. However here is evidence that young people are drawn to the health messages of influencers in preference to the advice of health professionals (Hoffman& Tan, 2013).

In addition, while these public health campaigns have been well-intentioned, many contain harmful framing and triggering content for those who are at risk of or experiencing eating disorders (e.g., through a focus on weight and body size, as opposed to promotion of positive health behaviours).

One example of this messaging is a facebook post made by the Western Sydney Local Health District in April this year (now removed), which referred to 'Covid kilos' and 'burning off' foods (Figure 1). The content of this post was triggering for our community given the negative role of calorie counting for those at risk of developing, currently living with, or recovering from, an eating disorder. Put simply, there are no 'good' or 'bad' foods, and food does not have to be 'burned off' once it is consumed. Negative and moral connotations around food can contribute to an unhealthy relationship with eating and exercise, affecting a person's health and wellbeing. While there are no problems with promoting physical activity, the term 'burning off' frames eating as something negative, while exercise is also framed in negative terms as a compensatory behaviour. This type of thinking and compensatory behaviour is a key feature of many eating disorders – which is why a member of the community recovering from an eating disorder alerted us to the post.



Figure 1: Western Sydney Health Facebook post 13 April 2021



Butterfly is regularly alerted to examples of problematic messages such as this example, and we often take direct action by engaging with the agency responsible to request removal or altered content. We also engage online in replies and comments, and provide support to community members who may be struggling psychologically in response to the content.

Any proposals for regulatory change in relation to social media should consider this broader online context and consider the need for a suite of measures to support positive body image and psychological safety for people at risk of or experiencing eating disorders. Further discussion on this point can be found in our response to Term of Reference (h), below.

### Butterfly's response to harmful social media content

Butterfly is regularly alerted to problematic content, both organic and sponsored, across social media platforms that could have a significant impact on body image or in some cases fuel an eating disorder.

Where possible, we monitor content on social media platforms, reporting body image and eating trends of concern to the respective social media organisations as they appear.



Much of the unhelpful content (organic and sponsored) shared with Butterfly from community members depicts harmful imagery that has the ability to reinforce negative feelings, attitudes and behaviours in relation to body image, food and diet. Problematic content often also highlights a broader cultural fixation with the notion of 'ideal' body types. It is within this context that we observe extremely unsafe weight loss and/or muscle bulking methods being promoted to impressionable audiences, such as children and adolescents. For a person who is experiencing, recovering from, or at risk of an eating disorder, exposure to this content can encourage eating disorder feelings, thoughts and behaviours.

Butterfly's response to date has been to continually monitor the development of new platforms as they pose unique challenges in combatting pro-eating disorder content. Butterfly has worked alongside social media organisations in recent years to approach this issue collaboratively. This work includes:

- Collaborating on positive body image campaigns with Instagram such as #OwnYourFeed (2018), #TheWholeMe (2019) and BodyKind Online (due to launch in early 2022).
- Providing feedback to TikTok and Instagram on the development of in-app product developments and in-app resources that provide helpful tips on how to support yourself and your body image while interacting online.
- Providing feedback on policies that help protect users from harmful and triggering content.
- Recommending features and disruptors (prompts and reminders, such as Instagram's recently launched 'take a break' feature) to social media organisations.
- Supporting TikTok and Instagram so when someone is searching for a hashtag related to eating disorders they are prompted to access the Butterfly Foundation's National Helpline or website where they can find help, support, and information about treatment options.

Further information on TikTok's most recent actions to support those impacted by eating disorders and negative body image is available here: <https://newsroom.tiktok.com/en-us/coming-together-to-support-body-positivity-on-tiktok>. Further information on Instagram's most recent actions to support those impacted by eating disorders and negative body image is available here:

<https://about.instagram.com/blog/announcements/how-we-re-supporting-people-affected-by-eating-disorders-and-negative-body-image>.

Butterfly also develops our own content to share with our 140,000+ supporters on social media in addition to working with print and broadcast media (we receive many requests from journalists seeking expert commentary on social media trends). This work takes the form of infographics, self-help strategies, blog posts, research summaries and profiles of people with lived experience sharing their stories and their tips for maintaining positive body image and/or recovery from an eating disorder.

The content that Butterfly produces and distributes offers alternatives to the dominance of appearance-based approaches to representation of bodies, eating and movement. Our messages never focus on weight, size or shape. Examples of our approach can be viewed on our social media channels ([Instagram](#), [Facebook](#), [LinkedIn](#), [Twitter](#) and [YouTube](#)). They include: celebrating body functionality as opposed to body appearance; body neutral approaches; promotion of movement for pleasure and relaxation; promoting self-compassion and kindness (towards our own bodies and the bodies of others); motivational lived experience stories; neutral or positive imagery in infographics; and real life photos which encompass the diversity of bodies, including bodies of varying sizes and shapes, people with different skin tones from a range of cultural backgrounds, people of varying ages, and non-binary and gender diverse people.

Butterfly also has a longstanding partnership with the international Dove Self-Esteem Project, which supports our prevention programs in school and community settings (more information about this part of Butterfly's work is outlined in response to Term of Reference (h), below, and on Butterfly's [website](#)). Dove

Self-Esteem Project activities have been researched and found to have positive impacts on body image (see, for example, Atkinson et al, 2017).

It is also important to note that while research has established a relationship between types of social media engagement and poor body image, there is limited investigation of the ways in which online environments can engender positive effects. For example, there is potential for online spaces to provide opportunities for improving access to mental health services (such as Instagram's redirection of users to Butterfly's National Helpline), enable positive connection and support among peers (e.g., via forums) and to operate as sites of resistance in response to harmful dominant narratives such as diet culture and weight stigma discourses. The body positivity movement, when led by people in larger bodies, is one example of the way in which online environments can be used to improve awareness of bodily diversity, reduce stigma and create a community of support. The #bodypositive hashtag has over 17.4 million posts on Instagram alone.

### **Actions that have already been taken by social media companies**

As noted above, Instagram and TikTok have made some changes to their platforms in recent years to improve safety for their users. We note that Meta (formerly known as Facebook) has advertising standards in place to protect users against images that contain unrealistic 'before and after' photos as well as content that attempts to generate negative self-perception in order to promote diet, weight loss or other health related products.

We also note that earlier this year Pinterest changed its advertising policies to prohibit all advertising with weight loss language and imagery:

"Our updated policy will now prohibit:

- Any weight loss language or imagery;
- Any testimonials regarding weight loss or weight loss products;
- Any language or imagery that idealizes or denigrates certain body types;
- Referencing Body Mass Index (BMI) or similar indexes; and
- Any products that claim weight loss through something worn or applied to the skin

This is in addition to ad content that is already barred from Pinterest, including:

- Weight loss or appetite suppressant pills, supplements, or other products;
- Before-and-after weight-loss imagery;
- Weight loss procedures like liposuction or fat burning;
- Body shaming, such as imagery or language that mocks or discredits certain body types or appearances; and
- Claims regarding unrealistic cosmetic results

Ads promoting healthy lifestyles and habits or fitness services and products will still be allowed, as long as they don't focus on weight loss." (Pinterest, 2021).

Pinterest collaborated with Butterfly's USA counterpart, the National Eating Disorders Association (NEDA), in developing this policy.

As technology evolves and new platforms become more popular, Butterfly is committed to working with social media organisations to put parameters in place to limit people's exposure to potentially harmful content.

## **Term of Reference (c): the effectiveness, take-up and impact of industry measures, including safety features, controls, protections and settings, to keep Australians, particularly children, safe online**

Butterfly is regularly called upon to provide advice and develop content for other organisations in relation to body image and eating disorders. Butterfly works consistently to improve the safety of social media platforms with the actions as noted above, however it is difficult to establish how effective this work is without investment in accompanying independent research. On this point it is important to note that Butterfly is not provided with government funding to undertake this type of work; as a charity, our small team of communications professionals is vastly outnumbered by the resources of social media companies and advertisers. With funding support, Butterfly would be well-placed to engage in more discussions with social media companies and develop and promote tools and resources to make social media a safer environment for people at risk of developing body image issues and eating disorders.

Butterfly regularly works with the Office of the E-Safety Commissioner in promoting strategies and tools that can be used to mitigate online harm and support psychological safety. We would support any strengthening of this role, including additional funding, to support the Commissioner's work.

### **(h) Any other related matter**

#### **Policy changes in other jurisdictions**

In considering changes to the policy settings in Australia, Committee Members may wish to review recent policy changes and proposals currently being considered in international jurisdictions.

Earlier this year, Norway announced legislation that required a disclaimer to be used on print and online advertising images to highlight if they have been photoshopped or edited to alter a person's shape or size, mirroring changes made in Israel in 2012 and France in 2017 (Tiggemann, 2021). The reasoning behind this change is that adding a disclaimer such as 'this image has been digitally altered' will alert the viewer the image portrayed is unrealistic. However recent research has found that "the negative effect of viewing faces and bodies – touched up to perfection – cannot be undone or counteracted by the inclusion of a few words" (Ibid). There is no evidence that disclaimer labels improve body satisfaction or stop social comparison in online spaces.

This example highlights the need to consider the evidence base before introducing policy change into an area as complex and nuanced as the relationship between social media and body image. There is also very limited evaluation of government efforts to improve body image internationally (Paxton, 2015). Any changes proposed by government should therefore include detailed exploration of what is likely to have an impact, the development of a pilot program, and funding for a high quality evaluation of the pilot program before any changes are made at scale.

One promising approach to investigate would be to trial ways in which social media companies can interrupt the negative cycle which can develop when higher social media use leads to lower body satisfaction, which in turn predicts higher social media use.

A parliamentary inquiry into body image was recently conducted in the United Kingdom (House of Commons Women and Equalities Committee, 2021). As part of this process, expert evidence and several policy proposals were considered, including creating a statutory duty of care for social media companies and developing tools to monitor potentially harmful online content. The final report, 'Changing the perfect picture: an inquiry into body image', provided a significant list of recommendations to government. These included:



- the production of guidance for individuals seeking to use their Equality Act legislation to challenge appearance-based discrimination;
- that the scope of the government's draft Online Harms Bill be widened to include harms related to body image and appearance-related bullying, due to the foreseeable risk of a significant adverse physical or psychological impact on individuals who are at risk of developing negative body image;
- that the government should ensure that social media companies enforce their advertising rules and community guidelines and introduce strong sanctions for failing to do so, including but not limited to, significant fines;
- government measures to ensure that any age verification or assurance processes used by online companies are effective and protect young people from harmful content;
- that the government engages with social media companies on developing innovative solutions to protect users from body image harms encountered online, and provides support to groups at high risk of developing poor body image to ensure the new regulatory system works for them; and
- a 'whole-of-school' approach to encouraging positive body image (House of Commons, 2021).

To consider the relevance of similar proposals in the Australian context, Butterfly recommends the establishment of a national body image inquiry, either through a parliamentary committee or another type of review mechanism. Such an inquiry could investigate evidence which has been generated since the time of the National Advisory Group on Body Image, which was convened by the Australian Government in 2009, including a review of changes in online environments and a review of the now outdated Voluntary Industry Code of Conduct on Body Image (Australian Government, 2009).

### **The need for greater investment in prevention and early intervention**

We note that the recent Productivity Commission mental health inquiry report (2020) had a strong focus on the social and emotional wellbeing of children – early childhood and schooling (Chapter 5). The Victorian Royal Commission's reports (2019 and 2020) also recognised the importance of investment in this area – Commissioners recommended reforms to establish two service streams: an infant, child and family mental health and wellbeing service stream for those aged 0–11 years old, and a youth mental health and wellbeing service stream for those aged 12–25 years old.

As noted earlier in this submission, body image and eating concerns can start early in life. The more preventative measures that can be made during this time, the greater the return in terms of positive health outcomes (and associated health system cost savings). We note that the Productivity Commission report cites Butterfly's evidence that "eating disorders funding focuses on treatment while prevention remains ad hoc" (Volume 2, 246). However, there is little in the report's recommendations that support a change to this situation.

In the absence of evidence-based interventions which support the development of positive body image, many children and young people turn to social media for information and guidance. Online environments are filled with diet culture messaging, weight stigmatising views, and associated discrimination (including weight stigma in many well-intentioned physical health campaigns). In recent years social media influencers and celebrities have become an omnipresent force on social media and therefore in the lives of children and young people. There is evidence that young people are drawn to the health messages of these influencers in preference to health professionals (Hoffman & Tan, 2013).

To balance the large amounts of unhelpful and potentially harmful content that these cohorts may be exposed to, education programs in school, community and home settings are required. Butterfly is delivering a range of evidence-informed programs across Australia, with the support of a small number of corporate and philanthropic donors. Butterfly would welcome Commonwealth Government funding to



further expand our prevention initiatives in home, school and community settings (such as education and recreational sport settings) to help equip children and young people to safely navigate social media and other online environments. With greater resourcing, these programs could easily be scaled up and made widely available to children, young people, parents, educators and other professionals who interact with children and young people.

Butterfly would also welcome the opportunity to be involved in the development of any new programs to support knowledge and skill development in online environments, building on the work we have undertaken with social media companies to date.

## Conclusion

The Inquiry presents an opportunity to consider the role of social media and online environments in the development of eating disorders and the more widespread experience of body image issues. There is much that can be done to improve the safety of these spaces, including continuing to work collaboratively with social media companies and investing in programs to educate the community on ways to mitigate any negative effects. Changes to regulation in this area could include the addition of body image and appearance-related bullying to online harm legislation, a strengthening of government oversight of actions being taken by social media companies, and collaboration with industry on innovative online solutions, as are being considered in the United Kingdom. These issues would be best explored through establishing a national inquiry into body image, including engagement with researchers, clinicians, community organisations and people with lived experience.

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<sup>1</sup> A comprehensive summary of children's body image has been prepared by Butterfly and is available here:

<https://static1.squarespace.com/static/60a212b84e9cf244cb678799/t/60ee3fe6b1dcd258da813b3/1626226663346/Butterfly+Body+Bright+Relevant+Research.pdf>