

Community Insights Research

April 2024



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1. Executive summary

Background and objectives

Verian (formerly Kantar Public) was commissioned by Butterfly to further its understanding of community awareness and perceptions of its brand, and to explore community knowledge and attitudes about body image and eating disorders. This research was first completed in 2020; a secondary aim for this year was therefore to measure changes in brand positioning, value proposition, and community attitudes and knowledge about body image and eating disorders compared to 2020.

More precisely, Butterfly Foundation wanted to:

- Measure the prevalence of self-identified lived experience of eating disorders, disordered eating, and body image issues within the community.
- Understand community perceptions of the prevalence, presentation, and impacts of eating disorders and body image issues, and measure levels of stigma in relation to eating disorders.
- Evaluate the current profile and positioning of the Butterfly Foundation brand and its services in relation to other eating disorder/body image focused groups and mental health organisations, including strengths and weaknesses of the brand.
- Explore significant differences between 2020 and 2023 for all metrics.

Methodology

An 18-minute survey was administered online to a representative sample of the Australian population, with a sample size of n=3,023. Fieldwork was completed between 11th and 23rd October 2023.

Key Findings

Prevalence and risk of eating disorders has increased since 2020

- 21% of respondents self-identified as having lived experience of an eating disorder; this has increased since 2020 (when it was 17%).
- This was likely due to an increased proportion of those personally identifying as a person living with an eating disorder (14% in 2023 vs. 11% in 2020).
- There was also a significant increase in the proportion of respondents who reported symptoms of eating disorders. More than half (57%) had experienced at least one of the symptoms of eating disorders compared to 50% in 2020.
- Lived experience and risk of eating disorders was more prevalent among women (27%) compared to men (16%), and among younger age groups (50% of those aged 18-24; 30% of those aged 25-44).

Nearly a third of people (and more women than men) were dissatisfied with their body

- The research revealed that while over half (57%) of respondents were satisfied with how their body looks, 30% said they were dissatisfied.
- Body satisfaction was higher for men (64%) compared to women (51%), and Aboriginal and/or Torres Strait Islander respondents (61%) compared to non-Indigenous respondents (57%).
- The biggest influence on the way people feel about how they look was social media, followed by parents/siblings, friends, advertising, and celebrities/influencers.

- Most (57%) respondents had been teased or received negative comments about their appearance, a known risk factor for body image issues.
- Many reported that feelings about their looks had stopped them from engaging in physical and social activities like going to the beach or pool (56%), pursuing a romantic relationship (48%), doing physical activity/sport (47%), or going to social events (46%).

Awareness of eating disorders has increased but understanding remained low.

- Most respondents were aware of the following eating disorders; Binge Eating Disorder (95%), Anorexia Nervosa (91%), and Bulimia Nervosa (89%).
- Awareness of Binge Eating Disorder (92% in 2020), Bulimia Nervosa (87% in 2020), and Body Dysmorphic Disorder has significantly increased since 2020 (65% in 2020 vs. 74% in 2023).
- There was a significant increase in the proportion of people who reported knowing a fair amount or a lot about Anorexia Nervosa (44% in 2023, 40% in 2020), Bulimia Nervosa (42% in 2023, 35% in 2020), Binge Eating Disorder (42% in 2023, 35% in 2020), and Body Dysmorphic Disorder (25% in 2023, 17% in 2020).
- Confidence in recognising the signs of an eating disorder was low. Only 11% (consistent with 2020 at 10%) said they felt confident to recognise the signs that someone is living with an eating disorder, and almost one in three (29%) were not confident.
- There was uncertainty about who eating disorders affect and how they manifest. For example, 20% agreed that people who have an eating disorder will look extremely thin or that you can tell by looking at someone that they have an eating disorder – but we know that this is not the case.
- However, overall knowledge appeared to have increased. Significantly more people disagreed that ‘you can tell by looking at someone that they have an eating disorder’ (59% in 2023, 55% in 2020), for example.
- Similarly, significantly more people disagreed that ‘very few males are affected by eating disorders’ (56% in 2023, 51% in 2020), that ‘eating disorders mainly affect teenagers’ (43% in 2023, 39% in 2020), and that ‘eating disorders affect a very small proportion of the population’ (40% in 2023, 35% in 2020).
- Recognition of the link between body image and eating disorders was also strong. Consistent with 2020, 85-86% (vs. 84-86% in 2020) agreed that body image affects overall health and wellbeing and can lead to an eating disorder.

A minority hold common misconceptions about eating disorders

- A minority held stigmatising views about those living with an eating disorder:
 - One in six people (16%) perceived disordered eating to be a sign of weakness.
 - 9% believed that people who binge eat ‘just lack willpower’; however, significantly more people disagreed with this statement in 2023 (57%) compared with 2020 (52%).
 - 12% agreed that ‘it is their own fault that people with this problem are in this condition’; however, 70% disagreed with this statement (no comparison data for 2020 as the item was added in the 2023 survey).
 - One in seven people (14%) agreed that ‘people with this problem could snap out of it if they wanted’, though most (69%) disagreed with this statement (no comparison data for 2020 as the item was added in the 2023 survey).

- 13% agreed that people with eating disorders are just trying to get attention, significantly fewer than in 2020 (17%).
- Almost one in six people (17%) agreed that eating disorders are a lifestyle choice or about vanity. While this was consistent with 2020, significantly more disagreed compared to 2020 (63% disagreed in 2023, 56% in 2020).
- Notably, males and younger people were more likely to subscribe to these stigmatising views; this trend was also present in 2020.

A minority hold common misconceptions about eating disorders

- Almost one in ten people (9%) said that eating disorders 'are not all that serious'; however, 80% disagreed, indicating that most people rejected the idea that eating disorders are not serious. Compared to 2020, significantly more strongly disagreed that eating disorders are not that serious (56% in 2023, 48% in 2020).
- Almost one in ten people (9%) agreed that 'only young girls are affected by eating disorders' (no comparison data for 2020 as the item was added in the 2023 survey).
- Like in 2020, 4-6% agreed that disordered eating behaviour is 'pretty normal'; however, more than half the community (52-66%) disagreed.
- Respondents aged 25-44 years were more likely to normalise disordered eating behaviour than older and younger cohorts, consistent with 2020.

Attitudes to Butterfly Foundation remained positive and open *

- 23% were aware of Butterfly Foundation when prompted and this has significantly increased since 2020 (19%); and 7% mentioned the organisation as a support provider for people with eating disorder or body image issues spontaneously.
- As in 2020, Butterfly Foundation (23%) was the most recognised organisation that focuses solely on eating disorders and body image.
- Brand awareness of Butterfly Foundation was higher amongst women (30%), those aged 25-44 years (26%), members of the LGBTIQ+ community (32%), and those with lived experience of an eating disorder (32%) compared with the average.
- Butterfly Foundation was associated with inclusivity, approachability, and being trustworthy as an educator and service provider.
- Attitudes towards Butterfly remained largely consistent from the 2020 findings with no significant differences except for that they would consider using a Butterfly treatment or support service (19% in 2023, 16% in 2020) or say something positive about Butterfly (19% in 2023, 16% in 2020).
- Conversion from awareness to consideration was high, similar to the findings from 2020. Of the 23% who were aware of Butterfly Foundation, almost three quarters (74%) considered supporting the organisation.
- However, conversion from consideration (74%) to engagement (24%) was low, representing an opportunity for interventions. Again, this was consistent with 2020.
- Of the 4% who engaged with Butterfly Foundation, 25% were already supporting the organisation. Overall, 1% of the population were already Butterfly brand champions (i.e., already support Butterfly Foundation). Crucially, significantly fewer were converted from engagement to advocacy in 2023 (24%) compared with 33% in 2020.

*More detailed data and analysis on brand awareness is left out of the published report due to commercial sensitivities.

Recommendations

There are three recommendations for Butterfly Foundation to consider, which are detailed in Section 7.

In summary, we recommend to:

- Increase community confidence in their ability to recognise the signs that someone is living with an eating disorder through broad community campaigns.
- Challenge and mitigate the stigmatising views and misconceptions about eating disorders among those with lived experience through tailored and sensitive communications, to reduce barriers, and increase help-seeking behaviour.
- Continue to strengthen Butterfly Foundation's brand awareness and increase engagement among those who consider donating time and money.

2. Introduction

Eating disorders are a group of serious mental health conditions associated with high levels of psychological distress and significant physical and medical complications. They are characterized by an unhealthy preoccupation with eating, exercise, or body image issues.

In Australia, a country with a population of more than 26 million, eating disorders affect 4.5% of the population, with a lifetime prevalence of 10.5%. A significant number of Australians also engage in disordered eating and exhibit symptoms of an eating disorder but do not meet the full criteria for a clinical diagnosis of an eating disorder. Less than a third of those living with an eating disorder receive formal treatment.

There are two main reasons for this. First, stigma (real or perceived) is a significant barrier to help seeking and early intervention. This is exacerbated by community misperceptions such as the view that eating disorders affect only women and girls (adding to stigma felt by men and boys). Second, many of those affected are unable to recognise and/or accept their seriousness of their illness.

The reality is that eating disorders are complex and serious psychological disorders that cause significant physical, mental, emotional, and social impairment. Eating disorders, along with some substance use disorders, have the highest mortality rate of all psychiatric disorders.

Butterfly Foundation (Butterfly) was established in 2002 to provide support for people living with eating disorders and their families and carers. Butterfly aims to build awareness, encourage help-seeking, and reduce stigma, while providing services and programs to support prevention, early intervention, treatment, and recovery from eating disorders. The organisation aims to help both the person affected and their carers, families, and supporters.

Verian (formerly Kantar Public) was commissioned by Butterfly to further its understanding of community awareness and perceptions of its brand, and to explore community knowledge and attitudes about body image and eating disorders. This research was first completed in 2020; a secondary aim was therefore to measure changes in brand positioning, value proposition, and community attitudes and knowledge about body image and eating disorders compared to 2020.

More precisely, Butterfly wanted to:

- Understand prevalence of lived experience of eating disorders and body image within the community.
- Understand community perceptions of the prevalence, presentation, and impacts of eating disorders and body image issues, and measure levels of stigma in relation to eating disorders.
- Evaluate the current profile and positioning of the Butterfly Foundation brand and its services in relation to other eating disorder/body image focused groups and mental health organisations, including strengths and weaknesses of the brand.
- Explore significant differences between 2020 and 2023 for all metrics.

This report outlines the findings of this research together with recommendations for Butterfly to consider, to improve community understanding of eating disorders as well as Butterfly's brand position.

1 Deloitte Access Economics. (2024). *Paying the Price*, Second edition. The economic and social impact of eating disorders in Australia. Report commissioned for Butterfly Foundation. Sydney: Butterfly Foundation.

2 Ibid

3 Ali, K., Radunz, M., McLean, S., O'Shea, A., Mavrangelos, T., Fassnacht, D.B., & Hart, L. (2023). The unmet treatment need for eating disorders: What has changed in more than 10 years? An updated systematic review and meta-analysis. *PsyArXiv Preprints*. <https://osf.io/preprints/psyarxiv/cfnz8>

4 Ali, K., Farrer, L., Fassnacht, D. B., Gulliver, A., Bauer, S., & Griffiths, K. M. (2017). Perceived barriers and facilitators towards help-seeking for eating disorders: A systematic review. *The International journal of eating disorders*, 50(1), 9–21. <https://doi.org/10.1002/eat.22598>

5 Chesney, E., Goodwin, G. M., & Fazel, S. (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 13(2), 153–160. <https://doi.org/10.1002/wps.20128>

3. Methodology

An online survey was administered to a representative sample of n=3,023 of the Australian population. The survey replicated research that was conducted in 2020 to assess any changes in beliefs, knowledge, and attitudes.

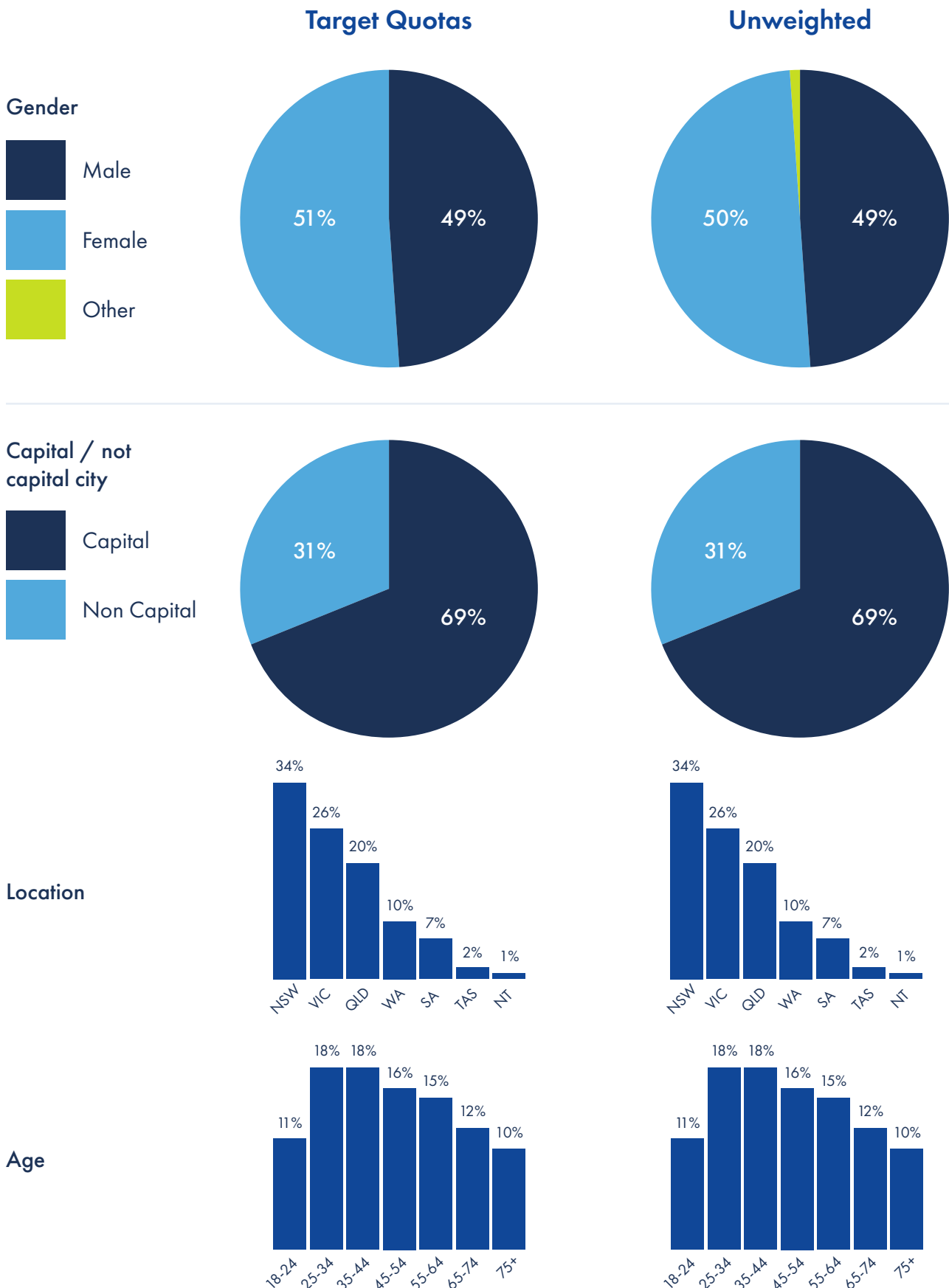
The survey was 18 minutes in duration and fieldwork was completed between 11th and 23rd October 2023. The sample was provided by Lightspeed Research. Table 1 shows the demographic characteristics of the final sample.

Table 1: Sample quotas and demographic breakdown

Group	Breakdown	Population - ABS (n)	Population proportion (%)	Sample size (n=3,000)	Achieved (n=3,023)
Age	18-24 years	2,150,360	11%	330	331
	25-34 years	3,624,761	18%	540	546
	35-44 years	3,487,833	18%	540	542
	45-54 years	3,246,907	16%	480	478
	55-64 years	3,010,008	15%	450	456
	65-74 years	2,459,228	12%	360	365
	75+ years	2,720,776	10%	300	305
Gender	Female	12,877,635	51%	1530	1522
	Male	12,545,154	49%	1470	1470
State	NSW/ACT	8,758,600	34%	1020	1027
	VIC	6,766,600	26%	780	789
	QLD	5,418,500	20%	600	604
	SA	1,844,600	7%	210	212
	WA	2,855,600	10%	300	304
	TAS	572,700	2%	60	61
	NT	251,700	1%	30	31
Location	Greater Capital Cities	17,458,264	69%	2070	2085
	Rest of Australia	7,964,524	31%	930	938
Special Interest Groups	First Nations	812,728	3%	90	179
	*LGBTIQA+	*750,000+	4-6%	120 - 180	307

The final sample was representative of the Australian adult population according to ABS 2021 Census data, and therefore weightings were not applied to the 2023 sample (Figure 1). Detail on the previous weighting can be found in the 2020 Community Insights Report.⁶

Figure 1. Target quotas and achieved unweighted sample for 2023



⁶ Kantar Public (2021). Butterfly Foundation Community Insights Research. Report commissioned for Butterfly Foundation. Sydney: Butterfly Foundation. https://butterfly.org.au/wp-content/uploads/2021/11/Butterfly-Foundation_Community-Insights-Report_January-2021_FINAL.pdf

Interpreting the findings

Significance testing

Where relevant, significance testing was conducted at the 95% confidence level (meaning there is less than 5% probability that a difference occurred by chance). This was primarily used to examine differences between 2020 and 2023. When sample sizes allowed (minimum n=30) significance testing was also used to examine differences across characteristics like gender, age, and lived experience.

Statistically significant differences are shown using the following arrows within/or below the table and/or chart:

 Significantly higher/lower than total population at 95% c.i

A survey result is reported as being 'significant' if it is unlikely to have occurred by chance due to only a portion of the population being sampled rather than the population. This means that if 100 different samples of the population were surveyed, one could be confident that the same result would be achieved in at least 95 of these samples. This definition of 'significance' is beneficial for highlighting what's crucial to report, specifically when results for certain subsamples are significantly higher or lower than the overall sample or comparable group.

Reporting notes

Several considerations should be borne in mind when interpreting the findings of this report:

- Some percentages do not add up to 100%. This will be due to rounding (percentages are represented to the nearest integer), the exclusion of answers such as "don't know" or "not applicable" or multiple response questions.
- When a statistic is referenced in relation to a 5-point scale e.g., 64% agree that 'xxx' – this 'agree' is referring to a NET result of 'agree' and 'strongly agree'. Conversely, 'disagree' will refer to a NET result of 'disagree' and 'strongly disagree'. This applies for all 5-point scales.
- Some stacked bar charts do not display the data label when the percentage is 1% or less to minimise clutter on the chart and aid readability.
- Survey respondents were asked how much they agreed or disagreed with a range of attitudinal and belief statements. Statements that were phrased in a similar manner or which shared a similar theme have been grouped accordingly.
- Survey respondents were asked some questions with an open-ended response frame. To analyse and summarise the results, thematic analysis was used to code similar responses together (i.e., a group theme framework). Some responses qualify for multiple codes.
- The base size below each figure indicates the actual number (n) who responded to the question. Where the base is a subset of the total response due to unique questionnaire 'pathways', the meaning of the base is explained (e.g., 'those aware of reablement').
- To facilitate analysis and comparison of findings across subgroups, all charts and tables have been presented using percentages as opposed to frequencies.
- This research was conducted and reported on in accordance with ISO 20252 standards.

4. What is the prevalence of eating disorders, disordered eating, and body image concerns in the community?

The prevalence of self-identified eating disorders and symptoms of eating disorders has increased since 2020. In 2023, 21% were identified as having lived experience of an eating disorder compared to 17% in 2020. Lived experience of and risk of eating disorders was more prevalent among women (27% compared to men (16%), and among younger cohorts (50% aged 18-24; 30% aged 25-44).

Body satisfaction within the community was moderate. While over half (57%) of respondents were satisfied with how their body looks, 30% said they were dissatisfied. Body image was also shown to have a profound impact on how the community engage in everyday activities. Many reported that feelings about their looks had stopped them from engaging in physical and social activities like going to the beach or pool (56%), pursuing a romantic relationship (48%), doing physical activity/sport (47%), or going to social events (46%).

4.1 Prevalence of eating disorders and risk has increased since 2020

Measurement of the prevalence of lived experience or risk of eating disorders primarily drew on a validated scale. Additional bespoke questions were used to identify the full range of eating disorders. Respondents were classified as having lived experience if they identified as a person living with an eating disorder, if they had been previously diagnosed with an eating disorder, or if they were deemed high risk on the validated scale.

Approximately 1 in 5 respondents were identified as having lived experience of an eating disorder. This was a significant increase in the lived experience of eating disorders and/or risk in the community since 2020 (21% in 2023 vs. 17% in 2020).

This increase was likely due to an increase in the proportion of people **personally** identifying as having an eating disorder (14% in 2023 vs. 11% in 2020), who were **classified as showing symptoms** (11% in 2023 vs. 9% in 2020), and those with **a diagnosis** (10% in 2023, 8% in 2020).

Of those who identified as currently having an eating disorder, as in 2020, most common was Binge Eating Disorder (BED) or 'Other', a category which includes Unspecified Feeding or Eating Disorder (UFED). UFED is defined as the presentation of feeding and eating disorder symptoms that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. However, these symptoms do not meet the full criteria for other eating or feeding disorders (Figure 2). Similarly, BED was the most common previous diagnosis, followed by 'Other' (Figure 3).

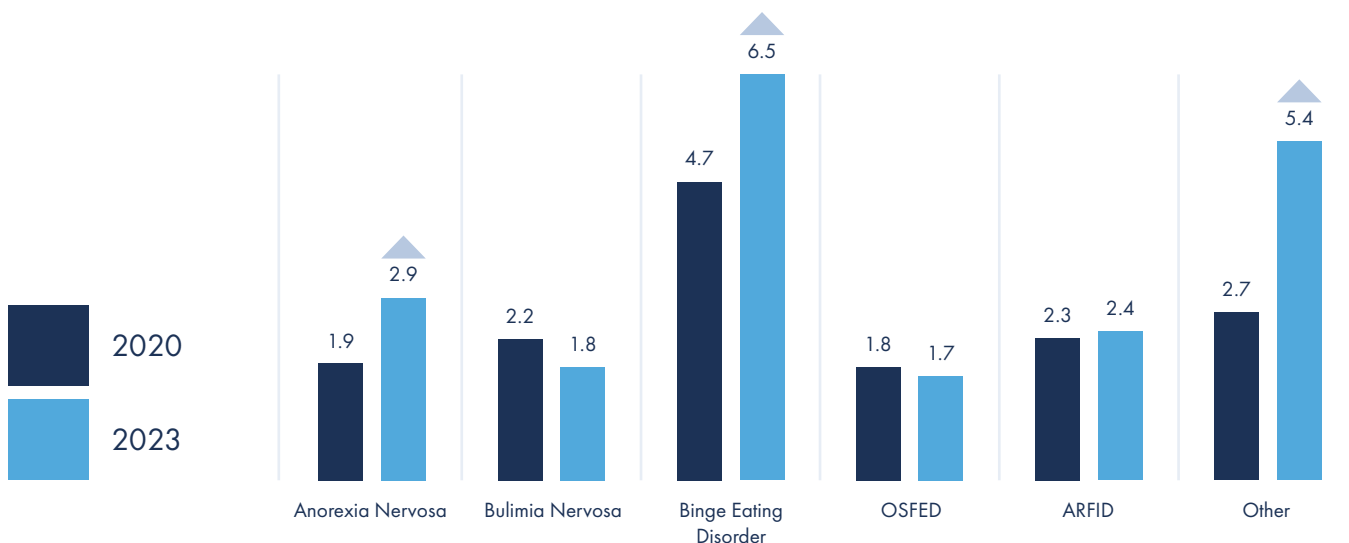
These findings are broadly consistent with population studies that show BED and 'other' eating disorders such as UFED and Other Specified Feeding or Eating Disorder (OSFED) are the most prevalent eating disorders in Australia. Similar to UFED, OSFED is defined as the presentation of eating disorder characteristics which do not meet the full criteria of other disorders such as Anorexia Nervosa (AN), Bulimia Nervosa (BN), and BED, alongside the distress or impairment typically associated with eating disorders.

7 Morgan, J. F., Reid, F., & Lacey, J. H. (1999). The SCOFF questionnaire: assessment of a new screening tool for eating disorders. *BMJ (Clinical research ed.)*, 319(7223), 1467–1468. <https://doi.org/10.1136/bmj.319.7223.1467>

8 Deloitte Access Economics. (2024). *Paying the Price, Second Edition: The economic and social impact of eating disorders in Australia*. Report commissioned for Butterfly Foundation. Sydney: Butterfly Foundation.

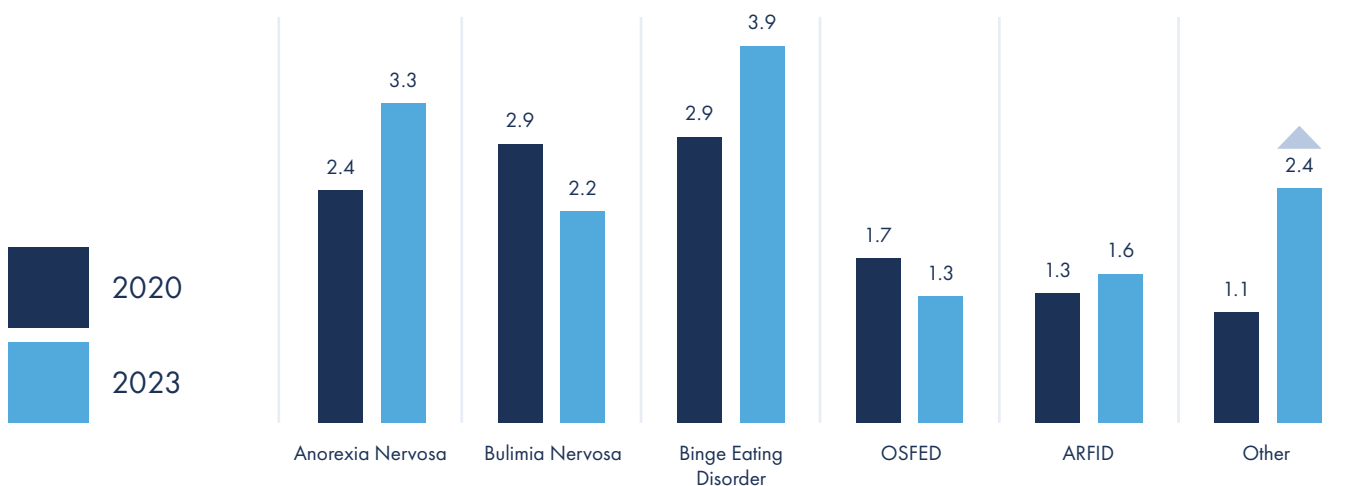
Types of diagnoses that fall under the OFSED category include Atypical Anorexia Nervosa (AAN), BN (of low frequency and/or limited duration), BED (of low frequency and/or limited duration), Purging Disorder, and Night Eating Syndrome.

Figure 2. The proportion of the sample who identify as a person living with an eating disorder, comparing 2020 and 2023



D1. Do you identify as a person living with any of the following? Base: All respondents 2020 (n=3,030), 2023 (n= 3,023)

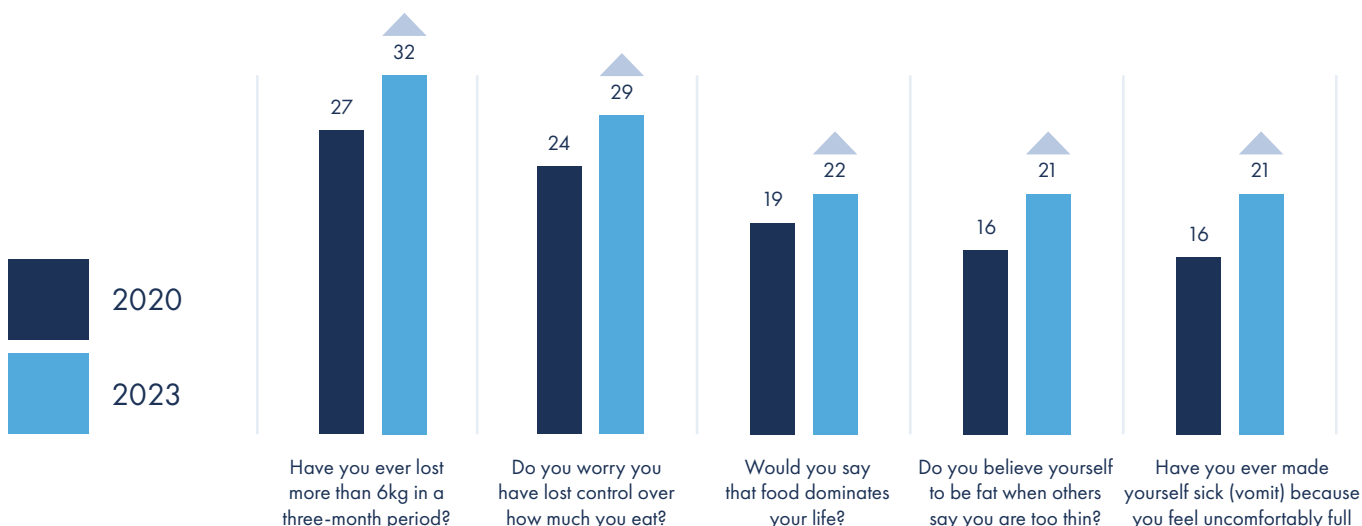
Figure 3. The proportion of the sample who have previously been diagnosed with an eating disorder, comparing 2020 and 2023



D2. Have you ever previously been diagnosed with an eating disorder? Base: All respondents 2020 (n=3,030), 2023 (n= 3,023)

As noted, there was also a significant increase in the proportion of respondents who were classified as showing symptoms of eating disorders. More than half (57%) had experienced at least one of the risk factors for eating disorders compared to 50% in 2020. This was again consistent with population studies that measure the prevalence of symptoms of eating disorders. The more commonly reported risk factors and symptoms were significant weight loss (32% vs 27% in 2020) and concern about loss of control over their eating behaviour (29% vs. 24% in 2020; Figure 4).

Figure 4. The proportion of the sample who have experienced risk factors of eating disorders, comparing 2020 and 2023



D3. And do any of the following apply to you? Base: All respondents 2020 (n=3,030), 2023 (n= 3,023)

4.1.1 Prevalence of lived experience was higher among women and young people

In 2023, lived experience of an eating disorder was significantly higher among women (27%) compared to men (16%), and it was notably higher relative to 2020, when it was 19.5%. Prevalence among younger cohorts (50% aged 18-24; 30% aged 25-44) was also significantly higher and again, much higher than in 2020 (29% of those aged 18-24 and 25% of those aged 25-44).

The higher prevalence of lived experience among younger cohorts was in part driven by the higher number of women being represented in this group. Similarly, the overall increase in prevalence is consistent with literature that has demonstrated a rise in rates of eating disorders and disordered eating among young people and young women.

4.2 Rates of referral to support services has increased slightly since 2020

Along with the increased prevalence of lived experience, there has also been a small increase in rates of referral to support services since 2020. In 2023, 23% of respondents said they had referred someone they were concerned about to a support service within the past year (vs. 20% in 2020). Most commonly these referrals were to a mental health support service (75% vs. 68% in 2020), followed by suicide support services (23% vs. 22%), domestic violence support (21% vs. 19%), and eating disorder support service (20% vs. 16%).

9 Deloitte Access Economics (2019). Prevalence of eating disorders by Primary Health Network. Report commissioned for National Eating Disorder Collaboration. Sydney: National Eating Disorder Collaboration. <https://www.deloitte.com/au/en/services/economics/perspectives/prevalence-eating-disorders.html>

10 López-Gil, J. F., García-Hermoso, A., Smith, L., Firth, J., Trott, M., Mesas, A. E., Jiménez-López, E., Gutiérrez-Espinoza, H., Tárraga-López, P. J., & Victoria-Montesinos, D. (2023). Global Proportion of Disordered Eating in Children and Adolescents: A Systematic Review and Meta-analysis. *JAMA pediatrics*, 177(4), 363–372. <https://doi.org/10.1001/jamapediatrics.2022.5848>

11 Wade, T. D., Wilksch, S. M., & Lee, C. (2012). A longitudinal investigation of the impact of disordered eating on young women's quality of life. *Health Psychology*, 31(3), 352–359. <https://doi.org/10.1037/a0025956>

4.3 Nearly 1 in 3 said they were dissatisfied with their bodies

As part of this research, respondents were asked a series of questions about body image, adapted from the Body Kind Youth Survey (BKYS). The BKYS was first developed by Butterfly in late 2022 to understand the experiences and ideas around body image among young people (those aged 12-18 years) in Australia. These questions were used in this research to explore body image among the adult population. Note, these were not available in 2020 so comparison was not always possible in this section.

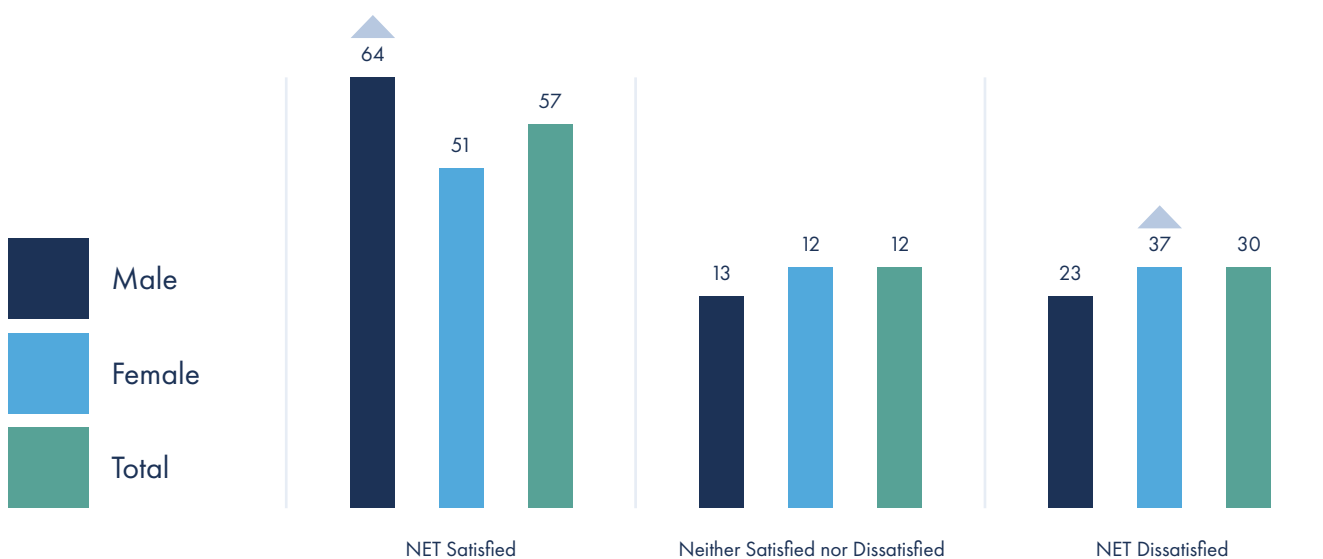
The findings showed that over half (57%) of respondents were satisfied with how their body looks but approximately 1 in 3 (30%) said they were dissatisfied (Figure 5).

4.3.1 Body satisfaction was higher for males and Aboriginal and/or Torres Strait Islander respondents

Consistent with the trend identified by the BKYS with young people, adult women reported lower levels of body satisfaction compared to men (Figure 5). There were no significant differences in body satisfaction for members of the LGBTIQ+ community compared with the rest of population.

Contrary to the outcomes of the BKYS with young people, there were significantly higher levels of body satisfaction among Aboriginal and/or Torres Strait Islander adult respondents (61%) compared to non-Indigenous adult respondents (57%). This finding should be interpreted with caution because the sample of respondents who identified as Aboriginal and/or Torres Strait Islander was small (6%), though over indexed on the population.

Figure 5. Level of body satisfaction among males, females, and the broader community.



BKYS1 - How satisfied (e.g., happy, confident, comfortable) are you with how your body looks?
Base: All respondents 2023 (n=3,023), Male (n=1,470), Female (n=1,522).

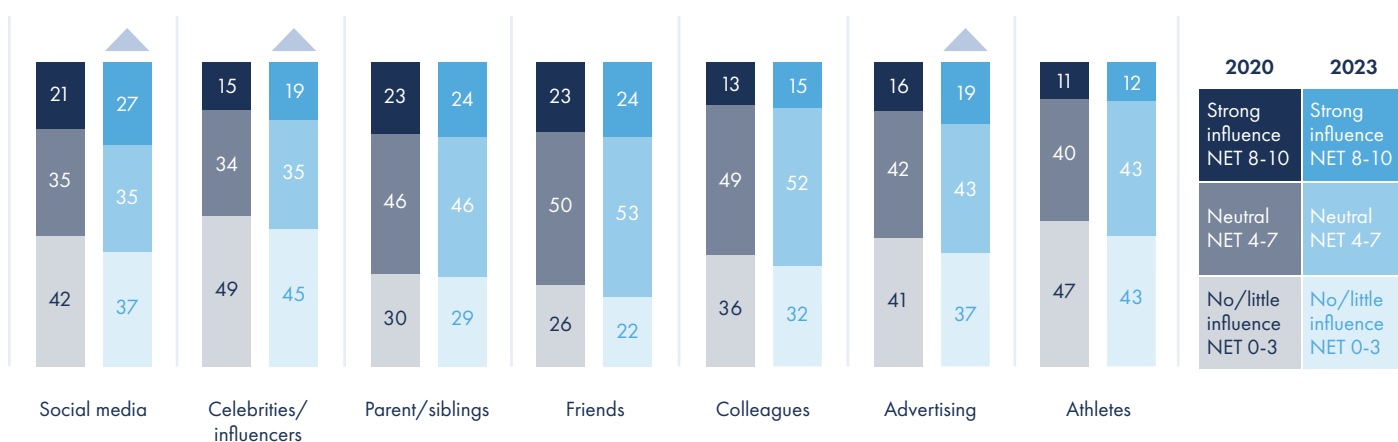
4.3.2 Social media is perceived as the top influence of on body image.

To explore community influences on body image, respondents were asked to rate the extent to which social media, friends, and other factors influence the way they feel about how their body looks. We found that the largest influence on the way people felt about how they looked was social media, followed by parents/ siblings, friends, advertising, and celebrities/influencers. Athletes and colleagues were less influential.

As shown in Figure 6, the reported 'top influencers' in 2023 were consistent with those reported in 2020 (in terms of rank order). However, there was an increase in the perceived strength of influence for some of these influences.

Specifically, there was a significant increase in the proportion of respondents who said social media (27% in 2023 vs. 21% in 2020), celebrity/influencer (19% in 2023 vs. 15% in 2020), and advertising (19% in 2023 vs. 15% in 2020) had a strong influence on their body image. There were no significant changes for perceived influence of parents and siblings, friends, colleagues, and athletes.

Figure 6. Perceived influence on body image (%).



Q2. Below are some influences that may affect the way people feel about how they look and their body, to what extent, if at all, do each of the following influence the way you feel about yourself? Base: All respondents 2020 (n=3,030), 2023 (n= 3,023)

4.3.3 Most of the community have experienced negative comments about their appearance

Experiencing appearance-related teasing is a known risk factor for body image issues, and most (57%) respondents had been teased or received negative comments about their appearance.

Experience of appearance-related teasing was significantly higher among younger people (72% aged 18-24; 64% aged 25-44) and for women (64%) compared to men (51%). Respondents who identified as a member of the LGBTIQ+ community (73%) were more likely to report appearance-related teasing, compared to non-LGBTIQ+ respondents (56%). Experience of appearance-related teasing was also significantly higher among those with lived experience or at risk of an eating disorder (78%) compared to those who do not have lived experience (52%).

4.3.4 Body dissatisfaction prevented people from engaging in everyday activities.

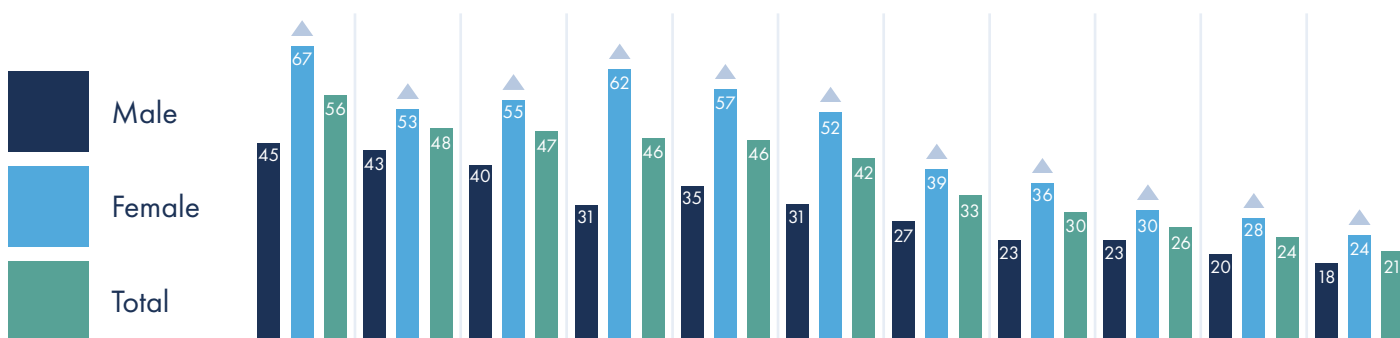
To better understand the impact of body image on the community, respondents were asked if their feelings about the way they look have ever stopped them from doing particular activities.

Overall, the most common response was that feelings about their looks stopped participants from engaging in physical and social activities like going to the beach or pool (56%), pursuing a romantic relationship (48%), doing physical activity/sport (47%), or going to social events (46%). -

A proportion (42%) also said that their body image had stopped them from giving an opinion or standing up for themselves. Body image was less likely to stop people from doing activities related to work and school.

The impact of body image on engaging in activities was higher among women compared to men (Figure 7). The most common activities avoided due to body image concerns for women were going to the beach or pool or going shopping for clothes.

Figure 7. Proportion of community who reported being stopped from doing the following activities due to body image, comparing males and females.



BKYS3 - Have feelings about the way you looked ever stopped you from doing any of the following things Base: All respondents (n=3,023), Male (n=1,470), Female (n=1,522)

5. What is the level of community understanding of eating disorders?

Awareness of eating disorders has increased since 2020; however, knowledge and understanding remained low. Confidence in recognising signs that someone is struggling with an eating disorder was also low. Furthermore, although there was strong recognition of eating disorders as a mental health issue, the research demonstrated a degree of uncertainty about who eating disorders affect and how they manifest. The research also suggested a tendency for the community to underestimate the prevalence of eating disorders. This indicates a knowledge gap within the community and an opportunity to provide education around eating disorders.

5.1 Awareness of eating disorders has increased but understanding remains low

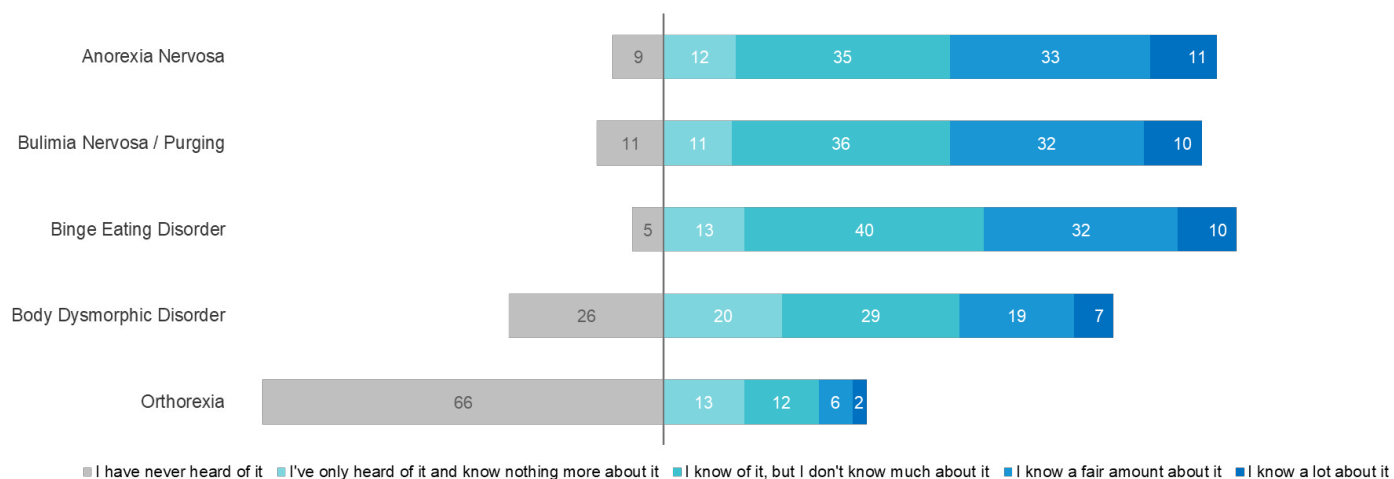
Most respondents were aware of the three most well-known eating disorders; Binge Eating Disorder (BED, 95%), Anorexia Nervosa (AN, 91%), and Bulimia Nervosa (BN, 89%).

Awareness of BED (92%), BN (87%), and Body Dysmorphic Disorder (BDD, 65% in 2020 vs. 74% in 2023) has significantly increased since 2020, while AN and Orthorexia remained stable. Consistent with 2020, Orthorexia has the lowest level of awareness, with only about one in three (34%) having heard of it (Figure 8).

The research demonstrated that community understanding of eating disorders has grown. There was a significant increase in the proportion of people who reported knowing a fair amount or a lot about AN (44% in 2023, 40% in 2020), BN (42% in 2023, 35% in 2020), BED (42% in 2023, 35% in 2020), and BDD (25% in 2023, 17% in 2020). It is worth noting however, that few felt that they had high knowledge of eating disorders, and the most common response was that they know of it but didn't know much about it. Hence, although community understanding has grown, it remained overall low. Knowledge of disorders was highest for AN, BN, and BED (Figure 8), though in all cases there was still a group who had never heard of these disorders.

¹³ Although included here, Body Dysmorphic Disorder does not meet the diagnostic criteria set out by the Diagnostic and Statistical Manual of Mental Disorders (5th Edition), for an eating disorder. It is classified under 'Obsessive-Compulsive and Related Disorders'.

Figure 8: Self-reported knowledge of eating disorders (%)



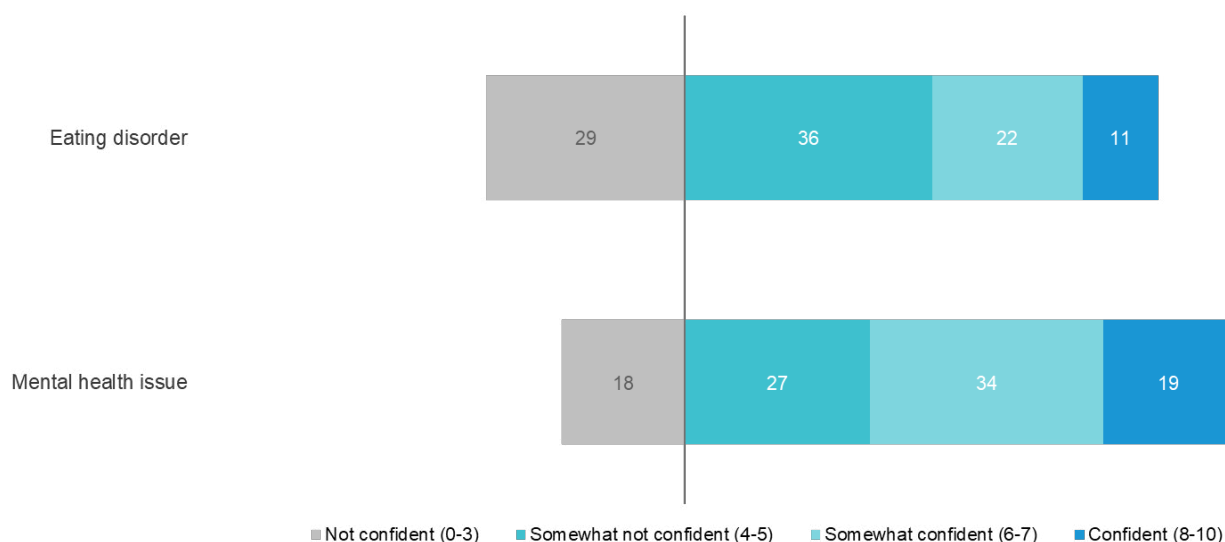
Q3. Which of these statements best describes your knowledge with each of these types of disorders... Base: All 2023 respondents (n=3,023)

5.2 Knowledge of signs and symptoms remained low

While there was increase in awareness and understanding of eating disorders, confidence in recognising symptoms remained low (11% in 2023 vs.10% in 2020).

Just over one in ten (11%) said they felt confident to recognise the signs that someone is living with an eating disorder and almost one in three (29%) were not confident (Figure 9). Overall, the community were less confident they could recognise the signs that someone is living with an eating disorder, compared with living with another mental health issue and there has been little change since 2020. That said, only about one in five (19%, though this has increased slightly from 16% in 2020) were confident they could recognise the signs of mental health issues and a similar proportion (18% vs. 17% in 2020) were not at all confident.

Figure 9: Confidence in recognising the signs of an eating disorder versus mental health issues (%)



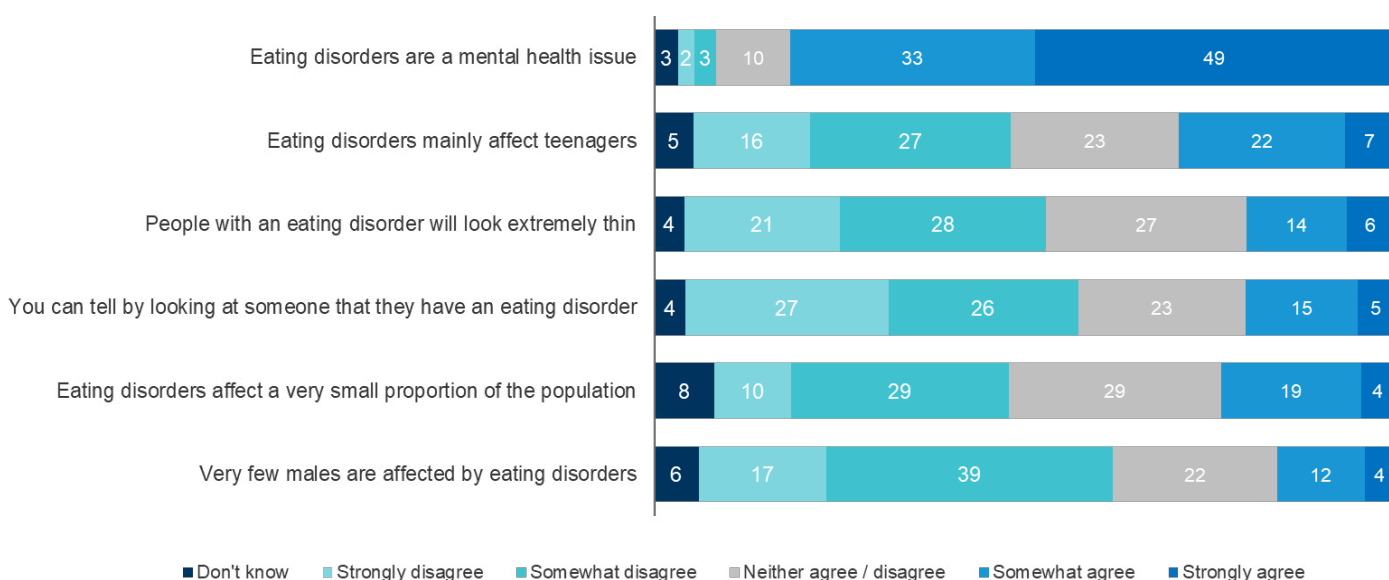
Q20. And overall, how confident are you with the following...Base: All 2023 respondents (n=3,023)

Although there was strong recognition of eating disorders as a mental health issue, the research demonstrated a degree of uncertainty about who eating disorders affect and how they manifest. Figure 10 shows the levels of agreement with a series of statements about eating disorders. These showed the prevalence of misconceptions about eating disorders in the community. For example, one in five (20%) respondents agreed that people who have an eating disorder will look extremely thin or that you can tell by looking at someone that they have an eating disorder. Community understanding of how eating disorders manifest was unchanged from 2020.

However, there were some significant changes in understanding of who experience eating disorders. While just under one third (29%) agreed that eating disorders mainly affect teenagers, there was a significant increase in the proportion of respondents who disagreed (39% in 2020 vs. 43% in 2023) which indicated a growth in recognition that eating disorders also affect adults.

Similar trends of increased disagreement were observed for statements that suggested that very few males are affected by eating disorders (51% in 2020 vs. 56% in 2023), and that eating disorders affect a very small proportion of the population (35% in 2020 vs. 40% in 2023). These findings indicated a growth in knowledge amongst the community that eating disorders are not restricted to a single group and can broadly affect people within the community.

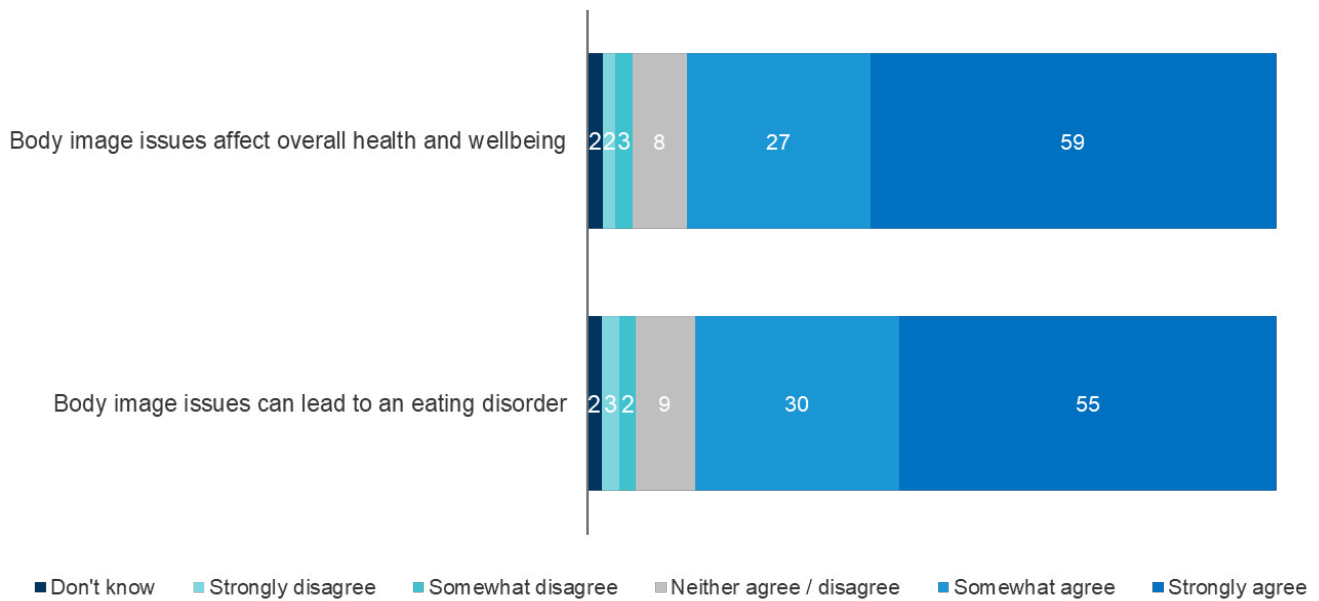
Figure 10: Understanding of eating disorders manifestations and prevalence



Q15. And thinking more specifically around some of the things specific to eating disorders or body image. To what extent, if at all, do you agree or disagree with each of the following...Base: All 2023 respondents (n=3,023)

There was stronger recognition of the links between body image and eating disorders. People agreed that body image affects overall health and wellbeing and can lead to an eating disorder (Figure 11).

Figure 11: Understanding of body image issues and their impact (%).

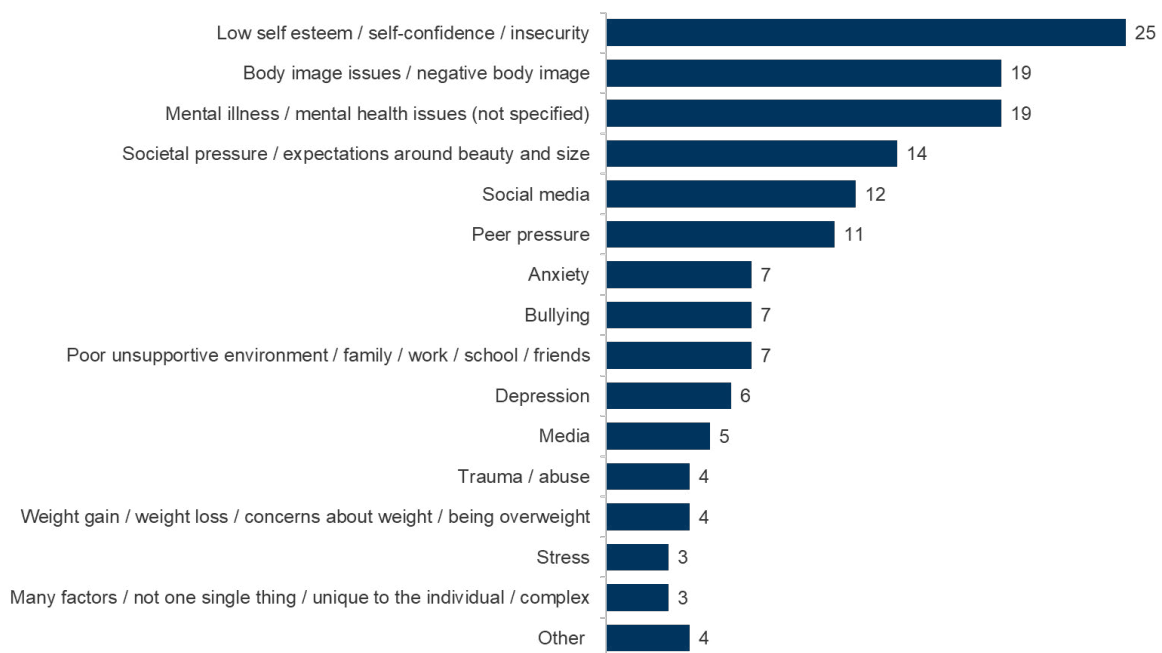


Q15. And thinking more specifically around some of the things specific to eating disorders or body image. To what extent, if at all, do you agree or disagree with each of the following...Base: All respondents 2023 (n=3,023)

5.3 Causes of eating disorders

Respondents were asked about the cause of eating disorders. They identified low self-esteem (25%), body image issues (19%), and mental illness (19%) as the top causes (Figure 12). Societal pressures and social media were also mentioned by 14% and 12% of the community respectively, along with peer-pressure (11%).

Figure 12. Identified causes of eating disorders among the community (%)



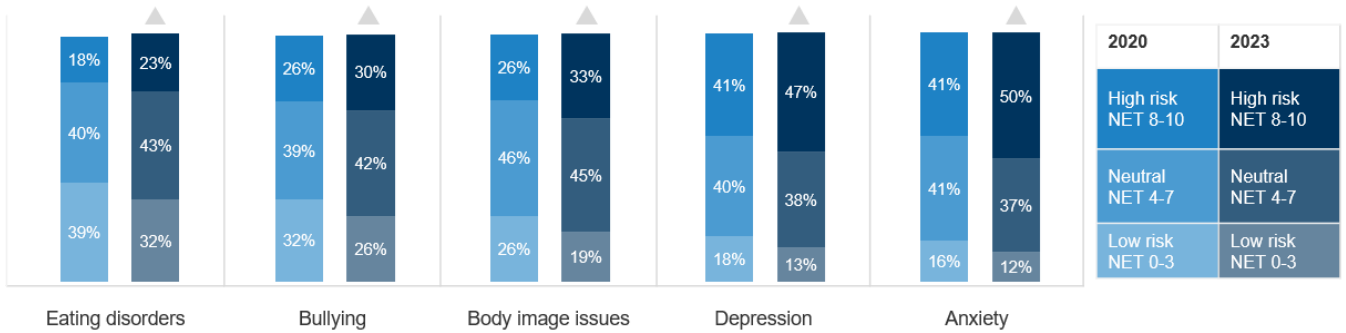
Q14. Based on your knowledge and perceptions, what is the cause of eating disorders? Base: All 2023 respondents (n=3,023)

5.4 Perceived risk of eating disorders has increased within the community

The findings suggested a tendency for the community to underestimate the prevalence of eating disorders within the general population. Just under a quarter (23%) of respondents agreed that eating disorders affect a very small proportion of the population, and a further 37% reported either that they didn't know or were undecided.

The perceived risk of eating disorders was also lower than other types of mental health concerns. While this trend is consistent with the findings of 2020, there was a significant increase in perceived risk across all conditions between 2020 and 2023 (Figure 13).

Figure 13: Perceived prevalence of experiencing mental health conditions, comparing 2020 and 2023



Q1. To what extent, if at all, do you think there is a risk of each affecting somebody you know? Base: All respondents 2020 (n=3,030), 2023 (n= 3,023)

6. How prevalent are stigmatising views, and how do these manifest?

A minority of the community held stigmatising views about eating disorders, including perceived personal weakness of those experiencing eating disorders, minimisation of their seriousness, that people experiencing them are in control of their behaviour, and that eating disorders only affect select groups. Eating disorders were also associated with attention seeking and vanity. Stigmatising views tended to be more prevalent among males and younger people. They were also more common among people with lived experience or those at risk of an eating disorder, which suggested a level of self-stigma is present in those with lived experience or who are at risk.

Stigma about eating disorders can be conceptualised in different ways, including public stigma (sometimes referred to as personal stigma), structural stigma, and self-stigma. In this report, we focus on public stigma – a person’s stigmatising attitudes and beliefs about other people.

For this research, stigma was explored through the presentation of vignettes – short case studies illustrating a fictional character at risk of or living with an eating disorder. The vignettes provided a means to explore potentially negative attitudes and values in a controlled, sensitive manner rather than asking respondents about these directly. Four vignettes were used to facilitate separate understanding of attitudes towards different types of disorders and to explore gender related stigma.

The vignettes used were as follows:

- **Bingeing and purging** - Jane was in Year 12 when she started bingeing and purging. She had become increasingly self-conscious over the past year. She felt a lot larger than her friends and felt sure that people talked about her appearance behind her back. Someone had told her that purging meant that you could eat whatever you wanted and not put on weight. She started doing it after eating a big meal, but soon it became a way to allow her to binge on ‘bad foods’ because she was feeling emotional or if something was getting her down.
- **Severe calorie restriction** - Brooke has been doing Dance since she was a kid. She really loves it. She has classes three times a week and goes to the gym twice a week to keep her fitness levels up. A few months back Brooke started to feel that she looked bit heavier than some of the women in the class. She also noticed a lot of posts on Facebook about the ‘ideal weight’ for dancers. Brooke thought it might be an idea to lose a bit of weight, so decided to follow a low-calorie diet – at first limiting her intake to 1000 calories a day. She did this for a couple of months, but then dropped to 700 calories a day and for the past couple of weeks she’s been doing 500 calories a day. Brooke weighs herself twice a day.
- **Muscle building (bulking)** - Tom always felt a bit slight compared to his mates. As he got older, he started to notice loads of posts on Instagram of ripped guys. He really wanted to bulk up, so started going to the gym – at first once a week, but then more often, doing more and more sets every time. No matter how much he did though, he didn’t seem to gain as much muscle as some of his friends. Despite working harder and harder, Tom still feels small. He now takes steroids and spends all his free time at the gym, determined to get the body he wants.
- **Binge eating** - Ever since he was a kid, Joe had worried about his weight – he’d been on loads of different diets, losing weight, only to put it back on again a few months later. When he started a new school/ university, he found it pretty hard to settle in. He knew no one, and really struggled to make friends.

As the 'new guy', Joe felt extremely self-conscious. He would never eat in front of anyone at school/university. Instead, he'd come home every day and hide himself away in his room, bingeing on chocolate and chips, unable to stop even when he felt completely full.

All respondents were asked to respond to statements about each vignette on a 10-point scale (0 = strongly disagree, 10 = strongly agree). In analysis, the top end of the scale (8-10) was used to indicate strong levels of agreement with stigmatising statements. In addition to the vignettes, respondents were asked a series of general questions about stigmatising views.

This section details the prevalence and manifestation of each type of stigma as evidenced by this research. The research found that stigma towards eating disorders is still prevalent among small proportions of the community and was heightened among men and those with lived experience of an eating disorder. The agreement levels with most stigma statements did not significantly differ from 2020 to 2023, with only 0-3% variation in agreement. However, there were some significant increases in the proportion of the people who disagreed with select statements. Below we report on 2023 findings and then outline any observed changes in stigma from 2020.

6.1 Public stigma

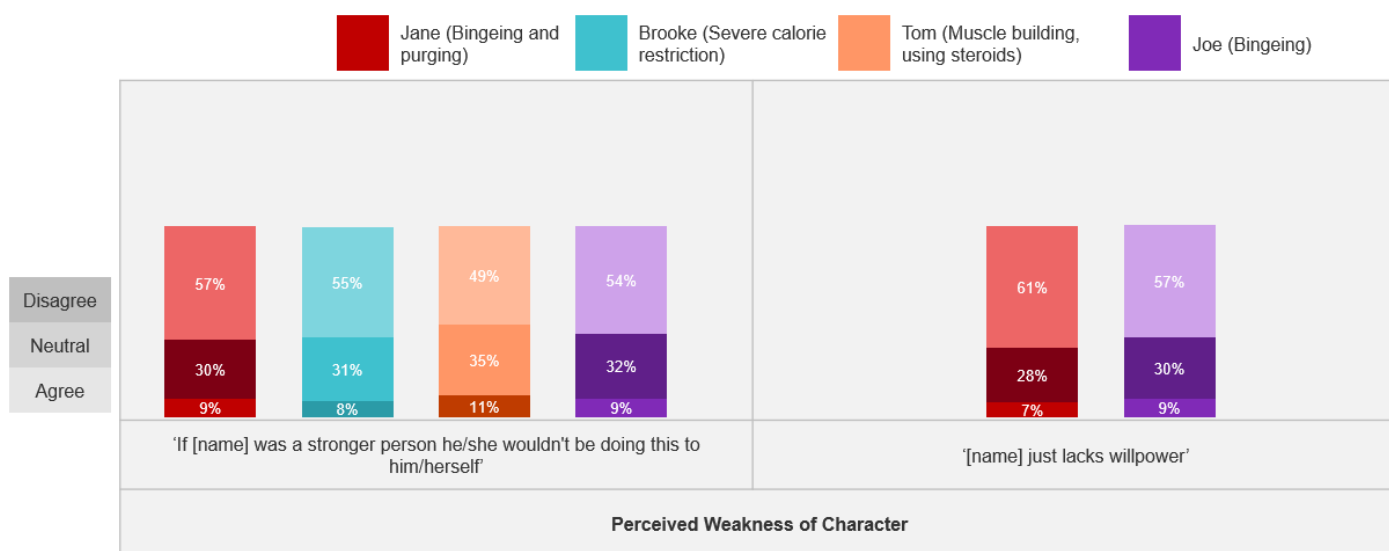
This research identified a range of views indicative of stigma directed at those living with an eating disorder amongst the community. Public stigma was observed through a variety of beliefs and attitudes including perceived weakness of character, perceived control, minimisation of the seriousness of eating disorders, and normalisation of eating disorders.

Eating disorders associated with weakness of character.

A small proportion of respondents agreed with statements that suggested that eating disorders are caused by some sort of character weakness (Figure 14). Around one in ten (8-11%) agreed that 'if [the person in the vignettes] was a stronger person, they wouldn't be doing this to themselves', and a similar proportion (7-9%) agreed that people who engage in bingeing just 'lack willpower'.

This was relatively consistent across the different eating disorder presentations, indicating that public stigma wasn't dependent on the type of eating disorder. However, these perceptions were more common among males (11-15%) than females (5-7%). While a small proportion agreed, it was more common for respondents (28-35%) to be neutral toward these statements, indicating some level of acceptance (or lack of rejection) of this sentiment.

Figure 14: Perceived weakness of character (vignette)



Q10-13. Thinking about <name>, please select how much you agree or disagree with each of the statements below...Base all respondents 2023 (n=3,023)

When asked generally about eating disorders, 16% of respondents agreed that 'this problem is a sign of personal weakness'. While just over half (54%) disagreed with this statement, around one in six (17%) neither agreed nor disagreed. This suggested there is some ambivalence when considering eating disorders as a personal weakness.

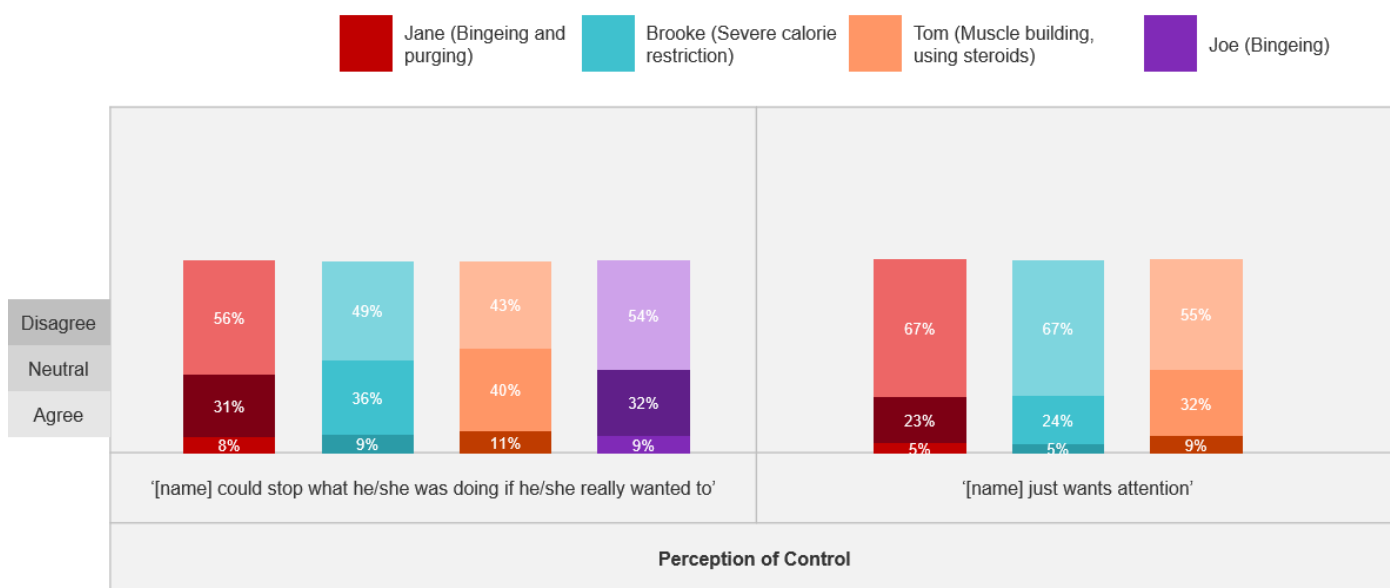
More males (21%) than females (11%) agreed that eating disorders are a sign of personal weakness. Moreover, agreement was highest amongst those aged 25-44 years (21%), but lower among those aged 45-64 years (12%).

Perception of control

A minority of respondents said that eating disorders are a choice, rather than a serious mental health condition (Figure 15). Around one in ten respondents (8-11%) agreed that 'they [the people in the vignettes] could stop what they are doing if they really wanted to'. A smaller proportion (5%) agreed that 'they [the people in the vignettes] just wants attention' for people with who binge and purge and who severely calorie-restrict; however, this increased to 9% for muscle building using steroids.

Once again, these perceptions were more common among males (11-15%) than females (5-8%) and slightly lower among those aged 45-65 years, compared to other age cohorts. Moreover, there was a proportion (23-40%) of respondents who were neutral toward these statements, which indicates some level of acceptance (or lack of rejection) of the idea that people living with eating disorders have control over their behaviour.

Figure 15: Perception of control (vignette)



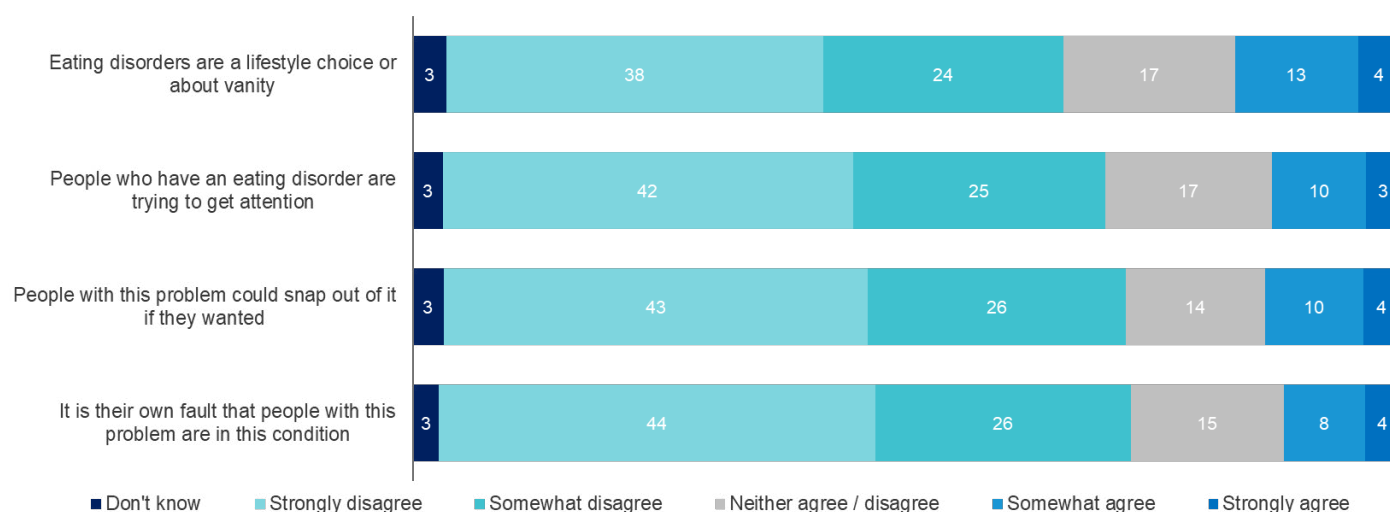
Q10-13. Thinking about <name>, please select how much you agree or disagree with each of the statements below...Base all respondents 2023 (n=3,023)

Just over one in ten (12%) respondents agreed that 'it is their own fault that people with this problem are in this condition' when referring to people with eating disorders in general (Figure 16). However, there was strong (70% of respondents) disagreement with this statement. Similarly, while 14% agreed that 'people with this problem could snap out of it if they wanted', the majority (69%) of respondents disagreed with this statement.

Just over one in eight (13%) agreed that people with eating disorders are just trying to get attention. Approximately one in six (17%) agreed that eating disorders are a lifestyle choice or about vanity. A comparable proportion (17%) neither agreed nor disagreed with these statements demonstrating ambivalence to the view.

Once again, these stigmatising views were more likely to be held by males than females and by those aged 25-44 years but were less prevalent among those aged 45-65+ years.

Figure 16: Perceived control (%)



Q16. And to what extent, if at all, do you agree or disagree with each of the following... Base: All 2023 respondents (n=3,020)

Minimisation of the seriousness of eating disorders

A minority of the community gave responses which indicated minimisation of the seriousness of eating disorders. A small proportion (5%) agreed that 'they [the people in the vignettes] are likely to grow out of this type of behaviour', and this was consistent across all the vignettes. However, approximately one-third (31-38%) were neutral toward these statements, indicating ambivalence.

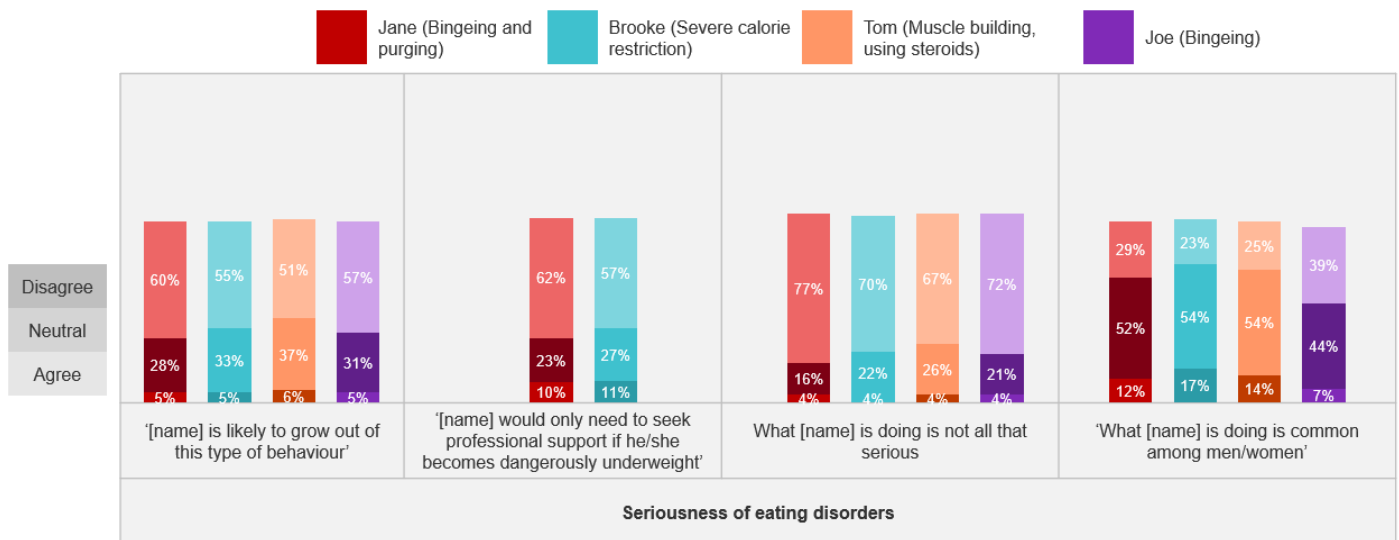
Furthermore, 10-11% of respondents agreed that 'they [the people in the vignettes] would only need to seek professional support if they became dangerously underweight' in response to vignettes depicting bingeing and purge behaviour and severe calorie restriction. Although these beliefs were held by a relatively small proportion of respondents, again there was a group that were neutral toward this statement implying either some level of acceptance (or lack of rejection) of this sentiment. This is concerning given the implications these views may have on the likelihood of people experiencing disordered eating to seek help.

Very few (4%) agreed that 'what [the people in the vignettes] is doing is not all that serious' across all vignettes while disagreement with this statement was generally high (65-77%). This was most pronounced for the vignette depicting bingeing and purging behaviour, suggesting this may be viewed as a more serious manifestation of disordered eating. Disagreement was lowest for muscle building using steroids, which could imply that muscle building using steroids is not perceived to be a serious eating disorder.

Similarly, beliefs that disordered eating is not common indicates a tendency to minimise the seriousness of eating disorders. Perceptions of prevalence differed across vignettes (Figure 17).

Severe calorie restriction was seen to be slightly more common among women (17%) than bingeing and purging (14%). Muscle building using steroids was seen to be common among men by 14% of respondents, whereas 7% agreed that bingeing was common among men. Bingeing behaviour was recognised to be more common among females than males (39% disagreed that bingeing was common among men).

Figure 17: Seriousness of eating disorders (vignette)



Q10-13. Thinking about <name>, please select how much you agree or disagree with each of the statements below...Base all respondents 2023 (n=3,023)

As shown in Figure 18, around one in ten (9%) respondents indicated that eating disorders 'are not all that serious', with a further 9% neither agreeing nor disagreeing. However, four in five (81%) respondents disagreed, indicating that most in the community reject the idea that eating disorders are not serious.

Perceptions of gender differences in eating disorders

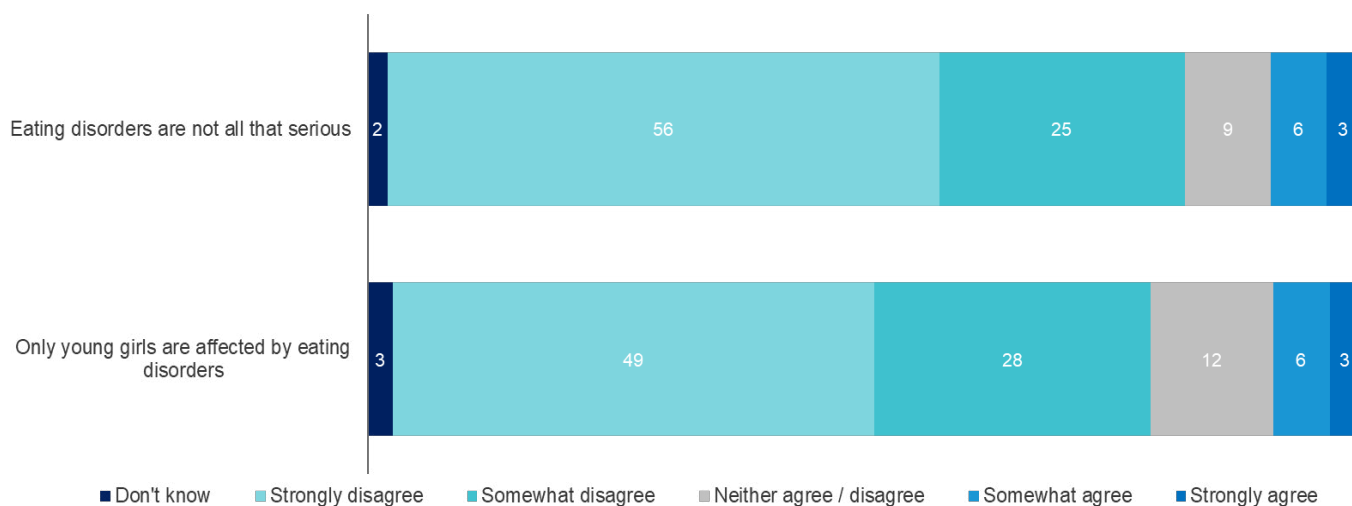
Altogether, these findings indicated that the community have the tendency to minimise the experience of eating disorders among males. Around half (44-54%) were neutral on the statement 'what [the people in the vignettes] is doing is common among men/women' across the four vignettes. So, this minimisation in men could be due to uncertainty about how common eating disorders are in general and a preconceived bias that these affect females more than men. In turn, this could exacerbate stigma among men and prevent help seeking.

Interestingly, women were more likely to agree that disordered eating behaviour was common among other females, compared to male respondents. Those aged 25-44 years were more likely to agree that disordered eating behaviour is common among men/women across all disorder types. Finally, those aged 18-24 years were significantly more likely to agree that muscle building using steroids is common among men.

The minimisation of the seriousness of eating disorders also manifests as beliefs that they only affect a select group of people. Approximately one in ten (9%) respondents agreed that 'only young girls are affected by eating disorders', with a further 9% neither agreeing nor disagreeing. However, a little over three-quarters (76%) rejected the idea that eating disorders only affect young girls.

Minimisation of the seriousness of eating disorders was more common amongst males than females. For example, males were more likely to agree that 'only young girls are affected by eating disorders' and that eating disorder 'are not all that serious'. Respondents aged 45-65+ were less likely to minimise the seriousness of eating disorders; this was highest among 25-44-year-olds.

Figure 18. Seriousness of eating disorders (%)



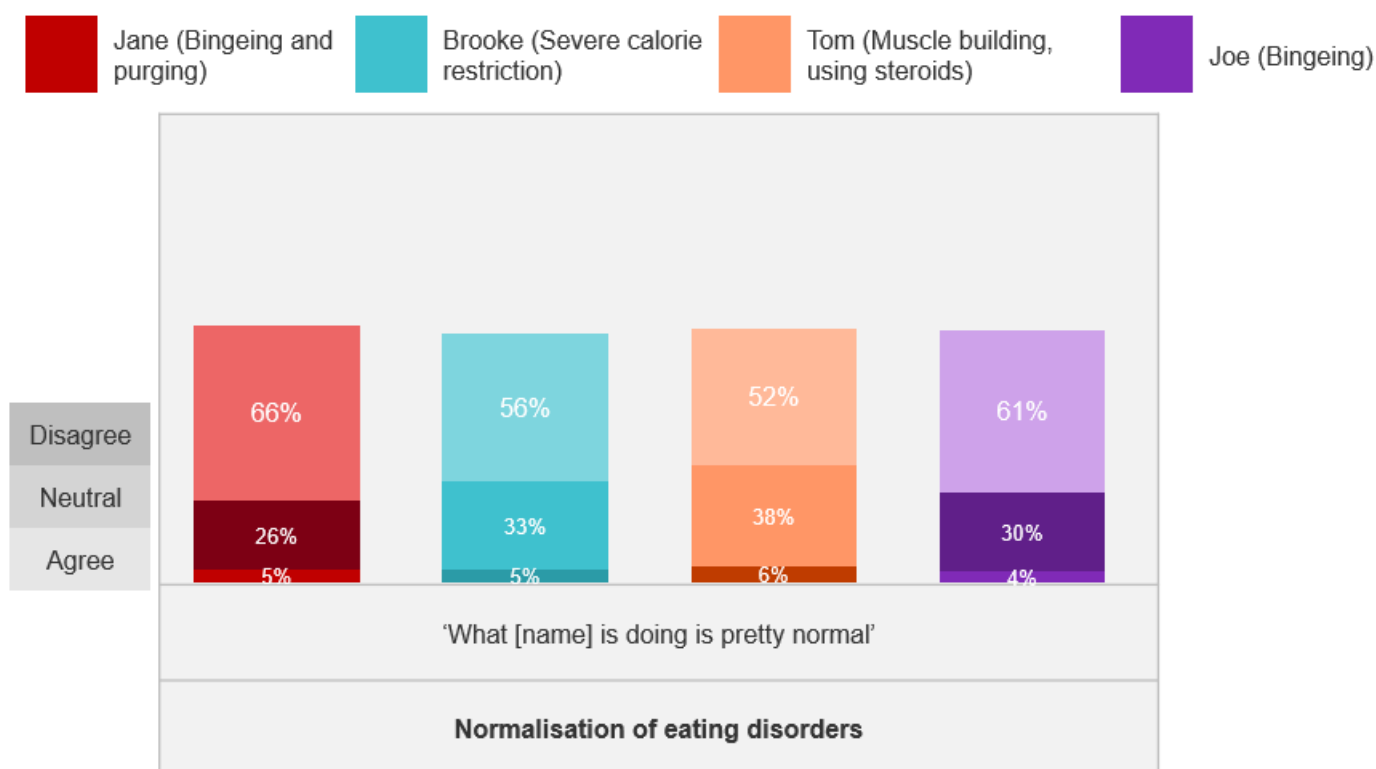
Q16. And to what extent, if at all, do you agree or disagree with each of the following... Base: All 2023 respondents n=3,020

Normalisation of disordered eating

Closely related to the minimisation of the seriousness of eating disorders and indicative of the normalisation of people pursuing the 'ideal' weight or physique, was the perception that the behaviours described in each of the vignettes were 'pretty normal'. A small proportion (4-6%) agreed that 'what [the people in the vignettes] is doing is pretty normal'. Between 26-38% of respondents were neutral toward this statement, once again demonstrating ambivalence (Figure 19).

Respondents aged 25-44 years were more likely to normalise disordered eating behaviour than older and younger cohorts. The only gender difference observed for agreement across the vignettes was for muscle building using steroids; men (8%) were more likely to agree that 'what [Tom] is doing is pretty normal' compared to women (4%).

Figure 19: Normalisation of disordered eating (vignette)



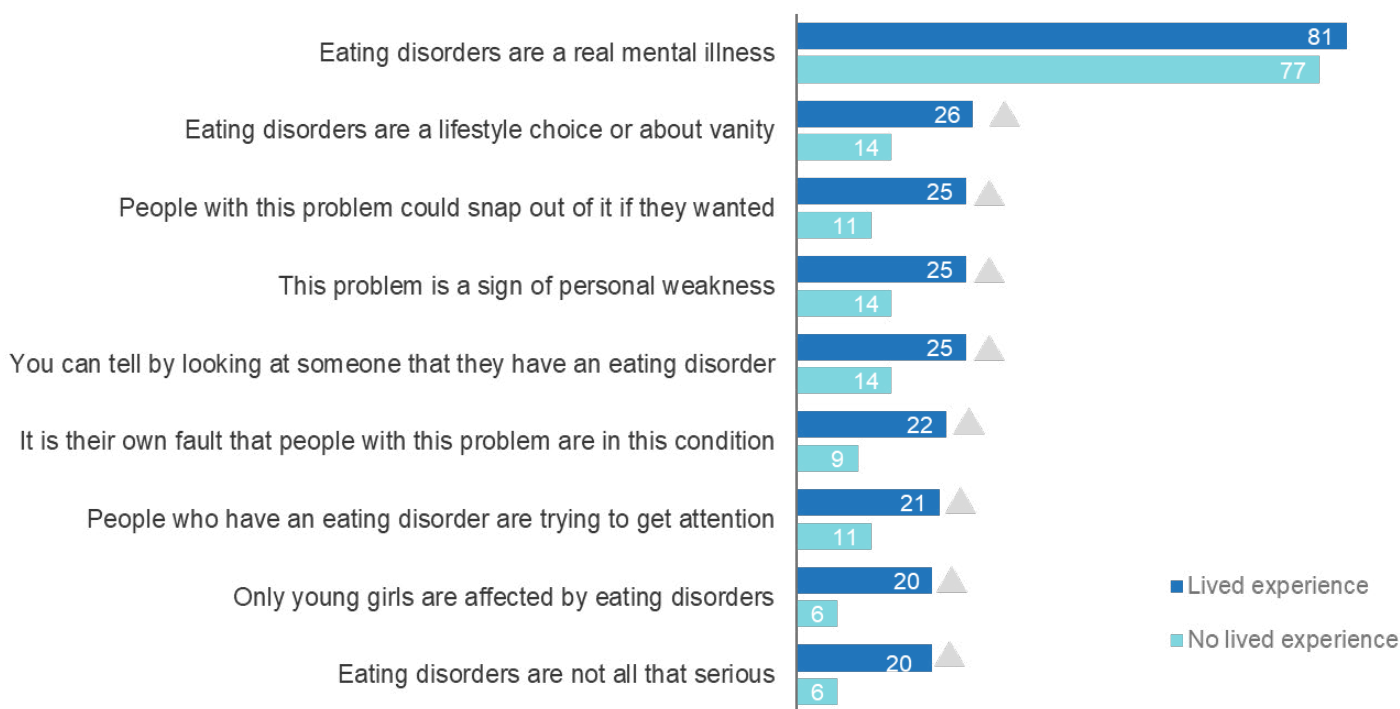
Q10-13. Thinking about <name>, please select how much you agree or disagree with each of the statements below...Base all respondents 2023 (n=3,023)

6.2 Stigmatising views were more prevalent amongst those with lived experience

The research showed that stigmatising views of eating disorders were more common among those at risk or with lived experience of an eating disorder than those without, indicating self-stigmatisation. Self-stigma refers to the stigmatising views that individuals hold about themselves.

Respondents with lived experience of an eating disorder, or who are at high risk, were more likely to agree that eating disorders are a real mental illness (Figure 20). They were also more likely to agree with all other statements related to stigma including that people experiencing eating disorders are choosing to engage in disordered eating patterns, rather than it being a symptom of a serious mental health condition. They were also more likely to normalise disordered eating behaviour and minimise the seriousness of eating disorders and to agree that eating disorders are caused by some sort of character weakness.

Figure 20 – Stigma among those living with an eating disorder (NET Agree %)



Q16. And to what extent, if at all, do you agree or disagree with each of the following... Base: Lived experience (n=647), No lived experience n=2,376.

This heightened level of stigma could be a symptom of their eating disorder. Specifically, this may be driven by a tendency to self-criticise and a sense of shame, especially in finding it hard to stop what they might recognise as harmful behaviour. It is important to address these stigmatising views with those experiencing or at risk of eating disorders given that such beliefs may negatively impact their propensity to seek help and may also reinforce negative perceptions and behaviours. However, communications addressing these stigmatising views must be sensitive and considered to not inadvertently perpetuate or reinforce self-stigma by applying too much pressure or suggesting a lack of control and personal weakness.

6.3 Stigmatising views have shifted since 2020.

Crucially, stigmatising views have shifted since 2020. Significantly fewer people agreed that those who have an eating disorder are trying to get attention (13% in 2023, 17% in 2020), for example. Similarly, significantly more disagreed with several of the stigma statements, indicating these views are weakening and becoming less embedded.

More precisely, significantly more disagreed that people who have an eating disorder are trying to get attention (67% in 2023, 60% in 2020); that you can tell by looking at someone that they have an eating disorder (59% in 2023, 55% in 2020), that eating disorders are a lifestyle choice (63% disagreed in 2023, 56% in 2020), and that eating disorders are not that serious (56% in 2023, 48% in 2020). Taken together, these findings are in line with the view that knowledge about eating disorders is increasing, and stigma is lessening, among the community.

This shift in stigmatising views was also observed via vignettes. Significantly more disagreed that 'if [person in the vignette] was a stronger person they wouldn't be doing this to themselves' (54-57% in 2023, 49-52% in 2020). This was true for the vignettes that depicted severe calorie restriction, binge eating, and bingeing and purging, but not for muscle building. Moreover, further shifts were observed with the binge eating vignette such that significantly more disagreed that '[Joe] could stop what he's doing if he really wanted to' (54% in 2023, 49% in 2020) and that he 'just lacks willpower' (57% in 2023, 52% in 2020).

In sum, although stigma was still prevalent among a minority of the community, clear positive shifts in these stigmatising views (such that they have become less embedded) since 2020 were observed.

7. Conclusions & recommendations

7.1 Conclusions

This research demonstrated a marginal increase in self-identified prevalence of those living with or at risk of developing an eating disorder since 2020. It's likely that this was related to an increase in the proportion of respondents who identified as a person living with an eating disorder, or who exhibited symptoms of eating disorders, and those who reported a diagnosis. This finding is also consistent with broader population studies which include disordered eating. Body image concerns were also prevalent among the community, particularly for women, and were found to impact how people engage in everyday activities.

The community identified several key influences on the way they perceive their body including, social media, parents and siblings, friends, advertising, and celebrities/influencers. Although the top influences were similar to those reported in 2020, there was a significant increase in the proportion of respondents who said social media, celebrity/influencer, and advertising was having a strong influence on their body image.

Along with increased prevalence, there were small increases in the awareness of eating disorders; however, confidence in recognising symptoms was low. Furthermore, although there was strong recognition of eating disorders as a mental health issue there was a degree of uncertainty about who eating disorders affect and how they manifest. The research also suggested a tendency for the community to underestimate the prevalence of eating disorders. This indicated the community lacked knowledge about eating disorder and represents an opportunity to provide education around eating disorders.

A minority of the community held stigmatising perceptions towards eating disorders. Forms of stigma included perceived personal weakness of those experiencing eating disorders, minimisation of the seriousness of the disorder, the belief that people experiencing them are in control of their behaviour, and that eating disorders only affect select groups. Eating disorders were also associated with attention seeking and vanity. Although only a small proportion subscribe to these stigmatising views, there appeared to be a substantial level of ambivalence among the community (or a lack of rejection) towards many misconceptions of eating disorders which could prove problematic for encouraging those with lived experience to speak out or seek help.

Stigmatising views tended to be more prevalent among men and younger people. They were also more common among people with lived experience or at risk of developing an eating disorder which suggested a level of self-stigma. These problematic views can reinforce other types of stigma and as noted, act as a barrier to help seeking. The tendency towards minimising and normalising eating disorders among those with lived experience was concerning for two reasons. First, it implied that they may not comprehend (or be ambivalent towards) the seriousness of their behaviour and its implications for their health and wellbeing and second, as a result, may face greater challenges in engaging with support services.

In the past few years, mental health conditions have been increasing, particularly among young people, and eating disorders and disordered eating behaviour appears to be no exception. Anecdotally, while discussion of depression and anxiety continue to dominate community discourse, body image concerns have also gained traction and attracted funding. However, there is an opportunity to increase the profile of eating disorders in this conversation to promote education, mitigate stigma and increase help seeking.

7.2 Recommendations

The outcomes of this research have indicated three key opportunity areas and objectives, as follows:

1. Increase community confidence in recognising signs that someone is living with an eating disorder or may be at risk of developing an eating disorder.
2. Challenge and mitigate the stigmatising views and misconceptions about eating disorders among the community, with a focus on those with lived experience.
3. Continue to strengthen Butterfly Foundation's brand awareness and increase engagement for those who would consider donating time and money.

The rationale for each of these strategic recommendations together with potential approaches for activation are detailed below for consideration.

1. Increase community confidence in recognising signs that someone is living with an eating disorder.

Key insight: While understanding of eating disorders has grown somewhat since 2020, confidence amongst the community to recognise signs that someone is living with an eating disorder remained low. Only a small minority were confident they could recognise the signs and around a third said they were not confident.

With the increasing prevalence of eating disorders, it is important that the community feel at least somewhat confident to recognise signs that they or someone they know might be experiencing symptoms of an eating disorder. Increased confidence to recognise signs may result in earlier identification of eating disorders and increased connection to support services in turn leading to better outcomes.

Recommendation: A broadly targeted communications campaign is likely to be most effective both in boosting understanding and confidence, as well as increasing brand awareness for Butterfly.

- Communications should focus on helping audiences to identify key signs and symptoms of eating disorders, equipping them to feel more confident to recognise them in their social circles.
- A reduction in self-stigma and an increase in understanding could be achieved by the development of an online screening tool, which may assist people with symptoms of eating disorders to seek help.
- Messaging should position eating disorders as a serious mental health issue that affects a broad spectrum of people, mitigating beliefs that they only affect select groups.

A campaign of this nature will also support increasing perception of Butterfly as an organisation that educates the community about eating disorders and body image issues. This is something that Butterfly are already well equipped to execute on meaning the return on investment is likely to be positive.

2. Challenge and mitigate the stigmatising views and misconceptions about eating disorders among those with lived experience.

Key insight: While a minority of the community held strong stigmatising perceptions towards eating disorders, people with lived experience or those at risk of developing eating disorders were significantly more likely to subscribe to these views. Stigma presents a significant barrier to help seeking and early intervention, and the evidence shows that many people who have eating disorders are not seeking help. There are complexities in addressing this group, given the deep roots of such perceptions, the ambivalence that often features in relation to recovery, and the continued perpetuation of problematic attitudes. However, they should be the primary target

Recommendation: Communications should be focused on challenging common misconceptions held by this group, as well as the tendency to minimise the seriousness of eating disorders.

There is a need to counter the perception among a minority that only those who are experiencing serious physical problems need to seek professional help and that eating disorders 'are not that serious'. Doing so will likely increase help seeking amongst those living with or at risk of developing an eating disorder.

However, communications addressing these stigmatising views must be sensitive and considered to not inadvertently perpetuate or reinforce self-stigma by applying too much pressure or inferring a lack of control and personal weakness. To do so, communications should be informed by research and focus on providing hope for recovery and reassurance that the consequences of seeking help will be positive.

3. Continue to strengthen Butterfly Foundation's brand awareness and increase engagement among those who consider donating time and money.

Key insight: Butterfly's brand awareness has grown significantly since 2020 (from 19% to 23%), taking second position as the most recognised mental health organisation included in this research. This suggests that there has been some success of the communications and marketing strategy of Butterfly over the past three years. However, there is still room to grow. While there has been an increase in awareness and strong conversion of awareness to consideration, the brand health funnel reveals a gap – an opportunity for Butterfly to expand its donor base and grow advocates.

Recommendation: Butterfly should continue to grow its brand awareness amongst the community through broadly targeted communications. However, as awareness grows, Butterfly should direct efforts towards implementing initiatives to attract Considerers to choose Butterfly as the recipients of their donations or time. Butterfly's relatively strong conversion rate indicates that by focussing efforts to increase interactions with occasional supporters, there is potential to build a strong base of regular donors and brand advocates in the longer term.