

Social Media, Body Image and Eating Disorders

Recommendations from a roundtable working group convened by Zoe Daniel MP and Butterfly Foundation, September 2023 – May 2024



Executive summary

Young people face unprecedented issues with negative body image, disordered eating and eating disorders, with the prevalence of eating disorders in Australian young people aged 10-19 rising by 86% since 2012. Research has demonstrated that content and features within social media use are a major factor escalating the risk of these disorders, with adolescents and young adults disproportionately affected.

A roundtable of experts, convened by Zoe Daniel MP and Butterfly Foundation, met between September 2023 and May 2024 to collaboratively devise solutions to safeguard and bolster support for young people navigating social media in Australia.

The roundtable developed 21 recommendations across the themes of:

- Regulatory requirements
- · Social media algorithms
- · Social media platform functionality
- Interventions, training, and resources
- Research

From the 21 recommendations, the group identified the following 5 as being of the highest priority:

- 1. The Online Safety (Basic Online Safety Expectations) Determination 2022 (Cth) should be modified so that social media must take 'reasonable steps' to promptly remove pro-eating disorder (i.e., extreme diet, exercise, and weight loss) content and advertisements from their platforms on identification (proactive) or notification (reactive), with consequences for inaction including fines or other punitive measures.
- 2. The Online Safety Act 2021 (Cth) review should result in:
 - a. An overarching duty of care to protect the health and wellbeing of young people using their platforms,
 - b. Risk assessments and risk mitigation obligations across all systems and elements,
 - c. Meaningful transparency measures to make publicly visible the risks and mitigation measures created by systems and elements, and
 - d. Strong accountability and enforcement mechanisms.
- 3. The Online Safety Act 2021 (Cth) should be modified so that members of the Australian public can report to the eSafety Commissioner when they see material that could negatively affect their body image.
- 6. Social media platforms be required to be transparent about their algorithms with regular publicly available algorithm risk audits from independent bodies and with consequences for non-compliance including appropriate fines or other punitive measures for effective deterrence.
- 7. Social media platforms be required to explicitly give users the opportunity to reset their generated algorithms easily and on demand.

Background

Today, young people in Australia face unprecedented issues with negative body image, disordered eating and eating disorders. Since 2012 the prevalence of eating disorders in youth aged 10-19 has risen by 86%, and over the past 5 years Butterfly Foundation has seen a staggering 275% surge in inquiries to their National Helpline from individuals aged up to 25. Research has demonstrated that certain aspects of social media use are a major factor affecting risk of these disorders, with adolescents and young adults disproportionately affected.

A roundtable including experts in eating disorder prevention, individuals with lived experience, representatives from social media platforms, and policymakers, was brought together by Zoe Daniel MP and Butterfly Foundation at Parliament House, Canberra, in September 2023. The group (see Appendix 1 for a list of members) then convened a series of working groups with the aim of collaboratively devising solutions to safeguard and bolster support for young people navigating social media in Australia. A second roundtable was held at Parliament House, Canberra, on 28 May 2024 to present the final recommendations.

"We must shift the onus from young people and those struggling with body image to protect themselves from content that negatively impacts their body image, to Government and corporation regulation."

Findings

The roundtable developed 21 recommendations across the themes of:

- Regulatory requirements
- · Social media algorithms
- Social media platform functionality
- Interventions, training, and resources
- Research

Legislative Reform recommendations

- 1. The Online Safety (Basic Online Safety Expectations) Determination 2022 (Cth) should be modified so that social media must take 'reasonable steps' to promptly remove pro-eating disorder (i.e., extreme diet, exercise, and weight loss) content and advertisements from their platforms on identification (proactive) or notification (reactive), with consequences for inaction including fines or other punitive measures.¹
- 2. The Online Safety Act 2021 (Cth) review should result in²:
 - a. An overarching duty of care to protect the health and wellbeing of young people using their platforms,
 - b. Risk assessments and risk mitigation obligations across all systems and elements,
 - c. Meaningful transparency measures to make publicly visible the risks and mitigation measures created by systems and elements, and
 - d. Strong accountability and enforcement mechanisms.

¹ Prompt but achievable timing of and reasonable consequences for non-compliance to be determined in consultation with policy makers and social media platforms.

² Reset report, https://au.reset.tech/news/report-not-just-algorithms/

- 3. The Online Safety Act 2021 (Cth) should be modified so that members of the Australian public can report to the eSafety Commissioner when they see material that could negatively affect their body image.
- 4. The Online Safety (Basic Online Safety Expectations) Determination 2022 (Cth) should be amended to cover all systems and functions within their platforms (i.e., algorithms, content moderation, and ad approval and management)³.
- 5. Legislation is created so that social media advertisements be required to feature diverse physical appearances (e.g., diverse body sizes, shapes, genders, colours, abilities).

Social media algorithm recommendations

- 6. Social media platforms be required to be transparent about their algorithms with regular publicly available algorithm risk audits from independent bodies and with consequences for non-compliance including appropriate fines or other punitive measures for effective deterrence.
- 7. Social media platforms be required to explicitly give users the opportunity to reset their generated algorithms easily and on demand.
- 8. Social media platforms be required to prioritise the presentation of diverse physical appearances (e.g., diverse body sizes, shapes, genders, colours, abilities) within their algorithms.

Platform tools and feature recommendations

- 9. Social media platforms be required to create a shield function for users to opt-out of specific types of content which may be harmful (see Appendix 2 which lists the types of content which are considered harmful based on research evidence, lived experience, and clinical expertise).
- 10. Social media platforms be required to have accurate age verification for all accounts and clearly articulate what these are and measure and report on their efficacy.
- 11. Beauty filters (i.e. filters that alter a person's appearance to match beauty ideals) inbuilt into the platforms be removed from children's social media accounts (i.e. those under 18 years old).
- 12. Social media platforms be required to regularly engage in meaningful collaboration with experts (i.e. individuals with a lived experience, researchers, clinicians, eating disorder organisations) to allow ongoing discussions which ensure their practices and systems are expert-informed and mitigate harm.
- 13. Social media platforms be required to examine, via lived experience focus groups or other forums, user awareness and use of safety features to ensure they are known, accessible, and easy to understand/implement and to make these findings publicly available.

³ Reset report, https://au.reset.tech/news/report-not-just-algorithms/

Interventions, training, and resources recommendations

- 14. Provide funding to roll out and implement evidence-based eating disorder prevention and body image interventions at scale.⁵
- 15. Incorporate body image and eating disorder harm minimisation content into both pre-service training and ongoing professional learning to ensure early years educators, primary and secondary school teachers, and health professionals are adequately prepared to support children and young people.
- 16. Provide funding to support the development and distribution of new and existing parent resources to help parents support their children's social media use to reduce eating disorder risk and body image concerns.
- 17. Ensure body image and eating disorder specific programs and resources are available through eSafety Commissioner's work and state/territory mental health menu/directories.

Research recommendations

- 18. Social media platforms be required to provide free access to their data to researchers in a manner that is unbiased, accessible and easily interpreted.
- 19. Provide financial support for a targeted call for research, including research to
 - a. be conducted with key stakeholders,
 - b. focus on groups underrepresented in current research (e.g., men and gender-diverse people, older ages, multicultural communities, LGBTQI+, visible difference, disability),
 - c. be conducted on the specific features, functions, and content on social media platforms that are helpful or harmful and potential mechanisms for those effects,
 - d. focus on individual differences in response to the effects of social media on body image and eating disorder risk,
 - e. be conducted to identify developmental windows for patterns of social media use,
 - f. be specifically designed to support rapid policy translation, and
 - g. be conducted to test the effectiveness of any policies that are implemented in Australia and internationally.
- 20. Invest in the evaluation of new and existing body image intervention and eating disorder prevention programs to understand their effectiveness and implementation.
- 21. Provide ongoing funding for a consortium of leading eating disorder and body image researchers, clinicians, public health lawyers and organisations to determine research and implementation priorities and discuss legislation (including reviews of the *Privacy Act* and the *Online Safety Act* 2021 (Cth)).

⁵ Evidence-based interventions include Media Smart, Media Smart-Targeted, and the Body Project (see Appendix 3), and emerging evidence-based programs such as Butterfly Body Bright

Appendices

Appendix 1: Roundtable members

Note: the recommendations developed by the roundtable reflect the views of the individuals involved. There is no implication that they reflect the views of their employing organisations.

Roundtable Chair:

Dr Jim Hungerford, Butterfly Foundation jim.hungerford@butterfly.org.au

Roundtable Subgroups Chairs/Co-Chairs:

Legislative Reform

Dr Marilyn Bromberg, University of WA marilyn.bromberg@uwa.edu.au

Program and Platform Interventions

Dr Hannah Jarman, Deakin University h.jarman@deakin.edu.au

Research and Data Analysis

Dr Jasmine Fardouly, UNSW Sydney j.fardouly@unsw.edu.au and

Prof Susan Rossell, Swinburne University SRossell@SRossell.com

Lived Experience

Varsha Yajman, mental health youth advocate yajmanvarsha@gmail.com

Other members of the roundtable were:

- Belinda Caldwell, Eating Disorders Victoria
- Belinda Chelius, Eating Disorders Queensland
- Dr Beth Shelton, National Eating Disorders Collaboration
- Helen Bird, Butterfly Foundation
- Jade Gooding, Australia & New Zealand Academy for Eating Disorders
- Jane Rowan, Eating Disorders Families Australia
- Katya Jaski, person with Lived Experience
- Melinda Farrar-Rabbidge, Butterfly Foundation
- Melissa Wilton, Butterfly Foundation
- Molly Connor, person with Lived Experience/Alfred Health
- Dr Sarah Maguire, InsideOut Institute
- Dr Sarah Squire, Butterfly Foundation
- Dr Siân McLean, La Trobe University
- Dr Simon Wilksch, Flinders University & Advanced Psychology Services
- Dr Zali Yager, The Embrace Collective

The roundtable also included Alex Cowen from Meta, however Meta chose to remove themselves from the final recommendations due to a conflict of interest.

Appendix 2: What we know can be harmful content on social media

Known harmful content types include:

- ProED (i.e., pro-eating disorder content) anything that glorifies or encourages eating disorders, extreme weight loss behaviours, and/or extremely low BMI, including subcategories such as proana and pro-mia (Feldhege et al., 2021; Mento et al., 2021)
- Extreme diet and weight loss content, for example:
 - Weight gain or weight loss supplement use or extreme diets (< 1,500 cal)
 - Extreme fitness programs/goals
 - Extreme before and after photos, weight loss journeys
 - Some food related trends ('What I eat in a Day', 'Girl Dinner')
 - Body measuring/checking/comparison trends e.g. the Headphones challenge, the A4 paper challenge, the thigh gap challenge
 - Misinformation relating to nutrition, fitness or at the very least claims presented as 'science' that promote disordered eating behaviours
- Thin or ideal or fit images (i.e., thinspiration, fitspiration defined as content that glorifies extreme thinness or muscularity which may be accompanied by dieting or excessive exercise regimes; Barron et al., 2021; Hendrickse, et al., 2020; Mulgrew et al., 2020; Vandenbosch et al., 2022)
- Investing/engaging in appearance related activities or communication that promotes unattainable and non-inclusive beauty ideals (editing [i.e., face tune, filters], comments, likes) (Dane & Bahita, 2023; de Valle et al., 2021; Vandenbosch et al., 2022)
- Weight stigmatising messaging content that perpetuates fat phobia, weight stigma, and/or size discrimination through language, memes, jokes etc (Clark et al., 2021)
- Objectifying images (e.g. highly sexualised) (de Lenne et al., 2021)
- Appearance-based bullying/teasing

Note. While some platforms have used disclaimer labels and captions (i.e., indicating photoshopping, editing, and/or the unrealistic nature of an image) in an effort to mitigate harm, the research evidence suggests that these are ineffective at protecting women's body image against the negative effects of social media and in some instances leads to poorer outcomes (McComb & Mills, 2020; Tiggemann, 2022).

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Vandenbosch, L., Fardouly, J., & Tiggemann, M. (2022). Social media and body image: Recent trends and future directions. Current Opinion in Psychology, 45, 101289. doi: 10.1016/j.copsyc.2021.12.002

Appendix 3

Evidence-based programs that target social media use and have demonstrated benefits for eating disorder and/or body image risk factors.

Brief overview	Format	Population target	Evidence base	References			
Program: Media Smart Targeted (MST)							
Online social media (SM) literacy program: reflections on own SM use (what's helpful, what's not); examining how SM use fits with personal values; reducing pressures; a user dashboard to monitor progress on goals set.	8 X 20-min modules Online, user works through at own pace.	13-25 yr-olds, any gender wishing to improve body image. Inclusive approach: open to users both with and without ED symptoms	Australian RCTs found effects for risky social media behaviours: appearance comparisons; criticism of own appearance; less following of unhelpful influencers; reduced number of SM accounts; and, reduced use of TikTok. Also, effects for disordered eating and ED diagnosis, ED risk factors, quality of life; depressive symptoms; suicidal ideation and substance use. Prevention Effect: 77% less likely to develop DE onset at any post-program assessment point (post, 6-, 12-month f/up). Treatment effect: 94% less likely to still meet DE criteria at any point.	Wilksch et al. (2018) https://doi. org/10.1017/ S0033291717003567 Wilksch et al. (2019) https://doi. org/10.1002/ eat.23005 Wilksch et al. (2018) http://dx.doi. org/10.1002/ eat.22825 Wilksch et al (2024): Submitted			
Classroom-based SM literacy program: how social is SM?; taking care of others and ourselves; examining how SM use fits with personal values; behaviours I wish to increase/decrease on SM; encouraging youth to be informed and make up their own mind on these	8 X 50-min classroom lessons Teacher or health prof delivery in school classes.	Grades 6-8 Universal program for full school classes with students any gender	Australian RCTs have found: significant reductions for 11 ED risk factors including shape and weight concerns; body dissatisfaction; dieting; media internalisation; bullying (appearance-based); feelings of ineffectiveness. MSS girls are 58% less likely to develop ED-levels of concern about body shape and weight by 12-month f/up. Effects also found for shared risk factors including: depression and anxiety	Wilksch & Wade, 2009 https://10.1097/ CHI.0b013e3181a1f559 Wilksch et al., (2015) http://dx.doi. org/10.1017/ S003329171400289X Wilksch (2010) https://doi.org/10.10 80/13284207.2010.5 00310			
issues.			symptoms; perfectionism; screen time; increased helpful levels of physical activity. MSS benefits both those at high and low risk of an ED: immediate post-program effects for those at high baseline ED risk and prevention of growth in risk over follow-up for those with low baseline risk.	Wilksch & Wade, 2014 http://dx.doi. org/10.1016/j. brat.2013.11.004 Wilksch et al., (2017) https://10.1002/ eat.22642			

Brief overview	Format	Population target	Evidence base	References			
Program: Body Project							
Interactive cognitive dissonance program which supports participants to voluntarily critique the thin beauty ideal in verbal, written, and behavioural exercises. Group-based program facilitated by undergraduate peers or expert-led, either in-person or online (eBody Project)	4 x 1-hour sessions or 6 x 45-min sessions or 2 x 2-hour sessions over approximately 4 weeks	Adolescent girls and young women who experience body dissatisfaction (although some more recent versions of the program found effective among men and mixed- gender groups; e.g., Body Project for All)	With evidence largely accumulated in the United States, the Body Project has been found to reduce ED risk factors (thin-ideal internalisation, body dissatisfaction, dieting, negative affect) and ED symptoms relative to assessment-only control conditions, and often relative to alternative interventions, with several effects persisting through 3-year follow-up. There is also some evidence the Body Project can prevent future ED onset and can be broadly implemented using scalable strategies.	Given the large number of empirical studies, we recommend the following papers for an overview of the literature: Stice et al (2019) https://doi. org/10.1016/j. cpr.2019.04.004 Becker & Stice (2017) https://doi.org/10.1037/ccp0000204			

Appendix 4

A repository of relevant research papers on social media, body image and eating disorders is available at:

https://www.zotero.org/groups/5394143/social media body image and eating disorders research repository/library