

Submission to the Statutory Review of the Online Safety Act 2021

Butterfly Foundation

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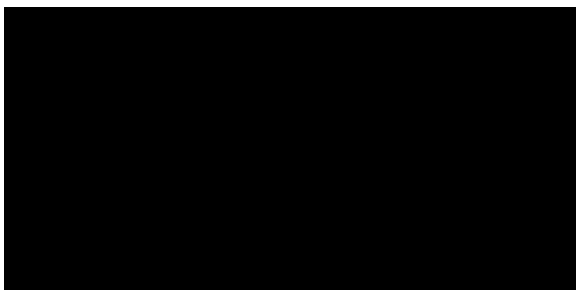


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About us

Butterfly Foundation (Butterfly) 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 22,000 people each year, along with an online referral database. We 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.

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 provide an overview of body image and eating disorders, and briefly cover areas relevant to eating disorders and body image issues in relation to Issues paper sections 2, 3, 4, 5, 8, 9 and 10. Our submission includes reference to the recent recommendations of the [Social Media, Body Image and Eating Disorders Working Group](#) which Butterfly convened following a Roundtable event we hosted with Zoe Daniel MP in Parliament House in September 2023 and our previous [submission](#) to the Select Committee Inquiry into Social Media and Online Safety in 2022.

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, Unspecified Feeding or Eating Disorder (UFED), Other Specified Feeding and Eating Disorders (OSFED), Avoidant/Restrictive Food Intake Disorder (ARFID), Rumination Disorder, and Pica.

Prevalence

In any given year, approximately 4.45 per cent of the Australian population – or more than 1.1 million people – is experiencing an eating disorder, while lifetime prevalence is 10.5 per cent (Deloitte, 2024). Of the 1,102,977 people in Australia with eating disorders: 34 per cent have Unspecified Feeding or Eating Disorder (UFED), 27 per cent have Other Specified Feeding and Eating Disorders (OSFED), 21 per cent have Binge Eating Disorder, 11 per cent have Bulimia Nervosa, 3.5 per cent have Anorexia Nervosa and 3 per cent have Avoidant/Restrictive Food Intake Disorder (ARFID) (Deloitte, 2024).

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 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, 2021). 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 2019 to the 2020 and 2021 financial years.

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 (Micali et al., 2014; Solmi et al., 2022).

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 per cent since 2012 (Deloitte, 2024).

Globally, the prevalence of eating disorders is similar to substance use disorders, and higher than bipolar disorder and autism spectrum disorder (Santomauro et al., 2021). In Australia, more than twice as many people suffer from an eating disorder each year than are impacted by strokes, amounting to more than double the cost to the Australian economy (Deloitte, 2020).

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). 1,273 people died as a result of eating disorders in 2023 (Deloitte, 2024). More people die each year due to eating disorders than the annual national road toll (Bureau of Infrastructure and Transport Research Economics, 2024).

Gender differences

Eating disorders can affect all genders, however the highest prevalence rates in Australia occur in women and girls aged 15 to 29 years. The age cohort with the highest prevalence rate – 18 per cent – is women and girls aged 15-19 (Deloitte, 2024). In any given year, the majority of contacts to Butterfly Foundation's National Helpline are from girls and women under 25 (Butterfly Foundation, 2023a).

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 research into eating disorders among transgender and gender non-conforming people is limited (including a paucity of prevalence data), existing studies suggest that transgender people are more likely than cisgender people to have been diagnosed with an eating disorder, or to engage in disordered eating behaviours (Diemer et al., 2018; Parker & Harriger, 2020). Experiences of disordered eating are particularly high among young trans people. 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).

Other demographic characteristics

Contrary to common stereotypes, large scale surveys show that eating disorders do not discriminate by income or education (Hay, Giroso, & 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). Neurodiverse people have an increased risk of developing eating disorders (Biederman et al., 2007; Solmi et. al, 2021).

Economic costs

The total social and economic cost of eating disorders in Australia in 2023 was estimated at \$66.9 billion (Deloitte, 2024). This number includes health system costs (\$251.4 million), productivity losses (\$18.1 billion) and costs to individuals (\$7.9 billion). In 2023, estimated total financial costs were \$20.8 billion, and non-financial wellbeing costs were \$46.1 billion.

The estimated cost of eating disorders (in terms of disability-adjusted life years) is much higher than several other health conditions, such as stroke and kidney disease (Deloitte, 2023; Deloitte, 2020).

If the social and economic costs of body dissatisfaction in Australia were to be included these figures would likely be much higher. Economic analysis recently conducted in the United States has found that each year body dissatisfaction incurs \$84 billion in financial costs, with an additional \$221 billion in loss of wellbeing (years of life lost and years lived with a disability) (Dove with Deloitte Access Economics, 2022). Prepared with input from researchers at the Harvard T.H. Chan School of Public Health and Boston Children's Hospital, this analysis found that one-third (32 per cent) of the financial costs of body dissatisfaction are borne by individuals and families, with government incurring 29 per cent of costs and employers incurring 14 per cent of costs. Estimates of appearance-based discrimination include \$269 billion in financial costs, with an additional \$233 billion in wellbeing losses.

The range of influences on body image and eating disorders

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 influence body image (Slater & Tiggemann, 2012; de Guzman & Nishina, 2014; Deeks & McCabe, 2001; and Erbil, 2018).

Sociocultural factors affecting body image include the influence of social media and traditional media. 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. However, the exact nature of the harm caused by such content is difficult to quantify.

There is much that can be done to develop alternative sources of information to educate and empower children, young people, and their families and carers. This includes campaigns and programs that can influence the modifiable risk and protective factors involved in the development of body dissatisfaction, disordered eating and eating disorders.

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. Butterfly’s Body Kind Youth Survey Report (2023b) documents impacts on several domains of life, including schooling, social activities and participation in sport and physical activity.

Low help-seeking among people with eating disorders

Less than one in three people (30 per cent) with eating disorders seek professional help (Ali et al, 2023). Barriers to help-seeking include: stigma; feelings of shame; 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).

Response to Issues Paper

The range of influences on body image and eating disorders

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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.).ⁱ 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 on 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.

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).

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.

Butterfly also develops our own content to share with our 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 19.4 million posts on Instagram alone.

Actions that have already been taken by social media companies

Instagram and TikTok have made some changes to their platforms in recent years to improve safety for their users. We note that Meta 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 Pinterest changed its advertising policies in 2021 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.

Recommendations for change to the Online Safety Act 2021

The following list of recommendations was developed by a coalition of eating disorder and body image experts, researchers, clinicians, people with lived experience, charities and peak bodies as part of the [Social Media, Body Image and Eating Disorders Working Group](#), which Butterfly convened following a Roundtable event we hosted with Zoe Daniel MP in Parliament House in September 2023. For completeness, all recommendations are provided below, with the recommendations most relevant to the statutory review of the Online Safety Act (Issues Paper Parts 2, 3, 4 and 8) highlighted in bold.

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.

2. The Online Safety Act 2021 (Cth) review should result in:

- An overarching duty of care to protect the health and wellbeing of young people using their platforms,**
- Risk assessments and risk mitigation obligations across all systems and elements,**
- Meaningful transparency measures to make publicly visible the risks and mitigation measures created by systems and elements, and**
- 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.

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).

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.
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.
14. Provide funding to roll out and implement evidence-based eating disorder prevention and body image interventions at scale.
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)).

Response to Privacy Act Review

Butterfly welcomes the Commonwealth Government's work to reform the Privacy Act to ensure Australia's privacy framework is fit-for-purpose in the digital age, and provide Australians with greater transparency and control over their personal information. The development of a Children's Online Privacy code is critical for the protection of children's rights.

To progress the Commonwealth Government's Response to the Privacy Act Review Report, and in response to Issues Paper Parts 5a and 5b (Whether the regulatory arrangements, tools and powers available to the Commissioner should be amended and/or simplified, including through consideration of:

- a. the introduction of a duty of care requirement towards users (similar to the United Kingdom's *Online Safety Act 2023* or the primary duty of care under Australia's work health and safety legislation) and how this may interact with existing elements of the Act
- b. ensuring industry acts in the best interests of the child)

Butterfly is strongly supportive. More than 90 per cent of young people in Australia having some concern about their body image (Butterfly's first BodyKind Youth Survey, 2023), a key risk factor for the development of an eating disorder. Data was presented at the Butterfly Foundation/Zoe Daniel MP Social Media and Body Image Roundtable in September 2023 from Dr Scott Griffiths (University of Melbourne)

who investigated the content that the TikTok algorithm targeted to users. Compared to a user without an eating disorder, the TikTok algorithm targeted people who had a diagnosed eating disorder with:

- 2.3 times more appearance-related videos
- 4.2 times more diet-related videos
- More than 40 times more eating disorder-related videos.

These results are particularly concerning given the child focus of TikTok and given that people aged 15-19 are the age group with the highest prevalence of eating disorders (Deloitte, 2024).

This targeting of body image and eating disorder material to children with eating disorders is clearly not in their best interests and we would welcome the opportunity to be involved in reforms that may assist in preventing this harm.

Structure and support arrangements for the e-Safety Commissioner

In response to Part 9 – whether the current governance structure and support arrangements for the Commissioner provided by the Australian Communications and Media Authority (ACMA) are fit for purpose for both the Commissioner and the ACMA – Butterfly recommends additional resourcing be provided on an ongoing basis to the e-Safety Commissioner to carry out their functions, including an expanded focus on protecting people from body image and eating disorder harms.

Cost recovery from industry

In response to Part 10 – whether it would be appropriate to cost recover from industry for e-Safety’s regulatory activities – Butterfly is supportive.

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ⁱ A comprehensive summary of children's body image has been prepared by Butterfly and is available here: <https://static1.squarespace.com/static/60a212b84e9cf244cb678799/t/60ee3fe6b1dcdf258da813b3/1626226663346/Butterfly+Body+Bright+Relevant+Research.pdf>