

INSIGHTS IN BODY ESTEEM

A SURVEY OF AUSTRALIANS'
EXPERIENCE OF BODY IMAGE AND
ITS IMPACT ON DAY TO DAY LIFE



"After working in the body image and eating disorder prevention sector for so many years, I am pleased to see this piece of work published. Insights given into areas such as self perceptions of appearance, experiences of bullying, personal attitudes and beliefs, comparison to others and social media clearly show that more conversation and research is required."

Professor Susan J Paxton
Chair, Butterfly Research Institute

We acknowledge the experience of those who participated in the first Insights in Body Esteem survey and thank them for sharing their story. The Butterfly Foundation would also like to thank the many community and health organisations, corporate partners, media outlets and individual supporters who helped to distribute and share the 2017 survey.

We are particularly grateful for Sportsgirl, who have not only invested millions of dollars in program and organisation support for the past 12 years, but were also instrumental in promotion of the survey to the Australian public.

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1 A MESSAGE FROM OUR CEO

Through a national survey The Butterfly Foundation invited Australians to share insights into the perceptions of their bodies and how this impacts on their day to day life.

In its first year, the results of this research provide a platform to build knowledge and provide a snapshot of current experiences as well as broader national issues in body esteem.

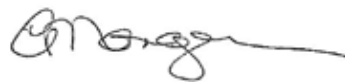
People from every corner of Australia and from all ages, backgrounds and stages in life responded to this survey. While it was heartening to see so many contributing to the Australian voice on body esteem, the pervasive experience of negative thoughts and feelings about body appearance, and the impact this has on the quality of life for individuals, is concerning. This research sets the foundation for much needed change in Australia.

The survey shows that more than half of Australians rarely speak positively about themselves and remember being teased about their appearance as some point in their life. How we talk about our own and others' appearance can seriously impact body confidence. This is not just about being kinder to ourselves and others. There are serious health ramifications if we do not challenge fundamental belief structures that are translating into nationwide body shape and size stigma.

When poor body self-esteem impacts on an individual's self-worth and value system it can cripple their ability to fully participate in life. Shifting national conversation about body image is a huge undertaking that requires investment in stigma reduction and health promotion but, if we acknowledge the complexity of the problem and each play our part as individuals, it is more than achievable.

We share this information in the hope that it will be used to inform the development of policies, prevention programs and service responses to the needs of Australians in developing positive relationships with their bodies and appearance and its connection to positive social, health and wellbeing outcomes. If we better understand these experiences we will be better equipped to support individuals and communities to address them.

I would like to thank everyone who took the time to complete the survey and share their views and experiences. It is through your contributions that we are able to better develop a picture of body esteem as a critical population health issue.



Christine Morgan, CEO Butterfly Foundation



2 EXECUTIVE SUMMARY

2.1 The Study

The Insights in Body Esteem project aimed to discover the experience of those living in Australia over the age of 18 in relation to their body esteem, and the impact these feelings have on their day to day lives.

In late 2017 Butterfly Foundation conducted its first Insights in Body Esteem survey of Australians. The survey was distributed opportunistically, through Butterfly Foundation networks and social media (23.6%), corporate partners such as Sportsgirl (32.7%), sharing from other social media accounts (13.6%), other mental health and community organisations (3.6%) and links from media articles (8.2%). In total 3135 people living across all states and territories of Australia, aged over 18, responded to the online, anonymous survey.

Responses largely reflected where the population in Australia lives; the largest number of responses came from New South Wales (32%), Victoria (30%) and Queensland (13%). Although respondents represented a wide range of backgrounds and experiences, the vast majority of respondents (94.1%) identified as female, and more than half (59.2%) were aged between 18 and 30. Respondents were well engaged with employment (74.2%) and study (26.8%) and also connected with their community regularly via social media, news, friends and family. A small but significant group (18.8% of all respondents) self-reported having a lived experience of an eating disorder at some stage in their lives.

2.2 What the survey showed

Appearance is important to most respondents

- 74% said that appearance was important to very important to them.

- 50% said that body weight and shape were pretty important to them compared to other things in life.
- 62.3% said they spend a lot of time thinking about weight and body shape
- 42% put significant effort in to being slimmer and 17.8% put significant effort in to being more muscular.

Many respondents are unhappy with how they look

- More than 1 in 3 (43.4%) were dissatisfied to very dissatisfied with their appearance.
- 52.6% said they were very or extremely concerned about their appearance or a particular body part(s).
- 73% wished they could change the way they look.

Respondents often compare and judge

- 48.6% felt pressure to look a certain way
- 36.9% agree or strongly agree that everyone can be slim if they try hard enough and 20.7% agree or strongly agree that people who are overweight do not take care of themselves.
- Most commonly look to social media when judging their appearance; 41.5% compare themselves to others on social media, 37.3% wished they looked like people saw on social media and 18.3% said they attempted to change themselves to look like images they saw on social media agree or strongly agree that people who are overweight do not look after themselves
- More than half (53.6%) rarely or never speak positively about their appearance.

How respondents experience their appearance can have significant consequences

- Two thirds (66.6%) remember being bullied or teased for their appearance at some stage in their life
- 59.6% had, at least some of the time, restricted eating because of the way they felt about their appearance
- 62% said that at least sometimes, food dominates their life.
- Feelings about appearance often to always kept respondents from making new friends (26.6%) and doing things they enjoy (34.1%) and have left them sad or angry at themselves (53%).

Who respondents were impacted on their experience

- The gender you identify with may increase the chances of you feeling pressure to look a certain way, or being bullied or teased based on your appearance
- Those living at a larger size have increased levels of dissatisfaction with their appearance.

2.3 Where to next

This report marks the start of Butterfly Foundation's journey to understand and bring to light the experience of body esteem for those living in Australia.

The survey highlighted that for many the experience of appearance is not positive and can significantly consume their time, having wide reaching impacts in their health and well-being.

The findings of this report have also highlighted some key areas of opportunity and need to be addressed:

- Australians define their appearance as important to them, but are frequently dissatisfied with their appearance and as a result are engaging in disordered thoughts and behaviours, resulting in poorer engagement, health and well-being outcomes. Body esteem needs to be acknowledged as a population health concern and a significant risk factor in the development of poor physical and mental health trajectories and responded to with both universal and targeted prevention activities
- Much of the research, and the findings of this survey as well, over-represent the experience of young people who identify as female. Further research is needed to enhance our understanding of body esteem particularly across the lifespan, gender identities and cultural backgrounds.
- Appearance based teasing and bullying was experienced by more than half of the survey respondents. We need to undertake collaborative approaches between body esteem, bullying, self-esteem and physical development programs to address these concerns.
- Many participants described engaging in disordered thoughts and behaviours around food and dieting, whether they were dissatisfied with their appearance or not. There is a need for evidence-based information about nutrition, diet and eating behaviours, and their impacts on health and well-being.

Butterfly Foundation will implement an Insights in Body Esteem survey annually to continue raising, identifying and addressing opportunities and needs for change, and tracking changes over time.

JOIN THE CONVERSATION



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CONTEXT



3.1 Butterfly Foundation Review content

The Butterfly Foundation is Australia's only national charity supporting those affected by eating disorders and negative body image. Services span prevention, early intervention and support, including the provision of the federally funded national support line, staffed by trained counsellors experienced in dealing with eating disorders.

Butterfly has been a representative for consumers and carers for over 11 years. The Foundation's philosophy is based on recognizing the need for greater respect and engagement for those with a lived experience. In addition to engagement with our services, Butterfly engages consumers in formal consultation for specific purposes and projects, which has included the provision of information and feedback to NSW Health. Butterfly is also integral in the delivery of a biennial national carers conference specifically related to eating disorders.

Butterfly works in collaboration with a range of partners, believing this is the most effective way to bring about sustainable cultural change. Butterfly has extensive networks among eating disorder professionals, not for profit consumer organisations, researchers and academics, corporate, fashion, and media. Butterfly seeks to bring people together to improve knowledge, awareness and capacity in the sector. Our collaborative approach has seen Butterfly successfully coordinate the National Eating Disorders Collaboration (NEDC) for the Australian Department of Health. The NEDC project has engaged with research evidence, clinical expertise and lived experience in the development of key reports to government.

3.2 Body Esteem

Body esteem refers to the way someone evaluates their own body or appearance, how they feel about their evaluation, and the accuracy of these self-perceptions about their weight, shape or appearance.

Low body esteem is when individuals experience a perceived discrepancy between what they actually look like, and what they want to look like, resulting in negative feelings about themselves and their body¹.

Body dissatisfaction is recognised as having the potential to have considerable negative impact on social, psychological, and physical health. Body dissatisfaction is a risk factor in the development of²:

- depressive symptoms across the lifespan
- low self-esteem across the lifespan
- risk-taking behaviours including sexual behaviours and smoking
- poorer academic achievement during adolescences
- engagement in unhealthy dieting, exercise or muscle building behaviours
- developing obesity
- clinical eating disorders.

Alarmingly, body dissatisfaction is one of the top ranked issues for young people in Australia³. In one study in 2011, it was found that the relationship between body dissatisfaction and low self-esteem was stronger in Australian participants than it was in American participants⁴. While much of the research available on body dissatisfaction focuses on the experience of adolescence, some studies have also identified that body image concerns are also significant to self-esteem in to older adulthood⁵.

Body image in Australia is a significant issue and warrants serious consideration given that body image is linked with different physical, mental and social trajectories.

¹ Vinkers et al., 2012

² Dunstan CJ, Paxton SJ & McLean SA, 2017; Fairweather-Schmidt, Lee & Waden, 2015; Mellor et al 2010; NEDC, 2010; Vinkers et al., 2012

³ Mission Australia, 2016


⁴ Latner, Knight & Illingworth, 2011

⁵ Baker & Gringart, 2009



4

ABOUT THE SURVEY AND REPORT



The Insights in Body Esteem survey is an exploratory project, seeking to investigate the experience of those living in Australia over the age of 18 in relation to their body esteem, and the impact these feelings have on their day to day lives. The project aims to contribute to an understanding of body image in Australia, and also guide the development of effective engagement practices in the prevention of poorer health outcomes related to body dissatisfaction.

In late 2017 Butterfly Foundation conducted its first Insights in Body Esteem survey. The survey aimed to identify the importance, experience and impact of appearance and body esteem in day to day life. The survey asked a range of questions to understand the importance, experience and impact of appearance and body esteem.

The survey was approved by a Human Research Ethics Committee and shared using an opportunistic communication and distribution plan through Butterfly Foundation and our partners where it was shared widely, largely in online mediums. Recruitment was conducted through:

- Butterfly Foundation networks and social media including Facebook, Instagram and Twitter (23.6%)
- corporate partner websites and social media e.g. Sportsgirl (32.7%)
- other social media (13.6%)
- media articles online, print, radio, TV (8.2%)
- other mental health or community organisations (3.6%)
- other avenues e.g. university, word of mouth (2.1%)
- unknown (15.2%)

Care needs to be taken when interpreting and generalising the results where there is an imbalance between the sample and the broader population. In particular, the following should be noted about the participants in the survey;

- the group overwhelmingly identified as female (94% of sample)
- 20% of respondents reported a lived experience of an eating disorder which is significantly higher than the point prevalence in the Australian community of 4%
- those under 18 were not included in the survey, and those over 60 were under-represented.

With the exception of location and age, completion of all questions was voluntary. Not all participants responded to every question. Data presented for each question is for those who responded to that question unless otherwise noted. Percentages in all tables, figures and text are rounded to one decimal place and may not necessarily total 100%.

Please note that not all questions asked in the survey or statistical analysis are presented in this report.





5

RESPONDENT PROFILE

A TOTAL OF 3135 PEOPLE LIVING IN AUSTRALIA, OVER THE AGE OF 18, PARTICIPATED IN THE ONLINE SURVEY.

5.1 Age and Gender Identity

Respondents were required to be over 18, and chose from available age brackets rather than identifying their exact age. Most commonly respondents were aged between 18 and 30.

Gender was categorised based on how respondents identify. The term ‘gender-expansive’ has been used in this report to reflect those who identified as; non-binary, gender fluid, intersex, agendered or transgender. The vast majority (94%) of respondents identified as female.

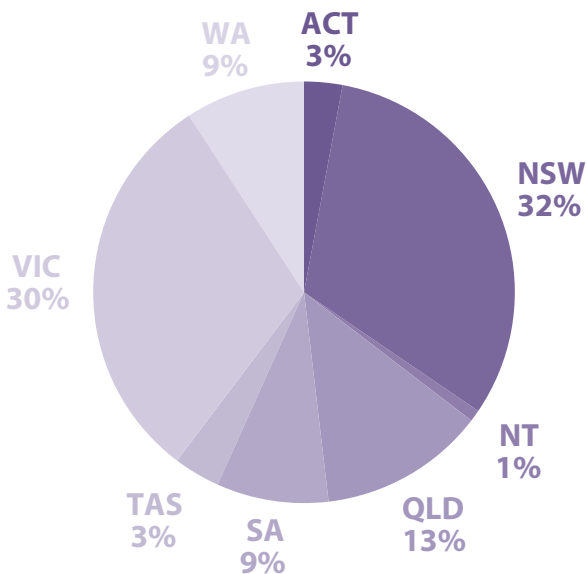
Table 1. Age by gender identity

	Female	Male	Gender-expansive	Total	Total %
18 to 30	1790	43	24	1857	59.2
31 to 45	704	50	8	762	24.3
46 to 60	367	44	3	414	13.2
Over 60	89	12	1	102	3.3
Total	2950	149	36	3135	
Total %	94.1	4.6	1.2		

5.2 Location

Respondents were located throughout all the states and territories of Australia in a manner broadly similar to the population distribution.

Figure 1. Respondents by state



5.3 Cultural background

Respondents were allowed to provide their cultural identity in an open-text field. While 17.4% chose not to sufficiently address the question and a further 1% identified with broader characteristics of their personality or socio-cultural connections, the majority of respondents provided information about the cultural background they identified with.

Most commonly respondents chose to identify as 'Australian' (52.2%) with a further 6% identifying as Australian with mixed heritage not otherwise defined. Approximately 1% of respondents chose to identify as being Aboriginal or Torres Strait Islander.

Table 2. Cultural Identity⁶

	% of all Participants
Oceanian (including Australian)	60
North West European	5.6
Southern / Eastern European	2.6
Southern / Central Asian	0.7
North African / Middle Eastern	0.6
Americas	0.5
North East Asian	0.4
South East Asian	0.3
Sub Saharan African	0.2
Caucasian (not otherwise defined)	7.7
European (not otherwise defined)	1.6
Mixed heritage (not otherwise defined)	1.1
Asian (not otherwise defined)	0.4

5.4 Health

Respondents were asked about their experience of several relevant mental health concerns, their own self-evaluation of their current health, and their weight and height for the purpose of calculating BMI.

More than half of respondents had experienced one of the mental health concerns listed. This information was provided as self-report and clinical assessment tools were not used as part of the survey.

Table 3. Experience of particular mental health concerns

	% of all respondents
Eating Disorders	22.5
Depression	52.1
Anxiety	59.3
Problems with alcohol or other substances	12.5

⁶ Answers were coded using the Australian standard classification for cultural groups.

The group of respondents who identified having an eating disorder at some stage in their lives was significant (22.5% of those who responded to the question, 18.9% of total respondents to the survey).

Respondents had most commonly experienced Anorexia Nervosa (40.8%). Second most commonly (26%) was an experience with multiple and changing diagnosis over time, often encompassing 3 major diagnosis.

Table 4. Eating disorder diagnosis of those with a lived experience

	% of all respondents
Anorexia Nervosa	40.8
Binge Eating Disorder	17.2
Bulimia Nervosa	8.7
OSFED / EDNOS	1.1
Multiple Diagnosis Over Time	26.0
No Diagnosis Provided	6.1

The majority of respondents self-reported their health as being average (37.2%) to good (35.3%).

Table 5. Self-rating of health

	% of respondents
Very Poor	3.4
Poor	13.4
Average	37.2
Good	35.3
Very good	10.7

Only 34% of respondents provided sufficient height and weight information to enable body mass index (BMI)⁷ calculation and several respondents made specific reference to not wishing to weigh themselves. In general it appears that where respondents provided their height and weight information, their average BMI (25.1) was lower than the Australian population average BMI.

Table 6. BMI range

	No. of respondents	% of respondents to question	% of all survey respondents
< 18.5	98	9.2%	3.1%
18.5 - 25	567	53.1%	18.1%
25 - 30	207	19.4%	6.6%
> 30	195	18.3%	6.2%

⁷ Body Mass Index is an internationally recognised mathematical calculation for classifying overweight and obesity in adults. It is calculated by dividing the weight in kilograms by the square of the height in metres. It may not be accurate for all cultural or age groups, body compositions or medical conditions. It is not always useful as a stand-alone measure for determining health.

5.5 Education and Employment

Almost ¾ of respondents (74.2%) were engaged in some form of employment, most commonly full time. More than ¼ of respondents were engaged in some form of study, most commonly full time. 12% of respondents were engaged in both study and employment in some way and 11.3% were not currently engaged in study or paid employment.

Table 7. Employment and Education Status by Age Group

	18 to 30%	31 to 45%	46-60 %	Over 60 %	Total %
Full time employment	24.0	12.1	6.0	0.5	42.6
Part time employment	18.5	6.9	4.6	0.7	30.6
Self employed	0.3	0.3	0.4	0.0	1.0
Total					74.2
Full time student	17.8	1.2	0.4	0.0	19.4
Part time student	5.7	1.2	0.4	0.0	7.4
Total					26.8
Retired	0.0	0.0	0.1	1.0	1.1
Not currently studying or in paid employment	3.5	3.7	2.1	1.0	10.3
Total					11.3
Full time employment and full time study					0.4
Full time employment and part time study					1.2
Full time study and part time employment					7.1
Part time study and part time employment					3.4

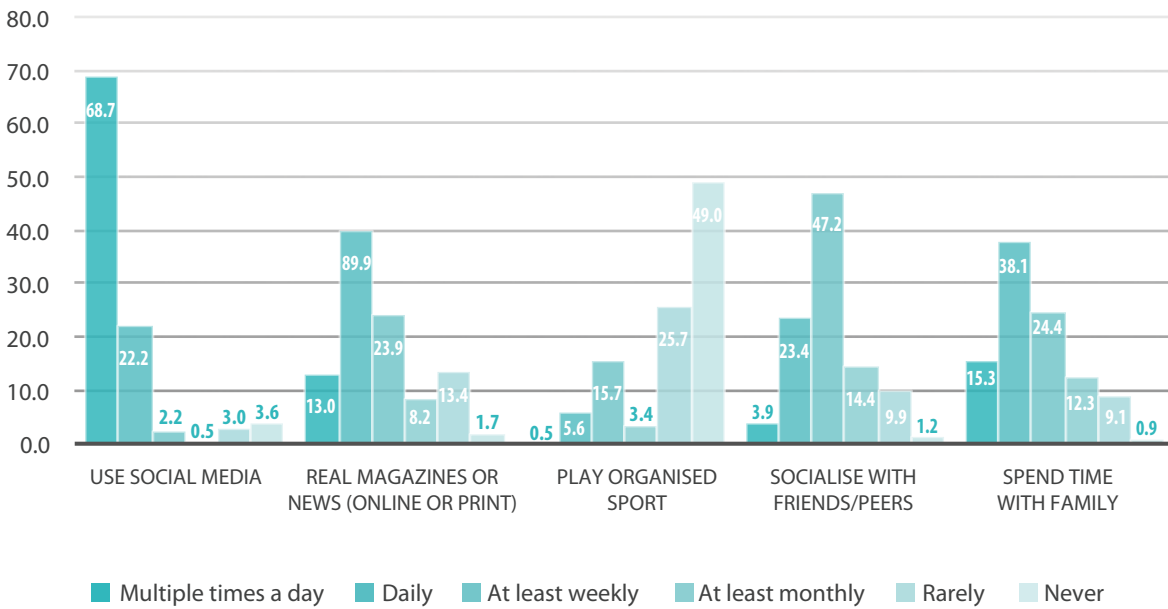
5.6 Engagement

Respondents were asked about how frequently they participate in a number of activities to engage with the world around them.

Respondents were highly engaged with social media and magazines/news, using them daily to multiple times a day 90.8% and 52.9% respectively. Respondents were also connected interpersonally; socialising with friends (27.3%) and spending time with family (53.4%) at least daily.

Respondents were much less engaged in organised sport activities within their community. Only approximately 1 in 5 played organised sport on a regular basis (at least monthly) and almost half (49%) played no organised sport.

Figure 2. Engagement type by frequency (%)



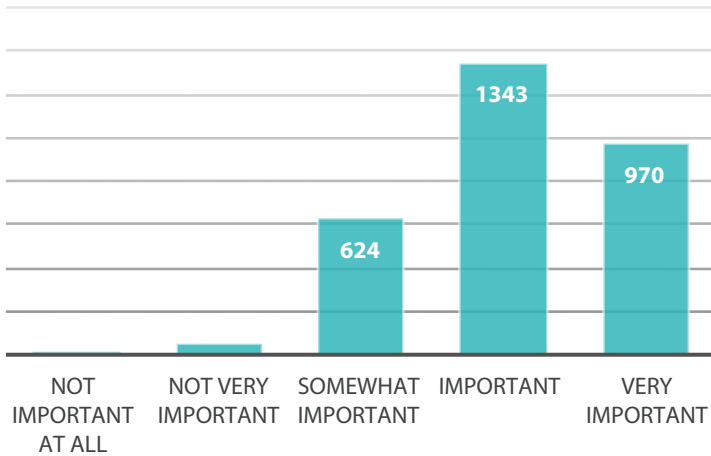


FINDINGS SUMMARY

6.1 Importance and Attitudes

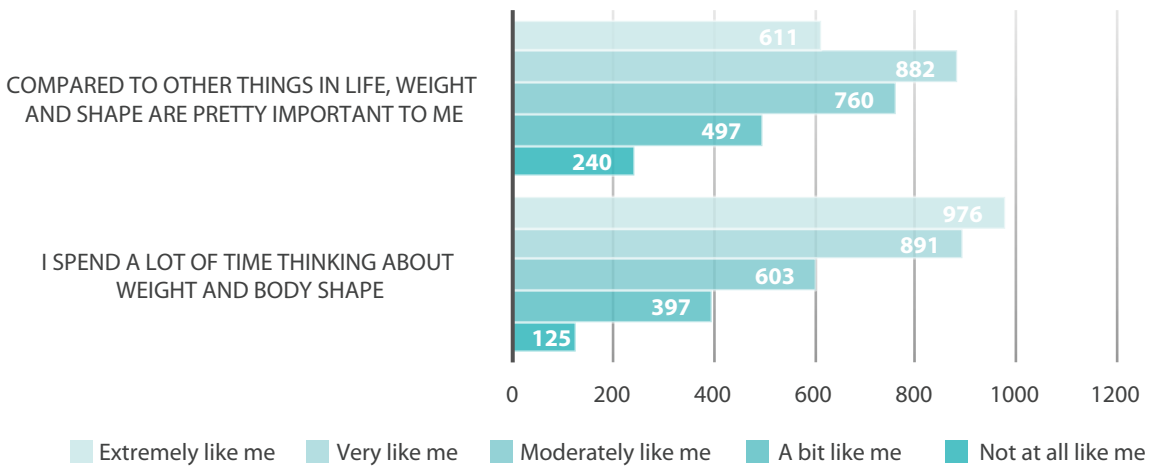
The survey asked a range of questions about appearance in terms of the importance it plays in an individual's life. Respondents overwhelmingly indicated that appearance was important to them; 74% rated it as important to very important, while a further 20.7% indicated it was somewhat important to them. Only 0.2% of respondents said that appearance was not at all important to them.

Figure 3. Importance of Personal Appearance



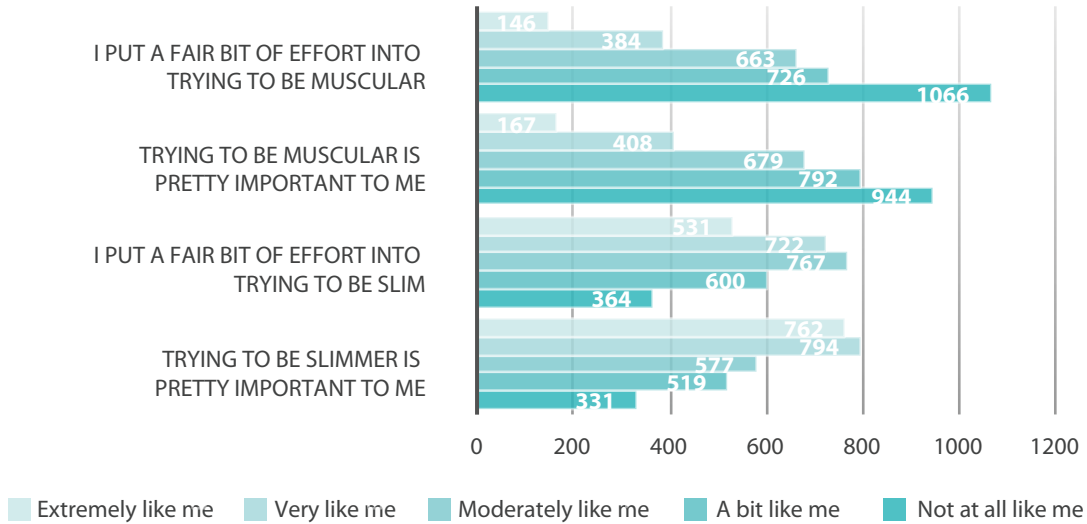
When looking at the importance of appearance in context, half of respondents (50%) indicated that it was very like them to place importance on weight and shape compared to other things in life.

Figure 4. Appearance importance in context



Respondents often spent time thinking about weight and body shape, and reporting putting significant effort in to being slimmer (42%) or more muscular (17.8%).

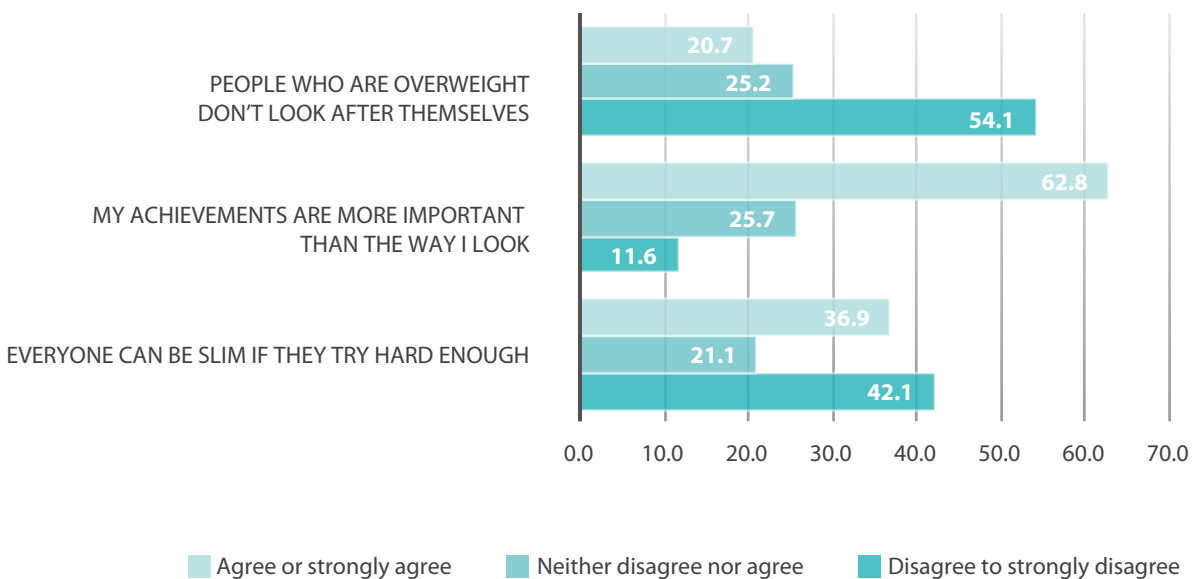
Figure 5. Importance and effort in being slim or muscular



This importance was further explored in participants’ responses to statements relating to weight, shape and appearance.

A small but significant group of respondents (11.6%) felt that their achievements were not more important than their appearance. When looking at attitudes towards those living in larger bodies generally; more than 1 in 3 (36.9%) agreed that everyone could be slim if they tried, and more than one in five (20.7%) agreed that people who are overweight do not look after themselves.

Figure 6. Agreement with statements about appearance and weight

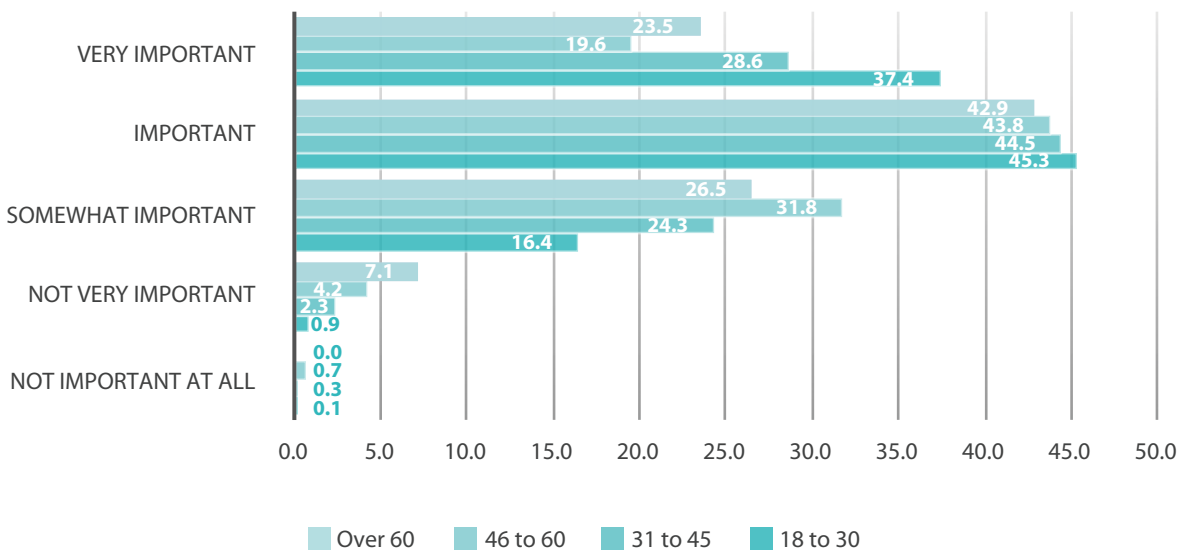


6.1.1 Appearance Importance and Age

The age of respondents was explored to examine what relationship it might have with the importance placed on appearance.

In general, across age groups the proportion of respondents who feel appearance is important is consistent. Younger participants (18 – 30) appeared to identify appearance as very important (37.4%) more frequently than other age groups while those over 60 appear to more frequently consider appearance not very important (7.1%). Analysis indicated that there was not a significant association between age and importance across all categories.

Figure 7. Importance of Appearance; Percentage of respondents by age group



6.1.2 Appearance Importance and Gender Identity

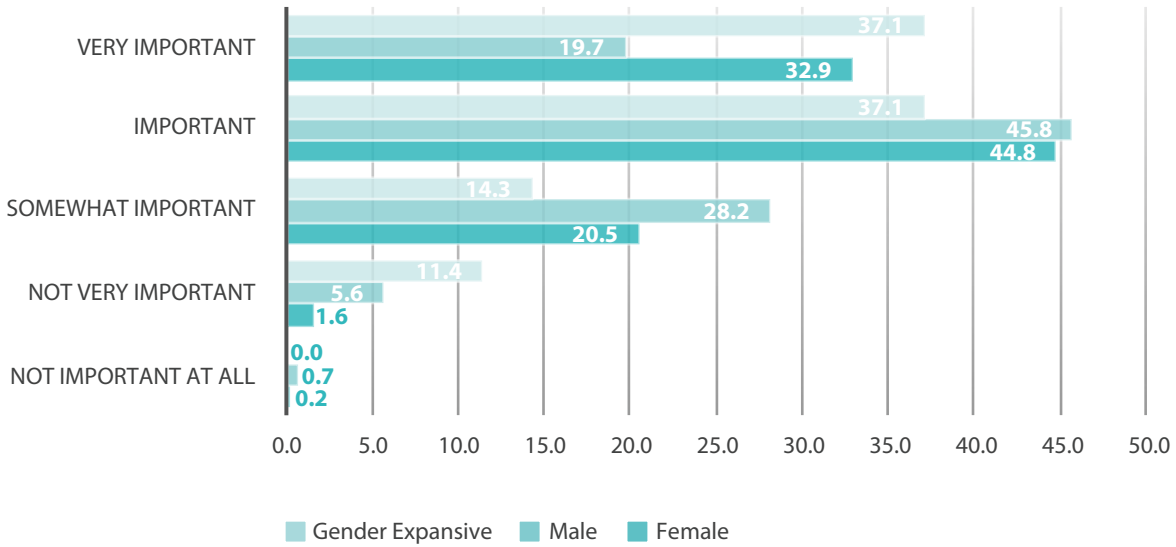
The gender identity of respondents was explored to examine what relationship it might have with the importance placed on appearance. Appearance has an understandable connection and importance in relation to how people identify regarding gender.

Of those identifying in a gender-expansive way, 74.2% classified appearance as important to very important, compared to 65.6% of those who identify as male and 77.7% of those identifying as female. However, those identifying within the gender-expansive group were significantly more likely to define appearance as very important, rather than important.

When the over-representation of those identifying as female is factored in, it appears there was an association between gender identity and the importance of appearance⁸.

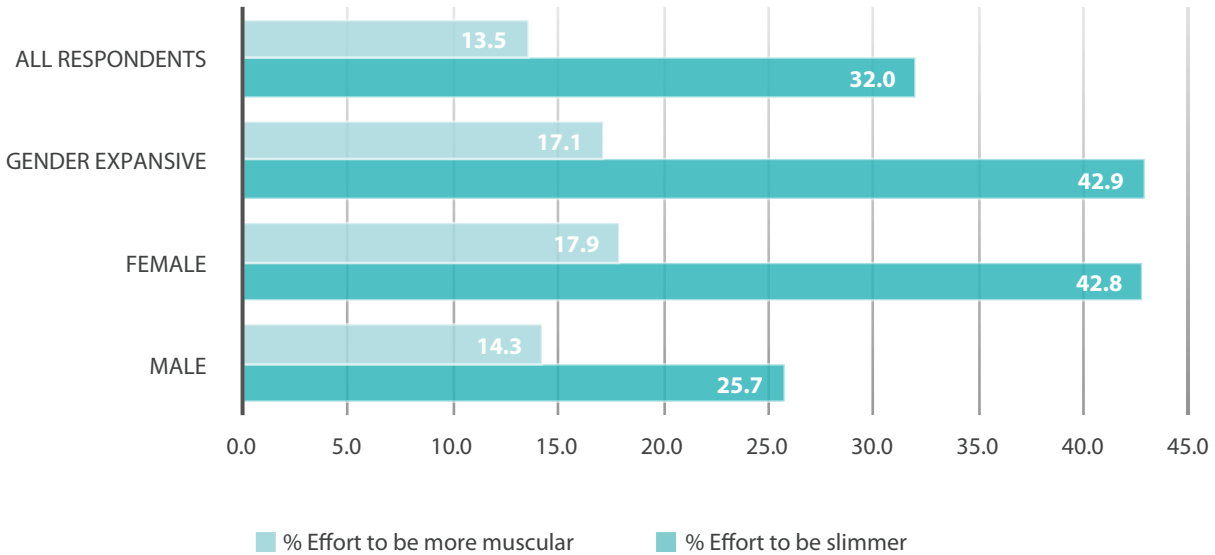
⁸ (X²(1) = 54.3, p < .001)

Figure 8. Importance of Appearance; percentage of respondents by gender identity



There was no significant association between gender identity and the nature of this appearance. All groups were more likely to put effort into being slimmer than being muscular. Those identifying as female or in a gender expansive way were more likely to put effort generally in to being both slimmer and muscular than those who identified as male.

Figure 9. Effort put in to trying to change appearance by gender identity



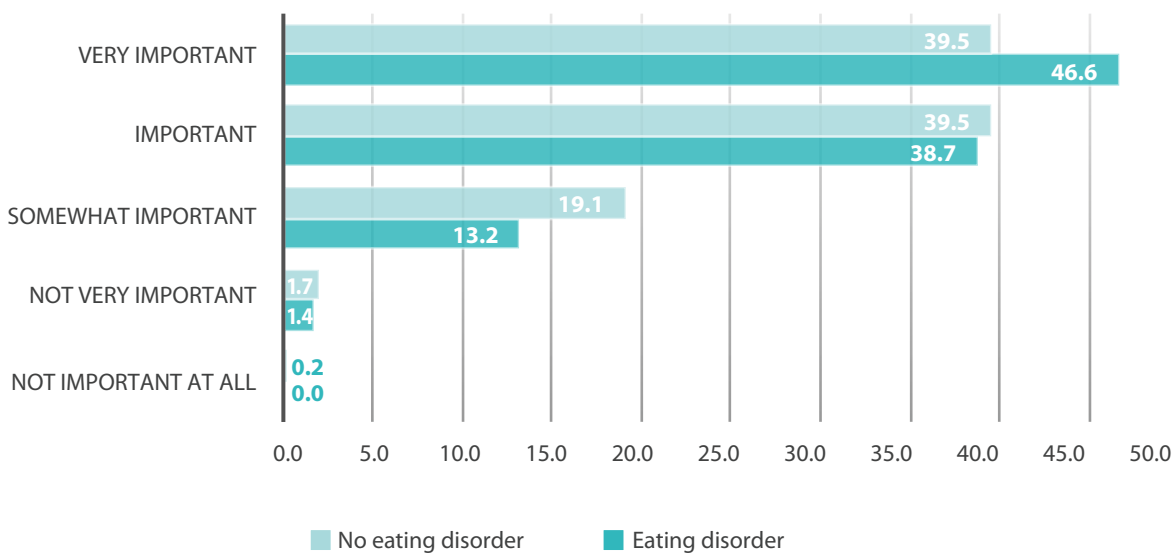
6.1.3 Eating Disorder Experience

Given the known relationship between poor body esteem and poorer mental and physical health outcomes, the relationship between aspects of health and importance of appearance was explored.

Findings of this survey echoed research in to eating disorders, in that it appears there was an association between eating disorders experience and importance of appearance⁹. Respondents to the survey showed that having an eating disorder experience made you more likely to consider appearance to be very important.

However, it is important to note that of those respondents who had not experienced an eating disorder, more than ¾ considered the issue of appearance to be important to very important to them.

Figure 10. Importance of appearance by experience of an eating disorder (%)



6.1.4 Other concerns and influences on importance of appearance.

The information available from responses to the survey did not identify an association between BMI, depression, anxiety or alcohol and substance misuse and the importance of appearance.

While there appeared to be some association with social media use and importance placed on appearance, this may be equally explained by the association with age, as significantly more respondents aged between 18 and 30 accessed social media and news media on a daily or more frequent basis.

⁹ ($X^2(1) = 42.1, p < .001$)

6.2 Correlates of experience of appearance and body esteem

Respondents were asked a range of questions to determine the;

- level of concern about appearance or particular body parts
- point in time satisfaction people have with their bodies
- nature of comparisons people make to others in relation to appearance
- influences on the experience of appearance and body esteem.

Significantly, more than 1 in 3 (43.4%) of respondents were dissatisfied to very dissatisfied with their appearance at the time they took the survey.

Approximately 1 in 4 (26%) respondents indicated that they felt confident in the way they look, with a significant majority (73%) acknowledging that they would like to change the way they look.

Just over half (52.6%) of respondents said they were very or extremely concerned about their appearance or a particular part of their body while only 3% said they had no concerns. The more concerned respondents were with their appearance, the more frequently they spent time thinking of the concerns.

Figure 11. Concern with appearance by how often respondents think of these concerns

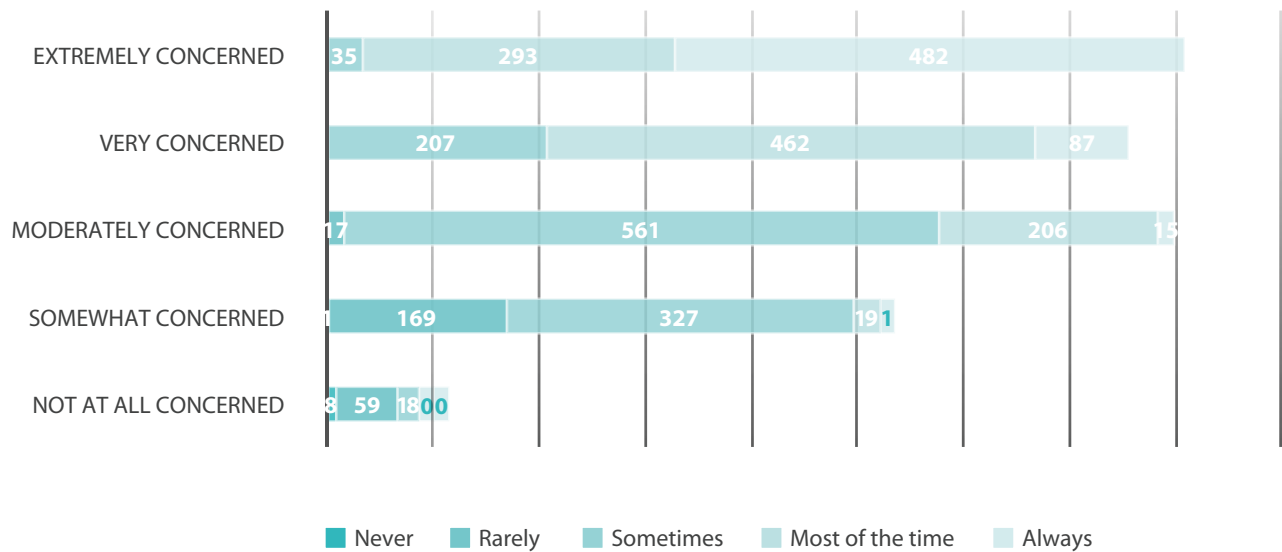
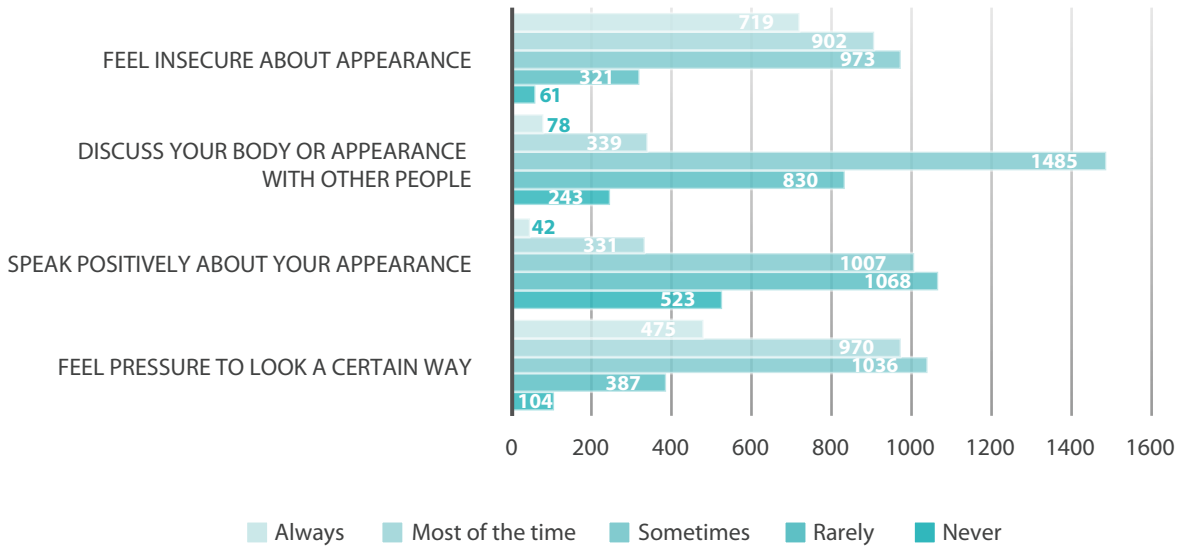


Figure 12. Behaviours and thoughts regarding appearance.



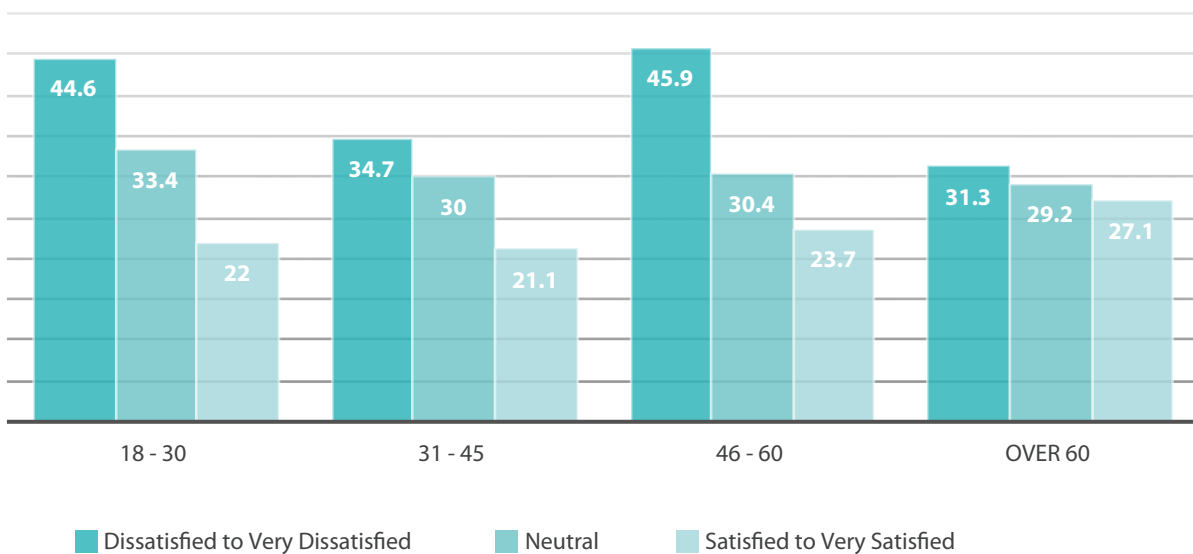
6.2.1 Experience of appearance and age

The age of respondents was explored to examine what relationship it might have with the experience of appearance and body satisfaction.

Dissatisfaction was prevalent across the age ranges, with over 30% being dissatisfied to very dissatisfied with their appearance at the time of the survey in every age category. There appeared to be higher dissatisfaction among those in the 18 – 30 (44.6%) and 46 – 60 (45.9%) age groups.

Analysis indicated that, even when factoring in the over-representation of younger respondents, there was not a significant association between age and body satisfaction when looking across all categories.

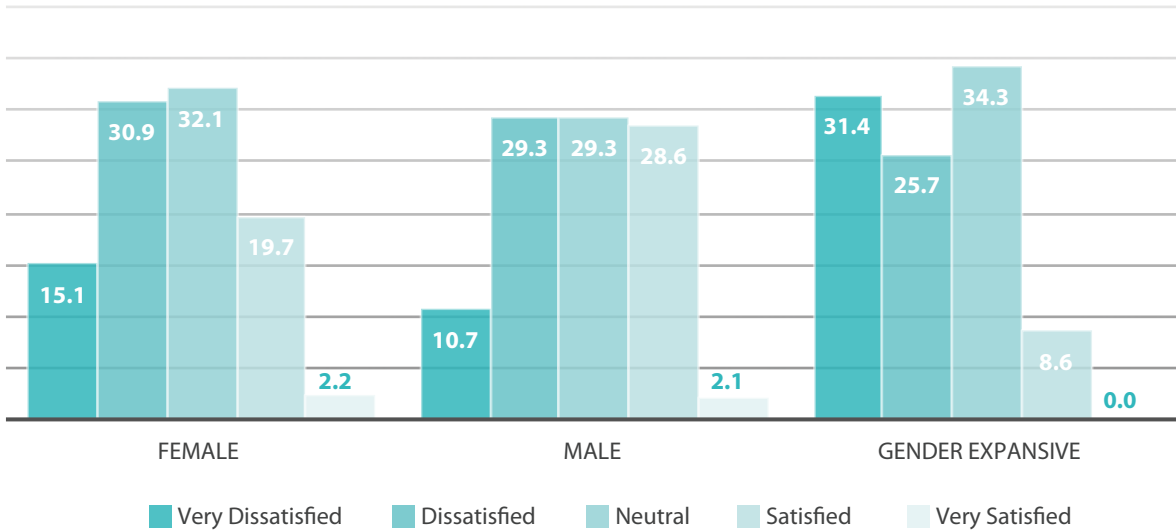
Figure 13. Point in time satisfaction by age group (%)



6.2.2 Experience of appearance and gender identity

When the over-representation of those identifying as female is factored in, it appears there was an association between gender identity and satisfaction with appearance¹⁰.

Figure 14. Point in time satisfaction by gender identity (%)



Respondents who identified within the gender expansive group reported higher levels of pressure to look a certain way than those identifying as male or female.

Table 8. Pressure to look a certain way by gender identity

	Mostly to Always %	Rarely to Sometimes %	Never %
Female	49.5	47.2	3.3
Male	25.9	66.2	7.9
Gender Expansive	65.7	31.4	2.9
Total Population	48.6	47.9	3.5

6.2.3 Experience of appearance and health

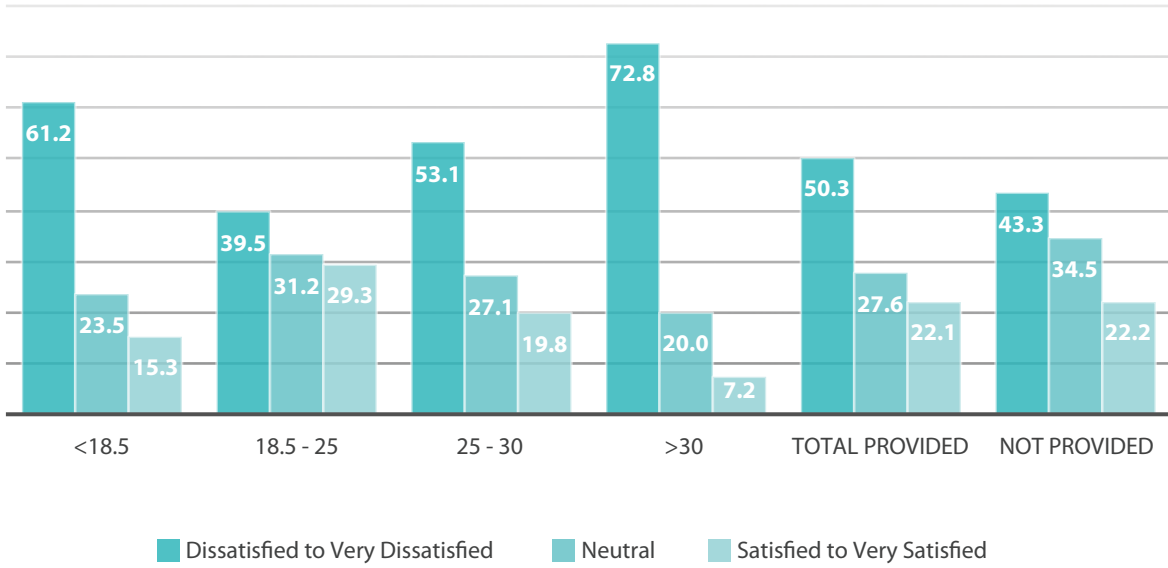
Although analysis indicated an association between BMI and body dissatisfaction¹¹, dissatisfaction with appearance was experienced across the weight spectrum. Less than 30% of respondents considered to be in the 'normal' BMI category were satisfied to very satisfied with their appearance while those in the underweight category had higher levels of dissatisfaction than those in the overweight category.

The lack of BMI information provided by respondents and the potential reasons for this means this data should be treated cautiously. Although it may be that respondents were more likely to share their anthropomorphic measurements if they conformed to current guidelines on normal BMI, analysis did not find a strong association between the provision of BMI and body satisfaction measures.

¹⁰ ($X^2(1) = 36.2, p < .001$)

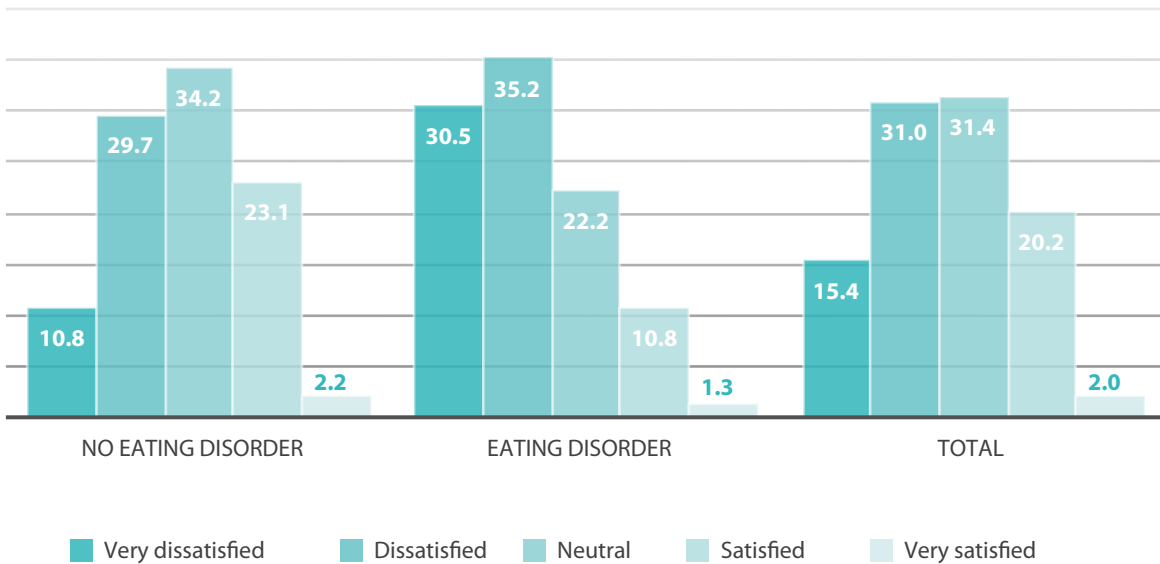
¹¹ ($X^2(1) = 45.4, p < .001$)

Figure 15. Point in time satisfaction by BMI group (%)



As with importance, eating disorder experience had an expected association with body dissatisfaction¹². Those with an eating disorder were more likely to be dissatisfied to very dissatisfied with their appearance at time of the survey. It is beyond the scope of this survey to determine the nature of this association (e.g. if the body satisfaction was a contributor to or result of the eating disorder experience).

Figure 16. Point in time satisfaction by eating disorder experience (%)

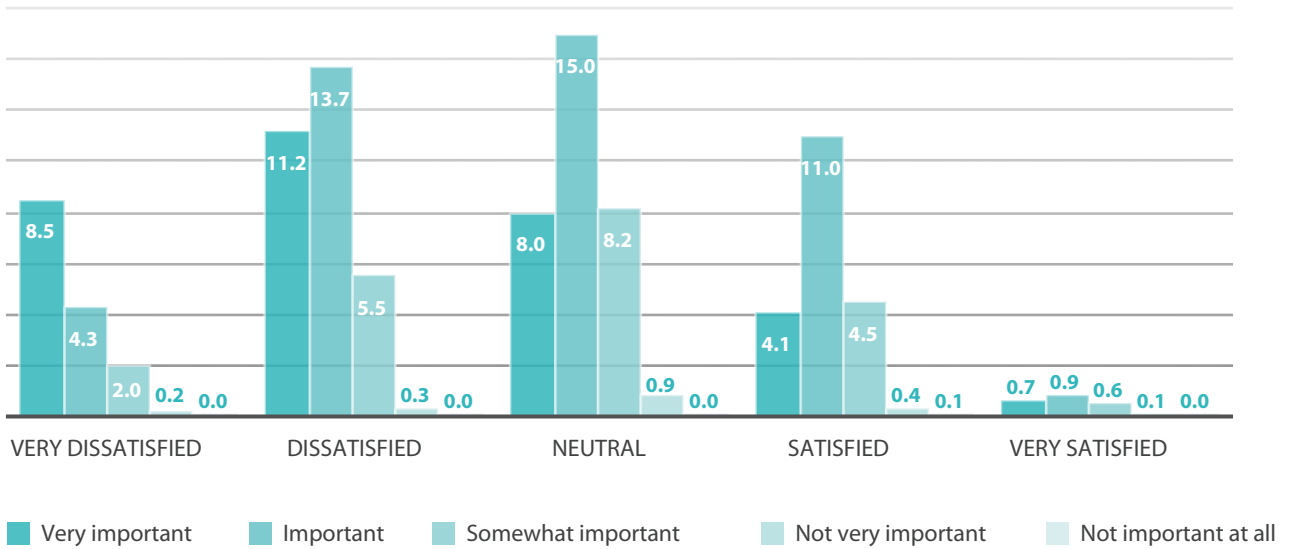


¹² ($\chi^2(1) = 83.2, p < .001$)

6.2.4 Correlates of experience of appearance and body esteem

There appeared to be an association between how important appearance is to a person and how dissatisfied they are with their appearance¹³. Those who were dissatisfied to very dissatisfied were more likely to consider their appearance, raising questions about the role that perceived importance of appearance plays in the development of dissatisfaction.

Figure 17. Importance of Appearance by point in time satisfaction with appearance



With the exception of social media, it appears that those who rarely or never make connections through news, friends, family or sport are more likely to be dissatisfied to very dissatisfied with their appearance. It may be that isolation plays a role in dissatisfaction, or that individuals who are dissatisfied are more likely to disconnect from those around them.

¹³ ($\chi^2(1) = 85.8, p < .001$)

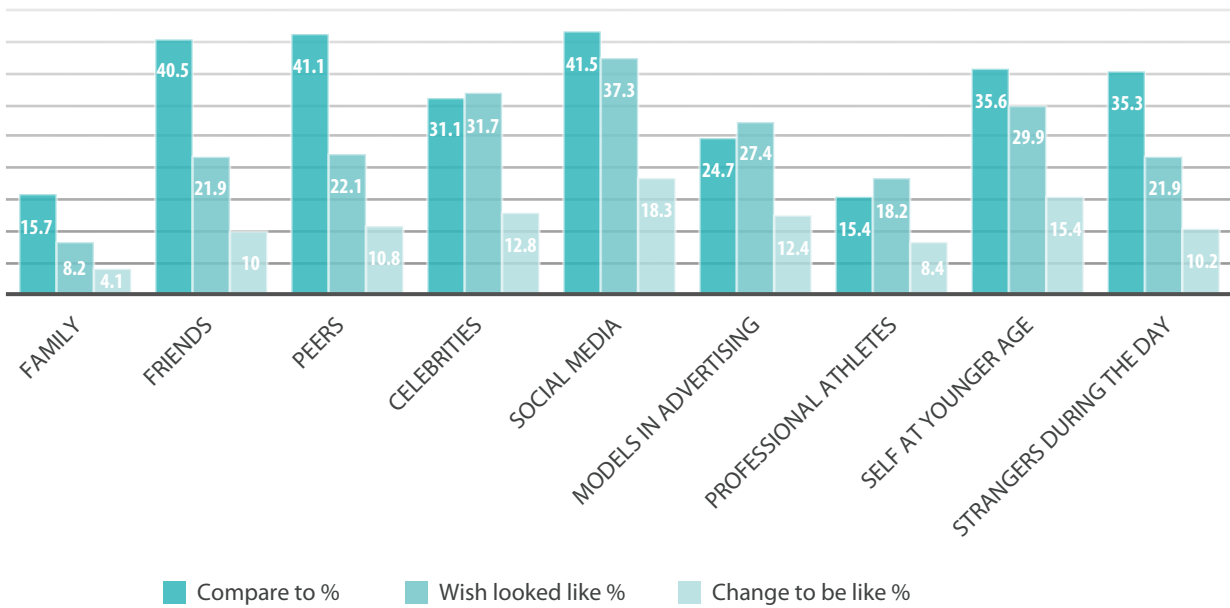
Table 9. Engagement activities by body satisfaction

	Dissatisfied to Very Dissatisfied %	Neutral %	Satisfied to Very Satisfied %
Social Media Use			
Multiple times a day	48.1	30.9	20.9
At least daily	40.2	35.7	24.2
At least weekly	35.8	34.3	29.9
At least monthly	46.7	40.0	13.3
Rarely	41.8	28.6	29.7
Never	44.5	30.9	24.5
Magazine and news (online/print) use			
Multiple times a day	42.1	34.5	23.4
At least daily	46.1	31.3	22.6
At least weekly	44.2	32.3	23.5
At least monthly	46.8	33.2	20.0
Rarely	50.8	29.9	19.3
Never	50.0	31.3	18.8
Play Organised Sport			
Multiple times a day	38.5	15.4	46.2
At least daily	41.9	31.4	26.7
At least weekly	41.8	32.7	25.4
At least monthly	39.6	29.7	30.7
Rarely	40.1	36.7	23.3
Never	51.5	29.6	19.3
Socialise with friends			
Multiple times a day	39.7	31.9	28.4
At least daily	34.7	36.5	28.8
At least weekly	45.1	32.3	22.6
At least monthly	52.1	30.8	17.1
Rarely	66.7	21.9	11.4
Never	60.0	34.3	5.7
Spend time with family			
Multiple times a day	41.5	34.2	24.3
At least daily	44.6	31.9	23.5
At least weekly	45.3	31.2	23.5
At least monthly	48.5	32.2	19.2
Rarely	53.8	32.3	12.8
Never	57.1	8.6	34.3

Across all three measures, social media was the most common place that respondents looked to comparing and judging their own appearance. Almost 1 in 5 respondents (18.3%) indicated that they attempted to change their appearance to try to be like people and images they saw on social media.

The differences between comparing, wishing to look like and actively changing your own appearance to look like a particular group is significant. While social media remained high across all three, groups in a person's own community, such as friends, peers and strangers during the day were frequently compared to but much less likely to be groups that respondents actively tried to change themselves to look like.

Figure 18. Comparison to groups in the community



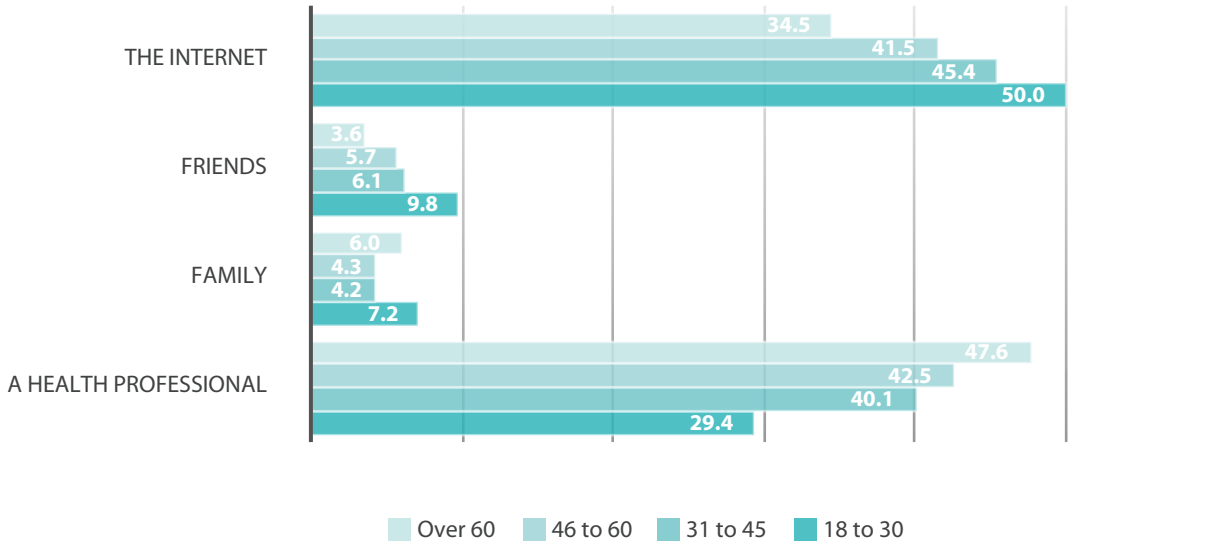
Despite these findings, when asked what the biggest influence on satisfaction with appearance, across all age groups respondents stated that “my own perception of my body” had the biggest influence on their satisfaction. Further, this increased across the age ranges, from 69.7% for 18-30 year olds, to 88.5% for those over 60, as satisfaction also increased. This is important, as it demonstrates the need to address how we process and internalise the information we are presented with. Only 18-30 year olds identified another significant influence; images from social media (15.6%).

6.2.5 Engaging with others about body image and appearance

The majority (88.95%) of respondents noted that they had received information about body image prior to the survey. 61% stated that they had spoken to someone about their feelings on their appearance before; this seems to have been significantly impacted by those with a lived experience of an eating disorder discussing their concerns with professionals and family involved in their care (90% vs 51.9% of those not previously diagnosed with an eating disorder).

Each age group would most commonly seek information from a health professional or the internet. As age increased, this relationship changed; younger respondents were more likely to seek assistance from the internet, while the older age group most likely to seek information from a health professional.

Figure 19. Where respondents would seek information on body image



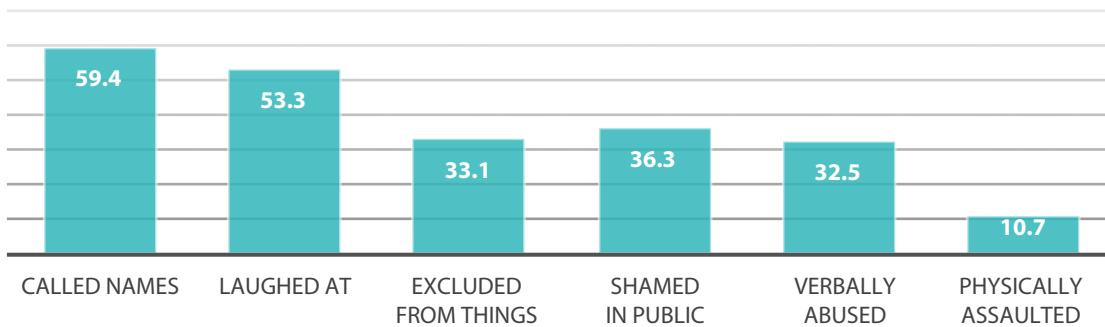
6.3 Impact of Appearance

6.3.1 Bullying

Respondents were asked whether they had ever experienced appearance related teasing or bullying.

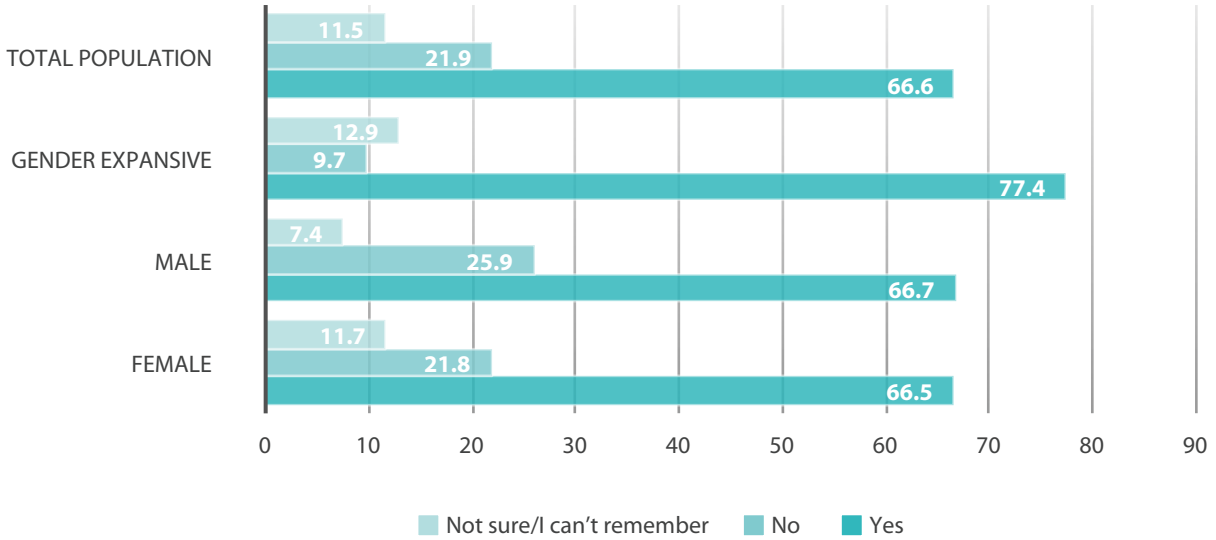
Two thirds (66.6%) of respondents remember being bullied or teased for their appearance at some stage in their life. A small but significant group of respondents (10.7%) experienced some kind of physical assault based on their appearance.

Figure 20. Type of bullying experienced (%)



While no association was identified between bullying and gender identity across all categories, figures do appear to indicate a higher rate of bullying among the gender expansive group.

Figure 21. Experience of bullying or teasing by gender identity



Although those in the BMI category considered obese had a slightly higher rate of experiencing bullying and teasing, there was no significant association between bullying and BMI, and respondents across the weight spectrum had experienced some form of teasing or bullying because of their appearance.

Figure 22. Experience of Bullying by BMI category

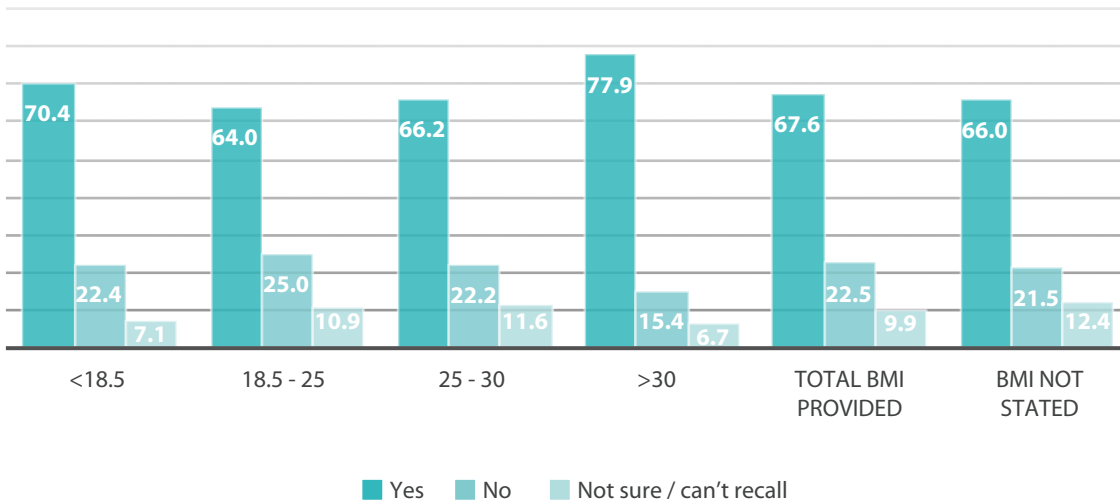
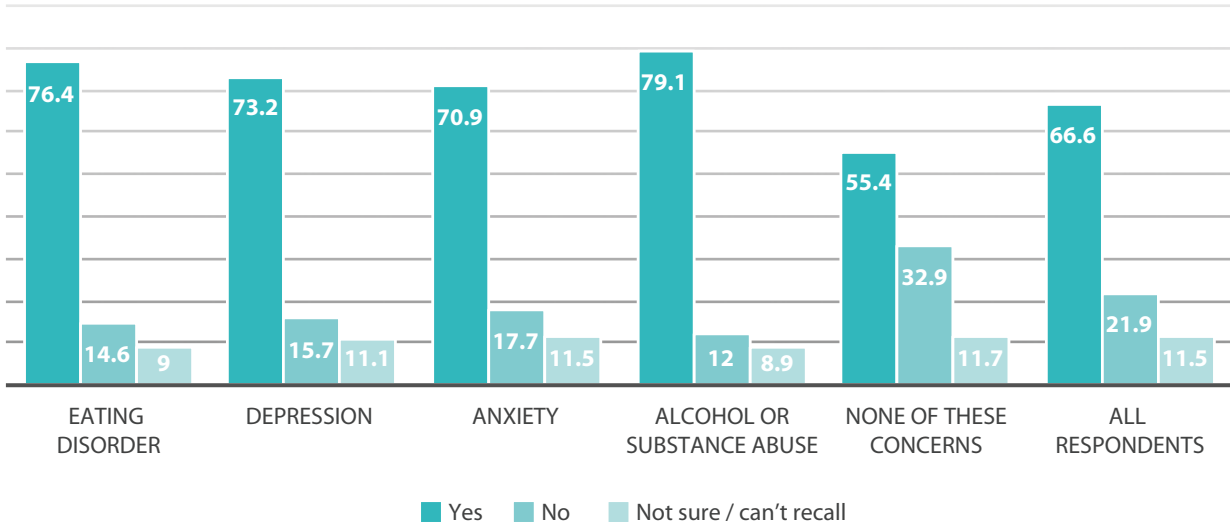


Figure 23. Mental Health experience by bullying experience

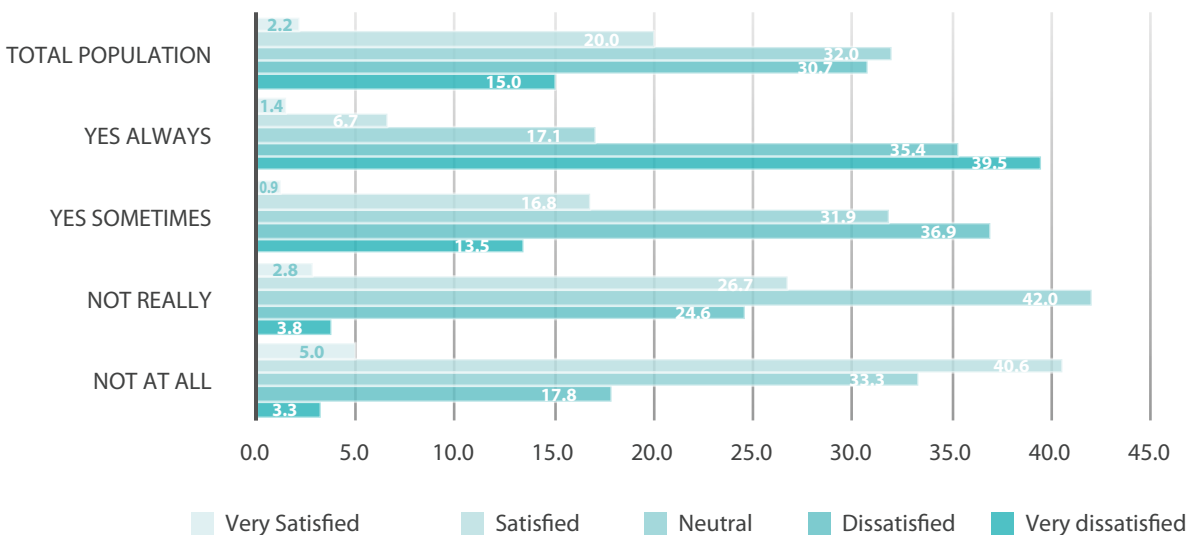


6.3.2 Health and Well-being

Respondents were asked a range of questions about their feelings and behaviours to gauge the potential impact of body esteem. Findings generally showed that having higher levels of dissatisfaction with your appearance resulted in increased disordered or risk behaviours and thoughts.

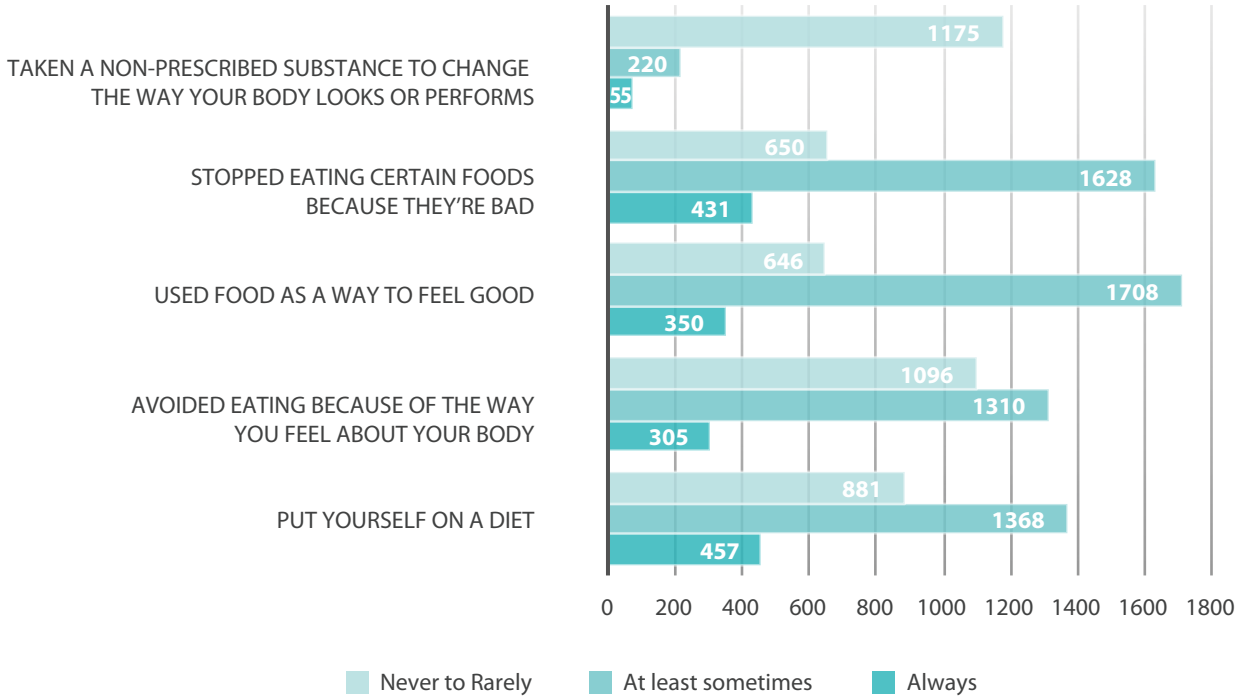
A question that forms part of initial screening for eating disorders, respondents were asked to consider whether food dominates their life. More than half (62%) of respondents indicated that this statement was true for them at least some of the time.

Figure 24. Point in time satisfaction by responses to 'Food dominates my life'



Feelings about their appearance have kept them from doing a wide range of things at least some of the time. These behaviours and feelings are likely to have a significant impact on a person’s social, emotional and physical well-being.

Figure 25. Behaviours in the last 12 months by number of respondents

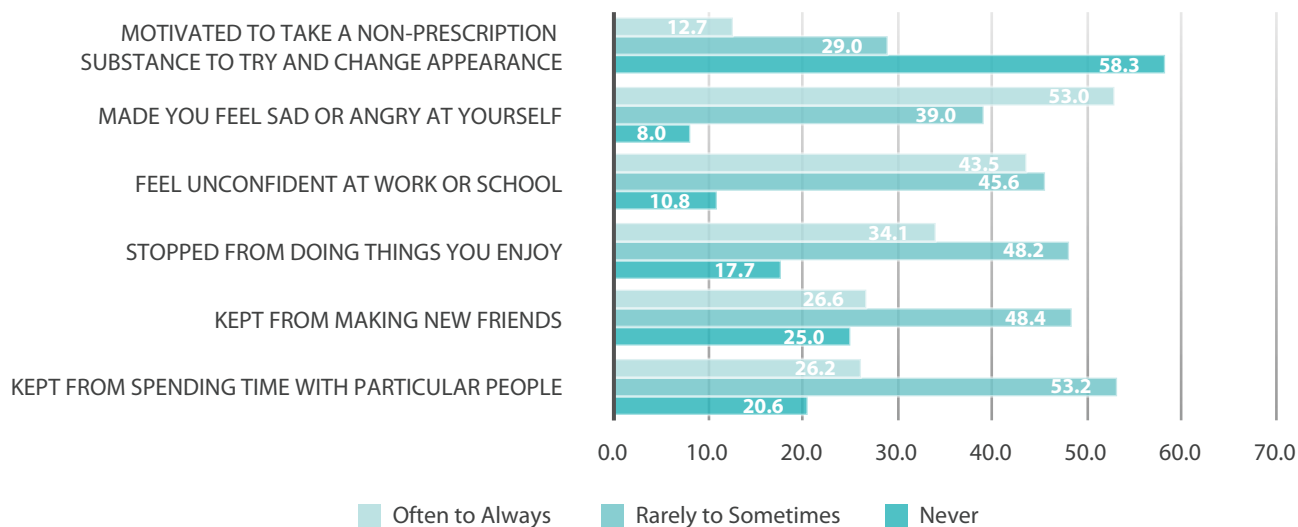


These behaviours do seem to be related to satisfaction in some way, as the table below shows. Those engaging in behaviours relating to non-prescribed substances, dieting or disordered eating behaviours reported higher rates of dissatisfaction in their appearance at the time of survey. It is important to note that behaviours and feelings were also experienced by those who reported being satisfied with their appearance.

Table 10. Behaviours in the last 12 months by point in time appearance satisfaction

	Very Dissatisfied to Dissatisfied %	Neutral %	Satisfied to Very Satisfied %
Taken a non-prescribed substance to change the way your body looks or performs	73.5	20.0	6.5
Stopped eating certain foods because they're bad	50.9	30.1	19.0
Used food as a way to feel good	50.3	30.4	19.3
Avoided eating because of the way you feel about your body	59.7	28.1	12.2
Put yourself on a diet	58.0	27.8	14.2
Total all participants	45.8	32.0	22.2

Figure 26. Impacts of feelings about appearance on day to day activities



Although the breakdown of some categories made analysis of association difficult, the figures in the table below indicate that some gender identities may be more likely to engage in certain thoughts or behaviours.


Table 11. Behaviours in the last 12 months by gender identity

	Always %	At least Sometimes %	Never to Rarely %
Put yourself on a diet			
Female	17.1	51.2	31.7
Male	13.1	40.8	46.2
Gender Expansive	13.3	36.7	40
Avoided eating because of the way you feel about your body			
Female	11.5	49.1	39.7
Male	7.7	36.2	46.2
Gender Expansive	10	46.7	43.4
Used food as a way to feel good			
Female	13.1	49.1	39.7
Male	7.7	36.2	46.2
Gender Expansive	13.8	46.7	43.4
Stopped eating certain foods because they're bad			
Female	15.9	60.6	23.7
Male	13.8	55.4	29.2
Gender Expansive	23.3	46.7	30
Taken a non-prescribed substance to change the way your body looks or performs			
Female	1.8	7.8	41.9
Male	6.2	11.5	76.2
Gender Expansive	0	23.3	33.3



7

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The above list represents publications and studies specifically referenced in the text of this report. It does not reflect the breadth or depth of literature available or relied upon. Further research and resources on the topic of body esteem can be located on the National Eating Disorders Collaboration website www.nedc.com.au

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