

Ofcom Consultation: Protecting children from harms online

Consultation title	Consultation: Protecting children from harms online
Organisation name	Beat

Your response:

Beat, the UK's eating disorder charity, commends Ofcom for the comprehensive nature of its Children's Register of Risks and draft Guidance on Content Harmful to Children. The detailed assessment of various aspects of online content, particularly in relation to eating disorders, body image, and associated psychological impacts, is thorough and well-considered. We broadly agree with the content and considerations outlined by Ofcom, recognising the diligent effort to encompass multiple dimensions of harm that children may encounter online. However, we believe there are areas that could be further improved and strengthened. In the sections that follow, we provide our detailed insights and recommendations on how to enhance the protection measures for children against online harms related to eating disorders and body image content.

Section 7.3 Eating Disorder Content

Question: What are your views on Ofcom's assessment of the causes and impacts of online harms related to eating disorders?

This section presents an opportunity to educate online service providers and moderators about the particular vulnerabilities often experienced by people with eating disorders that can make them more susceptible to seek, engage with, and experience significant harm from eating disorder related content. This section should note that people with eating disorders, particularly those with anorexia nervosa, can often on some level value their illness and experience it as providing functions for them both psychologically and socially (Gregertsen, Mandy, and Serpell, 2017). As this is known to hinder motivation for recovery and engagement in treatment it is reasonable to assume that it would also make it more difficult for these users to disengage from and resist the pull of such online content as it is repeatedly promoted by harmful algorithms.

The assessment should emphasise that social isolation and stigma are common among individuals with eating disorders. As a result, they may seek out online communities where they feel understood and accepted, even if these communities promote harmful behaviours. This highlights the importance of creating safe, supportive online spaces that can provide positive reinforcement and counteract harmful narratives.

The section on how eating disorder content manifests online (7.3.8-7.3.13) should clarify that content need not be overtly pro-eating disorder to be harmful. Content that offers tips or advice on concealing symptoms and behaviours, such as restrictive eating, weight loss, purging, and over-exercising, should be classified as harmful under the Act. This broader definition will help capture more subtle forms of harmful content that can be equally damaging.

In sections such as 7.3.12, it should be noted that harmful behaviour is often a product of the belief that disordered eating is a lifestyle choice. Additionally, denial is a common

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component of eating disorders, which can lead individuals to post content related to their condition without recognising its harmful nature. This denial can perpetuate the cycle of disordered eating behaviours and the dissemination of harmful content online.

The section on user demographics (7.3.30 onwards) should include a discussion on children from minoritised ethnic backgrounds who may be at a higher risk of developing eating disorders due to demographic-specific factors such as racial discrimination and cultural pressures. Research indicates that these children often face unique challenges and stressors that can exacerbate the risk of eating disorders. Acknowledging and addressing these specific risks is essential for creating inclusive and effective protection strategies.

Section 7.9: Non-Designated Content (Body Image Content)

Question: Should body image content be assessed in the same manner? Can you provide specific examples of body image content that are linked to significant harm to children?

Body image content should be assessed with the same rigor as eating disorder content. Research has shown a significant relationship between social media use and body image disturbances, which can lead to the development and maintenance of eating disorders.

Body image content which specifically promotes body comparison and self-objectification should be classified as NDC. Such content is associated with the risk of body dissatisfaction and the development and maintenance of eating disorders. Several reviews and meta-analyses have found a significant relationship between social media use and body image disturbance. This relationship is stronger in young people and is not gender-specific (Saiphoo and Vahedi, 2019; Fardouly and Vartanian, 2016). For example, a Canadian study found that frequent social media use was associated with body dissatisfaction and a tendency to perceive oneself as overweight in both males and females (Sampasa-Kanyinga, 2016).

Content that promotes extreme dieting, weight loss, or fitness regimes is often algorithmically amplified, making it more accessible to vulnerable individuals. This can create a cycle where users are continuously exposed to harmful content, exacerbating body image issues and increasing the risk of developing eating disorders.

Body image content that is filtered or edited without clear communication to the audience should also be classified as NDC. Such content can create unrealistic and unattainable body standards, leading to body dissatisfaction and negative self-esteem. The lack of transparency about editing or filtering can mislead viewers, particularly children, into believing that these altered images represent achievable and natural standards of beauty.

It is crucial to recognise that body image content can affect any gender in various ways. While some research supports the differences in how males and females experience body image issues, males can struggle with these issues in similar ways to females and vice versa. Furthermore, LGBTQ+ groups are also significantly affected by body image concerns and eating disorders. Research indicates that individuals in these groups may face unique pressures and stressors related to their gender identity and sexual orientation, which can exacerbate body image issues and increase the risk of eating disorders. Addressing the specific needs and vulnerabilities of these groups is essential for creating inclusive and effective protection strategies.

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We recommend that Ofcom consider the work of [Prof Philippa Diedrichs](#) and the [Centre for Appearance Research](#) that she leads, and the work of [Dr Scott Griffiths](#). The latter has a particular focus on body image dissatisfaction and eating disorders in males.

Section 8.5: Harms Guidance Section on Eating Disorders

Question: Do you agree with the examples provided by Ofcom regarding content that either promotes or does not promote eating disorders or related behaviours?

While we agree with the examples provided by Ofcom, we believe there are areas that could be strengthened:

Points 8.5.2 and 8.5.16 should be revised to set an expectation on services to actively “support” children’s access to safe information and resources related to eating disorders, rather than merely avoiding undue restrictions. This proactive approach will ensure that children have access to the help they need.

In Table 8.5.1 the definition of “Provide instructions for” should be broadened to include instructions around the concealment of symptoms and behaviours. This will help capture content that may not explicitly promote eating disorders but still contribute to harmful behaviours.

The content of table 8.5.2 should be broadened to reflect that not all those with an eating disorder will necessarily pursue or view emaciation as an ideal body size/shape. For example, as noted by other parts of the guidance, males are more likely to idealise a muscular body type. Also, the examples given in the second row related to the concealment of eating disorder behaviours from others should include reference to concealing food restriction or fasting and concealing weight loss (or lack of weight gain) when being weighed.

Offering guidelines for users who wish to create recovery-focused content to ensure it is safe and supportive, rather than inadvertently harmful, could be an added benefit. This might include suggestions on language use, the types of details to avoid, and how to incorporate supportive resources effectively.

Pro-eating disorder content creators often struggle with their own mental health issues and typically do not produce such content with malicious intent. It is important to provide these individuals with access to mental health resources and support rather than focusing on punitive measures. This approach addresses the root causes and promotes recovery.

The second half of the definition of ‘encourage’ and ‘promote’ should be strengthened to: “Encouragement [or promotion] could be unintentional or inadvertent. This can include content which glamorises, glorifies, romanticises, or normalises eating disorders or behaviours associated with eating disorders.” This ensures that content creators and platforms are held accountable for all forms of harmful content, regardless of intent.

The first half of the definition of ‘promote’ refers to content which portrays eating disorders as a coping mechanism. It should be reworded to: “a healthy coping mechanism.” This adjustment acknowledges that while some individuals might value their illness on some level and not portray it negatively, such content can still promote harmful behaviours and should be addressed accordingly.

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Point 8.5.2 should be expanded to include content that romanticises or glorifies being in hospital or being tube-fed. Such content can be particularly harmful as it may portray severe medical intervention as a desirable outcome, thus encouraging dangerous behaviours.

Finally, we would recommend that Ofcom utilises the [media guidelines](#) produced by Beat which advise on how to avoid triggering content. This should include avoiding mentioning specific weights, BMI, or measurements, listing specific amounts eaten or calories consumed, and providing detailed accounts of eating disorder behaviours.

By addressing these points, Ofcom can ensure a more comprehensive understanding of the complexities surrounding eating disorders and body image issues, ultimately providing a safer and more supportive online environment for children and young people. We appreciate the opportunity to contribute to this important consultation and remain committed to supporting efforts that protect vulnerable individuals from online harms.

References:

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