

Registered Charity No. 1153753

Ofcom Call for Evidence - Second phase of online safety regulation: Protection of children

Written evidence provided by the BDD Foundation

About the BDD Foundation

The BDD Foundation became a registered charity in 2013, and since then we have been dedicated to the relief of suffering from Body Dysmorphic Disorder (BDD).

We aim to advance education and understanding of BDD, support research into BDD and its treatments. Whilst we are based in the UK, our reach is international and we are proud to be the only charity for BDD in the world. The Foundation is governed by a board of Trustees made up of the country's most reputable BDD specialists, including its chair Dr Rob Willson and renowned Professor David Veale.

Together, we aim to:

- Raise awareness about BDD.
- Advance the education of the public and healthcare professionals, supporting them to understand the nature of BDD and how it might best be treated.
- Relieve suffering from BDD through support and high-quality information.
- Reduce stigma, discrimination and isolation caused by BDD.
- Help develop a sense of community for people affected by BDD. This includes individuals with BDD, their families, friends, partners and carers.
- Provide information on relevant treatment options.
- Support research into the understanding and treatment of BDD.

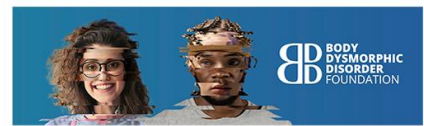
This written evidence submission will focus on Questions 6,7,9 and 11 and will explore the presence of content that is harmful to children, the impact of this for people with BDD, as well as exacerbating risk factors. It will also present what some organisations have done (digitally manipulated image disclaimers) to mitigate these risks.

What is BDD?

BDD is a serious mental disorder, which causes devastating distress and interferes substantially with the ability to function in life and is characterised by excessive preoccupation with perceived flaws in physical appearance.

It is clinically characterised by **a pathological preoccupation with one or more perceived defects or flaws in appearance, which are unnoticeable to others.**

Whilst there are similarities between BDD and eating disorders, the main distinguishing feature between both disorders is that areas of body image concern are more diverse among people with BDD, whereas people with an eating disorder tend to be preoccupied with their stomach, hips, and waist. Most people with BDD are preoccupied with some aspect of their face and many believe they have multiple defects. The most common complaints concern the skin, nose, hair, eyes, chin, lips as well as overall body build.



Registered Charity No. 1153753

Common signs of BDD include:

- Obsessively worrying about one or more features for more than an hour a day (usually far more)
- Checking mirrors/reflective surfaces a lot or avoiding them altogether
- Going to a lot of effort to conceal perceived flaw/s (e.g. with make-up, clothes, postures or other means)
- Avoiding pictures or only posting pictures of yourself using a filter
- Constantly comparing one's appearance to others
- Frequently seeking reassurance about appearance
- Avoiding social situations
- A lot of time spent researching cosmetic/dermatological treatments online

BDD affects about 1-2% of the adult population and sadly has one of the highest suicide rates of all mental health conditions with 1 in 4 people with BDD report having attempted suicide.¹ It can also be the cause of many unnecessary cosmetic treatments.

The recent prevalence survey on child and adolescent mental health¹ estimated the overall prevalence of BDD in 5- to 19-year-olds was estimated at 1%, with it **disproportionately affecting young women and girls aged 17-19 (5.6%)**.

Alongside BDD there is high comorbidity with depression, anxiety and eating disorders. This means that people with BDD often have complex needs, severely impaired functioning and a low quality of life, which is why early identification and intervention are of utmost importance. Unfortunately, due to the excessive degree of shame experienced by people with BDD, their symptoms often go undetected and there are major barriers to accessing effective treatment.

What causes BDD?

BDD is a complex mental disorder with an equally complex aetiology based on biological (e.g. genetics, visual processing), psychological (e.g. perfectionism, low self-esteem), and social (e.g. bullying, teasing, pursuit of the 'appearance ideal') factors.

The first case of BDD was recorded in 1891 by an Italian psychiatrist named Morselli², so we know that it isn't plausible to claim that social media *causes* BDD. However, we can acknowledge that social media platforms can act as a catalyst for a number of symptoms of BDD, potentially either contributing to the development and/or maintenance of the disorder.

BDD and social media

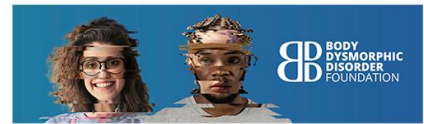
The internet and social media come up a lot when talking about BDD because for many people it is an important part of their lives.

Relationships with social media can become an issue when people with BDD notice that being on the internet or social media platforms contributes to feelings of anxiety, distress, shame or low mood.

We've heard from our beneficiaries that a major contributing factor to experiences of body dissatisfaction in people with BDD are the accessibility of digitally manipulated images and

¹ Angelakis, I., Gooding, P. A., & Panagioti, M. (2016). Suicidality in body dysmorphic disorder (BDD): a systematic review with meta-analysis. *Clinical psychology review*, 49, 55-66.

² Cuzzolaro, M., Nizzoli, U. (2018). Enrico Morselli and the Invention of Dysmorphophobia. In: Cuzzolaro, M., Fassino, S. (eds) *Body Image, Eating, and Weight*. Springer, Cham. https://doi.org/10.1007/978-3-319-90817-5_6



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filters which encourage people to pathologically compare themselves to unrealistic imagery. We also know that social media can be a platform for health, beauty and fitness influencers to promote unrealistic or virtually unobtainable bodies, and are often promoting disordered relationships with food and exercise which can contribute towards presentations of muscle dysmorphia.

Case Study: #SelfieLove petition

The BDD Foundation has collaborated with renowned fashion brand Monki to raise awareness of Body Dysmorphic Disorder.

They are supporting our [petition](#) directed at the EU Parliament calling for transparency on altered images on social media. We believe organisations, companies, and influencers should be legally required to state when images have been manipulated for paid content online, and will be pushing for changes to ensure that organisations, companies, influencers are legally required to state when images have been manipulated for paid content online. We will be tapping into an already important and ongoing movement from recent years where there have been positive changes in law in Norway and France.

As it stands, the petition has **41,145 signatories**.

Online content promoting cosmetic surgery and interventions

Another potential risk for people with BDD when using social medias is the incessant promotion of cosmetic and dermatological procedures and products.

Given that a person with BDD has a distressing preoccupation with a flaw (or flaws) in their appearance, it is only natural that people seek physical solutions to their appearance concerns. Many people with BDD consider cosmetic or dermatological treatments; sometimes a person with BDD may be satisfied with the results but their symptoms of BDD persist.

The majority of people with BDD are not satisfied after the outcome of their chosen procedure. This can lead to a preoccupation with further surgery to try to get a better result, which in some cases will do more harm to a person's appearance and emotional wellbeing than good. Even when sufferers are happy with the improvement to one area, the focus of their BDD often moves to another area of their appearance. The key message here of course is that BDD is a psychological or psychiatric problem and thus needs psychological or psychiatric treatment, not treatments or interventions of a physical nature.

Unregulated advertising can pose a significant risk to people with BDD, and we believe that this should be a consideration in the online harms white paper.