



House of Commons
Women and Equalities
Committee

**Changing the perfect
picture: an inquiry into
body image**

Sixth Report of Session 2019–21

*Report, together with formal minutes relating
to the report*

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Women and Equalities Committee

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The current staff of the Committee are Hannah Barlow (Committee Operations Manager), James Clarke (Committee Specialist), Holly Dustin (Committee Specialist), Chloe Freeman (Committee Specialist), Mariam Keating (Committee Specialist), Sean Kinsey (Clerk), Anwen Rees (Second Clerk), Saffron Stewart (Committee Support Apprentice) and Sue Wrightman (Committee Operations Officer).

Contacts

All correspondence should be addressed to the Clerk of the Women and Equalities Committee, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 6123; the Committee's email address is womeqcom@parliament.uk.

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We understand that the issues raised in this Report may be potentially distressing or sensitive. If you would like support about eating disorders or any other aspects of mental health you may wish to contact a specialist support service such as:

- [Beat eating disorders](#) – 0808 801 0677
- [Mind for better mental health](#) – 0300 123 3393
- [Samaritans](#) – 116 123

If you would require additional advice or support on a range of other issues you may wish to contact Citizens Advice on 03444 111 444

Summary

People face appearance-based discrimination on a daily basis, at work, in schools and in public spaces. In addition, a decade of soaring social media use, increased exposure to online advertising and a persistent and pervasive diet culture, mean that concerns about the way we look start younger, last longer, and affect more people than ever before. Over the past 10 years, both the Government and academics have produced a wealth of research and made numerous policy recommendations on how to tackle negative body image for people across the UK. Despite this, Government action in this area continues to be limited.

Our survey into body image uncovered the scale of the problem. 61% of adults and 66% of children feel negative or very negative about their body image most of the time, and these figures are even higher for specific groups including women, people with disabilities and transgender people. Lockdown has undoubtedly worsened existing body image anxieties and inspired new insecurities for thousands of people across the country. In particular, we are alarmed by the rapidly rising rates in eating disorders and other mental health conditions. The impact of the pandemic, both on eating disorder sufferers and those at a high risk of developing an eating disorder, has been devastating. The Government needs to urgently understand why eating disorder rates are rising to address the alarming rise as the country reopens post-pandemic.

We recommend that the Government reviews why eating disorder rates in the UK are rising, and ensures its research is inclusive of all groups in which eating disorder rates are rising. Given the high mortality rates associated with eating disorders, and that eating disorder research receives just 96p per person affected annually, ringfenced funding for eating disorder research should be increased to at least £9 per person, the same amount that is spent per person on general mental health research. Funding for eating disorders must be in line with the prevalence and severity of the condition.

We have been hugely saddened to hear of the number of people who have faced appearance and weight-based discrimination when accessing NHS services. The use of BMI inspires weight stigma, contributes to eating disorders, and disrupts people's body image and mental health. Public Health England should stop using BMI as a measure of individual health, and instead focus on a 'Health at Every Size' approach.

The Government's latest Obesity Strategy is at best ineffective and at worst perpetuating unhealthy behaviours. We are disappointed to learn that there have been no reviews of the effectiveness of the current or previous obesity strategies. The Government must only use evidence-based policies in its Obesity Strategy and should urgently review it to determine the evidence base for its policies. We cannot support much-criticised and unevaluated weight-loss policies. In advance of a broad review, the Government should immediately scrap its plans to for calorie labels in restaurants, cafes, and takeaways, as these could negatively affect those with, or at risk of developing, eating disorders.

Encouraging positive body image during childhood and adolescence must be a priority. We commend the Government for introducing body image into the RSHE curriculum last year and hope this creates an opportunity for schools to address the concerns young people have about their body image. However, weighing children in primary schools

under the National Child Measurement Programme (NCMP) is likely to cause harm to children's mental health and could hinder the development of a positive body image. This is particularly damaging for Black children who are more likely to be incorrectly placed in the overweight or obese categories. We recommend that the Government urgently reviews the NCMP to assess the need for the programme and seek other ways to collect this data. The Department for Education should explore other policy initiatives to encourage schools to take a 'whole school approach' to encouraging positive body image.

We are disappointed about the lack of diversity in adverts both on and offline. We urgently want to see more companies advertising with real images of people from a diverse range of ethnicities, abilities, sexualities, genders, body shapes and sizes. We know that advertising is a powerful driver of consumer behaviour and protecting people from adverts, which can be pervasive online, needs to be a priority if the Government wishes to reduce negative body image. The Government should work with companies and the ASA to further encourage the use of diverse and representative images of people in advertising. We were pleased to hear from companies who are committed to advertising their products by using real images during our inquiry. However, a significant number of advertisers continue to rely heavily on image editing, which is detrimental to mental health and contributes to the development of poor body image. The Government should bring forward legislation to restrict or ban the use of altered images in commercial advertising and promotion.

We were pleased to see some progress on the Government's Online Harms legislation during our inquiry, and we are of the view that any online content that contributes to the proliferation of negative body image is a 'harm'. The Online Harms Bill should be a legislative priority and we ask that harms related to body image and appearance-related bullying are included within the scope of the legislation. Despite the number of controls in place on social media platforms, users continuously experience content that, by the platforms' own admission, shouldn't be accessible. We recommend that the Government should ensure that social media companies enforce their advertising rules and community guidelines. We also ask that the Government engages with social media companies on developing innovative solutions to protect users from body image harms encountered online, and that Ofcom works with groups at high risk of developing poor body image to ensure the new regulatory system works for them. Lastly, we heard extensively how young people are particularly at risk of developing poor body image, and access to social media and other online content is linked with negative feelings about appearance. We recommend that the Government ensures that any age verification or assurance processes used by online companies are effective and protect young people from harmful content.

1 Introduction

1. After a decade of soaring social media use, increased exposure to online advertising and a persistent and pervasive diet culture, our concerns about the way we look are starting younger, lasting longer, and affecting more people than ever before.¹ Over the same period, a growing body of research has been evidencing the long-lasting impact negative body image can have on the lives of those who are dissatisfied with their appearance, as well how this affects the pursuit of equality in society more widely.² How people feel about their body is affected by societal factors such as appearance ideals promoted by media and advertising, appearance-based stereotypes, and systems of oppression including ableism, racism, and colourism as well as misogyny, homophobia and transphobia.³ With this in mind, the aim of this inquiry was to record the range of those suffering from negative body image, to learn what is driving endemic body dissatisfaction, and to recommend steps the Government and other actors can take to increase the number of individuals in the UK viewing their appearance in a positive light.

This inquiry

2. The number of individuals perceiving their body negatively is growing in the UK.⁴ Our inquiry sought to determine which groups were most at risk of developing poor body image, the factors driving its increased prevalence, and the impact of poor body image on the lives of those affected by it. We considered the impact body dissatisfaction can have on physical and mental health and its relationship with advertising in traditional and social media. We also considered the role Government should play through health, education or digital policy interventions to reduce the prevalence and impact of poor body image in the UK.

3. The Committee launched *Changing the Perfect Picture: an inquiry into body image* on 2 April 2020, shortly after the first national covid-19 lockdown came into force.⁵ We have noted an ongoing media focus on methods to limit weight gain while leisure facilities have been closed, and the anxieties caused by the increased use of video-conferencing platforms.⁶ We considered the corresponding surge in demand for help with eating disorders,⁷ the impact of lockdown on body image concerns, and the accessibility of support for those suffering.

4. We received 70 written evidence submissions and held five oral evidence sessions from September 2020 to January 2021.⁸ We also ran a survey into body image between 6 and 19 July 2020 which received 7878 responses. We published a Special Report on the *Body Image Survey Results* on 23 September 2020.⁹ We would like to thank all those who provided evidence to our inquiry.

1 [MISS0009](#)

2 [MISS0045](#)

3 [MISS0045](#)

4 [MISS0013](#)

5 Women and Equalities Committee, [Changing the perfect picture: an inquiry into body image](#) [accessed 18 March 2021]

6 Vogue, [How Staring At Our Faces On Zoom Is Impacting Our Self-Image](#), 4 August 2020

7 Metro, [Eating disorder charity confirms 51 percent increase in calls as 'alarming' Channel 4's Lose A Stone In 21 days airs](#), 6 August 2020

8 [Written Evidence](#)

9 [Body image survey](#)

5. This report considers: recent research on body image, the prevalence of appearance-based discrimination and previous Government efforts to tackle these issues (chapter 2); how negative body image impacts the mental and physical health of the nation (chapter 3); the impact of formal and informal education around body image (chapter 4); widespread image editing and its impact on the way people feel about their appearance (chapter 5); and how companies and the advertising industry can reduce actions perpetuating appearance ideals for different groups (chapter 6). We conclude with an exploration of the impact of social media and propose Government policy changes to improve online spaces for people with body image concerns, including in the upcoming online harms legislation (chapter 7).¹⁰

6. We received a range of evidence relating to body image during the inquiry, including submissions referencing the damaging impact of the widespread availability and accessibility of pornography.¹¹ Whilst this hasn't been a focus of our inquiry, we have noted the concerns raised in this area.

10 Department for Digital, Culture, Media and Sport and the Home Office, [Consultation outcome: Online Harms White Paper](#) [accessed 18 March 2021]

11 [MISS0023](#), [MISS0021](#), [MISS0007](#)

2 The extent, causes and impact of negative body image

The extent of body dissatisfaction

7. Our body image survey found that 61% of adults and 66% of children feel negative or very negative about their body image most of the time. Some 62% of women feel negatively about their body image compared with 57% of non-binary respondents and 53% of men. We found that body dissatisfaction is higher in those with certain protected characteristics: 71% of respondents with a disability reported feeling ‘negative’ or ‘very negative’ most of the time about their body image compared with 60% of respondents without disabilities. No transgender respondents felt ‘very positive’ about their body image and only 1% of Cisgender responders did.¹² We heard that over the past 30 years the proportion of young people with body dissatisfaction, or who report trying to lose weight, has grown substantially. University College London (UCL) found that in 1986 only 7% of adolescents said they had exercised to lose weight, whilst in 2015 this proportion was 60%.¹³

Who is at risk?

8. Often, discussions around poor body image have focused exclusively on young, white able-bodied women but trends indicated that body image concerns were rising amongst many other groups.¹⁴ When considering who was most at risk of developing poor body image, we heard that body dissatisfaction and eating disorders are experienced disproportionately by some groups. These include early adolescents, including children as young as five years old;¹⁵ and women and girls, when compared with men and boys.¹⁶ However, both body image concerns and eating disorders are rapidly rising in men as are mental health conditions such as muscle dysmorphia and Body Dysmorphic Disorder.¹⁷ LGBT individuals are also at higher risk when compared to heterosexual or cisgender individuals. Stonewall reported that that 40% of LGBT adults more likely to experience shame due to their body image, compared to 18 per cent of their non-LGBT counterparts. Additionally, 12% of LGBT people said they had experienced an eating disorder in the last year, with this figure rising to 20% of trans people and 25% of non-binary people.¹⁸ Those with physical disabilities or with a ‘visible difference’ such as a mark or scar can also be stigmatized and discriminated against based on their appearance which can lead to the development of low self-esteem and poor body image.¹⁹ Higher weight individuals of all ages, when compared to lower weight individuals, are more likely to report body dissatisfaction, and this is particularly pronounced for women.²⁰ Finally, there is evidence of poor body image being present across ethnicities and research doesn’t clearly indicate if any individuals of a particular ethnicity are at a higher risk. Ethnic minority

12 [Body Image Survey Results](#)

13 [MISS0013](#)

14 [MISS0029](#)

15 [MISS0045](#)

16 [MISS0045](#)

17 [MISS0013](#) and [MISS0029](#)

18 [MISS0058](#)

19 [MISS0045](#), [MISS0030](#)

20 [MISS0045](#)

groups can report increased levels of body dissatisfaction than white individuals due to additional appearance pressures due to racialised appearance standards, which can lead to dissatisfaction with skin colour, hair, and facial features.²¹

9. We took an intersectional approach to understand whether those with multiple protected characteristics (such as pregnant women or BAME LGBT men) were at an additional risk of developing poor body image. Stonewall informed us that 22% of LGBT people of colour compared to 11% of white LGBT people had experienced an eating disorder in the last year.²² The Centre for Appearance Research informed us that Black women, for example, may face body image pressures due to both gender and racial oppression.²³ Dr Slater from the Centre For Appearance Research told the Committee that more research on intersectional experiences is needed but to presume that, if someone belonged to more than one of the groups described above, their risk of developing negative body image would be compounded.²⁴

The causes of negative body image

10. The most persistent causes for body dissatisfaction reported to us included: colourism affecting people of colour where lighter coloured skin is viewed as more desirable; weight stigma against those with a higher body weight; exposure to media depicting unrealistic and narrowly defined appearance ideals causing body dissatisfaction in those not meeting these ideals;²⁵ appearance-related bullying such being teased, criticised, or bullied based on one's weight or appearance leads to poor body image, particularly during adolescence; minority stress from chronic experiences of stigma, discrimination, and victimization; gender dysphoria, and broader societal appearance pressure based on binary gendered appearance ideals; widespread use of image editing and digitally altered images; and increased social media use which is a space that emphasises the importance of image and beauty in society.²⁶

The impact of negative body image

11. Thousands of people shared with us the ways in which negative body image has impacted their lives. These included: low self-esteem and lack of confidence; mental health conditions such as depression, anxiety and body dysmorphic disorder (BDD); the development of eating disorders and disordered eating; a reluctance to visit the doctor, exercise, join clubs, speak in classrooms and other important life activities; curtailed academic and career aspirations and performance; suicide ideation and self-harm; risky behaviours such as smoking, high-risk drinking, and substance misuse; reduced quality of life on markers of psychological wellbeing, academic, emotional, and social functioning; and the use of anabolic steroids (particularly in men) and medication to lose weight (including unregulated diet pills and laxatives).²⁷

21 [MISS0045](#)

22 [MISS0058](#)

23 [MISS0045](#)

24 [Q2](#)

25 [MISS0045](#), [MISS0012](#)

26 [MISS0045](#), [MISS0009](#), [MISS0019](#), [MISS0059](#), NHS, [Mental Health of Children and Young People in England 2017, November 2018](#)

27 [MISS0045](#), [Body Image Survey Results](#)

12. Our survey detailed the negative effects of body dissatisfaction and demonstrated that these can last a lifetime and be passed on to future generations. Reflecting on the range of harmful impacts stemming from negative body image, and the high prevalence of negative body image, Professor Chambers, Nuffield Council on Bioethics, remarked that:

body image is both a public health issue and an issue of equality and discrimination.²⁸

Appearance-based discrimination

13. Appearance-based discrimination is discrimination based on how a person looks.²⁹ This discrimination is also referred to by some academics, including Professor Heather Widdows, as ‘lookism’. She explained:

Clear parallels could be drawn between lookism, sexism and racism. Sexism has always existed but until we had a name for it we couldn’t really address the issue. Nasty comments based on appearance are still as invisible as sexist comments were in the workplaces of the 50s and 60s - we need to name the problem and then start to address it.³⁰

14. Appearance-based discrimination is closely related to body image and has implications for many of the protected characteristics. Including:

Sex: Norms of appearance are highly gendered, enforcing gendered ideals and sexist ideals that affect both gender conforming and gender non-conforming people, whether they identify as trans or not. While women and girls are usually subjected to greater appearance-related pressure in the contemporary social landscape, the beauty ideal is being applied to everybody including men and boys. This can be evidenced by rising body dissatisfaction in all groups, but the rise for men is much higher.³¹ One respondent to our survey reported her fears that she wouldn’t gain employment in her desired sector as she felt wasn’t attractive enough and her weight was too high.³²

Age. The dominant beauty ideals are also highly discriminatory in terms of age, in that older people, especially older women, are particularly susceptible to discrimination if they do not look young. The Nuffield Council of Bioethics had received accounts of older women seeking cosmetic procedures for career reasons, to avoid discrimination in the workplace.³³

Ethnicity. We heard that the current dominant body ideal is, itself, highly racialised. Beauty norms about skin tone exist where it should not be too light or too dark—leading people to use skin lightening creams or tanning products. There are also dominant norms about facial features and hair, which can be racialised in terms of certain stereotypically westernised facial features and hair texture sometimes being preferred.³⁴ The Mental Health Foundation reported that Black British girls are more likely to have higher

28 [Q5](#)

29 [Q6](#)

30 [MISS0009](#)

31 [MISS0013](#)

32 Page 26, [Body Image Survey Results](#)

33 [Q6](#)

34 [MISS0009](#)

satisfaction with their body image than their white British counterparts, and are less likely to display disordered eating behaviours.³⁵ However, academics have also argued that by focusing predominantly on weight when discussing body image, the discussion can unwittingly miss key risk factors for BAME young people. These include being bullied or discriminated against due to hair style and texture, colourism within BAME communities, and the impact of lack of representation in the media.³⁶

Disability. Disability is a major source of appearance-related discrimination because dominant body ideals do not include the disabled body. People with visible facial differences can face discrimination especially through misrepresentation in the media - for example those with facial scarring being portrayed as villains. Changing Faces found that 36% of people with a visible difference have been discriminated against in job applications because of their appearance.³⁷

Sexuality. We heard that there are often appearance stereotypes associated with LGBT identities and appearance discrimination can affect these groups dependent on the current beauty norms. For example, lesbians could be discriminated against for looking ‘too heterosexual’.³⁸

15. The Equality Act 2010 prohibits discrimination on the grounds of “protected characteristics” such as age, gender, race and disability (including severe disfigurement).³⁹ The 2017 Youth Parliament Select Committee Report on *A Body Confident Future* also found that the influences on, and impact of, poor body image can only be understood by examining the specific context in which they occur.⁴⁰ The social expectations and challenges associated with gender, gender identity, sexual orientation, ethnicity, disability, and socioeconomic background are all reflected in body image. The 2017 Youth Parliament and the APPG on Body Image have called for work to be done on how appearance-based discrimination could be tackled.⁴¹ These claims have been supported by the Nuffield Council on Bioethics and The Centre for Appearance Research.⁴² Professor Chambers told the Committee that:

Since all these characteristics are protected under the Equality Act, I do think there should be scope for using the existing legislation, the full range of powers under that Act, to enforce, advise and guide on challenging appearance-based discrimination wherever it occurs.⁴³

Government work on body image

16. Body image is a cross-departmental policy area involving the Department for Health and Social Care (DHSC), the Government Equalities Office (GEO), Department for Education (DfE), and the Department for Digital, Culture, Media, and Sport (DDCMS).⁴⁴

35 [MISS0019](#)

36 [MISS0030](#)

37 Changing Faces, [My Visible Difference](#), 2019

38 [MISS0009](#)

39 [Equality Act 2010](#), section 4

40 British Youth Council, Youth Select Committee, [A Body Confident Future](#), 2017

41 APPG on Body Image, [Reflections on body image](#), May 2012 ; British Youth Council, Youth Select Committee, [A Body Confident Future](#), 2017

42 [MISS0045](#)

43 [Q6](#)

44 Para 35, British Youth Council, Youth Select Committee, [A Body Confident Future](#), 2017

17. Under the previous Government, the GEO commissioned research ‘looking at the role Government can play in easing concerns of those who feel unhappy with how they look’, and held an event with social media influencers and bloggers to understand how best to raise awareness of the impact of poor body image.⁴⁵ In its written evidence to the inquiry, the Government acknowledged the far reaching and damaging impacts negative body image can have.⁴⁶

18. In January 2021, the GEO published its Report on *Negative body image: causes, consequences & intervention ideas*.⁴⁷ This Report found that interventions aimed at tackling negative body image would be welcomed and that such interventions should be mindful that experiences of body image vary amongst different groups and change over time. This Report was completed in August 2019 for the previous Government. The current administration chose to publish it with a disclaimer:

This research was commissioned under the previous government and before the covid-19 pandemic. As a result, the content may not reflect current government policy, and the reports do not relate to forthcoming policy announcements. The views expressed in this report are the authors’ and do not necessarily reflect those of the government.⁴⁸

19. Dr Slater informed us that:

We now have decades of research substantiating many of these things in terms of the appearance ideals and how well entrenched they are in society, and the effect of weight-based biases, stigma, and injustices. We have well established the serious negative consequences of body image dissatisfaction for young people and adults, so all these things now have a really substantial evidence base supporting them [...] There is always much, much more we can do, but it is time to do it and not talk about it anymore.⁴⁹

We questioned Ministers on whether they considered further legislation necessary to protect those at risk of appearance or weight-based discrimination (discussed in the next chapter). Unfortunately, as a Minister from the Government Equalities Office (GEO) was unable to attend the session, we did not receive an adequate response from the Government in this area. Nadine Dorries MP, Minister of State for Mental Health, Suicide Prevention and Patient Safety, Department of Health and Social Care, informed us that protected characteristics are currently being looked at and evaluated in terms of the mental health impact of body image.⁵⁰ The Minister for Digital and Culture, Caroline Dinenage, told us that the Government should work collaboratively across departments to address the issues around body image.⁵¹

20. People face appearance-based discrimination on a daily basis, at work, in schools and in public spaces. Whilst we were disappointed not to hear from the Government Equalities Office on their assessment of appearance-based discrimination, we are pleased that the Government is undertaking research on the relationship between

45 [MISS0057](#)

46 [MISS0057](#)

47 GEO, [Negative body image: causes, consequences & intervention ideas](#), August 2019

48 GEO, [Negative body image: causes, consequences & intervention ideas](#), August 2019

49 [Q43](#)

50 [Q180](#)

51 [Q169](#)

negative body image and certain protected characteristics. Over the past 10 years, both Government and academics have produced a wealth of research and made numerous policy recommendations on how to tackle negative body image for people across the UK. Despite this, Government action in this area continues to be limited. *The EHRC should produce guidance for individuals seeking to use the existing Equality Act legislation to challenge appearance-based discrimination within three months. The Government should widely promote the EHRC's new guidance and publish the proposals resulting from its own research and update us on these within 6 months.*

3 How can we stop negative body image affecting our mental and physical health?

21. Poor body image is associated with weight-based health problems such as eating disorders and obesity, as well as mental health problems including anxiety and depression.⁵² The GEO wrote to us and acknowledged that poor body image can lead to anxiety, depression and eating disorders, citing research found that over a third of 13–19 year olds have stopped eating or have restricted their diets as a result of low body image.⁵³

22. The Committee also received evidence that mental health conditions such as Body Dysmorphic Disorder (BDD) and Muscle Dysmorphia - in which an individual is consistently preoccupied with imperfections in their appearance/muscularity - appear to be increasing rapidly among young men.⁵⁴ The NHS estimates that around 1% of people under the age of nineteen suffer with BDD.⁵⁵

Eating Disorders

23. Beat, the eating disorder charity, estimates that 1.25 million people across the UK have an eating disorder, with one quarter of sufferers likely to be male.⁵⁶ They also told us recent research suggests that prevalence in middle aged and older people may be much higher than previously assumed.⁵⁷ Eating disorders are severe mental illnesses; Anorexia nervosa has the highest mortality rate of any mental health condition, and the mortality rates of bulimia nervosa, binge eating disorder and other eating disorders are also high. People with eating disorders typically develop serious physical health problems through starvation, bingeing, purging or overexercise. An eating disorder can often exacerbate symptoms associated with other mental health conditions including anxiety, depression, and OCD.⁵⁸

24. Beat states that young women are most likely to develop an eating disorder, particularly those aged 12 to 20.⁵⁹ Research also indicates that anorexia rates have doubled for pre-teen children in the last 10 years.⁶⁰ The Children's Society informed us that eating disorders are rising along with rising poor body image. Over 19,000 people were hospitalised for an eating disorder in 2018/19, a quarter of whom were under 18. There has also been a 50% increase in children accessing services for eating disorders since 2016/17.⁶¹ We also heard that older women who suffer with eating disorders don't benefit from increased health spending targeted at young people and face a slower wait for diagnosis and treatment.⁶²

52 [MISS0045](#)

53 [MISS0057](#)

54 [MISS0029](#)

55 [MISS0056](#)

56 [MISS0020](#)

57 [MISS0020](#)

58 Beat, [Statistics for Journalists](#) [accessed 18 March 2021]

59 Beat, [Types of Eating Disorder](#) [accessed 18 March 2021]

60 Guardian, [Number of children with anorexia on the rise, study suggests](#), 23 October 2019

61 [MISS0010](#)

62 [MISS0004](#)

25. The number of hospital admissions for eating disorders is rising at a faster rate among people from ethnic minorities in England than among white ethnicities. For white ethnicities, hospital admissions for eating disorders rose by under a third (31%) across three years, whereas admissions among ethnic minorities rose by more than a half (53%). Hospital admissions for white ethnicities, however, remain higher having increased from 13,340 in 2017–18 to 17,467 in 2019–20 but the rise is more pronounced for ethnic minorities where there was a steeper increase from 1,115 admissions in 2017–18 to 1,702 admissions in 2019–20.⁶³

26. The GEO informed the Committee that the Government is “expanding and transforming” mental health services for adults, children and young people in England and are investing record levels in mental health with the NHS Long Term Plan set to increase funding further by at least £2.3 billion a year by 2023/24. Along with this, they are implementing waiting time access standards to ensure that more people can receive treatment and care when they need it.⁶⁴

27. YoungMinds informed us that there has been a significant increase in the resources provided to children and young people’s eating disorder services in recent years. Notably, in 2014 the Government announced an additional £30 million in recurrent funding over five years to improve support, care and treatment options for children and young people through community eating disorder teams. Additionally, they welcomed the commitment in the NHS Long Term Plan to continue the investment in community provision for children and young people’s eating disorder services.⁶⁵

28. However, some respondents to our body image survey remarked that they had struggled to get help for their eating disorder or disordered eating:

Mental health services are woefully underfunded and inadequate in their entirety, not least CAMHS and eating disorder therapy. Support for compulsive overeating is effectively non-existent and medical professionals are largely dismissive of those self-presenting with disordered eating of all types unless an individual is officially dangerously underweight.⁶⁶

Impact of the COVID 19 Pandemic

29. Our survey reported that 53% of adults and 58% of children found the (first) lockdown made them feel worse or much worse about their appearance.⁶⁷ YoungMinds found that 26% of young people who were accessing mental health support from NHS, private providers, school counsellors, charities and helplines before the pandemic were no longer able to access any support. In some cases, this was due to services being withdrawn; in others, young people felt unable to access remote support or face practical barriers to doing so. Additionally, there is emerging evidence of a reduction in new referrals to Child and Adolescent Mental Health Services and its expected that there will be an increase in

63 Guardian, [NHS hospital admissions for eating disorders rise among ethnic minorities](#), 18 October 2020

64 [MISS0057](#)

65 [MISS0033](#)

66 Page 26, [Body Image Survey Results](#)

67 Page 4, [Body Image Survey Results](#)

the demand for young people's mental health services as we recover from the pandemic.⁶⁸ Beat reported a 173% increase in demand for support between February 2020 and January 2021.⁶⁹

30. The Government informed us it is aware of two groups of people which have been adversely affected by the pandemic: young women aged 15 to 26, manifesting eating disorders, and people with pre-existing mental health conditions. In response to this, the Government told us it has provided an extra £10.2 million in additional funding to charities such as Beat, to help it increase the number of calls it can receive on its helplines during the pandemic, and has established a further 18 eating disorder in-patient units.⁷⁰ When we questioned the Government on claims that there has been difficulty accessing support for mental health conditions including eating disorders during the pandemic, Minister Dorries told us that no mental health services have ceased as a result of the pandemic; in fact, they have increased as 24-hour, seven-days-a-week crisis helplines across the UK for mental health patients were established, as were digital Child and Adolescent Mental Health Services (CAMHS).⁷¹

Early intervention

31. Experts from organisations such as Beat, YoungMinds and the Royal College of Psychiatrists have called on the Government to promote early intervention in the development of eating disorders as accessing early support can prevent problems from escalating, meaning young people are more likely to fully recover.⁷² They request the Government make prevention and early intervention a priority for every child struggling with their mental health, to ensure that they get help as soon as they need it.⁷³ PwC, in research commissioned by Beat, found that the estimated cost to society of eating disorders is c. £15 billion per annum and that early intervention can pay massive dividends given the high relapse rates.⁷⁴ Analysis by the charity MQ found that just £9 per person affected is spent by UK-based funders on mental health research per year, with eating disorder research receiving just 96p per person affected. Although mental ill health accounts for approximately 23% of NHS activity, the National Institute for Health Research (NIHR) awarded just 10% of its research funding to mental health research in 2018/2019 (0.09% of its health research budget).⁷⁵ More recent research from the International Alliance of Mental Health Research Funders shows mental health research funding in the UK by specific mental health conditions is as follows:⁷⁶

68 [MISS0033](#)

69 BBC, [Eating disorders: MPs call for government action amid pandemic rise](#), 7 March 2021

70 [Q185](#)

71 [Q186](#)

72 [MISS0020](#), [MISS0033](#) and [Royal College of Psychiatrists, Position statement on early intervention for eating disorders, May 2019](#)

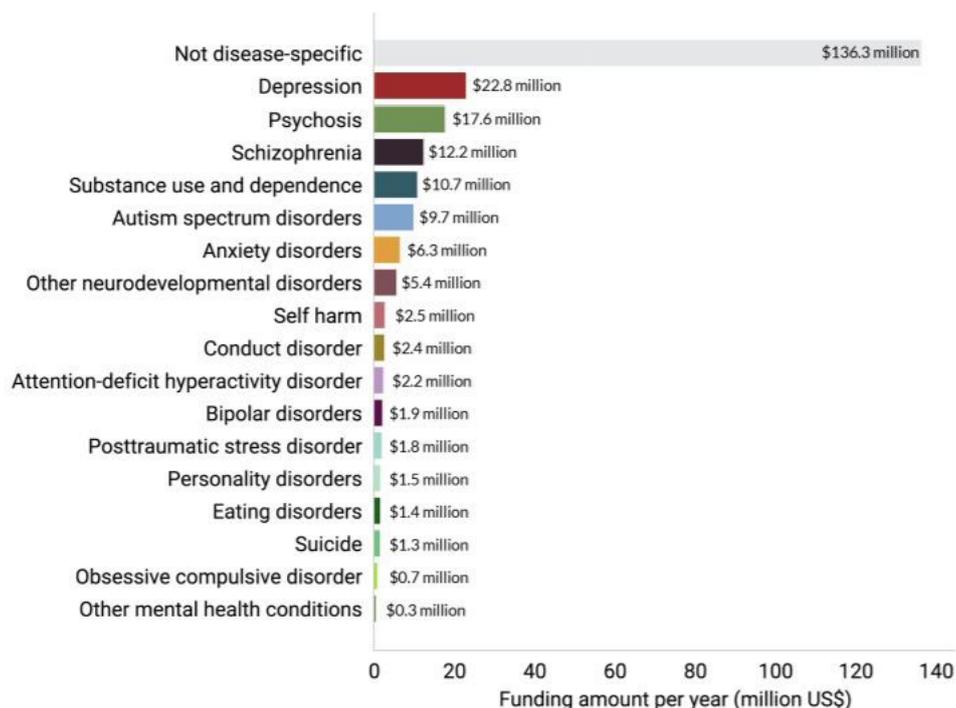
73 BBC, [Eating disorder hospital admissions rise sharply](#), 2 Jan 2020

74 Beat, [the cost of eating disorders](#), February 2015

75 [MISS0020](#)

76 The International Alliance of Mental Health Research Funders, [The Inequities of Mental Health Research](#), 23 November 2020

Figure D.28: Mental health research funding in the UK by specific mental health conditions



32. We questioned the Government on its plans to specifically increase funding for research, preventive, and early intervention strategies. We were informed that it is constantly reviewing where the evidence gaps are and what research is needed but couldn't confirm what and if any action will be taken.⁷⁷ The Government also drew attention to its early intervention policy which includes a mental health taskforce in schools to give children strategies to manage their mental health and also to train staff to identify those at risk of developing eating disorders and other mental health conditions.⁷⁸

BMI and weight-based discrimination

33. There are clear associations between weight stigma and poor mental health. *AnyBody* told us that weight stigma is endemic within health-care settings. A 'routine' procedure such as being asked to stand on scales within the GP surgery can have unseen consequences for those already struggling with marginalisation. Health professionals are not equipped to take a nuanced patient-centred approach to wellness, which can lead to serious medical issues being disregarded as simply the patient being "overweight".⁷⁹ Respondents to our survey, particularly people with disabilities, agreed with *AnyBody's* view and told us they are anxious about visiting the doctor and feel 'shamed' into trying to lose weight which is often a result of a medical condition.⁸⁰

34. People with a higher BMI told the Committee that they felt it was difficult to access quality healthcare as health complaints were automatically diagnosed as weight-related and not properly investigated:

77 [Q191](#)

78 [Q192](#)

79 [MISS0054](#)

80 Page 27, [Body Image Survey Results](#)

I've never recovered from a GP telling me they could see how overweight I was just from me sitting in front of them (she then pointed at my arms and made a hefty gesture). I was 8lbs overweight and just 22 years old. This was 10 years ago, and I've never been to the GP since. (Woman 25–34)

It is from the medical community that I feel most shamed for my size 16–18 figure. BMI should be abandoned as a measure and all GPs and health professionals should receive training on Health At Every Size. (Woman 35–44)⁸¹

35. Throughout our inquiry, we heard criticism of the use of BMI as a measure of health. Dr Solmi of UCL University College London (UCL) told us that BMI is a very poor proxy of health for several reasons and focusing solely on BMI can be misguided as two people with the same BMI can have very different physical and mental health. She told us health measurement that focuses solely on BMI as a measure of health will lead potentially to more harm than good.⁸² It has been widely reported that historically BMI was established as a measure of health for populations rather than individuals, and was based on studies of European men. It has been argued that BMI does not give an accurate portrayal of health, particularly for BAME groups and women.⁸³

36. *Anybody* places emphasis on the 'Health At Every Size' (HAES) approach as a more effective means to prevent weight based discrimination and an overreliance on BMI.⁸⁴ The Health at Every Size approach involves treating patients whilst honouring differences in size, age, race, ethnicity, gender, dis/ability, sexual orientation, religion, class, and other human attributes.⁸⁵

37. We questioned the Government on weight and appearance-based discrimination and the overreliance on BMI. Minister Dorries acknowledged that shaming people into losing weight or eating a healthy diet is unlikely to be effective and medical professionals do not receive enough training on promoting positive body image.⁸⁶ We also asked the Government if it has any plans to review the use of BMI, and we were informed that BMI is something that the Government is constantly discussing and reviewing, and that information changes will lead to policy changes. There was an awareness that doctors, and particularly GPs, have an over-reliance on BMI, particularly when diagnosing eating disorders. The Minister acknowledged there was 'good and bad' in the use of BMI but they need it to gauge whether a person is a healthy weight or not.⁸⁷

The Obesity Strategy

38. In July 2020, the Government's Obesity Strategy was published to tackle obesity and help adults and children to live healthier lives.⁸⁸ The Committee received numerous submissions criticising public health campaigns around obesity.⁸⁹ The Mental Health Foundation said that public campaigns on nutrition and obesity should avoid the potential

81 Page 26, [Body Image Survey Results](#)

82 [Q11](#)

83 Huffington Post, [The BMI Is Racist And Useless. Here's How to Measure Health Instead](#), 20 July 2020

84 [MISS0054](#)

85 [Health At Every Size](#) [accessed 18 March 2021]

86 [Q188](#)

87 [Q190](#)

88 Department for Health and Social Care, [Tackling obesity: government strategy](#), 27 July 2022

89 [MISS0013](#), [MISS0020](#), [MISS0045](#)

to create stigma and indirectly contribute to appearance-based personal dissatisfaction, mental health problems and bullying. They should instead focus on healthy eating and exercise for all members of the population, regardless of their weight.⁹⁰ Similarly, the Centre for Appearance Research told us that anti-obesity language and campaigning are stigmatising and weight-focused public health initiatives risk perpetuating weight stigma, disordered eating, and health inequalities, by focusing on weight as a metric for health.⁹¹ Eating disorder survivors and representative organisations have criticised the Government's plans to add calories information to menus at cafes, restaurants and takeaways as that can lead to disordered eating and eating disorders.⁹² For those in recovery for eating disorders it can also be a trigger—people with eating disorders, regardless of their weight are hyper-vigilant to calorie consumption. This was highlighted by a respondent to the Committee's survey:

I'd also like to make a specific comment on the policy of forcing restaurants to put meal calories on their menus, which I know has been touted. This would be an absolute disaster for so many people struggling with body image issues or eating disorders, who would likely automatically gravitate to the lowest calorie option or be worried about eating at all. I think the total lack of nuance in this approach is an example of the government's disengagement with the issues around body image.⁹³

39. In January 2021, researchers at the University of Cambridge found that Government campaigns over the last 30 years around obesity have been largely unsuccessful due to problems with implementation, lack of learning from past successes or failures, and a reliance on trying to persuade individuals to change their behaviour rather than tackling unhealthy environments.⁹⁴ The Centre for Diet and Activity Research said that

In almost 30 years, successive UK governments have proposed hundreds of wide-ranging policies to tackle obesity in England, but these are yet to have an impact on levels of obesity or reduce inequality. Many of these policies have largely been flawed from the outset and proposed in ways that make them difficult to implement. What's more, there's been a consistent failure to learn from past mistakes.⁹⁵

40. Witnesses told us that there is no evidence that recent weight-loss campaigns have been successful as the prevalence of people who have a BMI in the overweight and obese categories, which are the measures that these weight loss campaigns tend to rely on, have remained stable in the past 10 to 20 years.⁹⁶ There is little to no evidence that weight-focused public health campaigns have long-term effects and that these approaches achieve what they aim to achieve.⁹⁷

41. We also heard that policies around weight and obesity, and the way they are framed, are potentially causing dangerous behaviours, especially in young people. Academics noted that there has been no reviews into the link between public health campaigns and

90 [MISS0019](#)

91 [MISS0045](#)

92 Beat, [Obesity and eating disorders are not separate issues](#), September 2020

93 Page 27, [Body Image Survey Results](#)

94 News Medical, [Researchers identify seven criteria to tackle obesity problem in the UK](#), 19 January 2021

95 News Medical, [Researchers identify seven criteria to tackle obesity problem in the UK](#), 19 January 2021

96 [Q9](#)

97 [Q9](#)

body image.⁹⁸ In 2020, over 100 medical and scientific organisations signed a pledge to eliminate weight bias and stigma of obesity, recommending that public health practices and messages should not use stigmatizing approaches to promote anti-obesity campaigns. The pledge notes that these practices are objectively harmful and should be banned and instead public health authorities should identify and reverse policies that promote weight-based stigma, while increasing scientific rigor in obesity-related public policy. Signatories to this included Diabetes UK, British Obesity and Metabolic Surgery Society (BOMSS), Obesity UK, Kings College London Hospitals, University College London Hospitals, North Bristol NHS Trust, APPG on Obesity and WW (Formally WeightWatchers).⁹⁹

42. We questioned the Government on the potential impacts of the Obesity Strategy on body image, eating disorders and nation's health. Minister Dorries told us that currently, due to covid-19 pressures, the Government doesn't yet have a plan on measuring the potential success or otherwise of the obesity strategy but that PHE's work on updating its obesity campaign is ongoing and the Government is keen to focus on positive messaging around better health and improved lifestyle rather than fat-shaming.¹⁰⁰

43. Beat writes that previous and proposed anti-obesity strategies, such as changes to menus and food labels, information around 'healthy/unhealthy' foods, and school-based weight management programmes all pose a risk to those with eating disorders. A person with lived experience of an eating disorder told Beat that:

Encouragement of calorie counting and fear of obesity in public campaigns was the main source of the beginning of my eating disorder. As someone growing up with a perfectionist mindset, it truly made the fuel behind the fire worse.¹⁰¹

44. Psychologists from the Oxford Centre for Eating Disorders (OCED) agreed with Beat that the Government's plan will have a further detrimental effect on those with or at risk of developing an eating disorder. They said that going to a restaurant would likely induce hypervigilance and anxiety and that there is no clinical evidence that they have encountered that supports consistent measuring of calories.¹⁰² The Government defended its pledge to add calorie information on menus, despite soaring levels of eating disorders because:

Lots of people aren't even aware of calorific content—people who go into a fast-food shop are not aware that you have got around 1,000 calories in a bacon cheeseburger and fries, and those kinds of things. We want people to know what it is that they are consuming so that they can make better choices, but we are aware of those people with eating disorders and making sure that we protect them as much as we can.¹⁰³

45. Lockdown has undoubtedly worsened existing body image anxieties and inspired new insecurities for thousands of people across the country. In particular, we are alarmed by the rapidly rising rates in eating disorders and other mental health

98 [Q9](#)

99 [International Consensus Statement](#), 2020

100 [Q193](#)

101 Beat, [Changes needed to government anti-obesity strategies in order to reduce their risk of harm to people with eating disorders](#), June 2020

102 Oxford Mail, [Oxford psychologist warns calorie counts on menus 'harmful'](#), 28 August 2020

103 [Q194](#)

conditions. The impact of the pandemic, both on eating disorder sufferers and those at a high risk of developing an eating disorder, has been devastating. *We recommend that the Government reviews why eating disorder rates in the UK are rising. Any research undertaken must be inclusive of all groups in which eating disorder rates are rising including men, women, children, older people and BAME groups. We request that the Government respond to us with its findings and policy interventions to tackle these devastating rises within six months.*

46. Many organisations and academics have found that prevention and early intervention are likely to reduce eating disorder rates as well as hospitalisations and deaths. It is important that the alarming rise in eating disorder rates is addressed as the country reopens post-pandemic. *We recommend that in the short term, the Government focuses on rapidly developing early intervention strategies for those with mental health issues related to body image, including eating disorders. Given the high mortality rates associated with eating disorders, and that eating disorder research receives just 96p per person affected annually, ringfenced funding for eating disorder research should be increased to at least £9 per person, the same amount that is spent per person on general mental health research. Funding for eating disorders must be in line with the prevalence and severity of the condition.*

47. We are hugely saddened to hear of the number of people who have faced appearance and weight-based discrimination when accessing NHS services. There is no way to quantify the damage this has done to individuals' mental and physical health. We are not satisfied with the use of BMI as a measurement to evaluate individual health. It is clear that the use of BMI inspires weight stigma, contributes to eating disorders, and can damage an individual's body image and mental health. *We recommend that the Government urgently commissions research into the extent and impact of weight-based discrimination for people accessing NHS services. PHE should stop using BMI as a measure of individual health and adopt a 'Health at Every Size' approach within twelve months.*

48. The current Obesity Strategy is at best ineffective and at worst perpetuating unhealthy behaviours. It is likely to be dangerous for those with negative body image, including those at risk of developing eating disorders. In the short term, we have specific concerns that calorie labelling will contribute to growth in eating disorders and disordered eating. *The Government should immediately scrap its plans to for calorie labels on food in restaurants, cafes, and takeaways.*

49. We are disappointed to learn that there have been no reviews of the effectiveness of the current or previous obesity strategies, and we cannot support much-criticised and unevaluated weight-loss policies. *The Government must only use evidence-based policies in its Obesity Strategy. The Government should urgently commission an independent review of its Obesity Strategy to determine the evidence base for its policies within 3 months. It should publicly report the findings of this review within six months.*

4 A positive body image for future generations

50. Evidence from academics indicates that perception of body image is stable from adolescence into adulthood. If a teenager develops a negative body image, it can last a lifetime.¹⁰⁴

Body Image in School

51. The Committee has heard that the school environment is formative for children developing a health body image and more needs to be in schools around tackling appearance pressures.¹⁰⁵ Young people are particularly vulnerable to poor body image with 66% of under 18s reporting to us that they feel negative or very negative about their body most of the time. The body image survey also found that 70% of children hadn't learnt about body image at school, and 78% would like to.¹⁰⁶ A new compulsory curriculum for Relationships and Sex and Health education (RSHE) has been in place since September 2020. The GEO wrote to tell the Committee that:

Through Health Education secondary-aged pupils will be taught about the similarities and differences between the online world and the physical world. This will include content on the impact of unhealthy or obsessive comparison with others online, including through setting unrealistic expectations for body image, how people may curate a specific image of their life online, how information is targeted at them and how to be a discerning consumer of information online. We will work with the Department for Education on what more can be done to address the harms caused by poor body image amongst children and young people. Additionally, pupils will also be taught how to recognise the early signs of mental wellbeing concerns, including common types of mental ill health (e.g. anxiety and depression). These subjects will also support pupils by promoting pupils' self-control and ability to self-regulate, as well as strategies for doing so.¹⁰⁷

Public Health England (PHE) has developed statutory guidance for RSHE including a lesson plan on 'Body image in a digital world and how to minimise stress that arises from negative body image'.¹⁰⁸

52. Multiple organisations including YoungMinds informed us that the Government must focus on promoting evidence-based body image interventions and include them in the curriculum for primary and secondary schools to promote positive body image, reduce unhealthy weight control behaviours and better mental health more broadly.¹⁰⁹ The Children's Society also advocate for a 'A Whole School Approach' to mental health

104 [MISS0045](#)

105 [MISS0059](#)

106 [Page 6, Body Image Survey Results](#)

107 [MISS0057](#)

108 Department for Education, [Relationships and sex education \(RSE\) and health education](#), 25 June 2019

109 [MISS0033](#)

and wellbeing including body image and encourage schools in delivering the new RSHE and Health Education Curriculum to explicitly address body image concerns and gender stereotypes.¹¹⁰

53. *AnyBody* informed us that a further way to encourage positive body image for young people in schools would be to increase the diversity of marginalised populations in children’s literature and media including ‘fat bodies, Black and Brown bodies, queer bodies, non-binary and trans bodies’.¹¹¹ Young people with lived experience of negative body image told us that they received no support from school when they experience body image issues despite their negative feelings about their appearance arising in a school environment.¹¹²

National Child Measurement Programme

54. Currently, the Government mandates PHE and local authorities to deliver the National Child Measurement Programme (NCMP) which weighs children in Reception (aged 4–5) and in Year 6 (aged 10–11) to assess how many primary school-aged children are overweight or obese.¹¹³

55. *Beat* informed us that this programme focuses on weight, not health, and can lead to poor body image and is a risk to children who may become vulnerable to developing an eating disorder.¹¹⁴ Our survey garnered anecdotal evidence from some people that being weighed at school had kickstarted their body image concerns. *AnyBody* told us as part of their #PlayNotWeigh campaign, they alerted parents that they could opt out of the scheme as 77% of parents responded that they felt the current system of weighing and measuring children in school had not been helpful to them or their child. 26% of parents felt that the NCMP had a negative impact on them or their child. *AnyBody* also wrote to the Committee that children in a higher-weight category are 63% more likely to experience bullying and that:

Black children are more likely to be placed in the “very overweight” and “obese” weight categories due to the racially-biased method of calculating BMI. Adjustments for Black children are not used, despite the research available, which not only invalidates child-weight data in areas that are ethnically diverse but increases the risk of weight stigma, bullying, and negative body image for Black children.¹¹⁵

56. The Committee questioned the Government on the NCMP and whether there had been any consideration on the mental health impacts of this programme on children and their body image. Minister Dorries informed us there has been no assessment of this programme on the mental health and developing body image of children and that:

We are aware that it is not a wholly or 100% positive thing to do, but we are also aware that it is a bit of a tricky one, because we need the data to develop obesity strategies and policies to deal with obesity, and we need

110 [MISS0010](#)

111 [MISS0045](#)

112 [Q58](#)

113 NHS, [National Child Measurement Programme](#), [accessed 18 March 2021]

114 [MISS0020](#)

115 [MISS0054](#)

to know what is coming down the line to us. If we are weighing children at the beginning of school and weighing them at the end, we know what percentage are obese. We need to know that to develop our policies.¹¹⁶

57. Whilst there has been no assessment of the mental health impacts of this programme, academics stated that clinicians consider being weighed in front of people or making a child's family aware they need to lose weight or have a high BMI as a trigger for eating disorders. They further stated that any campaign or strategy focusing solely on weight has a very strong risk of perpetuating weight-based stereotypes and discrimination and bullying which in turn gets internalised and results in poorer body image.¹¹⁷ Academics also voiced their concerns around children being weighed in a school setting and the discussions that follow puts the focus on weight as the sole indicator of health. This can be damaging and therefore they asked what resources and messaging are delivered to a child and their family if their BMI is 'high' in order to support them to develop healthy behaviours and a positive body image.¹¹⁸

58. Encouraging positive body image during childhood and adolescence must be a priority. We commend the Government for introducing body image into the RSHE curriculum last year and hope this creates an opportunity for schools to address the concerns young people have about their body image. We recommend that the Department for Education regularly reviews the new RSHE curriculum to ensure that it is having a positive impact on wellbeing and decreases levels of body dissatisfaction. Additionally, the Department for Education should explore other policy initiatives to encourage schools to take a 'whole school approach' to encouraging positive body image.

59. Weighing children in primary schools under the National Child Measurement Programme is likely to cause harm to children's mental health and could hinder the development of a positive body image. This is particularly damaging for Black children who are more likely to be incorrectly placed in the overweight or obese categories. We recommend that the Government urgently reviews the National Child Measurement Programme to ensure it is not creating undue body image pressures in children. The Government should urgently assess the need for the programme and seek other ways to collect this data.

116 [Q196](#)

117 [Q16](#)

118 [Q16](#)

5 #NoFilter: is this advert real?

60. The prevalence of stereotypes in media and advertising based on appearance including race, age, weight, visible difference and sexual identity can perpetuate significant health and social inequalities.¹¹⁹ Studies have shown that viewing media promoting cosmetic surgery results in increased body dissatisfaction, and that exclusively promoting thin, white, or gendered appearance ideals is detrimental to positive body image.¹²⁰ Research also shows that diverse appearances and body positive content in the media can have a beneficial impact on consumers and was beneficial for company profits and corporate reputation.¹²¹ The Centre for Appearance Research states that adverts and campaigns can have a negative impact if they promote unrealistic appearance ideals, contribute to diet culture which harms how people think and feel about their body, and if they perpetuate racism, weight stigma, the objectification of women, or other forms of oppression on a marginalized group.¹²²

61. The overwhelming number of images in the media and advertising can itself be problematic, particularly if a majority of images depict specific appearance ideals and that don't represent the consumers of media and advertising.¹²³

62. The Committee has seen a broad collection of written evidence criticising media and advertising for the lack of diversity of images in terms of age, gender and sexual orientation, body size, ethnicity and ability as well as from participants in our body image survey.¹²⁴ Certain adverts are more likely to cause harm around body image than others; for example, TV shows focused on losing weight or adverts for cosmetic surgery.¹²⁵ These can be triggering for people who are vulnerable to or already suffer with eating disorders, body dysmorphia or depression. Changing Faces states that 1 in 5 people live with a 'visible difference' but there is lack of visible conditions in the media.¹²⁶ The overwhelming number of images in the media and advertising can itself be problematic, particularly if the majority of images depict specific appearance ideals and is not representative of the consumers of media and advertising.¹²⁷

The Advertising Standards Authority and Body Image

63. The Advertising Standards Authority (ASA) is the UK's independent advertising regulator and ensures advertisements adhere to the advertising rules (the Advertising Codes). The Committee of Advertising Practice (CAP) is the sister organisation of the ASA and is responsible for writing the Advertising Codes. Ofcom also share responsibility for broadcast advertising.¹²⁸

119 [MISS0045](#)

120 [MISS0045](#)

121 [MISS0045](#)

122 [MISS0045](#)

123 [MISS0045](#)

124 [Body image survey](#)

125 Independent, [Channel 4 show 'Lose a stone in 21 days' condemned as 'irresponsible' as eating disorder charity keeps helplines open during show](#), 6 August 2020 and ASA, [ASA Ruling on MYA Cosmetic Surgery Ltd](#), 17 October 2018

126 [MISS0030](#)

127 [MISS0045](#)

128 ASA, [About the ASA and CAP](#) [accessed 18 March 2021]

64. The ASA informed us that it takes the issue of body image very seriously and that it sets and enforces standards to ensure that advertisements are not likely to cause physical, mental or moral harm to audiences, within their wider role of ensuring adverts are socially responsible. Advertisers should ensure that they don't portray particular body types in an irresponsible manner, for example by depicting in an aspirational manner a model who appears to be unhealthily thin. Advertisers should also not exploit insecurities, create pressure to conform or present an unhealthy body image as aspirational. The ASA indicated that whilst it supports diversity in advertising, its rules do not mandate diversity in advertisements and that responsibility sits with companies advertising their goods and services.¹²⁹

65. The UK Advertising Codes contain an overarching principle that ads should be prepared with a sense of responsibility to consumers and to society. The 'social responsibility' clause sits alongside theme-based and product specific rules and enables the ASA to act where an advert breaks the spirit in which the rules are intended, for instance by being inappropriate or harmful.¹³⁰

66. The ASA told the Committee that it provides advice and resources for advertisers including on *Social Responsibility: Body Image*.¹³¹ It makes reference to the introduction of a new rule for adverts that came into force in 2019 after a review of gender stereotyping. This rule states that adverts 'must not include gender stereotypes that are likely to cause harm, or serious or widespread offence' and that all marketing communications should be prepared with a sense of responsibility to consumers and society. It also states that advertisers should ensure they don't portray particular body types in an irresponsible manner, imply people can only be happy if they look a certain way, or present an unhealthy body image as aspirational.¹³² In November 2020, the ASA released guidance for companies advertising cosmetic services, from non-surgical interventions to major surgery, which state that issues relating to body image must be handled sensitively.¹³³ Advertisers should ensure that their adverts do not imply that one body type or specific trait is preferable over another, as this may exploit those with body insecurities. In August 2020, the ASA also released guidance for advertisers on the *Habits of impeccably groomed male beauty ads* which referenced being mindful of body image.¹³⁴

67. The ASA also has enforcement responsibilities and the power to remove adverts. Consumers can complain to the ASA, but it takes steps to 'proactively monitor ads across different sectors and media to make sure standards are being maintained'.¹³⁵ In its evidence, the ASA told the Committee of adverts which had an adverse impact on body image and were subsequently banned, including a TV ad for breast enlargement surgery on the grounds it exploited young women's insecurities about their bodies, trivialised breast enhancement surgery and portrayed it as aspirational (MYACosmetic Surgery Ltd¹³⁶) and a women's clothing retailer promoted summer and swimwear in a way that objectified women and was likely to cause offence (Missguided Ltd¹³⁷). Additionally, the ASA banned

129 [MISS0028](#)

130 [MISS0028](#)

131 ASA, [Social Responsibility: Body Image](#) [accessed 18 March 2021]

132 ASA, [Depictions, Perceptions and Harm](#), 18 July 2017

133 ASA, [Cosmetic interventions and the CAP Code](#), 26 November 2020

134 ASA, [Habits of impeccably groomed male beauty ads](#), 13 August 2020

135 ASA, [Our Proactive Work](#), accessed 26.11.20

136 ASA, [ASA Ruling on MYA Cosmetic Surgery Ltd](#), 17 October 2018

137 ASA, [ASA Ruling on Missguided Ltd](#), 16 October 2019

an Instagram post by a TV personality promoting a weight loss food supplement for encouraging an unsafe practice, namely consuming products during pregnancy that were intended to aid weight loss (The White Star Key Group Ltd).¹³⁸

68. We questioned the ASA on its work on protecting the public from adverts that could provoke negative body image as well as the cumulative impact of advertising on body image. Malcolm Phillips, Regulatory Policy Manager for the ASA told us that they are aware there is concern about potentially subtle or insidious effects of advertising connected with concerns about the volume of advertising that people see. It told us it was keen to understand more about the role that advertising plays in negative body image and was planning its own call for evidence on body image and advertising in 2021, building on the work it has done on gender stereotyping.¹³⁹ Also, we discussed with the ASA the lack of diversity of ethnicities, abilities, body shapes etc in advertising. We heard that the regulatory system is set up to tell people what not to do, rather than what to do, but that further work is planned to prevent racial stereotyping, and to build into its work on body image targeted engagement with specific communities to better understand whether there is a role for the ASA in helping mitigate those higher risks through our work.¹⁴⁰

Proposals for change

69. Many organisations and academics have advocated for greater levels of regulation for media and advertising to protect the public from content damaging individuals' body image. The Centre for Appearance Research requests that the ASA to expand its policies to include protecting harmful content around body image and appearance-based discrimination. Currently the ASA review adverts on a case-by-case basis which doesn't address the potential harm caused by the cumulative effect of seeing numerous adverts perpetuating appearance ideals and stereotypes on a daily basis.¹⁴¹

70. Body image experts at Newcastle University want to see the ASA enforce the inclusion of diverse healthy bodies in media by legislating minimum model BMIs and/or requiring public media producers to audit and perhaps meet targets on body diversity.¹⁴² The Mental Health Foundation argued that advertising, if left unregulated, is driven by incentives to present unattainable 'idealised' bodies as aspirational to increase the desirability of certain consumer products or lifestyles, including cosmetic surgery. It wants the ASA to consider more stringently vetting high-reach broadcast adverts from high-risk industries—such as cosmetic surgery companies and weight-loss products and services—to ensure all advertising abides by its codes at the time they are on-air. The ASA should also make greater use of its ability to proactively instigate investigations.¹⁴³

Image editing

71. Hundreds of respondents to our body image survey informed us that a major driver of negative body image, particularly for young people, is the prevalence of edited and

138 [MISS0028](#)

139 [Q114](#), <https://committees.parliament.uk/oralevidence/1410/pdf/>

140 [Q117](#)

141 [MISS0045](#)

142 [MISS0012](#)

143 [MISS0019](#)

‘filtered’ photos in advertising and across social media. This included edited photos of pregnant models advertising maternity clothes online, airbrushed billboards showing flawless skin, and the array of filters used across social media to ‘improve appearance’.¹⁴⁴

72. The Mental Health Foundation informed us of the widespread availability of image-editing apps which allow individuals to digitally alter their appearance. Possible changes include colour filters and teeth whitening, and more extreme edits that can dramatically change one’s body shape, skin tone, height, or muscular complexion.¹⁴⁵

73. We found that worries around image editing and its impact on body image has been furthered during the pandemic by the so called ‘Zoom Boom’ in which demand for cosmetic surgery increased 70% in the UK, reportedly due to people spending more time observing themselves while videoconferencing. Zoom has a function where you can use to a filter to give your face a softer look and minimise ‘imperfections’.¹⁴⁶ Prior to the pandemic, ‘injectables’ were the most-asked-for treatments, followed by more invasive procedures such as breast augmentation and liposuction. UK-based practitioners say that the Zoom Boom is driving interest in non-invasive facial procedures, like Botox, fillers or skin resurfacing that correct lines caused by the facial expressions we notice on video calls as well as to tackle wrinkles.¹⁴⁷

74. In addition to inspiring requests for cosmetic surgery, the huge numbers of digitally-altered images are also referenced by those with negative body image as contributing towards a lack of self-esteem as well as the development of mental health conditions, such as BDD and eating disorders.¹⁴⁸ Girlguiding UK told us that the bombardment of perfected images every single day takes its toll, having found that 45% of 11–16 year olds regularly use apps or filters to make themselves look different.¹⁴⁹

75. One approach to countering this trend proposed to us in evidence is to ensure that digitally altered images are watermarked to indicate they have been edited. In France, legislation to this effect was introduced in 2017, which requires any digitally altered commercial image to be marked with “edited photograph”. Fines are levied if these rules are flouted.¹⁵⁰

76. However, a significant body of research has demonstrated that the addition of such warning labels is not effective in reducing the body dissatisfaction on traditional media images or on social media.¹⁵¹ We heard that most young people are aware that images are digitally enhanced but still aspire to the projected ideals.¹⁵²

77. Girlguiding proposed a multifaceted approach, as evidence was indicating that image labelling alone would not necessarily go far enough to inspire cultural and societal change.¹⁵³ The Mental Health Foundation told the Committee that what might be more

144 [Body Image Survey Report](#)

145 Mental Health Foundation, [Image-editing apps and mental health](#), [accessed 18 March 2021]

146 Business Insider, [There’s a filter on Zoom you can use to look better on video calls while working from home. Here’s how to turn on the setting](#), March 2020

147 SaveFace, [Why Plastic Surgery Demand is Booming Amid Lockdown](#), [accessed 18 March 2021]

148 The Priory Group, [Can online image editing on social media contribute to eating disorders](#), [accessed 11 March 2021]

149 BBC, [Girl Guides: Enhanced photos need labels on social media](#), 2 September 2020

150 BBC, [Is she Photoshopped? In France, they now have to tell you](#), 17 September 2017

151 [MISS0045](#)

152 [MISS0049](#)

153 [Q76](#) [Zoe Palmer]

effective than simply labelling altered images would be to explain, particularly to young people, that digitally enhanced advertising is in place to convince them to buy products rather than feel confident in their own appearance.¹⁵⁴

78. Based on the concerns outlined above, we questioned Sport England, Boohoo, Dove and L'Oréal on use of digitally altered images in advertising. All three companies informed us that they do not airbrush images. Boohoo said:

[...] We do not retouch body shape or size [...] Things like scars, freckles and stretch marks will always stay in. For us, similarly, we want our models to be reflective of our customers at home.¹⁵⁵

79. These companies recognised that consumers want to see themselves reflected in advertising and digitally-altering images to remove perceived flaws on the bodies of men and women is not popular.¹⁵⁶ However, we are aware, that many companies still regularly digitally alter their images to 'improve' the appearance of their models. Additionally, digitally altered images are constantly available on social media; Snapchat, Facebook, Instagram and TikTok all contain hundreds of filters that change the appearance of the user. A young witness with lived experience of body dysmorphia said:

It is a moral responsibility of social media companies to label these images to bring back a sense of reality on social media [...] Young people looking at that have no idea that that image has been edited, especially as 13 and 14-year-olds. [...] that leads to people like me when I was younger developing body image difficulties. It is morally imperative that social media companies take responsibility and actually label these photos.¹⁵⁷

80. There have been positive developments in this area. For example, in early 2021 the ASA asked influencers to not use 'misleading' beauty filters and ruled that filters should not be applied to social media adverts if they exaggerate the effect of the products.¹⁵⁸ The Government acknowledged that there is increasing demand from consumers for more authentic and representative images on social media and beyond, and they want to work with companies to support that demand.¹⁵⁹

Transport for London's advertising policy

81. Transport for London's (TfL) advertising estate is one of the largest in the world and makes up 20 per cent of all out-of-home advertising in the UK and 40 per cent of the London market.¹⁶⁰ The Committee received numerous written evidence submissions concerning TfL's advertising policies and body image. In 2016, TfL changed its advertising policy to prohibit the approval any adverts which could reasonably be seen as likely to cause pressure to conform to an unrealistic or unhealthy body shape, or as likely to create body confidence issues, particularly among young people.¹⁶¹

154 [Q76](#) [Dr Antonis Kousoulis]

155 [Q91](#)

156 [Q91](#)

157 [Q51](#)

158 BBC, [Influencers told not to use 'misleading' beauty filters](#), 3 February 2021

159 [Q148](#)

160 TfL, [Annual Advertising Report 17/18](#) [accessed 18 March 2021]

161 [TfL advertising policy](#)

82. The Centre for Appearance Research said that TfL's change in policy has been successfully implemented while not affecting the revenue of the TfL estate, thus demonstrating that media and advertising regulation in relation to body image and appearance diversity is possible and commercially viable.¹⁶²

83. We questioned TfL on the impact of the change in advertising policy and heard that until the recent pandemic impact there had been a rising level of advertising revenue for TfL's estate.¹⁶³ We also questioned TfL on the success of the body image clause and were told that there had been no market research directly into the policy, but there has been a lack of controversy, complaints and concerns about it, and in that way it was a success.¹⁶⁴ When we asked the ASA its view on TfL's policy it told us that it's open to each media owner to establish its own standards and views on what it wants to carry in advertising in its channels and it would be a very different matter for a regulator to impose controls that will then be enforced on a mandatory basis.¹⁶⁵ In 2021, the ASA announced a call for evidence on body image in addition to the work it has already done on cosmetic interventions and gender stereotyping in relation to body image.¹⁶⁶

Government intervention and Online Advertising

84. In November 2020 as part of the Government's Obesity Strategy, it launched a consultation into banning online adverts for foods high in fat, sugar and salt (HFSS) in the UK. Research shows that exposing children to these adverts can increase the amount of food children eat and shape their preferences from a young age.¹⁶⁷ The intervention from Government on the advertising of HFSS food based on shows that the Government can and do intervene in advertising when there is a concern to wider society as follows:

Government may intervene in markets to change consumer behaviour where such behaviour has adverse effects on society or because of fears of adverse consequences for the individual consumer over the long-term. An example of such behaviour is excessive alcohol consumption which has been linked with antisocial behaviour and health risks and imposes significant costs to the police and the health care system.¹⁶⁸

85. The harms from advertising featured heavily in the GEO's 2019 research on body image. The research also found that there is a desire for less harmful media and more 'responsibility' from advertising companies for the types of content they broadcast, and that it is important for brands and advertising aiming to promote body positivity to be truly inclusive. Its research indicated that brands are not doing enough to be inclusive of audiences, particularly of LGBT and non-binary audiences.¹⁶⁹ However, Minister Dinenage told the Committee that the ban on HFSS food adverts is at odds with the approach that the Government take more broadly in terms of digital regulation.¹⁷⁰

162 [MISS0045](#)

163 [Q125](#)

164 [Q129](#)

165 [Q130](#)

166 [Q130](#)

167 Department of Health and Social Care and Department for Digital Culture Media and Sport, [Total restriction of online advertising for products high in fat, sugar and salt \(HFSS\)](#), [last updated 18 December 2020]

168 Office of Fair Trading, [Government in markets](#), 2009

169 GEO, [Negative body image: causes, consequences & intervention ideas](#), August 2019

170 [Q203](#)

86. We also questioned the Government on its position on widespread image-editing and the damage this is causing to people's body image. The Government accept that image-editing and the labelling of digitally altered images is an important issue and it wants to respond to the demand from consumers for more authentic images both on and offline by ensuring any Government intervention in this area is effective. As demonstrated above, academic research suggests that labelling images that have been altered is unlikely to be effective as a standalone move.¹⁷¹ In oral evidence, the Government pledged to consult on this issue as part of the online advertising programme in the Spring with a view to introducing multiple interventions and working closely with the advertising industry and the ASA.¹⁷²

87. The Government told us that it is working on identifying and developing interventions around body image, which it will consult on later this year including as part of their online advertising programme. The ASA is well equipped to support existing traditional media by reviewing adverts on a case-by-case basis, but body image harms can be caused by more of a cumulative effect, the ASA recognised this and want to improve their regulation of online advertising in connection with body image harms.¹⁷³ The Government told us that it works very closely with the ASA to ensure any policy changes in advertising are well-informed and that the ASA and DDCMS are keeping in contact around concerns on body image in advertising.¹⁷⁴

88. The Committee is disappointed about the lack of diversity in adverts both on and offline. We urgently want to see more companies advertising with real images of people from a diverse range of ethnicities, abilities, sexualities, genders, body shapes and sizes. We know that advertising is a powerful driver of consumer behaviour and protecting people from adverts, which can be pervasive online, needs to be a priority if the Government wishes to reduce negative body image. We recommend that the Government works with companies and the ASA to further encourage the use of diverse and representative images of people in advertising.

89. We commend the Government for launching a consultation on online advertising in the Spring and are encouraged that the ASA will be consulting on body image as well as racial stereotyping in 2021. *We recommend that the Government works closely with the ASA to ensure its future work on body image is inclusive and that substantial changes are implemented after its consultation.*

90. Whilst the Committee was pleased to see that TfL has taken steps to protect Londoners from advertisements that could promote body dissatisfaction and bolster diverse advertising on their network, we were disappointed it had not been fully evaluated to properly assess the impact of their policy, both on their consumers and their advertising revenues. *We recommend that the Government works with the advertising industry and TfL to consider what impact banning adverts has on protecting people from developing negative body image. It should update us within 6 months.*

91. We were pleased to hear from companies who are committed to advertising their products by using real, honest images. However, a significant number of advertisers continue to rely heavily on image editing. It is clear that the constant bombardment of

171 [Q183](#)

172 [Q183](#)

173 [Q174](#)

174 [Q199](#)

editing images both on and offline is detrimental to mental health and contributes to the development of poor body image. *The Government should bring forward legislation to restrict or ban the use of altered images in commercial advertising and promotion.*

6 Body image harms online

Social media

92. Social media's impact on body image was raised repeatedly throughout the inquiry and in our survey. We found that majority of young people spend over 2 hours on a typical day on social media and that social media had the biggest influence on their body image of all mediums. Most adults also reported spending 2 hours on social media a day and that social media was one of the biggest influences on how they felt about their appearance.¹⁷⁵

93. The NHS reported that daily social media use was more common in young people with a mental health disorder and that 87% of 11–19-year olds with a mental health disorder used social media everyday, compared to 77% of those without a disorder. 24% of daily users with a disorder were on social media for over four hours a day compared with 12% without a disorder. Additionally, young girls with a mental health disorder were more likely to compare themselves to others on social media.¹⁷⁶

94. Professor Widdows told the Committee that social media can fuel body image anxiety as our peer comparison group grows from solely people we know in our communities to most in the virtual world.¹⁷⁷ The Centre for Appearance Research told us that research into the dramatic increase in social media use in the last decade has highlighted that engagement with social media is associated with poor body image as well as the desire to undergo cosmetic surgery.¹⁷⁸

95. We heard that social media is a space in which people can face appearance-based bullying and harassment, something particularly faced by groups protected by the Equality Act. Changing Faces told us that 40% of people with a visible difference have had negative experiences online including significant trolling and online abuse. One in ten said they had been repeatedly harassed on social media and that negative behaviours have stopped them using it completely.¹⁷⁹ Stonewall told us that 40% of LGBT young people, including 58 per cent of trans young people, had been the target of individual homophobic, biphobic and transphobic abuse online; and 65% of LGBT people think that online platforms are unlikely to do anything about tackling such abuse when it is reported to them.¹⁸⁰

Our inquiry sought to determine the impact of different elements of social media on body image. We found that:

Posts from friends. Social media users are likely to encounter a stream of highly idealised images that portray narrow appearance and body ideals. While in traditional media these images would typically be of celebrities and models, social media presents the additional opportunity for users to view content generated by their peers. Research shows that women are more likely to make appearance comparisons through social media than traditional media, which is associated with poor body image.¹⁸¹

175 [Body Image Survey Results](#)

176 [NHS, Mental Health of Children and Young People in England 2017](#), November 2018

177 [MISS0009](#)

178 [MISS0045](#)

179 [Q83](#)

180 [MISS0058](#)

181 [MISS0045](#)

Posts from influencers and celebrities. Many people follow celebrities, and some will form strong connections with them. In cases where individuals feel they have a special relationship with celebrities—known as celebrity worship—researchers have found that there is a significant relationship with negative body image.¹⁸²

Content promoting eating disorders and diet culture. Pro-eating disorder content can be found on all social media platforms and can include ‘thinspiration’ (images and messages idolizing thinness), bonespiration (images and messages idolizing emaciation whereby bones, e.g., hipbones, ribs, spine, are clearly visible), and tips to maximise weight loss. This can cause people to develop or exacerbate negative body image and disordered eating. Women who follow “health food”, “clean eating” or “fitness” accounts on Instagram demonstrate higher levels of disordered eating such as extreme dietary restrictions and preoccupation with health than the general population.¹⁸³

Content promoting cosmetic surgery/interventions. Studies have found that cosmetic surgery adverts elevate body dissatisfaction. There have also been reports that consistent filtering of pictures is leading to ‘snapchat dysmorphia’ where people seek surgery to look more like they do in their edited photos on social media.¹⁸⁴

96. We did, however, hear evidence that social media can have a positive impact on body image. A witness with lived experience of poor body image told us that social media allowed them to positively connect with other users who have burns and scarring, share their story, and gave them the confidence to engage with people on appearance issues.¹⁸⁵ A respondent to our body image survey also told us that social media allowed them to see people like themselves, particularly when they have been underrepresented in other forms of media.¹⁸⁶

Advertising via social media

97. Adverts on social media can take a variety of forms including user-generated adverts. These adverts can come from fake accounts which look like ‘normal people’ rather than influencers. An example of such would be adverts for ‘Keto Activator’ that Which? found in 2019 to be using false advertising to sell products promising miraculous weight loss.¹⁸⁷ The [ASA](#) noted that complaints about ‘influencers’ dominate its complaints.¹⁸⁸

98. We heard from Girlguiding UK that girls viewed more harmful ads online when it came to the use of gender stereotypes, with a particular emphasis on harm caused by body and appearance issues. Additionally, they felt adverts on social media were more invasive because they’re embedded in the place where individuals engage with friends and are harder to disengage from than adverts on TV. We also heard that social media adverts were more exploitative as they are targeted based on previous search history and on stereotypical ideas of what young women might be interested in—such as beauty or weight loss products.¹⁸⁹

182 [MISS0045](#)

183 [MISS0045](#)

184 [MISS0045](#)

185 [Q59](#)

186 Page 25, [Body Image Survey Results](#)

187 Which?, [Keto diet pill scam targets Facebook users](#), [accessed 18 March 2021]

188 The Drum, [Influencer posts dominate online complaints to UK ad watchdog](#), [accessed 18 March 2021]

189 [Correspondence from Girlguiding](#), 23 October 2020

99. The ASA's gender stereotyping research in 2017 showed that user generated content, advertisements and paid-for online content contributes to a culture of idealised appearance, which can in turn lead to self-esteem issues, and body dissatisfaction.¹⁹⁰

Are social media companies protecting their users from body image harms?

100. During our inquiry we received evidence from Facebook and Instagram, Twitter, TikTok and Snapchat on their policies to protect users from developing or worsening poor body image for its users. These measures include community standards or guidelines that set out what is acceptable for users to post to about. In relation to body image harms, social media platforms regulate content relating to self-harm, suicide and eating disorders.¹⁹¹ For example, [Instagram's](#) tool to reduce the availability of eating disorder content uses machine learning to automatically identify hashtags that are being used to share eating disorder content and will remove them or add a sensitive content screen before users view the related content.¹⁹² Social media platforms also have advertising policies with restrictions on certain goods and services that can be promoted, such as unsafe supplements, weight loss products and plans, and cosmetic procedures that should be restricted to over 18s.¹⁹³ Adverts on Facebook and Instagram are also prohibited from containing 'before' and 'after' images.¹⁹⁴ TikTok has also banned ads for fasting apps and weight loss supplements in an effort to protect users.¹⁹⁵

101. Despite the number of safeguarding and advertising policies social media companies have in place, we heard extensive evidence that there is a gap between the policies and the real-life experience for users. Our Body Image survey demonstrated how damaging social media use can be for an individual's body image. Respondents told us that how they feel about their appearance was influenced on social media either by 'influencers' or adverts. People reported struggling with their body image as a result of repeatedly looking at edited pictures, or content or advertising which encouraged their body to look a certain way.¹⁹⁶

102. Both adults and young people told us that they feel pressured to make changes to their bodies and their appearance due to persistent advertising, most commonly from those promoting weight loss. People reported this despite curating their social media feeds to be 'body positive' and free from 'diet culture'. This was also true for people who currently have, or have previously had, an eating disorder.¹⁹⁷ We also received testimonials from the public highlighting the difficulty in avoiding adverts around 'diet culture' on social media.¹⁹⁸

Evidence to our inquiry outlines that despite good intentions from social media platforms, their safeguarding advertising policies simply aren't protecting people from body image harms and they need to do better. The Mental Health Foundation agreed that social media companies need to be more active in promoting good body image by generating positive

190 ASA, [Depictions, Perceptions and Harms](#), 2017

191 [MISS0039](#)

192 [MISS0039](#)

193 [Q147](#)

194 [MISS0029](#)

195 TikTok for Business, [Coming together to support body positivity on TikTok](#), 23 September 2020

196 [Body Image Survey Results](#)

197 Page 25, [Body Image Survey Results](#)

198 Page 24, [Body Image Survey Results](#)

exposure to a diverse range of body images, and in protecting against the promotion of unrealistic and unobtainable body ideals. Social media companies cannot claim to be passive in this—their provision of filters, advertising guidelines, and algorithms all contribute to the promotion of unobtainable body ideals.¹⁹⁹

Research

103. The Centre for Appearance Research and the Nuffield Council of Bioethics informed us that a first step for social media companies to take to tackle the problem of body image pressures is to fund research so they can understand the impact their platforms are having.²⁰⁰ Social media companies informed us of the research they had engaged with in partnership with organisations such as Beat, Samaritans, the Diana Award and Childnet.²⁰¹ The Government acknowledged in its evidence to the Committee that it was important for social media companies to take more responsibility for the content on their platform.²⁰² The Committee heard from social media companies in December 2020 and they committed to working with the Government to do more research into the relationship between social media use and body image.²⁰³

Online Harms legislation

104. The full Government response to the consultation on the Online Harms White Paper²⁰⁴ was published in December 2020. The majority of the evidence we received on Online Harms was based on the Government’s initial response from 2020. The resulting legislation is expected this Spring.²⁰⁵ The Online Harms legislation will set out a new regulatory framework establishing a duty of care on companies to improve the safety of their users online, overseen and enforced by Ofcom in their role as the independent regulator.²⁰⁶ As well as setting out how the Government will tackle illegal content and activity online, the upcoming legislation will also address increasing levels of public concern about online content which is lawful but potentially harmful, such as, online bullying and abuse, the advocacy of self-harm and misinformation.²⁰⁷ The legislation will be applicable to all companies whose services host user-generated content which can be accessed by users in the UK. This includes the social media companies the Committee has received evidence from.

105. The Government has said that the legislation will set out a general definition of what can be considered a ‘harm’ online. A limited number of priority categories of harmful content, posing the greatest risk to users, will be set out in secondary legislation. The legislation will set out that online content and activity should be considered harmful, and therefore in scope of the regime, where it gives rise to a reasonably foreseeable risk of a

199 [Correspondence from the Mental Health Foundation](#), 3 November 2020

200 [Q22](#)

201 [Q139](#)

202 [MISS0057](#)

203 [Q136, Q137 and Q138](#)

204 Department for Digital, Culture, Media & Sport and Home Office, [Consultation outcome Online Harms White Paper](#), [accessed 18 March 2021]

205 [Q177](#)

206 Department for Digital, Culture, Media & Sport and Home Office, [Online Harms White Paper: Full government response to the consultation](#), [accessed 18 March 2021]

207 Department for Digital, Culture, Media & Sport and Home Office, [Online Harms White Paper: Full government response to the consultation](#), [accessed 18 March 2021]

significant adverse physical or psychological impact on individuals.²⁰⁸ Given the extensive evidence found in this inquiry, as well as in academic and Government research, it's clear that there is a link between social media use and poor body image. As such, the Committee is minded to recognise any online content that contributes to the proliferation of negative body image as a 'harm'.

106. The evidence we received on Online Harms legislation and body dissatisfaction noted that body image was not explicitly listed as a 'harm' and so might 'fall between the gaps'.²⁰⁹ Professor Widdows told us that the White Paper has far too little to say on 'body image anxiety' or 'body dissatisfaction' and the related harms.²¹⁰ This is despite the psychological harms that we know can result from negative body image, such as disordered eating consequences, effects on self-esteem, and young girls reporting that body image anxiety holds them back and stops them from speaking up in class or engaging in physical activity.

107. Online abuse and bullying are mentioned throughout the White Paper, but nowhere is appearance-bullying mentioned—despite it being the most prevalent form of bullying.²¹¹ The Mental Health Foundation suggested that the promotion of images, products, and games that present idealised body appearance, such as those that endorse diet products, or apps that encourage young people to 'play' at cosmetic procedures, should fall in scope of the legislation.²¹² Since a central objective of the Online Harms White Paper is to prevent harm to individuals arising on social media platforms, there is arguably potential for the legislation to tackle content that is likely to cause physical, mental or moral harm to individuals, including on the grounds of adversely affecting body image.

108. We sought to reach an understanding of how the legislation will function, and the roles that Parliament, Ofcom and UK Research and Innovation (UKRI) will play in identifying which online harms users need protection from. In regards to this, Oliver Dowden MP, Secretary of State for Digital Culture, Media and Sport, appeared before the DCMS Committee and informed them that "the regulator and others" would give advice on specific harms meaning that harms will be identified. Ministers would then recommend for them to be added to the legislation via the statutory instruments' procedure. This will ensure Parliament will have a say as to what is and isn't regarded as an 'online harm'.²¹³

109. The Nuffield Council of Bioethics told us that online harms legislation will be most effective if social media companies are fully engaged in the process as platforms have the potential to deliver innovative solutions to body image harms encountered online separately from the application of sanctions. It stated that social media companies must recognise their duty of care and should investigate positive and innovative ways of promoting healthy body image and protecting their users from body-image-related harm.²¹⁴ The Centre for Appearance Research supported this and we heard that proposals in the online harms consultation could be useful strategies to apply to body image,

208 Department for Digital, Culture, Media & Sport and Home Office, [Online Harms White Paper: Full government response to the consultation](#), [accessed 18 March 2021]

209 [MISS0009](#)

210 [MISS0009](#)

211 [MISS0009](#)

212 [MISS0008](#)

213 Digital, Culture, Media and Sport Committee, [Q179](#), Oral evidence: The work of the Department for Digital, Culture, Media and Sport, 14 October 2020

214 [MISS0008](#)

however, further consultation with experts and the scientific evidence-base is necessary to ensure any proposals are specific and targeted enough to foster positive body image.²¹⁵ It is important that Ofcom, the regulator, works closely with the UKRI to ensure support for identifying online harms, including in the view of this Committee online harms relating to appearance dissatisfaction.²¹⁶

110. Changing Faces told us that proposals in the Online Harms White Paper will only have the potential to protect people from the harms caused by social media content in regard to body image, if Ofcom commits to working closely with people with a visible difference to understand their experiences.²¹⁷ We agree with this assessment and would like to see Ofcom work closely with the groups described throughout this Report who are at high risk for suffering with poor body image. More generally, for Ofcom to maximise its impact and effectiveness, its work must be user-driven throughout its design and practices, which could include people impacted by negative body image being brought in for co-production workshops when creating processes such as a code of conduct.²¹⁸

Age verification

111. There is currently no robust age verification process in use on social media or download apps.²¹⁹ The British Board of Film Classification told us that the majority of social media platforms state that they require users to be at least 13-years-old. However, a 2016 survey by the BBC found that more than three-quarters of children aged 10 to 12 in the UK have social media accounts, despite the notional age limit. In principle, existing age-verification solutions could be adapted or new solutions developed to verify users are aged 13 or over at the point of registration.²²⁰ When we heard from social media companies in December 2020, they acknowledged this and emphasised that they are keen to engage on the issue of children under the age of 13 accessing their apps. They noted the potential to use the app stores or the devices apps are accessed from as an option to introduce some sort of age verification, but highlighted that this issue needs international cooperation.²²¹ The Mental Health Foundation also highlighted to us that image-editing apps which, as described above, contribute to body image anxieties, are available in app stores and are often labelled as appropriate to people aged 4+ with no checks whatsoever. Apps such as the ‘Body Editor’ and ‘Facetune 2’ have been downloaded over 10 million times and both allows users to change photos with various features including whitening teeth, removing blemishes and pimples, and contouring faces.²²²

112. We questioned the Government on the provisions for age verification in the Online Harms legislation intended to protect children from accessing content that is inappropriate for their age and which could cause negative body image. Minister Dinenage told us that age assurance is the umbrella term for the technology that assesses a user’s age, and that age verification is the most stringent measure as it checks against officially provided data. Less stringent measures are known as age estimation. The Minister informed us that the Government is legislating for companies within the scope of regulation to use

215 [MISS0045](#)

216 [MISS0009](#)

217 [MISS0030](#)

218 [MISS0030](#)

219 [MISS0007](#)

220 [MISS0007](#)

221 [Q155](#)

222 Mental Health Foundation, [Image-editing apps and mental health](#), 2020

age assurance or age verification technology to prevent children from accessing services that pose the highest risk of harm. The legislation acknowledges that suitable technology may not be available currently, but states that it must be used once that technology is much more refined and easily accessible. Examples of age assurance technology include behaviour analytics (where keyboard can accurately tell how old someone is by the way that they type) as well as machine learning which estimates the age of users to check they are old enough to access the platform.²²³

113. The Committee was pleased to see some progress on the Government's Online Harms legislation during our inquiry. We are of the view that any online content and activity that contributes to the proliferation of negative body image is a 'harm'. *The Online Harms Bill should be a legislative priority and the Government should inform us of its proposed timetable within two months. We recommend that harms related to body image and appearance-related bullying are included within the scope of the Online Harms legislation due to the foreseeable risk of a significant adverse physical or psychological impact on individuals who are at risk of developing negative body image.*

114. Despite the number of controls in place on social media platforms, users continuously experience content that, by the platforms' own admission, shouldn't be accessible. *We recommend that the Government should ensure that social media companies enforce their advertising rules and community guidelines and introduce strong sanctions for failing to do so, including but not limited to, significant fines.*

115. We were pleased to hear that the Government recognises the impact social media can have on body image and that it is encouraging social media companies to take more responsibility for the content on their platforms. We are also pleased that social media companies are committed to working with the Government to do more research into the relationship between social media use and body image. *We recommend that the Government works closely with social media companies and academics to ensure that research on social media use and body image are up-to-date, evidence-based, and sufficiently funded.*

116. We welcome Ofcom's role in regulating online harms and Parliament's role in identifying harms. *We recommend that the Government work closely with the UKRI and Ofcom to ensure that online harms legislation sufficiently encompasses protections from harms caused by body image pressures. We also ask that the Government engages with social media companies on developing innovative solutions to protect users from body image harms encountered online, and that Ofcom works with groups at high risk of developing poor body image to ensure the new regulatory system works for them. We ask that the Government takes this recommendation into account in advance of the Online Harms Bill passing into law.*

117. Young people are particularly at risk of developing poor body image, and access to social media and other online content is linked with negative feelings about appearance. *We recommend that the Government ensures that any age verification or assurance processes used by online companies are effective and protect young people from harmful content. We ask the Government to respond to us within 12 months on how effectively age controls have restricted access to harmful content for young people.*

Conclusions and recommendations

The extent, causes and impact of negative body image

1. People face appearance-based discrimination on a daily basis, at work, in schools and in public spaces. Whilst we were disappointed not to hear from the Government Equalities Office on their assessment of appearance-based discrimination, we are pleased that the Government is undertaking research on the relationship between negative body image and certain protected characteristics. Over the past 10 years, both Government and academics have produced a wealth of research and made numerous policy recommendations on how to tackle negative body image for people across the UK. Despite this, Government action in this area continues to be limited. *The EHRC should produce guidance for individuals seeking to use the existing Equality Act legislation to challenge appearance-based discrimination within three months. The Government should widely promote the EHRC's new guidance and publish the proposals resulting from its own research and update us on these within 6 months.* (Paragraph 20)

How can we stop negative body image affecting our mental and physical health?

2. Lockdown has undoubtedly worsened existing body image anxieties and inspired new insecurities for thousands of people across the country. In particular, we are alarmed by the rapidly rising rates in eating disorders and other mental health conditions. The impact of the pandemic, both on eating disorder sufferers and those at a high risk of developing an eating disorder, has been devastating. *We recommend that the Government reviews why eating disorder rates in the UK are rising. Any research undertaken must be inclusive of all groups in which eating disorder rates are rising including men, women, children, older people and BAME groups. We request that the Government respond to us with its findings and policy interventions to tackle these devastating rises within six months.* (Paragraph 45)
3. Many organisations and academics have found that prevention and early intervention are likely to reduce eating disorder rates as well as hospitalisations and deaths. It is important that the alarming rise in eating disorder rates is addressed as the country reopens post-pandemic. *We recommend that in the short term, the Government focuses on rapidly developing early intervention strategies for those with mental health issues related to body image, including eating disorders. Given the high mortality rates associated with eating disorders, and that eating disorder research receives just 96p per person affected annually, ringfenced funding for eating disorder research should be increased to at least £9 per person, the same amount that is spent per person on general mental health research. Funding for eating disorders must be in line with the prevalence and severity of the condition.* (Paragraph 46)
4. We are hugely saddened to hear of the number of people who have faced appearance and weight-based discrimination when accessing NHS services. There is no way to quantify the damage this has done to individuals' mental and physical health. We are not satisfied with the use of BMI as a measurement to evaluate individual health.

It is clear that the use of BMI inspires weight stigma, contributes to eating disorders, and can damage an individual's body image and mental health. *We recommend that the Government urgently commissions research into the extent and impact of weight-based discrimination for people accessing NHS services. PHE should stop using BMI as a measure of individual health and adopt a 'Health at Every Size' approach within twelve months.* (Paragraph 47)

5. The current Obesity Strategy is at best ineffective and at worst perpetuating unhealthy behaviours. It is likely to be dangerous for those with negative body image, including those at risk of developing eating disorders. In the short term, we have specific concerns that calorie labelling will contribute to growth in eating disorders and disordered eating. *The Government should immediately scrap its plans to for calorie labels on food in restaurants, cafes, and takeaways.* (Paragraph 48)
6. We are disappointed to learn that there have been no reviews of the effectiveness of the current or previous obesity strategies, and we cannot support much-criticised and unevaluated weight-loss policies. The Government must only use evidence-based policies in its Obesity Strategy. The Government should urgently commission an independent review of its Obesity Strategy to determine the evidence base for its policies within 3 months. It should publicly report the findings of this review within six months. *We are disappointed to learn that there have been no reviews of the effectiveness of the current or previous obesity strategies, and we cannot support much-criticised and unevaluated weight-loss policies. The Government must only use evidence-based policies in its Obesity Strategy.* (Paragraph 49)

A positive body image for future generations

7. Encouraging positive body image during childhood and adolescence must be a priority. We commend the Government for introducing body image into the RSHE curriculum last year and hope this creates an opportunity for schools to address the concerns young people have about their body image. *We recommend that the Department for Education regularly reviews the new RSHE curriculum to ensure that it is having a positive impact on wellbeing and decreases levels of body dissatisfaction. Additionally, the Department for Education should explore other policy initiatives to encourage schools to take a 'whole school approach' to encouraging positive body image.* (Paragraph 58)
8. Weighing children in primary schools under the National Child Measurement Programme is likely to cause harm to children's mental health and could hinder the development of a positive body image. This is particularly damaging for Black children who are more likely to be incorrectly placed in the overweight or obese categories. *We recommend that the Government urgently reviews the National Child Measurement Programme to ensure it is not creating undue body image pressures in children. The Government should urgently assess the need for the programme and seek other ways to collect this data.* (Paragraph 59)

#NoFilter: is this advert real?

9. The Committee is disappointed about the lack of diversity in adverts both on and offline. We urgently want to see more companies advertising with real images of people from a diverse range of ethnicities, abilities, sexualities, genders, body shapes and sizes. We know that advertising is a powerful driver of consumer behaviour and protecting people from adverts, which can be pervasive online, needs to be a priority if the Government wishes to reduce negative body image. *We recommend that the Government works with companies and the ASA to further encourage the use of diverse and representative images of people in advertising.* (Paragraph 88)
10. We commend the Government for launching a consultation on online advertising in the Spring and are encouraged that the ASA will be consulting on body image as well as racial stereotyping in 2021. *We recommend that the Government works closely with the ASA to ensure its future work on body image is inclusive and that substantial changes are implemented after its consultation.* (Paragraph 89)
11. Whilst the Committee was pleased to see that TfL has taken steps to protect Londoners from advertisements that could promote body dissatisfaction and bolster diverse advertising on their network, we were disappointed it had not been fully evaluated to properly assess the impact of their policy, both on their consumers and their advertising revenues. *We recommend that the Government works with the advertising industry and TfL to consider what impact banning adverts has on protecting people from developing negative body image. It should update us within 6 months.* (Paragraph 90)
12. We were pleased to hear from companies who are committed to advertising their products by using real, honest images. However, a significant number of advertisers continue to rely heavily on image editing. It is clear that the constant bombardment of editing images both on and offline is detrimental to mental health and contributes to the development of poor body image. *The Government should bring forward legislation to restrict or ban the use of altered images in commercial advertising and promotion.* (Paragraph 91)

Body image harms online

13. The Committee was pleased to see some progress on the Government's Online Harms legislation during our inquiry. We are of the view that any online content and activity that contributes to the proliferation of negative body image is a 'harm' *The Online Harms Bill should be a legislative priority and the Government should inform us of its proposed timetable within two months. We recommend that harms related to body image and appearance-related bullying are included within the scope of the Online Harms legislation due to the foreseeable risk of a significant adverse physical or psychological impact on individuals who are at risk of developing negative body image.* (Paragraph 113)
14. Despite the number of controls in place on social media platforms, users continuously experience content that, by the platforms' own admission, shouldn't be accessible. We

recommend that the Government should ensure that social media companies enforce their advertising rules and community guidelines and introduce strong sanctions for failing to do so, including but not limited to, significant fines. (Paragraph 114)

15. We were pleased to hear that the Government recognises the impact social media can have on body image and that it is encouraging social media companies to take more responsibility for the content on their platforms. We are also pleased that social media companies are committed to working with the Government to do more research into the relationship between social media use and body image. *We recommend that the Government works closely with social media companies and academics to ensure that research on social media use and body image are up-to-date, evidence-based, and sufficiently funded. (Paragraph 115)*
16. We welcome Ofcom's role in regulating online harms and Parliament's role in identifying harms. *We recommend that the Government work closely with the UKRI and Ofcom to ensure that online harms legislation sufficiently encompasses protections from harms caused by body image pressures. We also ask that the Government engages with social media companies on developing innovative solutions to protect users from body image harms encountered online, and that Ofcom works with groups at high risk of developing poor body image to ensure the new regulatory system works for them. We ask that the Government takes this recommendation into account in advance of the Online Harms Bill passing into law. (Paragraph 116)*
17. Young people are particularly at risk of developing poor body image, and access to social media and other online content is linked with negative feelings about appearance. *We recommend that the Government ensures that any age verification or assurance processes used by online companies are effective and protect young people from harmful content. We ask the Government to respond to us within 12 months on how effectively age controls have restricted access to harmful content for young people. (Paragraph 117)*

Formal minutes

Tuesday 23 March 2021

Virtual meeting

Members present:

Caroline Nokes, in the Chair

Elliot Colburn

Kim Johnson

Angela Crawley

Kate Osbourne

Alex Davies-Jones

Bell Ribeiro-Addy

Draft Report (*Changing the Perfect Picture: an inquiry into body image*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 117 read and agreed to.

Summary agreed to.

Resolved, That the Report be the Sixth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

[Adjourned until Tuesday 13 April at 3.30 p.m.]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 23 September 2020

Dr Francesca Solmi, Senior Research Fellow, University College London; **Dr Amy Slater**, Associate Professor, Centre for Appearance Research; **Professor Clare Chambers**, Council Member, Nuffield Council on Bioethics [Q1–46](#)

Wednesday 21 October 2020

Danny Bowman, Body Image Panelist, Lived Experience; **Tatyana Anonymous**, Body Image Panelist, Lived Experience; **Kate Roberts**, Body Image Panelist, Lived Experience; **Cassianne Anonymous**, Body Image Panelist, Lived Experience [Q47–72](#)

Dr Marc Bush, Associate Director, YoungMinds; **Catherine Deakin**, Director Communications and Fundraising, Changing Faces; **Dr Antonis Kousoulis**, Director for England and Wales, Mental Health Foundation; **Zoe Palmer**, External Affairs Manager, Girlguiding UK [Q73–85](#)

Wednesday 2 December 2020

Sophie Van Ettinger, Global Vice President, Dove; **Caroline O'Neill**, General Manager, L'Oréal Paris (UK); **Kelly Byrne**, Commercial Director, Nasty Gal, Boohoo; **Kate Dale**, Strategic Lead, Campaigns, Sport England [Q86–111](#)

Malcolm Phillips, Regulatory Policy Manager, Advertising Standards Authority; **Chris Macleod**, Customer and Revenue Director, Transport for London [Q112–132](#)

Wednesday 16 December 2020

Alexandra Evans, Head of Child Safety Public Policy Europe, TikTok; **Henry Turnball**, Head of public policy UK & the Nordics, Snap Inc; **Richard Earley**, UK Public Policy Manager, FACEBOOK inc [Q133–168](#)

Wednesday 27 January 2021

Caroline Dinenage MP, Minister for Digital and Culture, Department for Culture, Media and Sport; **Mark Griffin**, Deputy Director, Creative Economy, Department for Digital, Culture, Media and Sport; **Nadine Dorries MP**, Minister for Patient Safety, Suicide Prevention and Mental Health, Department of Health and Social Care; **Zoe Seager**, Deputy Director for Mental Health Policy and Delivery, Department for Health and Social Care [Q169–214](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

Miss numbers are generated by the evidence processing system and so may not be complete.

- 1 Advertising Association ([Miss0037](#))
- 2 Advertising Standards Authority ([Miss0028](#))
- 3 AnyBody UK ([Miss0054](#))
- 4 Arlt, Professor Wiebke ([Miss0032](#))
- 5 Authority, Advertising Standards ([Miss0067](#))
- 6 Auxtova, Dr Kristina ([Miss0024](#))
- 7 Baglow, Ms M ([Miss0044](#))
- 8 Beat ([Miss0020](#))
- 9 Bell, Dr Beth Teresa (York St John University) ([Miss0031](#))
- 10 Body Dysmorphic Disorder Foundation ([Miss0056](#))
- 11 Boothroyd, Professor Lynda ([Miss0012](#))
- 12 British Board of Film Classification ([Miss0007](#))
- 13 British Universities and Colleges Sport ([Miss0064](#))
- 14 British Youth Council ([Miss0050](#))
- 15 Brown, Nicola (Reader in Female Health, St Mary's University) ([Miss0063](#))
- 16 Busby, Maureen (Founder of PCOS Vitality, PCOS Vitality) ([Miss0032](#))
- 17 Campbell, Christine (Lecturer in Psychology, St Mary's University) ([Miss0063](#))
- 18 Centre for Appearance Research ([Miss0045](#))
- 19 Changing Faces ([Miss0030](#))
- 20 Cheema, Miss Asma ([Miss0003](#))
- 21 Click Off ([Miss0023](#))
- 22 Corazza, Dr Ornella ([Miss0005](#))
- 23 Dann, Dr Charlotte ([Miss0036](#))
- 24 Devon, Natasha ([Miss0049](#))
- 25 Duffy, Dr Fiona (University of Edinburgh) ([Miss0022](#))
- 26 Facebook ([Miss0069](#))
- 27 Evans, Dr Elizabeth ([Miss0012](#))
- 28 Facebook and Instagram ([Miss0039](#))
- 29 Gill, Professor Rosalind ([Miss0060](#))
- 30 Girlguiding ([Miss0059](#))
- 31 Gough, Professor Brendan ([Miss0029](#))
- 32 Government Equalities Office ([Miss0057](#))
- 33 Hamlin, Miss Lucy ([Miss0006](#))

- 34 Heera, Neelam (Founder of Cysters, Cysters) ([Miss0032](#))
- 35 Hughes, Mrs Emma ([Miss0001](#))
- 36 ISBA ([Miss0034](#))
- 37 Internet Association ([Miss0048](#))
- 38 Jacques, Ms Katy ([Miss0012](#))
- 39 Jaye, Cleo (Lecturer in Psychology, St Mary's University) ([Miss0063](#))
- 40 Katz, Dr T (General Practitioner, NHS) ([Miss0015](#))
- 41 L'Oréal UK & Ireland ([Miss0016](#))
- 42 LGB Alliance ([Miss0053](#))
- 43 LGBT Foundation ([Miss0052](#))
- 44 Lewis, Dr Gemma ([Miss0013](#))
- 45 Lewis, Ms Hannah ([Miss0055](#))
- 46 London, Transport for ([Miss0068](#))
- 47 Majumdar, Anne (Senior Lecturer in Nutrition, St Mary's University) ([Miss0063](#))
- 48 Mental Health Foundation ([Miss0019](#))
- 49 Mermaids ([Miss0051](#))
- 50 Models of Diversity ([Miss0017](#))
- 51 Naturists, British ([Miss0066](#))
- 52 Newman, Dr Emily (University of Edinburgh) ([Miss0022](#))
- 53 Not Buying It ([Miss0021](#))
- 54 Nuffield Council on Bioethics) ([Miss0065](#))
- 55 Omrani, Atefeh, (Research Associate in Breast health, St Mary's University) ([Miss0063](#))
- 56 O'Prey, Joanne (Research Assistant in Psychology, St Mary's University) ([Miss0063](#))
- 57 Owen, Craig (Senior lecturer in Psychology, Anglia Ruskin University) ([Miss0063](#))
- 58 Paddock, Ms Danielle (York St John University) ([Miss0031](#))
- 59 Patalay, Dr Praveetha ([Miss0013](#))
- 60 Procter & Gamble ([Miss0038](#))
- 61 Regehr, Dr Kaitlyn (Univeristy College London) ([Miss0026](#))
- 62 Ringrose, Professor Jessica (University of Kent) ([Miss0026](#))
- 63 Ryan, Anne ([Miss0004](#))
- 64 Saville-Hippely, Julia ([Miss0040](#))
- 65 Scottish Women's Convention ([Miss0027](#))
- 66 Shah, Nayan ([Miss0002](#))
- 67 Sharpe, Dr Helen (University of Edinburgh) ([Miss0022](#))
- 68 Sinnott, Ann (Director, Authentic Equity Alliance) ([Miss0062](#))
- 69 Soroptimist International of Woking & District ([Miss0011](#))
- 70 Solmi, Dr Francesca ([Miss0013](#))

- 71 Sporting Equals ([Miss0035](#))
- 72 Stonewall ([Miss0058](#))
- 73 The Children's Society ([Miss0010](#))
- 74 Transgender Trend ([Miss0046](#))
- 75 Treweek, Rt Revd Rachel (Bishop of Gloucester) ([Miss0025](#))
- 76 Twitter ([Miss0070](#))
- 77 UK Models Working Group ([Miss0018](#))
- 78 Widdows, Professor Heather ([Miss0009](#))
- 79 Winkfield, Mrs Lizzie ([Miss0006](#))
- 80 YoungMinds ([Miss0033](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

Session 2019–21

Number	Title	Reference
1st	Unequal impact? Coronavirus, disability and access to services: interim Report on temporary provisions in the Coronavirus Act	HC 386
	Easy read: The Coronavirus law, treating disabled people unfairly? Interim Report on temporary provisions in the Coronavirus Act	HC 386
2nd	Appointment of the Chair of the Equality and Human Rights Commission	HC 966
3rd	Unequal impact? Coronavirus and BAME people	HC 384
4th	Unequal impact? Coronavirus, disability and access to services: full Report	HC 1050
	Easy Read: Unequal impact? Coronavirus, disability and access to services: full Report	HC 1050
5th	Unequal impact? Coronavirus and the gendered economic impact	HC 385
1st Special Report	Body Image Survey Results	HC 805
2nd Special Report	Unequal impact? Coronavirus, disability and access to services: interim Report on temporary provisions in the Coronavirus Act: Government Response to the Committee's First Report	HC 1172
3rd Special Report	Unequal Impact? Coronavirus and BAME People: Government Response to the Committee's Third Report	HC 1286