

# INSIGHTS IN BODY ESTEEM: A survey of Australians' experience of body image and its impact on day to day life

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## Summary

This is the second survey in an annual study aimed at exploring the experiences of those living in Australia, 18 and over, with regard to their body esteem and the impact that these feelings have on their day to day lives.

In late 2017, the Butterfly Foundation conducted its first Insights in Body Esteem Survey and this survey was repeated in September 2019. Again, as with the previous survey, communication about the survey was distributed opportunistically, through Butterfly Foundation networks and social media.

### 1. The sample

A total of 3914 people living in Australia over the age of 18 participated in this survey. Most respondents were aged between 19 and 30 (61.9%). This was comparable to the 2017 survey with 59.2% of respondents reporting they were aged between 19 and 30. Also, as with the 2017 survey the vast majority of respondents identified as female (96%). Respondents were located throughout all the states and territories of Australia.

While respondents recorded their cultural identity in an open text box, these were then coded using the Australian Standard Classification of Cultural and Ethnic Groups (ABS 2017). Just over half (51.5%) of the sample identified as 'Oceanic'. Twenty-nine people (0.7%) in the sample identified as Aboriginal or Torres Strait Islander.

Almost 75% of the sample were engaged in either part or full-time employment, and almost 30% in part-time or full-time study.

### 2. Lived experience of mental health issues and eating disorders

82.2% of the respondents who answered the question about experiences of particular mental health concerns reported having suffered from either depression, anxiety or problems with alcohol / other drug use. Almost 60% reported having experienced more than one mental health issue during their lifetime.

Approximately one-in-three of the participants who answered the question about lived experience of an eating disorder had been diagnosed with an eating disorder during their lifetime, which was higher than the 2017 sample.

### 3. The importance of appearance

Commensurate with the results from the previous survey, respondents in the 2019 survey also overwhelmingly indicated that appearance was important to them, with almost 71% of the sample rating the importance of their appearance as either 'important' or 'very important'. When looking at the importance of appearance in the context of respondent's lives, 66.8% believed it was either 'very' or 'extremely' like them to spend a lot of time thinking about weight and shape. A greater percentage of respondents believed it was 'very or extremely' like them to see being 'slim' as important to them (55.2%) compared to being 'muscular' (20.5%). Overall, there were a considerable number of people putting effort into the pursuit of changing their body shape, which was similar in number and pattern to the previous survey results. The findings show that the importance of appearance did decline over age.

### 4. Time spent thinking about appearance

Respondents were also asked about the time they spent thinking about the concerns they have with their body. 58.1% were thinking about these concerns 'most of the time' or 'always'. The results showed that the greater the level of concern with their appearance, the greater the amount of time the respondents spent thinking about appearance.

## 5. Satisfaction with appearance

In terms of satisfaction with appearance, although nearly one-third felt neutral about their appearance, overall, there was a high level of dissatisfaction with appearance, with 48.1% reporting they were currently 'dissatisfied' or 'very dissatisfied'. This is consistent with the previous survey findings. Similar to the 2017 survey, dissatisfaction was prevalent across the age ranges, with close to 30% or more in each age group being dissatisfied with their appearance. Contrary to the 2017 findings, there was a significant difference between the age groups in their current level of body satisfaction.

In terms of dissatisfaction with current appearance, 53.5% of respondents who identified as 'gender expansive' reported that they were either 'very dissatisfied/ dissatisfied'. This is compared with 43.3% of respondents who identified as male and 48.2% who identified as female. None of the respondents who identified as 'gender expansive' reported being 'very satisfied' with their current appearance.

Respondents who reported being either anxious or depressed were also more likely to be 'very dissatisfied' or 'dissatisfied' with their current appearance, than those who reported they did not suffer from anxiety or depression.

## 6. What influences people's own perception of their appearance

In all of the age groups, respondents believed their 'own perception' of their body had the biggest impact on how they felt about their appearance. With regard to age differences the greatest percentage of 19-30 year old respondents compared themselves to people on social media, wished they looked like these people and would try to change themselves to achieve this look. The findings suggested that as people get older, they are less likely to compare their appearance or want to look like other categories of role-model.

## 7. Diagnosis with an eating disorder and importance of appearance

The association between diagnosis of an eating disorder and importance of appearance was significant with respondents who were diagnosed with an eating disorder rating appearance to be significantly more important than those who did not have a diagnosed eating disorder.

The importance of appearance was compared for those with a diagnosed eating disorder (27.9%) compared to no diagnosed eating disorder (72.15%). Nearly 50% of those who had been diagnosed with an eating disorder rated appearance to be 'very important' in comparison to just over 25% in the group who had not received a formal eating disorder diagnosis. Irrespective, in both groups, a substantial number of participants rated appearance to be 'important' or 'very important'; 73.5% in the no diagnosis group and 85.1% in the group with a diagnosed eating disorder.

## 8. Impact of appearance on life

The findings show that the way people feel about their appearance has a large impact on their overall lives. Between 50-60% of participants responded that the way they feel about their appearance 'always' or 'often' (1) changes the way they exercise and eat, (2) makes them feel sad or angry at themselves. For almost 50% of respondents it also impacts their confidence at work or school 'always' or 'often'. For nearly two in five people, how they felt about their appearance stopped them from doing things they enjoyed. For one-third of people, the way they feel about their appearance stops them from seeing particular people or making new friends 'always' or often'.

## 9. Impact of body esteem on food related behaviour

For respondents who had not been diagnosed with an eating disorder just over 30% 'stopped eating certain foods because they are bad' 'most of the time' or 'always'. This compared to almost 60% of respondents with a diagnosed eating disorder. Whilst dieting 'most of the time' or 'always' was common among those without an eating disorder (34.5% of respondents), just over 60% of those with an eating disorder reported dieting 'most of the time' or 'always'. 'Avoiding eating' because of the way you feel about your body, was common among those with an eating disorder, with 54.8% reporting doing this 'most of the time' or 'always'. Close to 20% of the non-eating disorder population also endorsed doing this 'most of the time' or 'always'. 'Using food as a way to feel good' was the one behaviour which respondents in both the eating disorders group (39.5%) and non-eating disorders group (37.5%) were more equally likely to participate in 'most of the time' or 'always'.

## 10. Bullying and body image

65.5% of the respondents reported they had been teased or bullied because of the way they looked. The prevalence of bullying / teasing about the way you look had been experienced by 61.5% of females, 72.4% of males and 79.5% of gender expansive respondents. All genders experienced a very high level of bullying, with 'being called names' and 'being laughed' at because of the way a person looks being the most commonly experienced type of bullying across the genders. Those who had experienced higher levels of distress as a result of bullying/ teasing, were those who had lower levels of satisfaction with their appearance.

## 11. Seeking help

Of all the respondents over the age of 18, 51.5% reported that they had spoken to someone about the way they feel about their appearance. 25.9% of respondents had never spoken to anyone. A greater percentage of females reported speaking to someone (51.7%) than males (36.4%).

Respondents were asked where they would go to seek help in the future about body image and the way they feel about their appearance. The most frequently endorsed sources were the internet (43.6%) and a health professional/s (38.3%).

## Introduction

This study is the second in an annual 'Insights in Body Esteem Survey' aimed at understanding the experience of those living in Australia, 18 and over in relation to their body esteem, and the impact these feelings have on their day to day lives. The purpose of this study is to contribute to an understanding of body image in Australia, and also guide the development of effective engagement practices in the prevention of poorer health outcomes related to body dissatisfaction.

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

The survey was repeated in September 2019 and the current report discusses the findings from this survey and also provides a comparison between the current findings and the majority of findings from the previous survey.

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

Due to the sampling methods utilised, caution needs to be taken when interpreting and generalising these results to the entire population. The sampling method resulted in a sample with a higher prevalence of eating disorders and other mental health issues than what would normally be found in the general population. This could potentially have resulted in higher correlations/ greater significance of some results than what may be otherwise be expected. Effort has been made in a number of analyses to distinguish between those with a diagnosed eating disorder and those without. However, due to the sampling, it still may well be the case that those without a diagnosed eating disorder have only become aware of the survey due to an interest in this area. The sample is also predominantly female. Where possible analyses have been conducted to explore the relationship between body esteem and other gender identities. In future years, it would be beneficial to sample more broadly to gain a greater representation of the general population.

### How did they find out about the survey?

A total of 3161 of the possible 3914 completed this question on where they had found out about the survey.

	Number respondents	Percentage of total respondents
Butterfly Social Media	1236	39.10
Sportsgirl	922	29.17
Other Social Media	482	15.25
Butterfly website	149	4.71
Radio	1	0.03
Newspaper	4	0.13
ReachOut	17	0.54
Headspace	25	0.79
School	2	0.09
Other	322	10.19

The other sources included: YouTube, Instagram, emails from colleagues, friends, Facebook, an ABC article, ABC news, Twitter, batyr, the Butterfly email list, health services, Eating Disorders Foundation Australia, COORDINARE website, google search, LinkedIn, local gyms, Mental Health Australia, Olivia Molly Rogers' Instagram story, the RU OK website, university study, Triple J Hack website, QMS media, wellness workshops, work and Youth Focus.

## Results

A total of 3914 people living in Australia over the age of 18 participated in the online survey.

Respondents were required to be over the age of 18 and chose from available age brackets rather than identifying their exact age. Most commonly respondents were aged between 19 and 30 (n=2422; 61.9% of sample). This was comparable to the 2017 survey with 59.2% of respondents reporting they were aged between 19 to 30.

Gender was categorised based on how respondents identified. The term 'gender-expansive' has been used in this report to reflect those who identified as; non-binary, transgender or not listed. The vast majority of respondents identified as female (96%); only a small minority identified as 'gender expansive' (n=47, 1.2%). This was comparable with the 2017 survey where 94.1% identified as female and 1.2 identified as 'gender expansive'

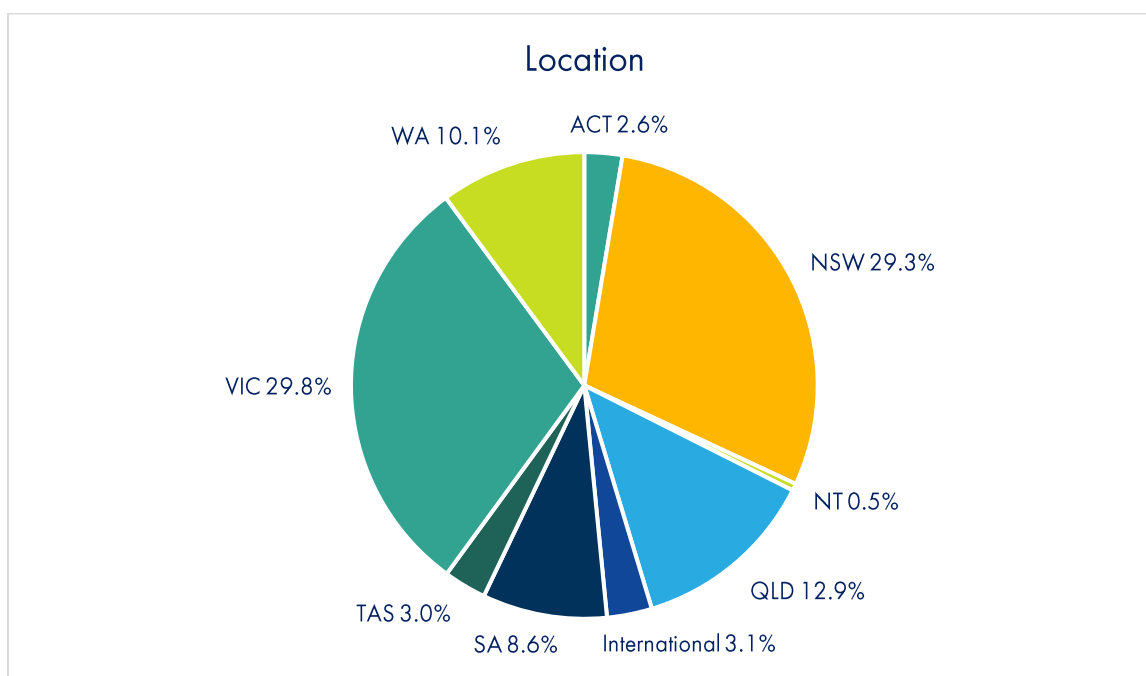
### Age and Gender Identity

Age groups	Total	Female	Male	Gender Expansive	Missing data on gender identity	Total %
19 to 30	2422	2349	44	27	2	61.9
31 to 45	898	857	31	10	0	22.9
46 to 60	524	487	29	8	0	13.4
Over 60	70	65	3	2	0	1.8
<b>Total</b>	<b>3914</b>	<b>3758</b>	<b>107</b>	<b>47</b>	<b>2</b>	
<b>Total %</b>	<b>100%</b>	<b>96%</b>	<b>2.7%</b>	<b>1.2%</b>	<b>0.1%</b>	

## Location

Respondents were located throughout all the states and territories of Australia in a manner broadly similar to the population distribution (Australian Bureau of Statistics, 2019) and comparable to the participants from the 2017 survey.

Figure 1 Sample population distribution



## Cultural Background

Respondents were allowed to provide their cultural identity in an open-text field, these were then coded using the Australian Standard Classification of Cultural and Ethnic Groups (Australian Bureau of Statistics, 2017). Of the 3914 participants, n=717 (18.3%) did not respond to this question. Table 1 lists the breakdown of the cultural identity of participants. Just over half (n=2016; 51.5%) of the sample identified as 'Oceanic', with the largest minorities identifying as North-west European (n=254; 6.5%) or Caucasian (n=264; 6.7%). Just under ten percent of participants identified as having a mixed cultural identity (n=331; 8.5%). Twenty-nine people (0.7%) of the sample identified as Aboriginal or Torres Strait Islander.

Table 1 Cultural identity<sup>1</sup>

<sup>1</sup> Answers were coded using Australian Standard Classification of Cultural and Ethnic Groups

	Number of Participants (Total=3914)	Percentage of participants
Oceanic (only) – including Australian	2016	51.5
North West European (only)	254	6.5
South East European (only)	121	3.1
North African and Middle Eastern (only)	22	0.6
South East Asian (only)	15	0.4
North East Asian (only)	19	0.5
South and Central Asian (only)	19	0.5
People of the Americas (only)	27	0.7
Sub-Saharan Africa (only)	15	0.4
Caucasian (not otherwise defined)	264	6.7
European (not otherwise defined)	82	2.1
Asian (not otherwise defined)	12	0.3
Mixed heritage	331	8.5

## Health

### 1. Experience of particular mental health concerns

From Table 2 it can be seen, that of the 3179 participants (81.2% of the complete sample) who responded, 82.2% (n=2613) reported having suffered from either depression, anxiety or problems with alcohol /other drug use. Almost 60% reported having experienced more than one of the listed mental health issues during their lifetime.

Table 2 Experience of mental health issues (limited to depression, anxiety or alcohol/other substance use)

Disorder*	Number of participants (n=3179)	Percentage of participants
Mental health issue (either anxiety, depression or substance use)	2613	82.2
Depression	1970	62.0
Anxiety	2373	74.6
Alcohol or other substance use	513	16.1
More than one of the listed mental health disorders	1844	58.0

\* This information was provided as self-report and clinical assessment tools were not used as part of the survey

### 2. Eating disorder diagnosis of those with a lived experience

Of the total sample, 3180 respondents completed this question (81.2% Completion). Of those who did respond to this question, approximately one-in-three (n=1091, 34.3%) reported they had been diagnosed with an eating disorder during their lifetime, which is higher than the 2017 sample (22.5%). Table 3 shows the most frequently reported eating

disorder in 2019 was Anorexia Nervosa, with 22.0% (n=699) of the respondents indicating they had received this diagnosis during their lifetime. Just over one-in-ten (n=334, 10.5%) of respondents had received more than one eating disorder diagnosis.

Of all the respondents, n=734 (18.8%) did not provide a response to this question.

Table 3 Number and percentage of respondents who completed this question who reported having an eating disorder (or no eating disorder)

Diagnosis	Number of participants	Percentage of those who responded to this question (n=3180)
Anorexia Nervosa	699	22.0
Bulimia Nervosa	364	11.4
Binge Eating Disorder	203	6.4
Other (ARFID, OSFED, EDNOS, Orthorexia etc.)*	228	7.2
Multiple Diagnoses over time	334	10.5
Never been diagnosed with an eating disorder	2111	66.4

\*ARFID = Avoidant Restrictive Food Intake Disorder

\*OSFED = Other Specified Feeding or Eating Disorders

\*EDNOS = Eating Disorder Not Otherwise Specified

From Table 4 it is clear, that of those with lived experience of an eating disorder, Anorexia Nervosa was the most commonly experienced eating disorder (n=420, 38.5%), followed by those with the experience of multiple diagnoses (n=334, 30.6%). The percentage of those with Anorexia Nervosa and 'Multiple Diagnoses over time pattern' is similar to 2017. However, the number of respondents in 2019 who report experiencing Binge Eating Disorder (only) (n=82, 7.5%) has declined since 2017 (17.2%). This is largely due to an increased endorsement of the diagnosis of Eating Disorder NOS (13.6% in 2019 vs. 1.1% in 2017).

Table 4 The number (and percentage) of those with the lived experience of an eating disorder, reporting the disorder listed

Disorder	Number of respondents	Percentage of lived experience (N=1091)
Anorexia Nervosa (Only)	420	38.5
Bulimia Nervosa (Only)	107	9.8
Binge Eating Disorder (Only)	82	7.5
Eating Disorder NOS (only)	148	13.6
Multiple Diagnoses over time	334	30.6



### 3. Co-morbidity between Eating Disorders and other mental health issues

Of the participants who reported having been diagnosed with an eating disorder during their lifetime (n=1091), the vast majority (96.7%, n=1055) reported having experienced either anxiety, depression or alcohol/ other substance use issues (see Table 5).

Table 5 Co-morbidity between a diagnosed eating disorder and other mental health issues in this sample

Diagnosis	Number of participants (n=1091)	Percentage of sample with a diagnosed eating disorder (n=1091)
Mental health issue (either anxiety, depression or substance use)	1055	96.7
Depression	931	85.3
Anxiety	999	91.6
Alcohol or other substance use	250	22.9
No other mental health issues	35	3.2

### 4. Self-rating of health

The majority of respondents provided a response for this question (81.2%, n=3179) which can be seen in Table 6. The majority of respondents reported their health to be average (38.1%, n=1210) or good (35.5%, n=1129). This was not dissimilar to the sub-sample of respondents with a diagnosed eating disorder. The overall health ratings for the 2019 sample, were comparable to the 2017 sample where the majority of respondents also self-reported their health as being average (37.2%) to good (35.3%).

Table 6 Self-reported overall health rating for all respondents and those with a diagnosed eating disorder

Self-rating of health	Percentage (and number) of overall number (n=3179)	Percentage (and number) of those with an Eating Disorder (n=1090)
Very poor	3.1 (n=99)	4.8 (n=52)
Poor	14.3 (n=456)	22 (n=240)
Average	38.1 (n=1210)	38.3 (n=418)
Good	35.5 (n=1129)	28.7 (n=313)
Very good	9.0 (n=285)	6.1 (n=67)

## Education and Employment

### 5. Employment and Education Status by Age Group

It can be seen in Table 7 that almost 75% (74.0%, n=2896) were engaged in either part or full time employment, and almost 30% in part or full time study (29.1%, n=1139). Nearly 2% (1.7%, n=68) of people were in the role of a carer/ full-time domestic duties and 8.6% (n=336). A total of 10% of the sample were either retired/ pension (1.4%, n=55) or for some alternative reason were not involved in work or study in any capacity (8.6%, n=336). The work/ study profile

of the 2019 sample, is almost identical to the 2017 sample, where almost 75% (74.2%) were involved in some form of employment, and 25% in some form of study.

Table 7 Employment and Education Status by age group

Employment/ education status	Percentage of age range				Total (3914)
	19-30 (n=242)	31-45 (n=898)	46-60 (n=524)	Over 60 (n=70)	
Full time employment	39.3 (n=953)	50.8 (n=456)	46.9 (n=246)	17.1 (n=12)	42.6 (n=1667)
Part time employment	33.2 (n=805)	28.1 (n=252)	30.1 (n=158)	20.0 (n=14)	31.4 (n=1229)
<b>Total</b>	<b>72.6 (n=1758)</b>	<b>78.8 (n=708)</b>	<b>77.1 (n=404)</b>	<b>37.1 (n=26)</b>	<b>74.0 (n=2896)</b>
Full time student	31.7 (n=768)	5.1 (n=46)	2.9 (n=15)	1.4 (n=1)	21.2 (n=830)
Part time student	9.9 (n=240)	5.9 (n=53)	3.1 (n=16)	0	7.9 (n=309)
<b>Total</b>	<b>41.6 (n=1008)</b>	<b>11.0 (n=99)</b>	<b>5.9 (n=31)</b>	<b>1.4 (n=1)</b>	<b>29.1 (n=1139)</b>
Retired/Pension (including DSP)	0.3 (n=7)	0.8 (n=7)	3.2 (n=17)	35.7 (n=25)	1.4 (n=56)
Not currently studying or in paid employment	6.3 (n=152)	10.9 (n=98)	13.0 (n=68)	25.7 (n=18)	8.6 (n=336)
Carer/ full-time domestic duties	0.9 (n=21)	3.8 (n=34)	2.3 (n=12)	1.4 (n=1)	1.7 (n=68)
<b>Total</b>	<b>7.4 (n=180)</b>	<b>15.5 (n=139)</b>	<b>18.5 (n=97)</b>	<b>62.9 (n=4)</b>	<b>11.8 (n=460)</b>
Full time employment and full time study	1.7 (n=42)	0.6 (n=5)	0	0	1.2 (n=47)
Full time employment and part time study	2.3 (n=56)	1.2 (n=11)	0.2 (n=1)	0	1.7 (n=67)
Full time study and part-time employment	12.8 (n=310)	0.8 (n=7)	0.2 (n=1)	0	8.1 (n=318)
Part time study and part time employment	4.7 (n=113)	1.8 (n=16)	1.0 (n=5)	0	3.4 (n=134)

## Engagement

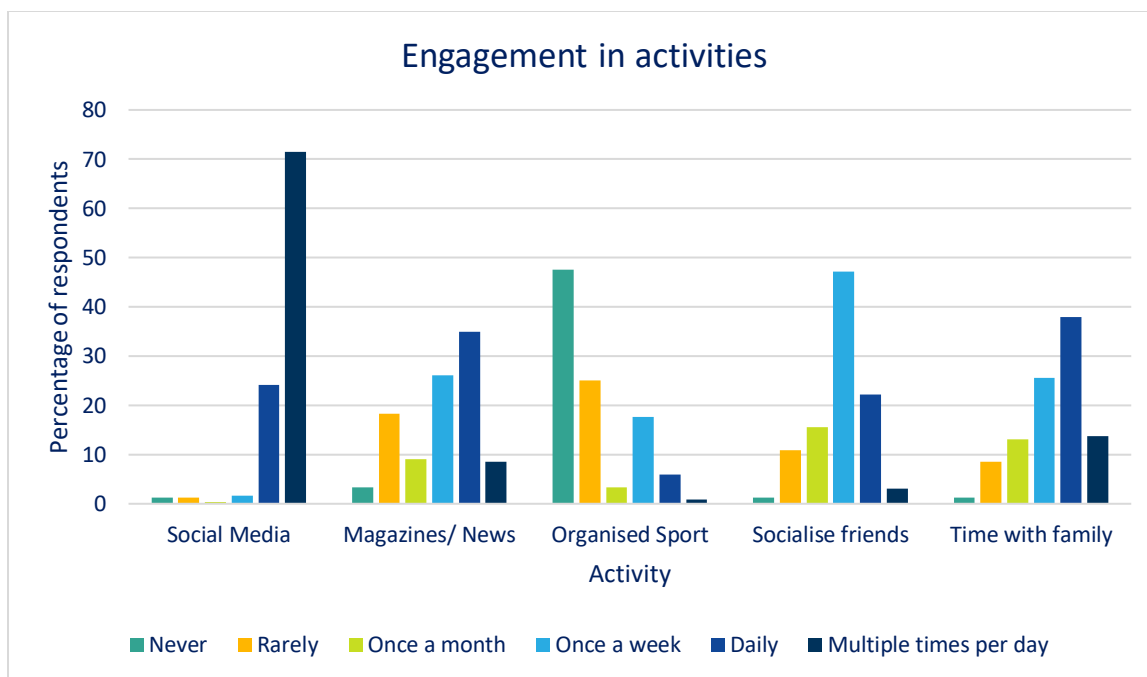
The vast majority of the participants (99.9%, n=3910) provided a response with regard to the frequency within which they participated in a different list of activities presented in Table 8. These activities included 'Using social media' (e.g.

Facebook, Instagram, Twitter), 'Reading magazines or news' (i.e. online or in print), 'playing organised sports', 'socialising with friends' or 'spending time with family'.

Participants most frequently endorsed using social media at least daily (95.6%, n=3739), with a large majority reporting using it multiple times per day (71.5%, n=2794). The activity which participants were most likely to report they 'never' engaged in, was playing organised sport (47.5%, n=1848). Over half of the participants reported weekly, or more frequent engagement with family (77.2%, n= 3012), friends (72.4%, n=2826) or reading magazines/newspapers (69.5%, n=2712).

Participant's engagement in the world around them in the 2019 sample was similar to the 2017 sample in terms of the use of social media. By contrast, in 2019 the second activity with which participants reported engaging 'daily or multiple times per day' was spending time with family (51.6%, n=2014), where in 2017 it was reading magazines/newspapers (52.9%).

Table 8 Engagement type by frequency



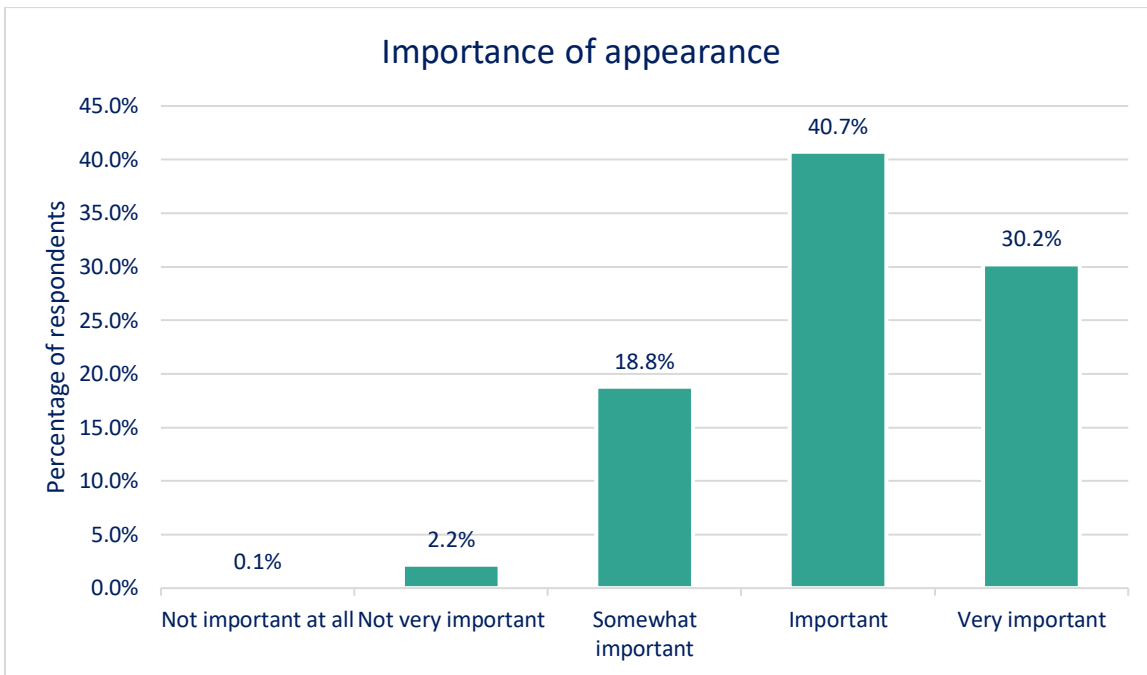
## Findings Summary

### Importance and Attitudes

#### 6. Importance of Appearance

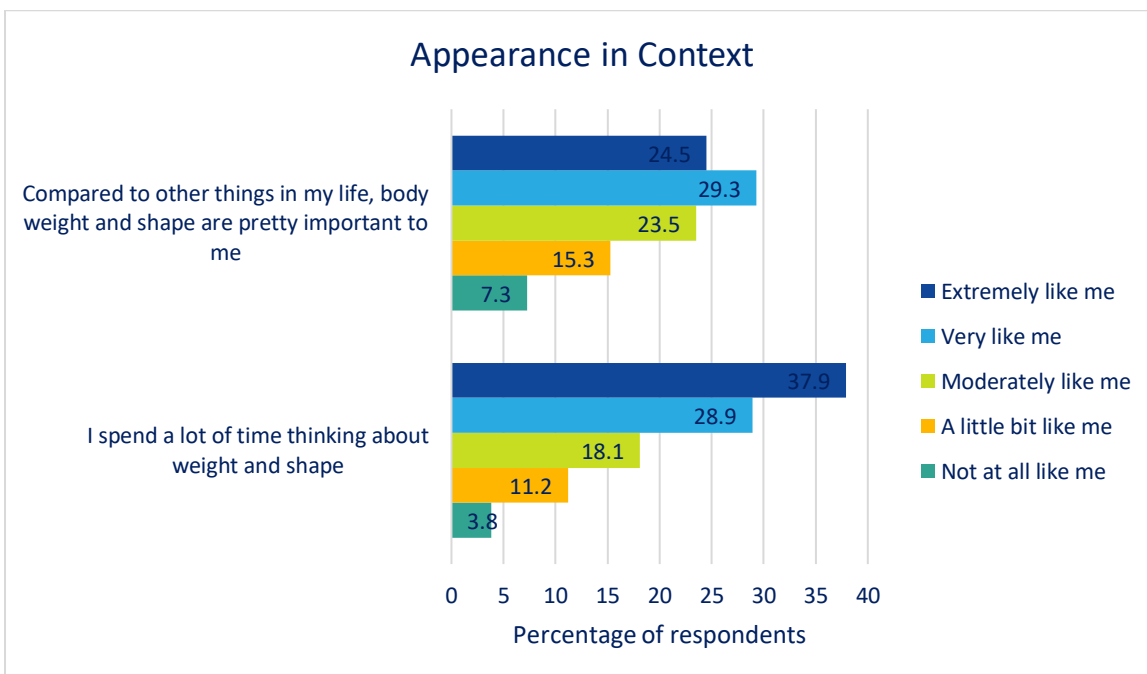
Commensurate with the results from the 2017 survey, respondents in the 2019 survey also overwhelmingly indicated that appearance was important to them, with almost 71% of the sample (70.9%, n=2775) of the 3601 participants who completed this question, rating the importance of their appearance as either 'important' or 'very important'. Only 2% (2.3%, n=90) reported that their appearance was 'not very' or 'not at all' important.

Figure 1 Importance of own appearance



When looking at the importance of appearance in the context of respondent's lives, 66.8% (n=2404) believed it was either 'very' or 'extremely' like them to spend a lot of time thinking about weight and shape. Just over half (53.8%, n=1935) believed it was 'very' or 'extremely' like them to consider weight and shape as important compared to other things in their life. The results of this survey once again being consistent with the 2017 survey results.

Figure 3 Appearance importance in context



## 7. The importance and effort in being slim and muscular

From Figure 2 it can be seen that a greater percentage of respondents believed it was 'very or extremely' like them to see being 'slim' as important to them (55.2%, n=1980), compared to being 'muscular' (20.5%, n=736). This result is reflected in the effort placed into achieving these outcomes, with 46% (n=1656) endorsing it would be 'very' or 'extremely' like them to put effort into being 'slim' in comparison with 19.4% (n=695) putting effort into being 'muscular'.

Overall, there were a considerable number of people putting effort into the pursuit of changing their body shape, which was similar in number and pattern to the 2017 survey results.

Figure 2 Importance and effort in being slim or muscular

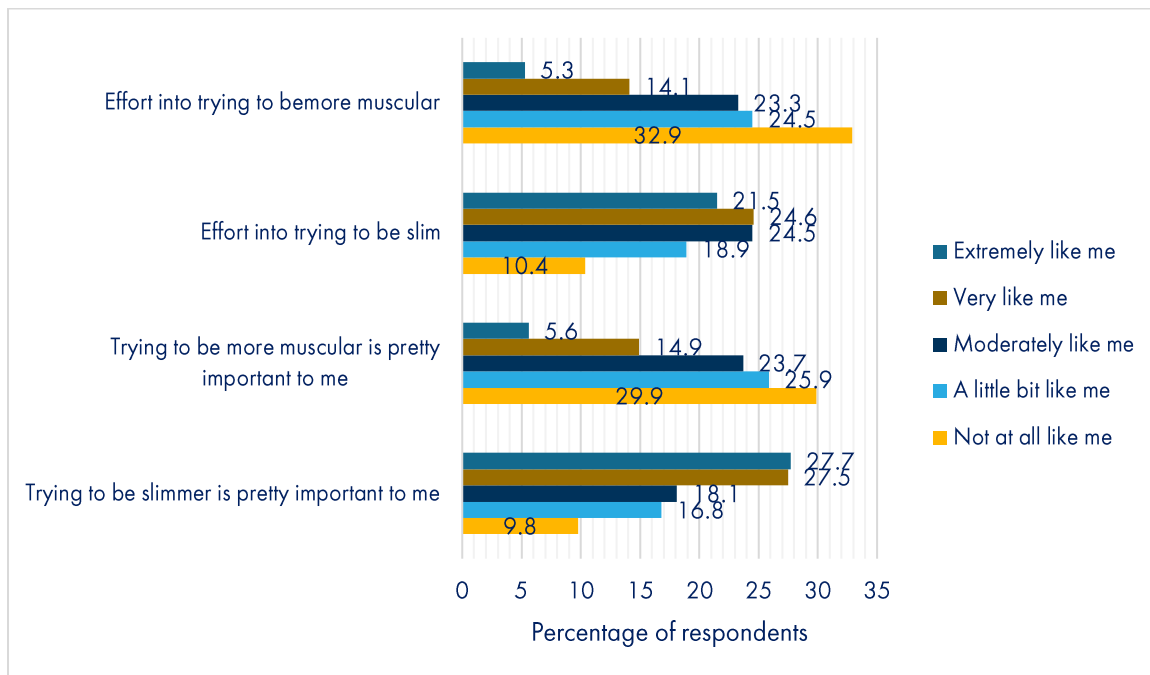
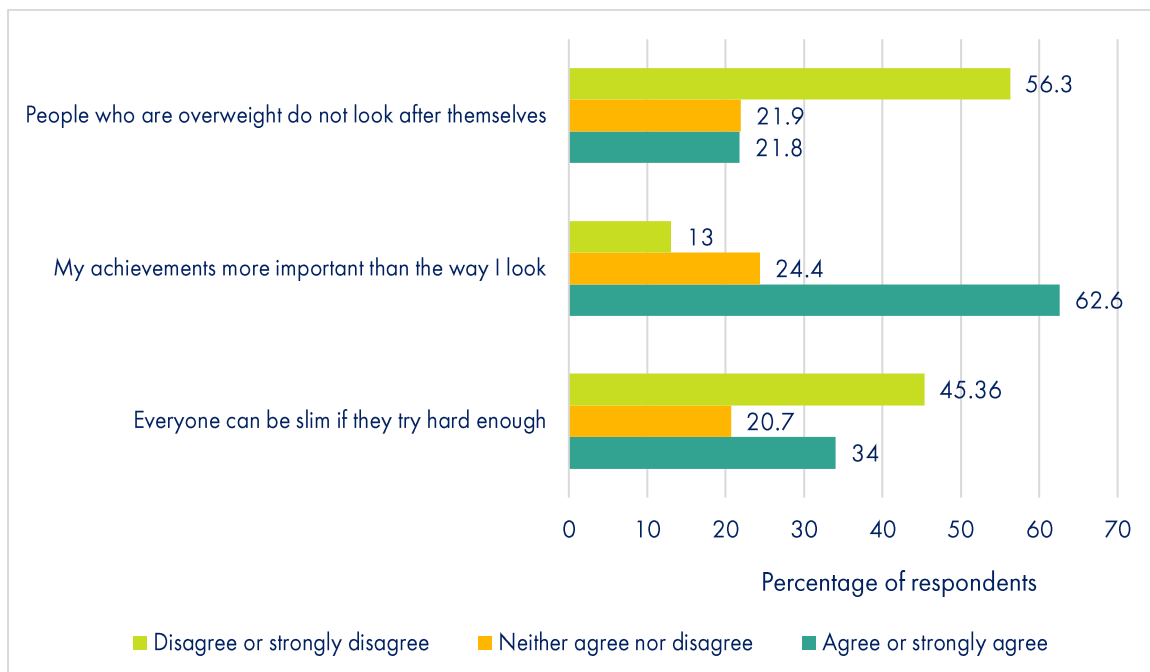


Figure 3 Agreement with statements about appearance and weight



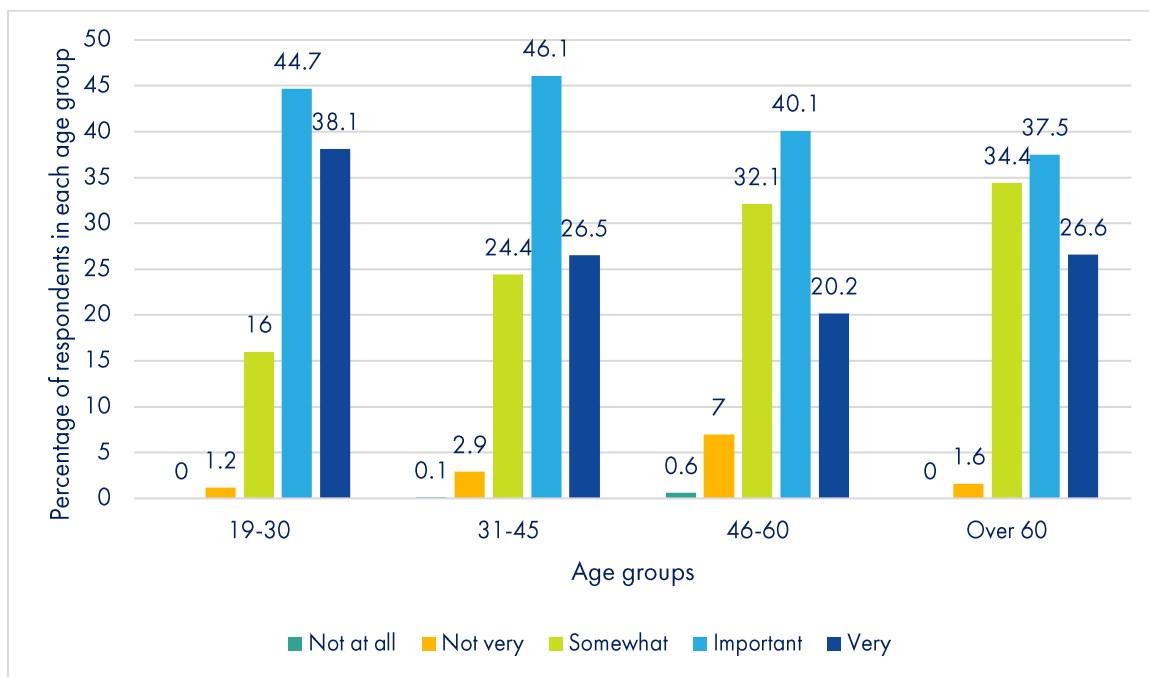
Further attitudes toward appearance in general were also explored. Figure 3 shows that although the majority do not believe that 'people who are overweight do not look after themselves' (56.3%, n=1836) there are a significant proportion who do believe this statement (21.8%, n=711). About a third of the sample believed that 'everyone could

be slim if they tried hard enough' (34%, n=1109). Nearly two-thirds of the sample believed their 'achievements were more important than the way they looked' (62.6%, n=2043). The level of agreement with these statements is very similar to the views held by the respondents surveyed in 2017.

## 8. Importance of own appearance by age

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

Figure 4 Importance of appearance by age group



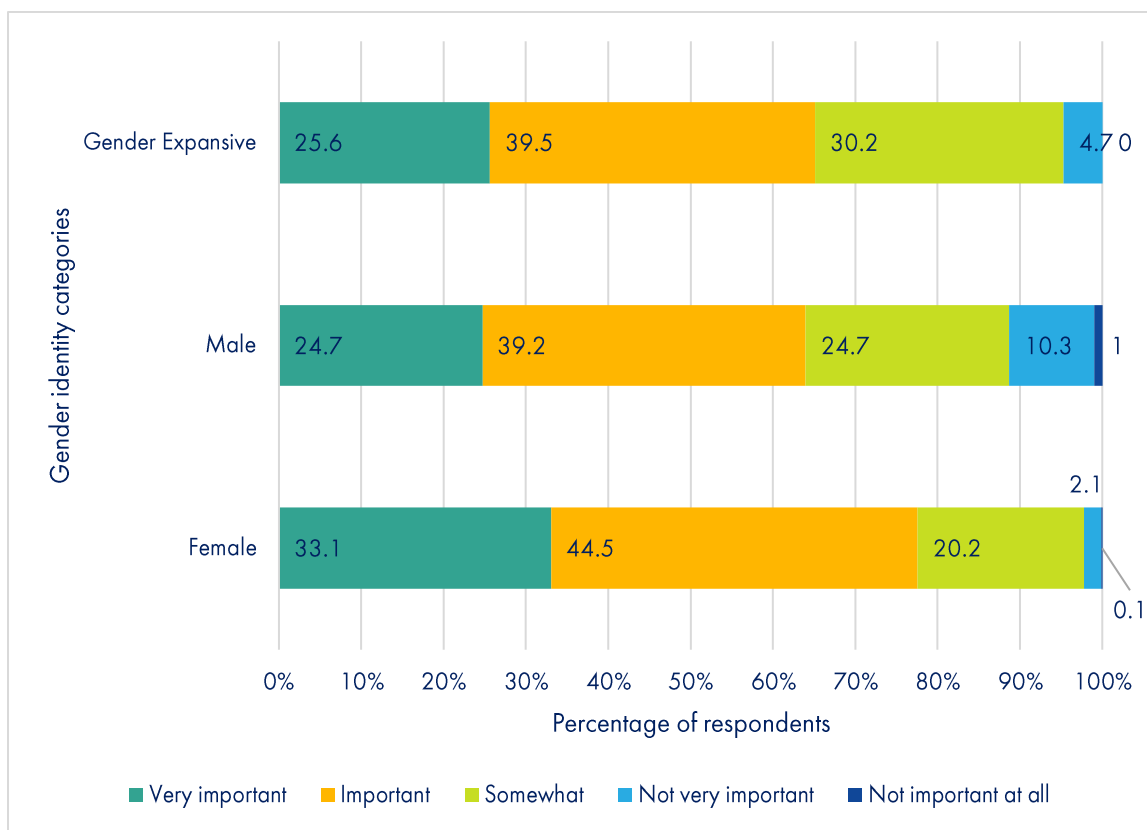
Over the age groups there is a gradual decline in the proportion of respondents who believe appearance is 'important' or 'very important'; that is 82.8, 72.6, 60.3 and 64.1 percent respectively from the 19-30 to the over 60 age range.

A one-way between subjects ANOVA was conducted to compare the difference in the importance of appearance over the age groups. As the homogeneity of variance assumption was violated the Welch test was used to test for significance. Contrary to the 2017 survey results, there was a significant difference found in the importance of appearance over the age groups ( $p < 0.001$ ). Post-hoc comparisons using the Games-Howell test indicated that the 19-30 year old's rated appearance to be significantly more important than all other age groups ( $p < 0.05$ ). Between the age groups there were also significant differences. With the 19-30 year old's rating appearance as more important than the 31-45 age group ( $p < 0.05$ ); the 31-45 rating appearance as more important than the 46-60 year olds ( $p < 0.05$ ). There was no significant difference between the 46-60 and over 60 age group in this sample ( $p = 0.423$ ).

## 9. Appearance importance and gender identity

The importance of appearance to respondents in relation to their gender identity was explored. It is important to note, that the numbers in these groups were largely disparate; with 3459 females, 97 males and 43 gender expansive respondents providing valid data on the question of the importance of appearance. Of the females, 77.6% thought appearance was 'important' or 'very important'. This percentage was greater than those who identified as male or gender expansive with 63.9% and 65.1% respectively rating appearance as 'very important' or 'important'. These figures are similar in order (highest to lowest: female, gender expansive, male) and magnitude to the 2017 survey results.

Figure 5 Importance of appearance by gender identity



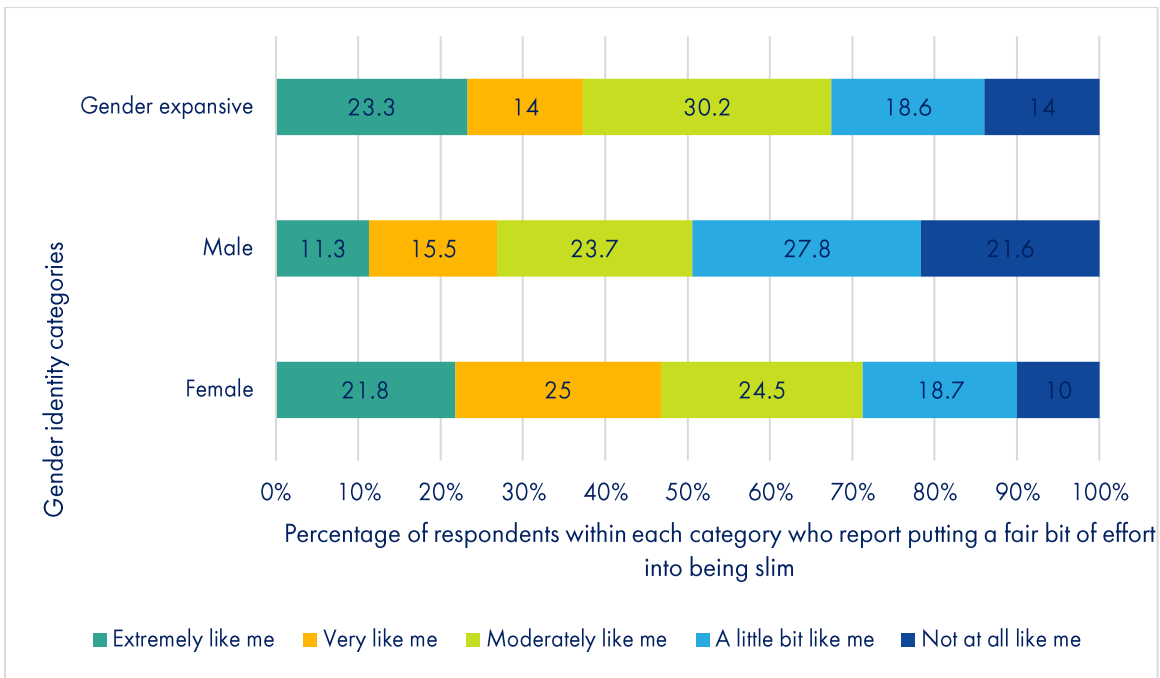
It can be seen in Figure 5 that females were more likely to rate the importance of appearance as ‘important’ or ‘very important’ than those who identified as male or ‘gender expansive’. The Welch test was used to determine if there was an overall significant difference between groups, of which there was ( $F(2,3596)=6.42, p=0.003$ ). Reflective of the above figure, the difference between females and the latter two categories was found to be significant ( $p=0.002$ ). There was no difference between the respondents who identified as male or gender expansive in how important appearance was to them.

Different aspects of appearance were explored in relationship to gender identity. In particular, the effort respondents reported they put in to trying to be slim or muscular.

Figure 6 shows the relationship between gender identities and whether they would put a ‘fair bit of effort into trying to be slim’. The Welch test was used to determine if there was a significant difference between groups; a significant overall difference was found ( $F(2, 80.37) = 11.35, p < 0.001$ ).

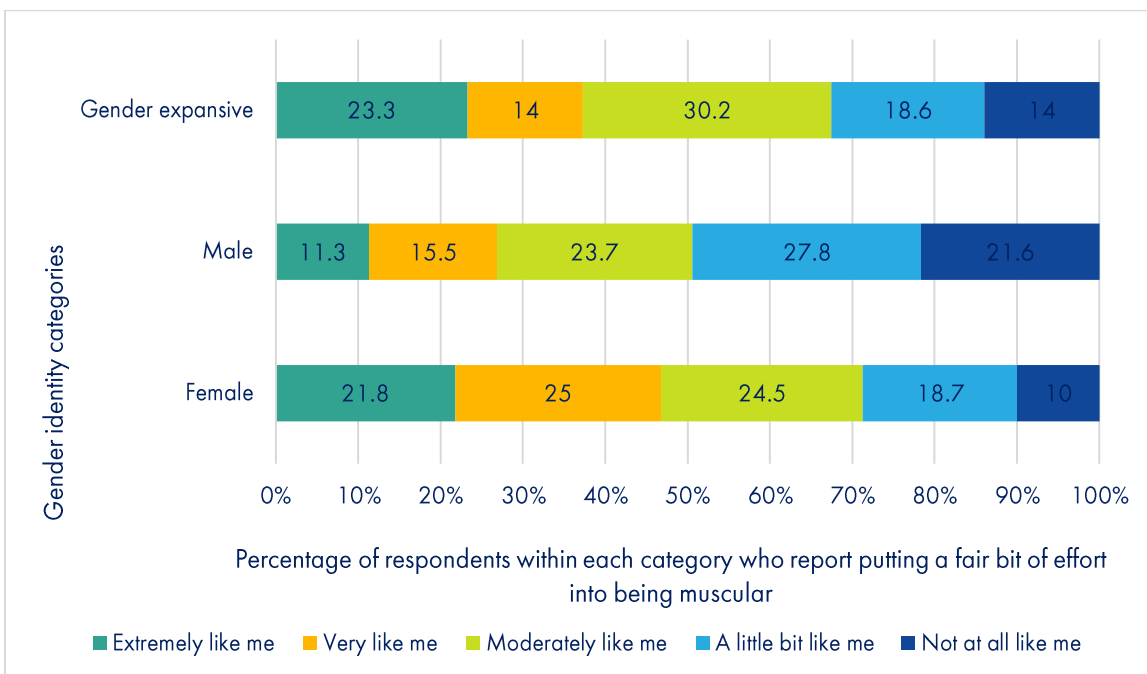
It is evident from this figure that females were more likely than those who identified as male or ‘gender expansive’ to report it was ‘extremely’ or ‘very’ like them to put a fair bit of effort into being slim. This difference was found to be significant ( $p=0.002$ ). This difference may be accounted for by females reporting it was significantly more like them to put effort into being slim than males ( $p < 0.001$ ). There were no significant differences between those who identified as male and gender expansive ( $p=0.140$ ) or female and gender expansive ( $p=0.727$ ). Significant differences between gender-identities and the self-reported effort to be slim were not found in the 2017 sample.

Figure 6 Relationship between gender identity and effort to be slim



There were no significant differences between gender groups in how likely it would be for them to put effort into trying to be muscular ( $F(2, 3584) = 1.399, p = 0.247$ ). Figure 7 shows what percentage of each gender identity group reported how like it was of them to 'put a fair bit of effort into trying to be muscular'. There was also no significant difference between gender identities in the self-reported effort to be muscular in the 2017 survey.

Figure 7 Relationship between gender identity and effort to be muscular

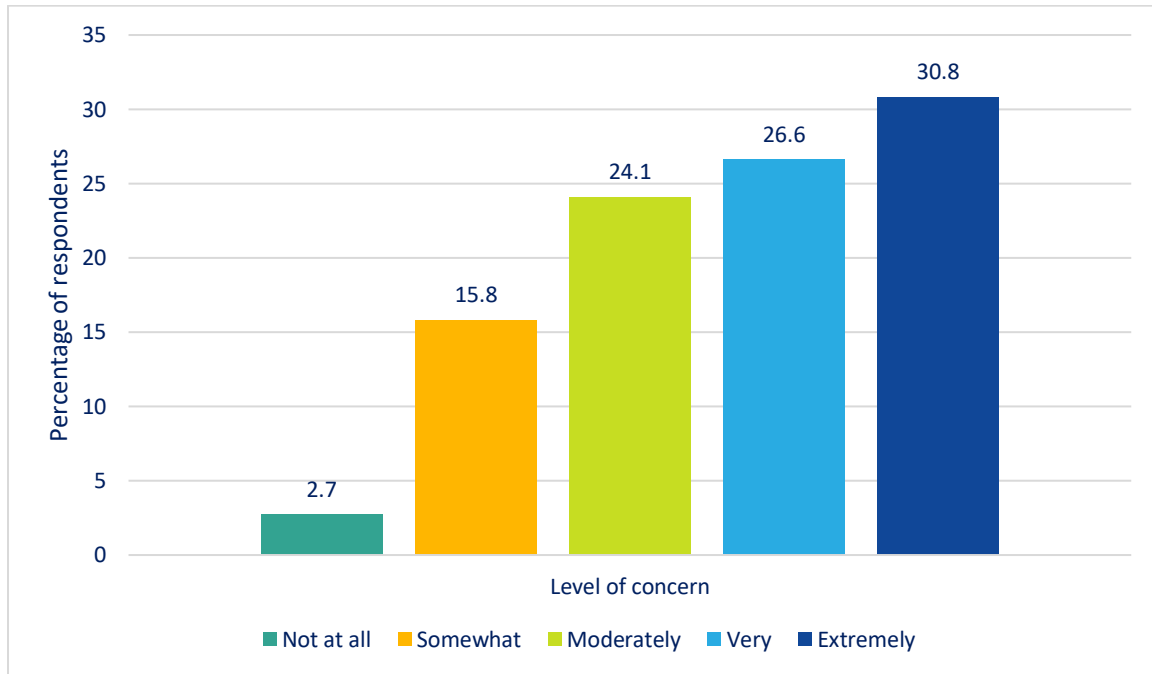


## 10. Concern about own appearance and the time spend thinking about these concerns



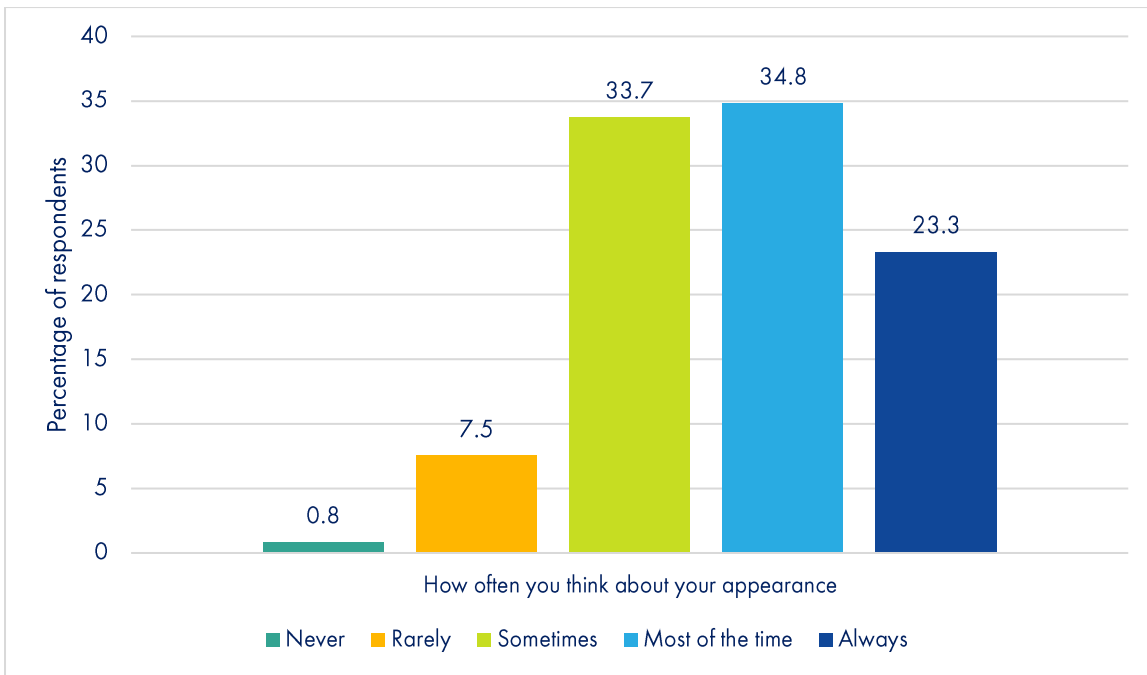
Respondents were asked how concerned they were with their appearance/ some parts of their body. Of the 3587 who completed this question, 57.4% (n=2059) reported being 'very' or 'extremely' concerned about their appearance/ some parts of their body. This can be seen in Figure 8. The percentage of respondents who expressed such concern about their body was similar to the 2017 results.

Figure 8 Level of concern about your appearance/ some part(s) of your body by percentage of respondents



Respondents were also asked about the time they spent thinking about the concerns they have with their body. From Figure 9 it can be seen that 58.1% (n=2086) are thinking about these concerns 'most of the time' or 'always'.

Figure 9 How often you spend time thinking about the concerns with your appearance/ body by percentage of respondents



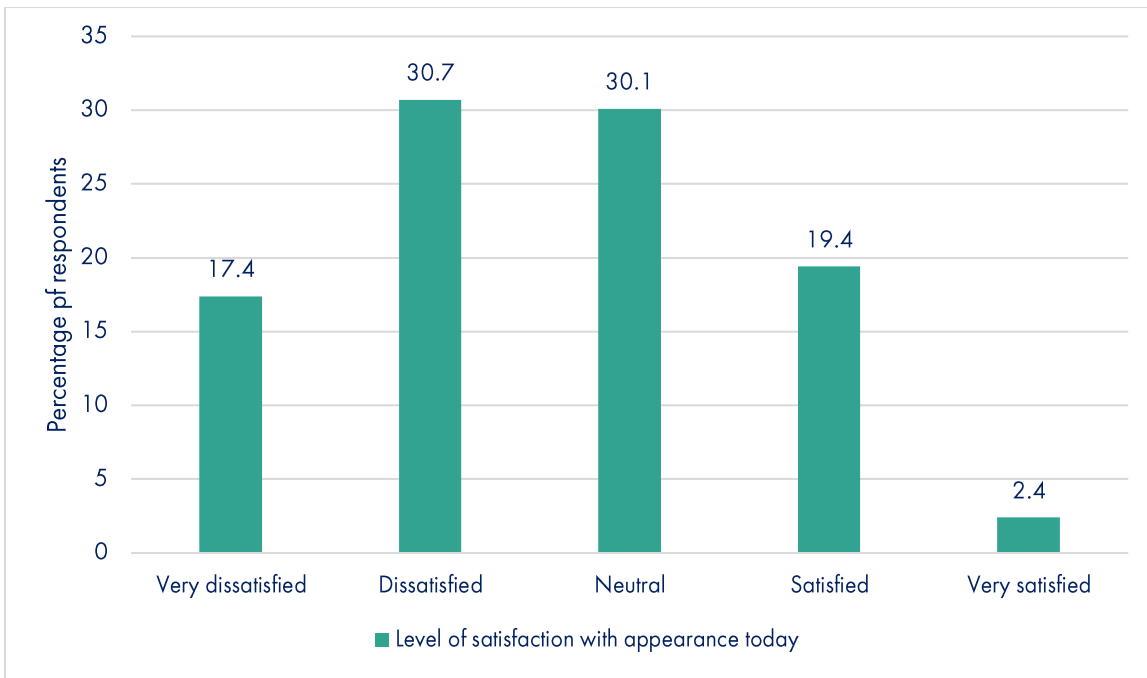
### The relationship between concern with body image and time spent thinking about such concerns

There is a strong positive correlation between concern about body image and the amount of time a person reports thinking about the concerns they have with their appearance ( $r=0.79$ ,  $p<0.001$ ). That is, the greater the level of concern, the greater the amount of time spent thinking about appearance. This relationship between concern with their appearance/ body and time thinking about such concerns was also found in 2017, but the magnitude was not calculated.

## 11. Current satisfaction with appearance

The respondents' current level of satisfaction with their appearance was also explored and is summarized in Figure 10. From this figure it can be seen that although nearly one-third (30.1%,  $n=1083$ ) felt neutral about their appearance, that overall, there was a high level of dissatisfaction with appearance, with 48.1% ( $n=179$ ) reporting they were currently 'dissatisfied' or 'very dissatisfied'. This is consistent with the 2017 findings.

Figure 10 Respondents self-reported level of satisfaction with their appearance today



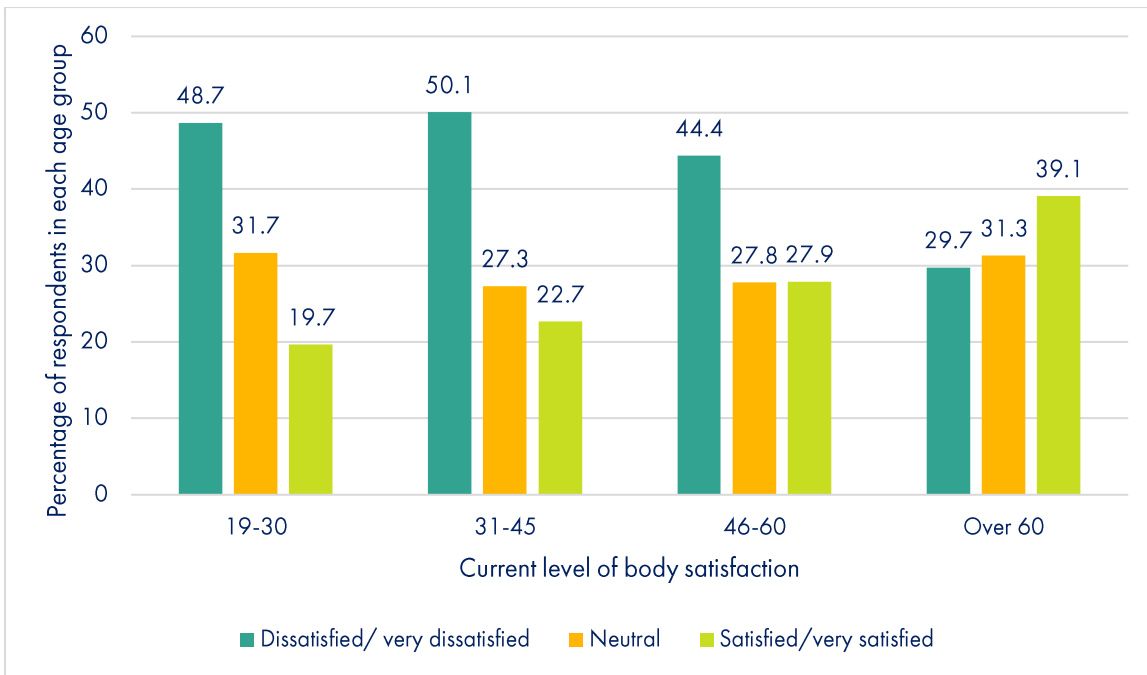
## 12. Satisfaction with current body image/ appearance by age

Figure 11 shows respondent's level of satisfaction or dissatisfaction with their current body image by age group.

Similar to the previous survey, dissatisfaction was prevalent across the age ranges, with close to 30% or more in each age group being dissatisfied with their appearance. Contrary to the previous survey findings, there was a significant difference between the age groups in their current level of body satisfaction.

A one-way between subjects ANOVA was conducted to compare the difference in the current body satisfaction over the age groups. As the homogeneity of variance assumption was violated the Welch test was used to test for significance. A significant difference was found in current levels of body satisfaction over the age groups ( $F(282.91)=7.12, p<0.001$ ). It was found that the two younger age groups had a significantly lower level of current body satisfaction than the two older age groups ( $t(99.5)=-4.4, p<0.001$ ). No significant differences were found between the two younger age groups or the two older age groups.

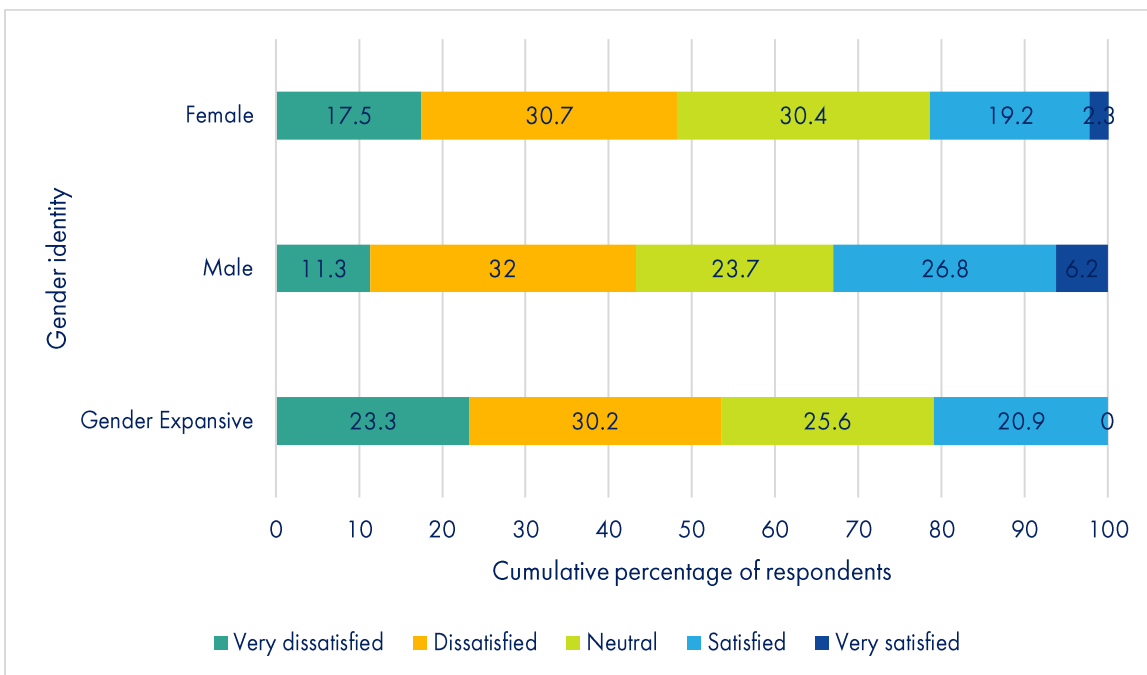
Figure 11 Respondents self-reported level of satisfaction with their appearance today by age group



### Satisfaction with appearance by gender identity

In terms of dissatisfaction with current appearance, 53.5% (n=23) respondents who identify as 'gender expansive' reported they were either 'very dissatisfied/ dissatisfied'. This is compared with 43.3% (n=42) of respondents who identified as male and 48.2% (n=1662) female. None of the respondents who identified as 'gender expansive' reported being 'very satisfied' with their current appearance. There was no significant difference in current level of body satisfaction between those who identified as male, female or gender expansive ( $F(2, 3586)=3.32, p=0.036$ ).

Figure 12 The relationship between current body satisfaction and gender identity



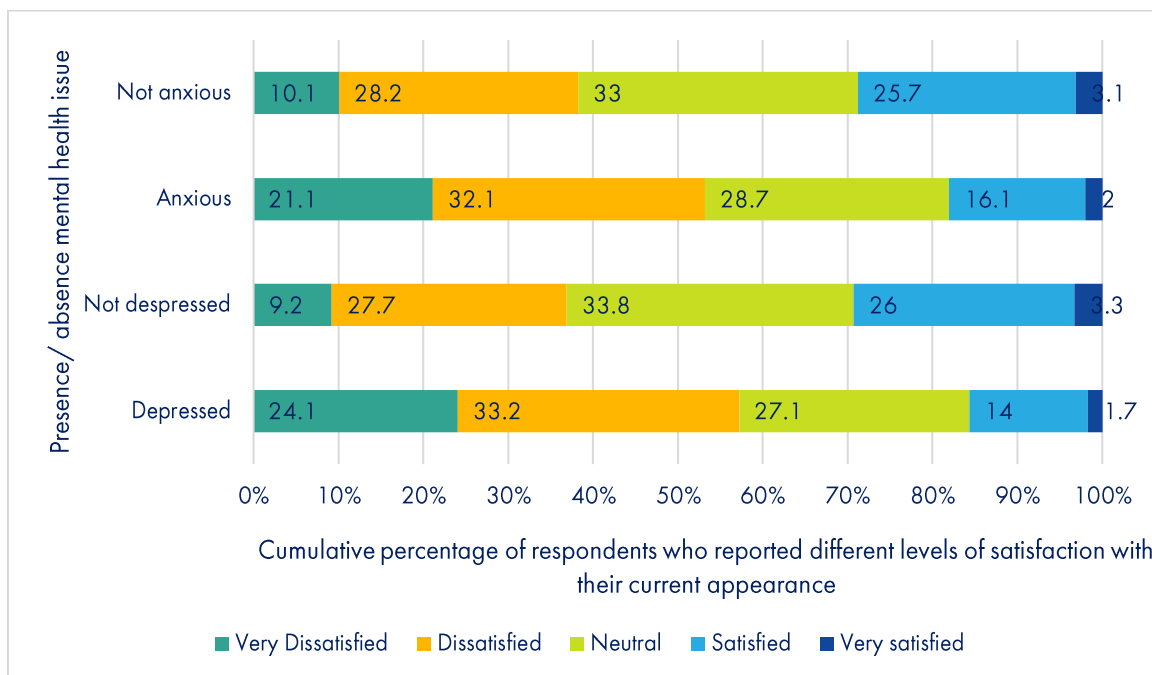
### The association between body dissatisfaction and mental health

The association between body dissatisfaction and self-reported mental health issues was explored.

### The relationship between Self-reported depression /anxiety and body dissatisfaction

From Figure 13 it can be seen that more respondents who reported being either anxious or depressed were also more likely to be 'very dissatisfied' or 'dissatisfied' with their current appearance, than those who reported they did not suffer from anxiety or depression.

Figure 13 Relationship between depression/ anxiety and current levels of body satisfaction

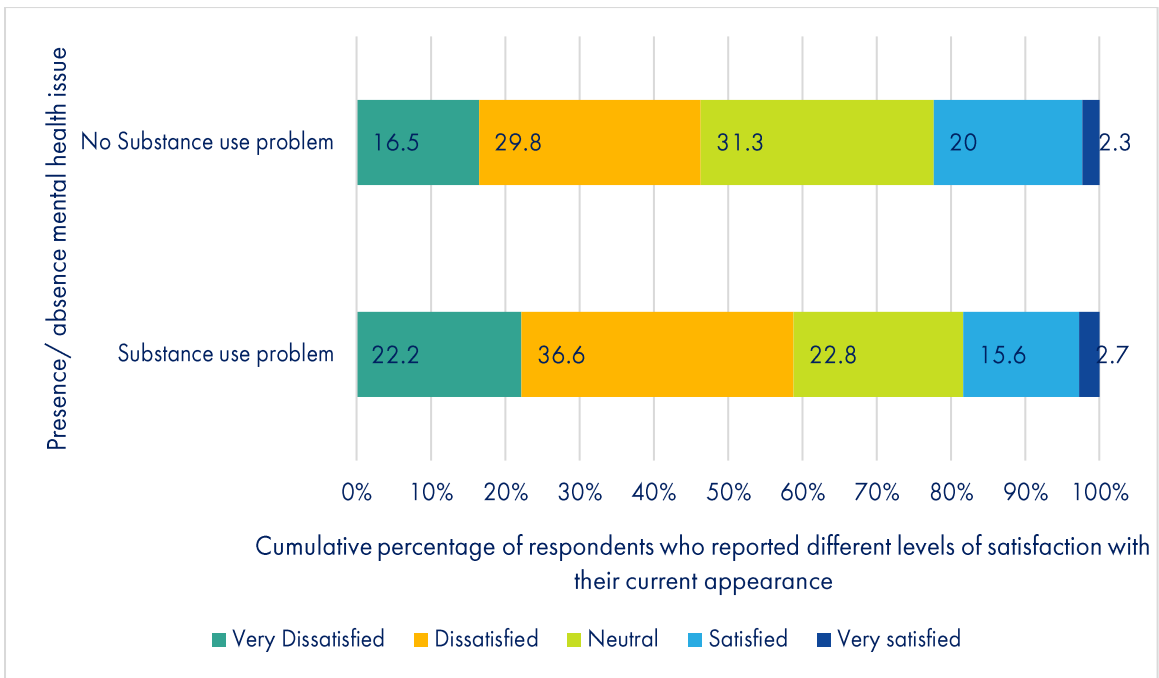


The relationship between depression and satisfaction with appearance was explored using the Welch test of significance<sup>2</sup>. The group who reported having experienced depression ( $m=2.35$ ) reported a lower level of satisfaction with their current appearance than those who have never experienced depression ( $m=2.86$ ;  $t(3505.4)=14.67$ ,  $p<0.005$ ). Those that had experienced anxiety also reported a lower level of satisfaction with their current appearance ( $m=2.46$ ) than those who reported they had never experienced anxiety ( $m=2.83$ ;  $t(2543) =10.4$ ,  $p<0.005$ ).

### Association between current level of satisfaction with appearance and having ever experienced a substance use problem

The direction of this association was the same for those who reported having experienced problems with substance use (alcohol or other substance) compared with those who did not report having ever experienced a problem with substance use. Those who reported having had a substance use issue, reported a lower level of current satisfaction with their appearance ( $m=2.4$ ) than those who reported never having had an issue ( $m=2.62$ );  $F(1,3593)=18.88$ ,  $p<0.005$ ).

<sup>2</sup> The Welch test of significance was used due to the violation of the assumption of homogeneity of variance between the group who reported having suffered depression /anxiety and the group who reported having never experienced depression/ anxiety.

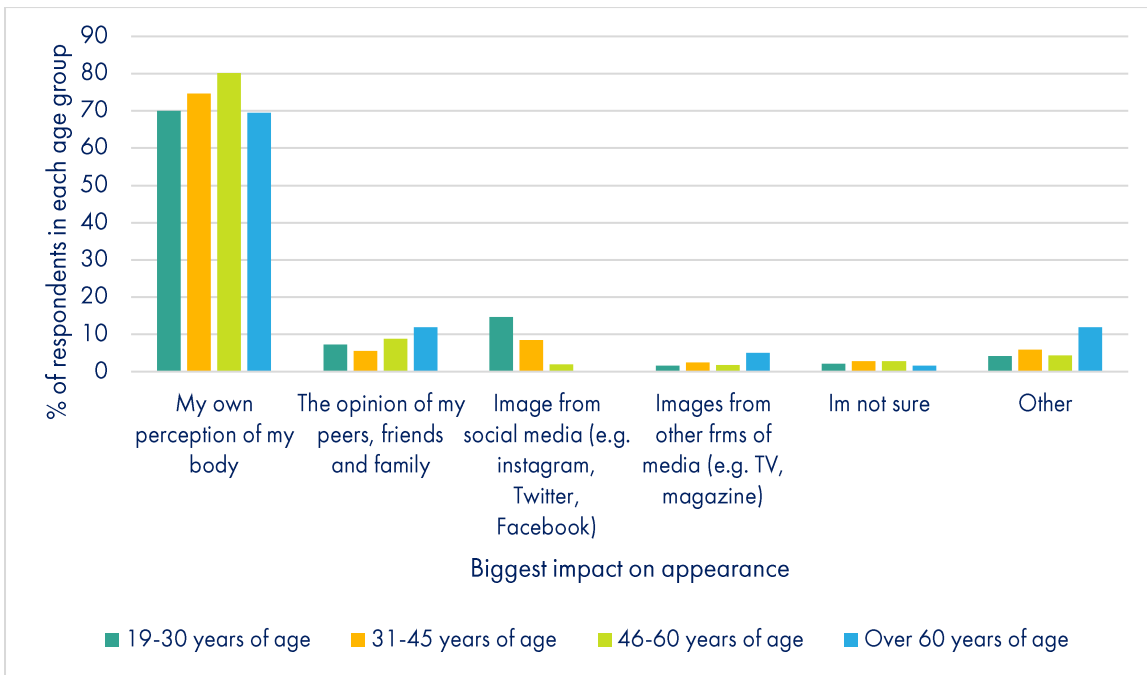


This association between mental health issues and 'current satisfaction with own appearance' is purely an association and cannot imply causation. That is, it cannot be said that depression leads to a lower level of satisfaction, or a low level of satisfaction causes depression. Each is purely an association. The association may also be accounted for by respondents having a more negative perception, choosing a more negative response throughout the survey; that is, response bias.

### 13. Determinants of satisfaction with own appearance

Respondents were asked to choose from six options, which option they believed had the biggest impact on how they felt about their appearance. Figure 14 shows the percentage in each age group of respondents who endorsed each area. It is overwhelming clear, that in all age groups respondents believed their 'own perception' of their body had the biggest impact on how they felt about their appearance.

Figure 14 Biggest impact on how you feel about your appearance by age grouping



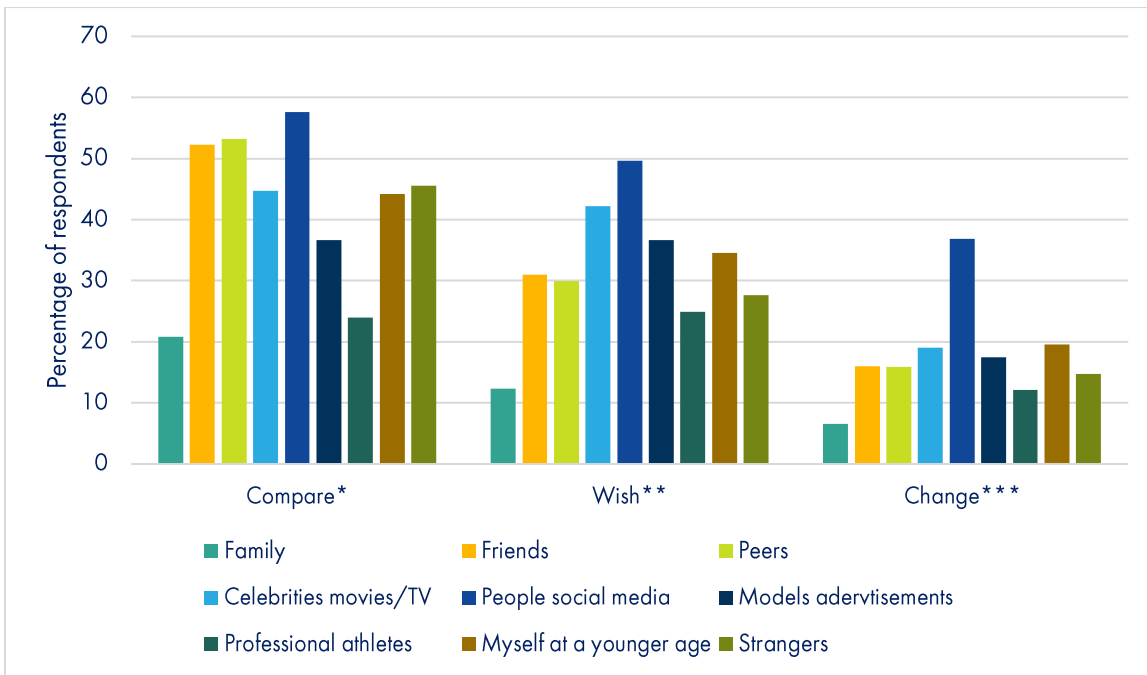
### What influences people’s own perception of their appearance

The four age groups were explored individually too see who respondents were most likely to (1) compare their appearance, (2) wish they looked like, and (3) try to change to be like in appearance. On these three dimensions, if respondents rated the influence as ‘most of the time’ or ‘always’, they were counted as being influenced by the relevant people.

In the 2017 survey it was found that social media was the most common place that respondents looked to for comparing and judging their own appearance. Given the preponderance of respondents in the younger age groups in the 2019 sample, it was decided that it may be more accurate to look at what influences respondent’s own perception of their appearance by age group.

Figure 15 shows that the greatest percentage of 19-30 year old’s compared themselves to people on social media, wish they looked like these people and would try to change themselves to achieve this look.

Figure 15 Influence on who people’s perception of their appearance in the 19-30 age range\*\*\*\*



\* Do you compare your appearance to any of these people?

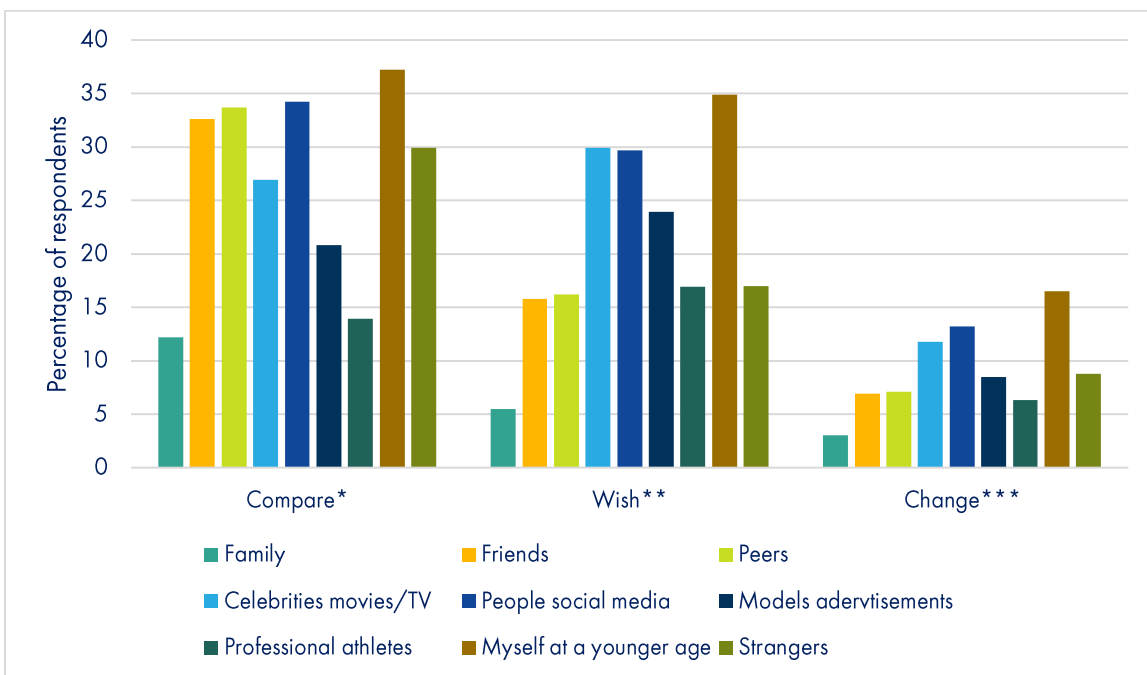
\*\* Do you wish you looked like these people?

\*\*\* Do you try to change yourself to look like these people?

\*\*\*\* only respondents who endorsed ratings of 'most of the time' or 'always' were included

In the 31-45 age range, not as many respondents 'compare', 'wish they looked like' or 'want to change' their appearance, to be like other categories of people (see Figure 16). However, the main influence changes to a greater percentage comparing themselves, wishing they looked like and being prepared to change themselves to look like 'themselves at a younger age'.

Figure 16 Influence on who people's perception of their appearance in the 31-45 age range \*\*\*\*

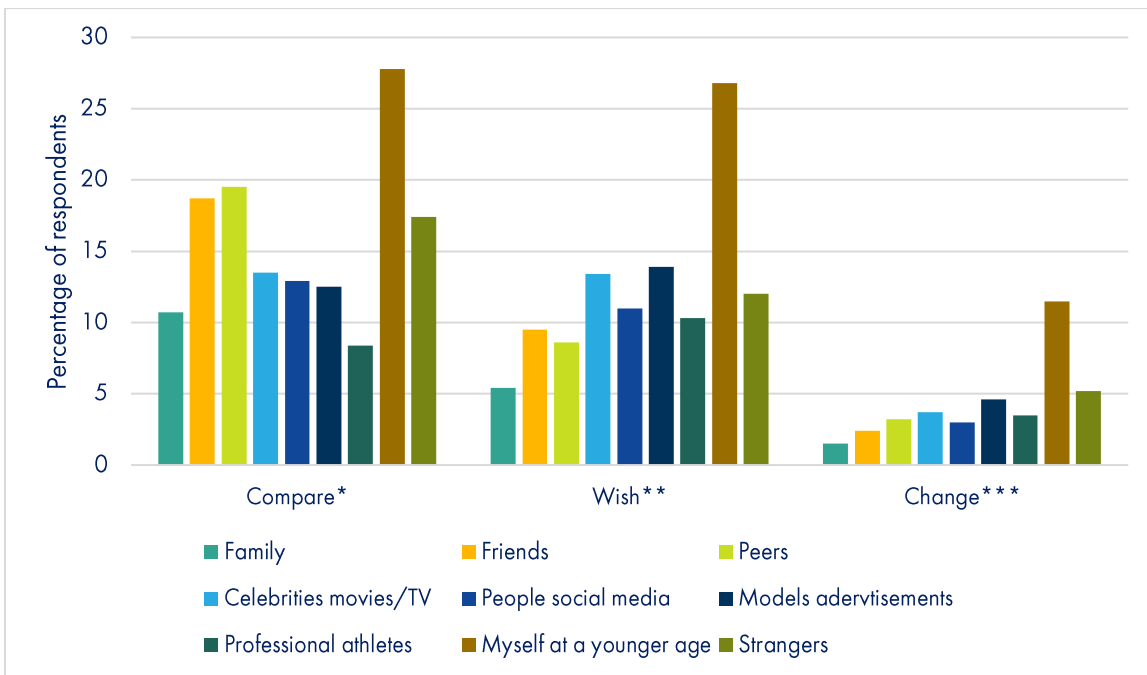




- \* Do you compare your appearance to any of these people?
- \*\* Do you wish you looked like these people?
- \*\*\* Do you try to change yourself to look like these people?
- \*\*\*\* only respondents who endorsed ratings of 'most of the time' or 'always' were included

In the 46-60 age range, the rate of comparison with other groups of people decreases further on all three dimensions (i.e. 'compare', 'wish they looked like' or 'want to change' their appearance)(see Figure 17). Similar to the 31-45 age range, the main influence is a greater percentage comparing themselves, wishing they looked like and being prepared to change themselves to look like 'themselves at a younger age'.

Figure 17 Influence on who people's perception of their appearance in the 46-60 age range \*\*\*\*



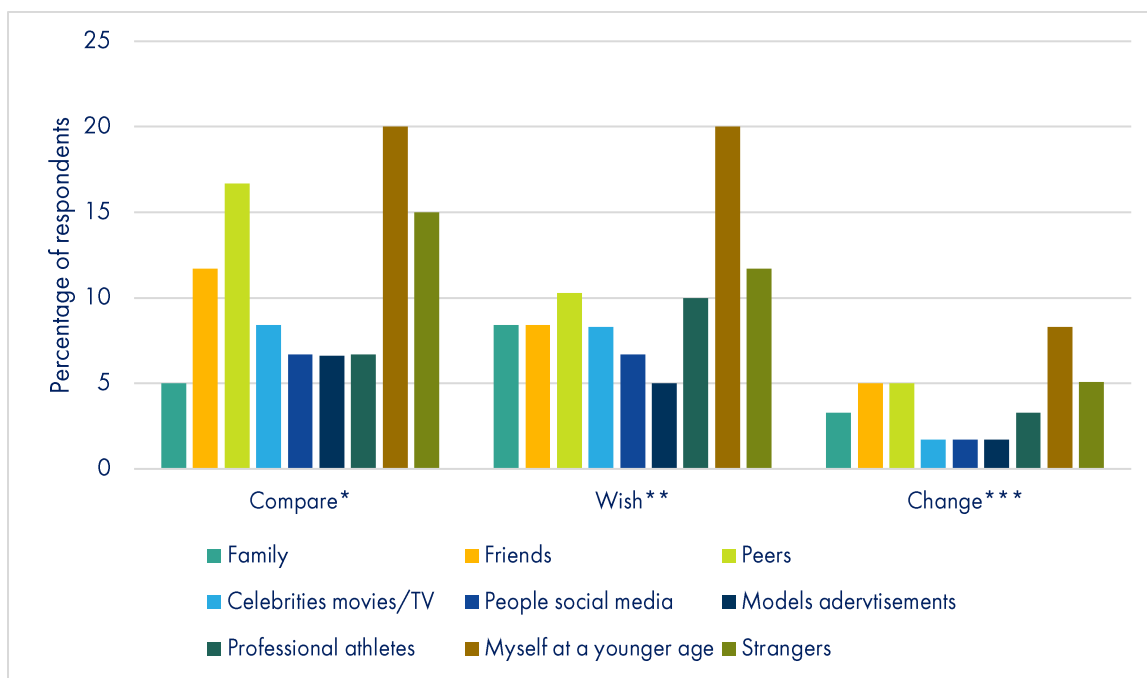
- \* Do you compare your appearance to any of these people?
- \*\* Do you wish you looked like these people?
- \*\*\* Do you try to change yourself to look like these people?
- \*\*\*\* only respondents who endorsed ratings of 'most of the time' or 'always' were included

In the 46-60 age range, again you can see the rate of comparison with other groups of people again decreasing on all three dimensions (i.e. 'compare', 'wish they looked like' or 'want to change' their appearance). Similar to the 31-45 age range, the main influence is a greater percentage comparing themselves, wishing they looked like and being prepared to change themselves to look like 'themselves at a younger age'.

In the 'over 60' age range the percentage of respondents 'comparing', 'wishing to be like' and being 'willing to change to look like' decreases further. The ongoing trend, however, to want to value their appearance at a younger age, on all three dimensions remains (see Figure 18).

This data suggests that as people get older they are more likely to value their younger appearance and are less likely to compare their appearance or want to be look like other categories of role-model.

Figure 18 Influence on who people's perception of their appearance in the 'Over 60' age range\*\*\*\*



\* Do you compare your appearance to any of these people?

\*\* Do you wish you looked like these people?

\*\*\* Do you try to change yourself to look like these people?

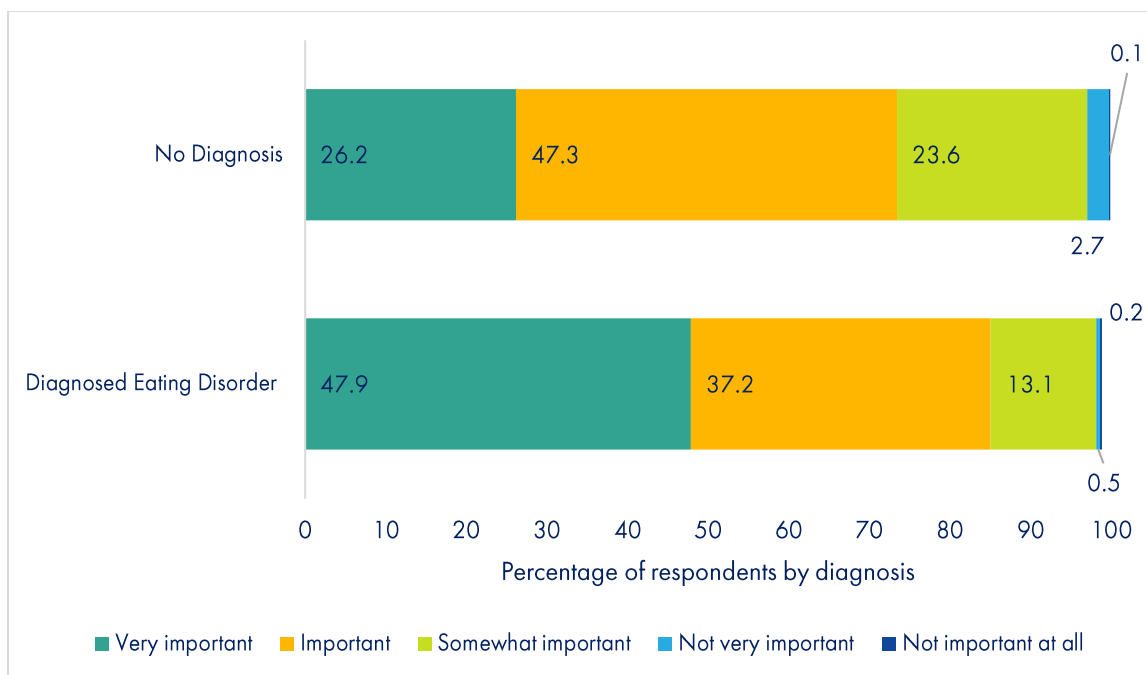
\*\*\*\* only respondents who endorsed ratings of 'most of the time' or 'always' were included

## 14. Eating Disorder Experience

### The importance of appearance

The importance of appearance was compared for those with a diagnosed eating disorder (27.9%, n=1091) compared to no diagnosed eating disorder (72.15%, n=2823). It can be seen from Figure 19 that nearly 50% (47.9%, n=523) of those who had been diagnosed with an eating disorder rated appearance to be 'very important' in comparison to just over 25% (26.2%, n=658) in the group who had not received a formal eating disorder diagnosis. Irrespective, in both groups, a substantial number of participants rated appearance to be 'important' or 'very important'; 73.5% (n=1846) in the no diagnosis group and 85.1% (n=929) in the group with a diagnosed eating disorder.

Figure 19 The relationship between the importance of appearance and an eating disorder diagnosis



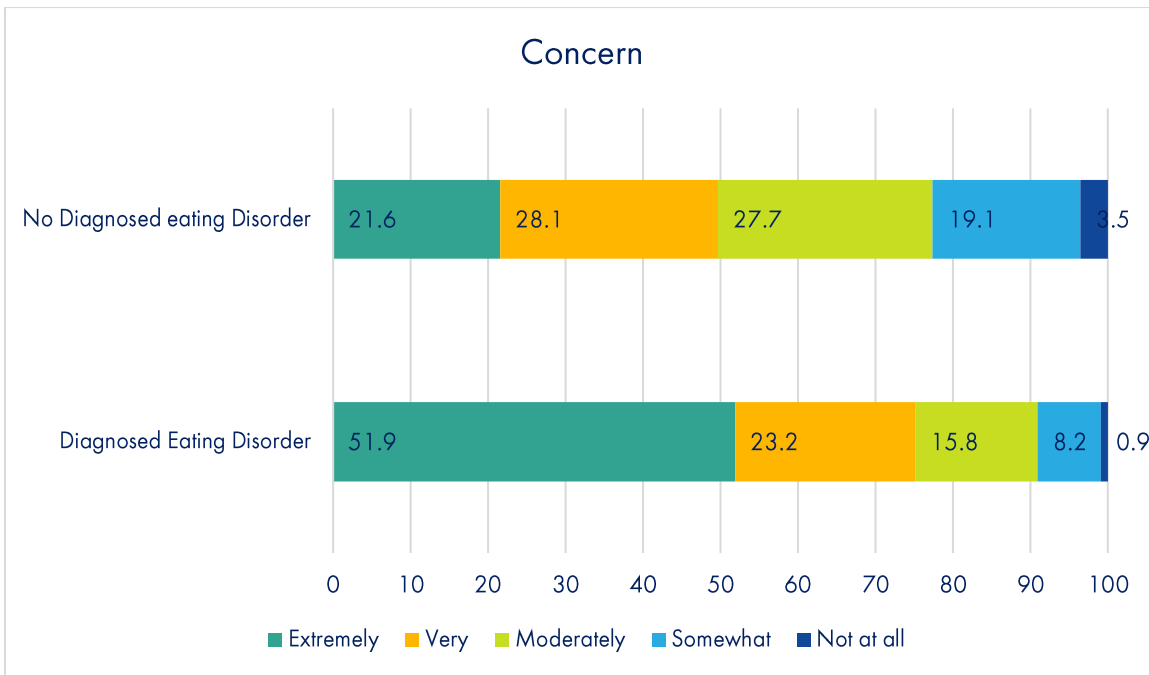
The association between diagnosis of an eating disorder and importance of appearance was significant ( $p < 0.001$ )<sup>3</sup>. The respondents who were diagnosed with an eating disorder ( $m = 4.31$ ) rated appearance to be significantly more important than those who did not have a diagnosed eating disorder ( $m = 3.97$ ;  $t(2111.4) = 12.23$ ,  $p < 0.001$ ).

#### Concern about your appearance or some parts of your body by eating disorder status

From Figure 20 it can be seen that a greater percentage of respondents were 'extremely' or 'very' concerned about their appearance (75.1%) compared to those who did not have a diagnosed eating disorder (49.7%). A significant association was found between having an eating disorder and concern about appearance / some part of body parts ( $t(2251.8) = 18.66$ ,  $p < 0.001$ ), with those with an eating disorder having a higher level of dissatisfaction ( $m = 4.17$ ) compared to those without and eating disorder ( $m = 3.45$ ).

Figure 20 Degree of concern about appearance/ some body part(s) by presence/absence diagnosed eating disorder

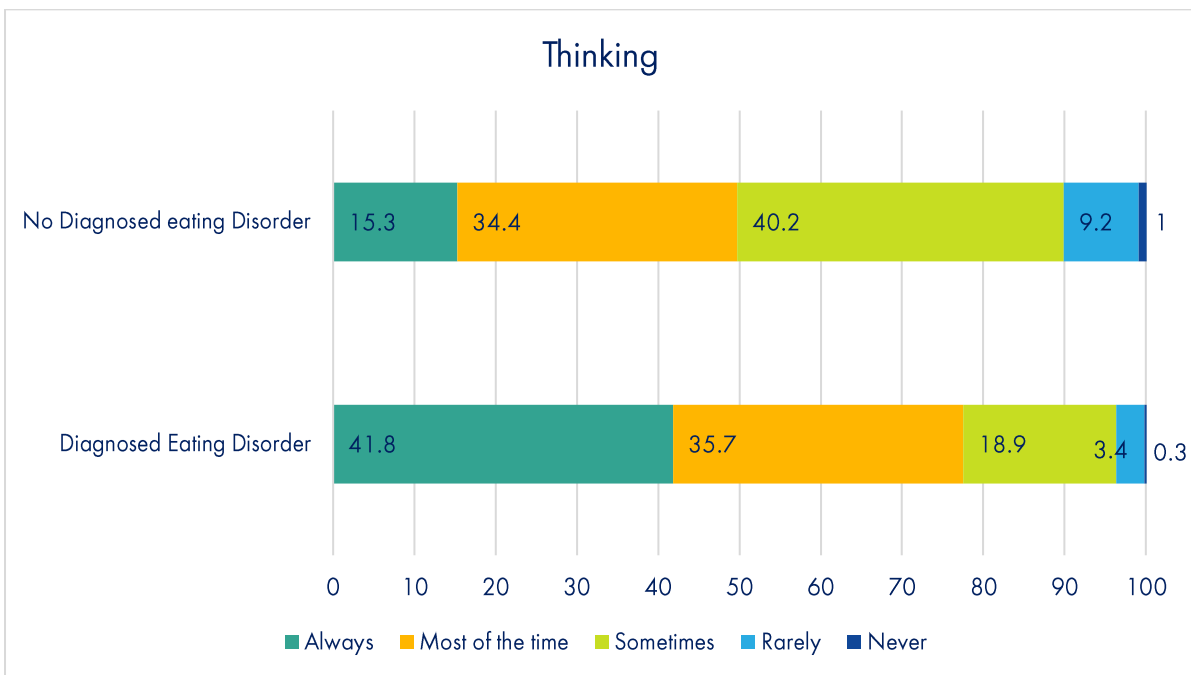
<sup>3</sup> Welch test was used to test for significance due to violation of assumption of homogenous variances



#### Frequency with which they think about concerns with body by eating disorder status

Corresponding to the level of concern, Figure 21 shows that a greater percentage of respondents with an eating disorder (77.5%) spent 'always' or 'most of the time' focused on concerns with their appearance, in comparison to those without a diagnosed eating disorder (49.7%). A significant association was found between having an eating disorder and how often people found themselves thinking about their concern with their appearance ( $t(2242.4)=19.45, p<0.001$ ), with those with an eating disorder spending more time ( $m=4.15$ ) compared to those without and eating disorder ( $m=3.54$ ).

Figure 21 Amount of time thinking about concerns about appearance by presence/ absence of diagnosed eating disorder

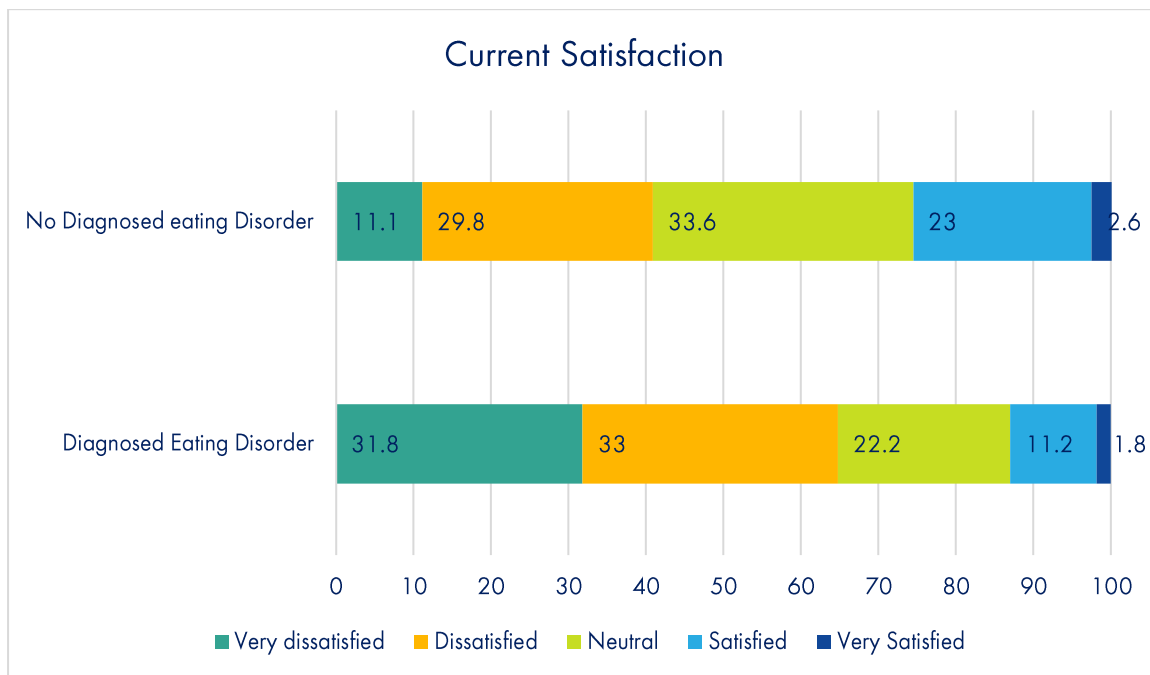


### Current satisfaction with own appearance by eating disorder status

A substantially higher percentage of respondents with eating disorders were currently 'dissatisfied' or 'very dissatisfied' with their bodies (64.8%) in comparison to those without diagnosed eating disorders (see Figure 21). This is consistent with the 2017 survey results.

A significant association was found between having an eating disorder and how satisfied respondents felt with their current appearance ( $t(3593)=15.6, p<0.001$ ), with those with an eating disorder having a lower level of satisfaction ( $m=2.18$ ) compared to those without and eating disorder ( $m=2.76$ ).

Figure 22 Current level of satisfaction with appearance by presence/ absence of diagnosed eating disorder

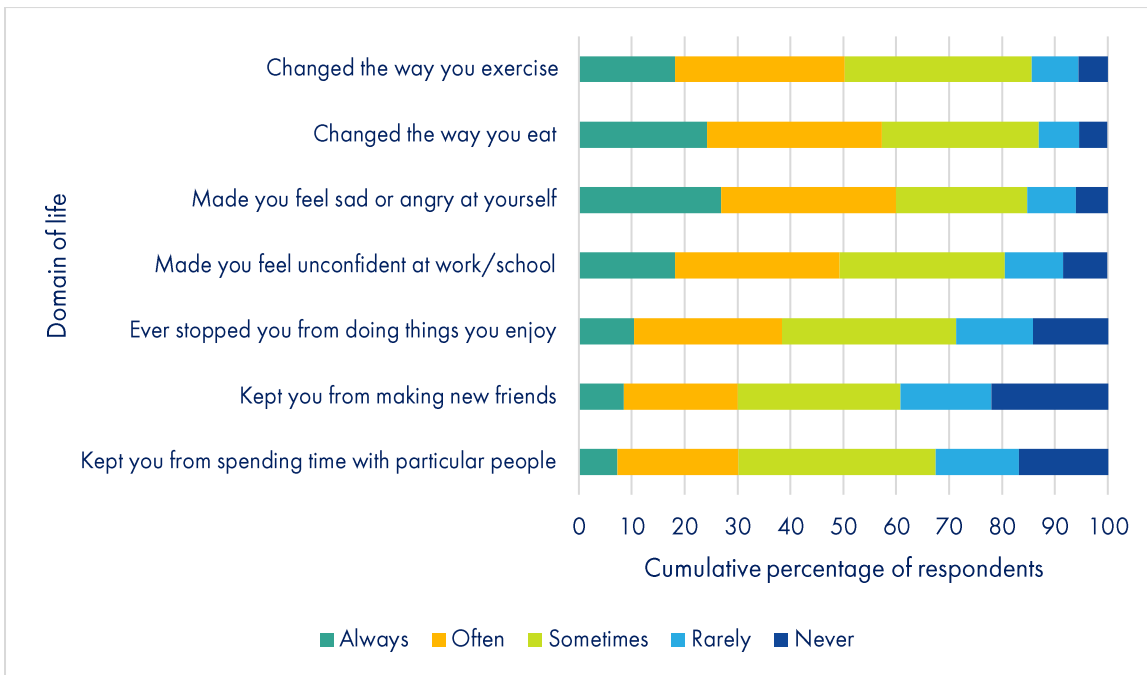


## 1. The impact of body esteem on living – specific behaviours, emotions and life situations

Respondents were asked many questions on, how 'the way they feel about their appearance' impacts their lives in a number of different domains, which can be seen in Figure 23.

From Figure 23 it is possible to see that for between 50-60% of respondents, the way they feel about their appearance 'always' or 'often' (1) changes the way they exercise and eat, (2) makes them feel sad or angry at themselves. For almost 50% of respondents it also impacts their confidence at work or school 'always' or 'often'. For nearly two in five people, how they felt about their appearance stopped them from doing things they enjoyed. For one-third of people, the way they feel about their appearance stops them from seeing particular people or making new friends 'always' or 'often'. Clearly the way people feel about their appearance has a large impact on their overall lives.

Figure 23 The impact of how respondents feel about their appearance on different domains in their lives



### The correlation between a respondent's current body esteem and impact on their life

When you create a combined score, by summing peoples scores on each of these individual 'impacts', this score has a significant negative correlation with a person's current level of satisfaction with their body ( $r=-0.58$ ,  $p<0.001$ ). This means that people who are more dissatisfied with their body (i.e. low score on body satisfaction) are more likely to also report a greater impact on their life in these different domains because of concern with appearance (i.e. higher impact score).

## 2. Food-related behaviours (past 12 months)

Respondents were also asked, how often in the last 12 months they had participated in four different food related behaviours. Given the prevalence of respondents in this sample who have been diagnosed with an eating disorder, and the association of these behaviours with the diagnosis, those with eating disorders were treated as a separate sample. **Error! Reference source not found.** shows the frequency of each of these behaviours in those with a diagnosed eating disorders and those who had not been diagnosed.

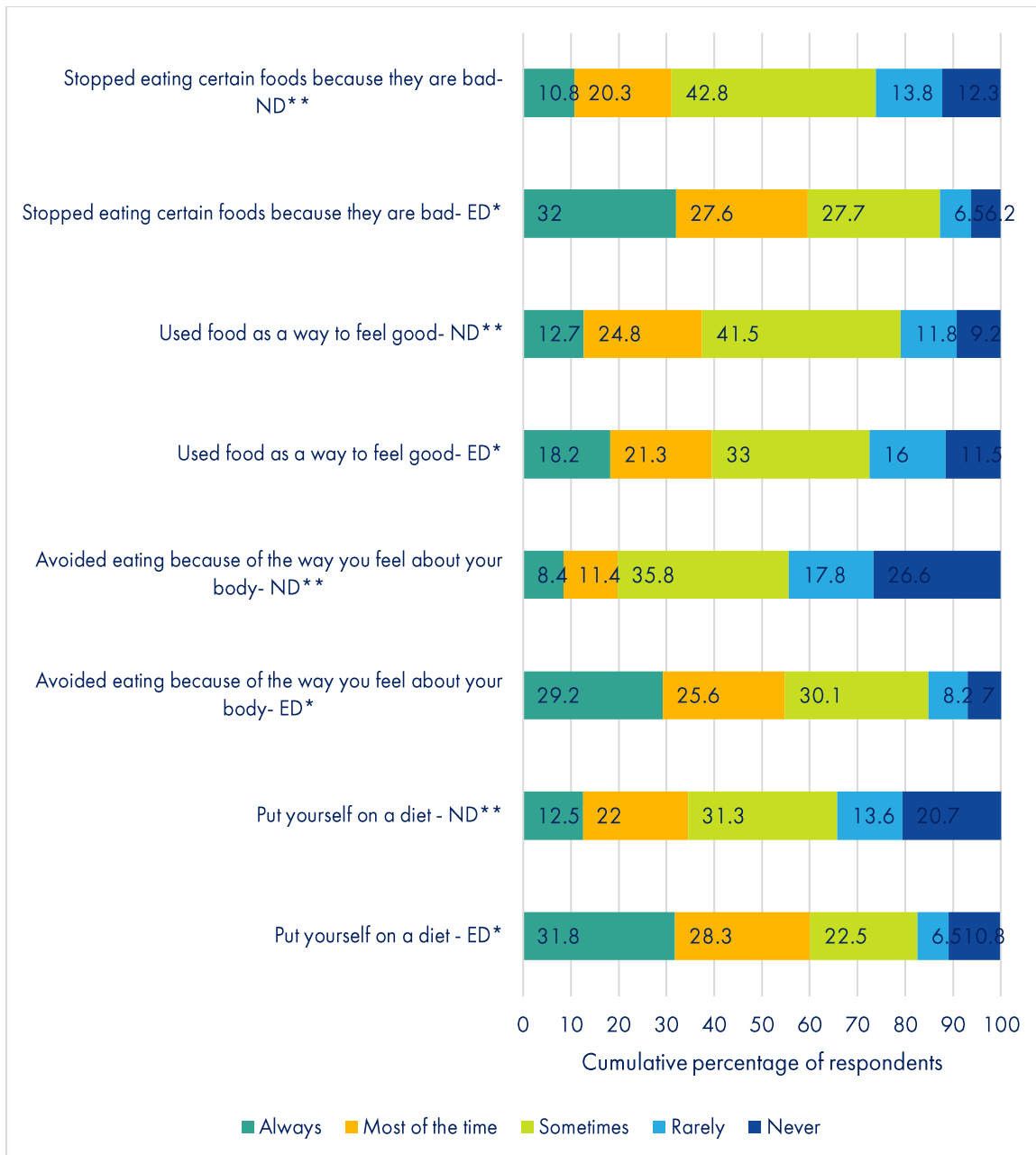
From **Error! Reference source not found.**, it can be seen that for respondents who had not been diagnosed with an eating disorder that just over 30% 'stopped eating certain foods because they are bad' 'most of the time' or 'always'. This is compared to almost 60% of respondents with a diagnosed eating disorder.

Whilst dieting 'most of the time' or 'always' was common among those without an eating disorder (34.5% of respondents), just over 60% of those with an eating disorder reported dieting 'most of the time' or 'always'.

'Avoiding eating' because of the way you feel about your body, was common among those with an eating disorder, with 54.8% reporting doing this 'most of the time' or 'always'. Close to 20% of the non-eating disorder population also endorsed doing this 'most of the time' or 'always'.

'Using food as a way to feel good' was the one behaviour which respondents in both the eating disorders group (39.5%) and non-eating disorders group (37.5%) were more equally likely to participate in 'most of the time' or 'always'.

Figure 24 Past 12 months – participation in food related behaviours



\* ED=Group with a diagnosed eating disorder  
 \*\* ND=Group without a diagnosed eating disorder

### The association between body satisfaction and food-related behaviour

The correlation between each of these 'food-related' behaviours and current levels of body satisfaction were calculated. There was a significant negative association between the following three behaviours and current body satisfaction (1) 'putting yourself on a diet' ( $r=-0.42, p<0.05$ ), (2) 'avoiding eating because of the way you feel about your body' ( $r=-0.44, p<0.05$ ) and (3) stopping eating certain food because they are bad ( $r=-0.39, p<0.05$ ). This means that people who had lower levels of body satisfaction, were more likely to go on a diet, avoid eating, or stop eating certain foods. There was not a significant association between body satisfaction and using food as a way to feel good.

### 3. Bullying and body image

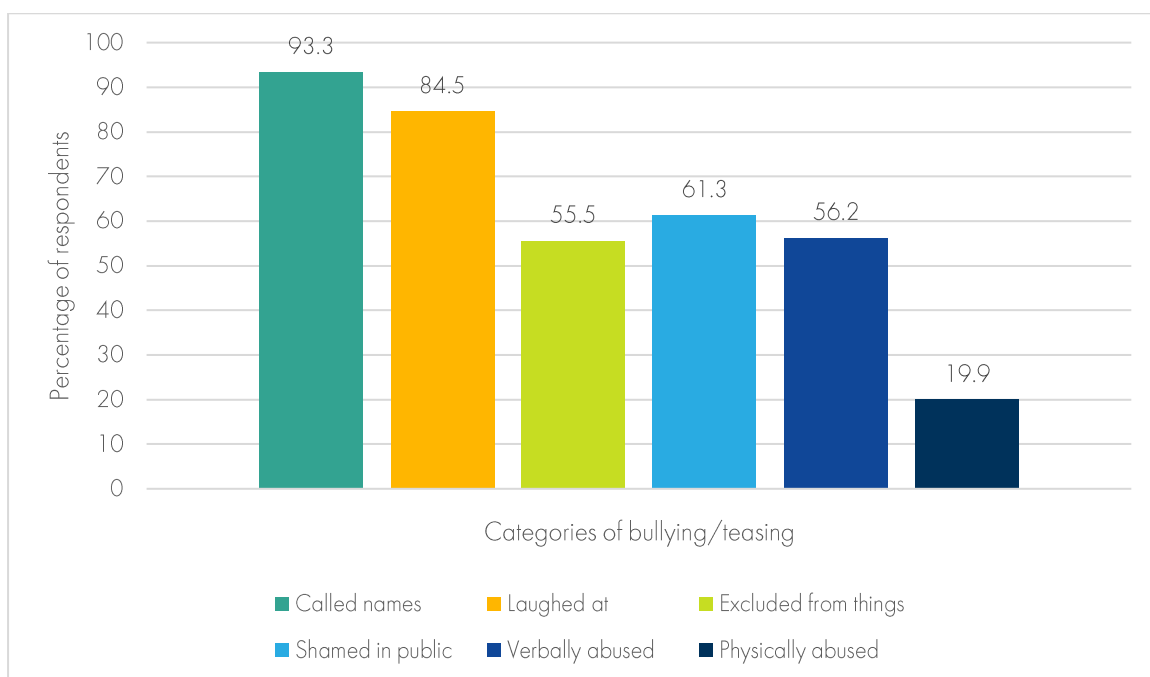
#### Prevalence

Respondents were asked if they had ever been teased about the way they looked. 65.5% (n=2130) reported they had been teased or bullied because of the way they looked. Almost one-quarter reported they had never been teased or bullied (23.2%, n=754) and 11.4% were unsure or did not remember.

#### The experience of teasing/ bullying

The respondents who reported having ever been teased/ bullied were asked about whether they had experienced a number of different aspects of bullying / teasing, which are presented in Figure 25. The number of overall respondents who provided data on this question was n=2115.

Figure 25 Percentage of respondents who had experienced different aspects of bullying/ teasing



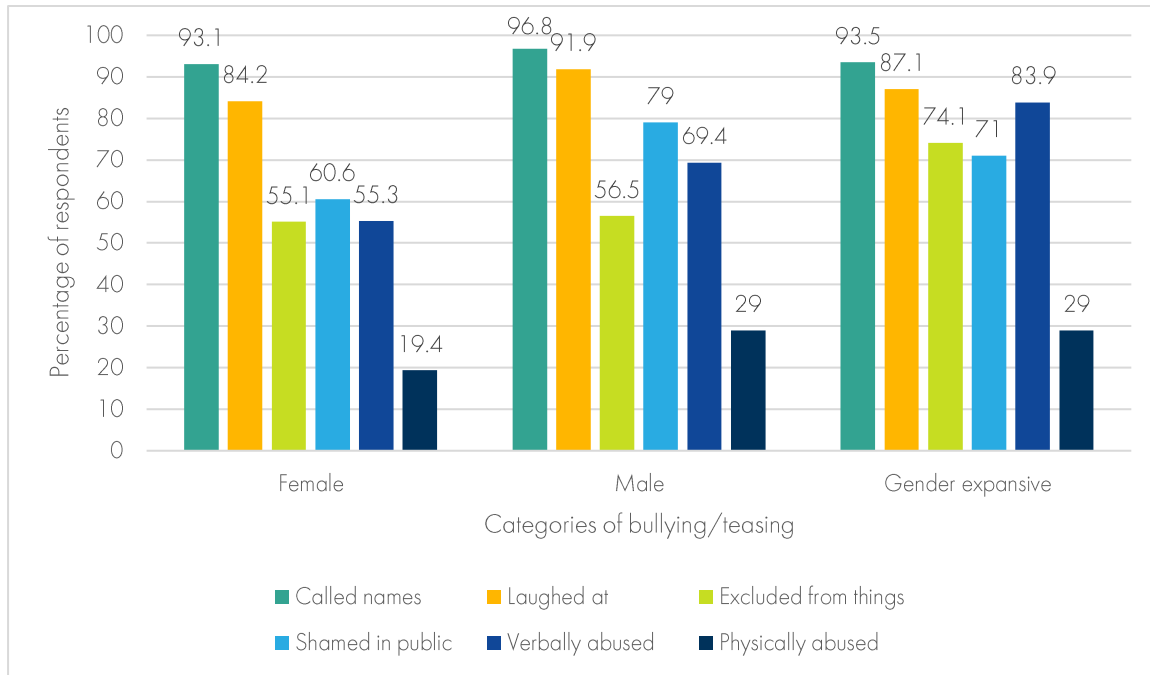
#### Teasing/bullying and gender identity

The prevalence of these experiences of bullying/teasing was also explored by the gender identity of the respondent. The prevalence of bullying /teasing about the way you look had been experienced by 61.5% (n=3126) of females, 72.4% (n=87) of males and 79.5% (n=31) of gender expansive respondents. From

Figure 26 it can be seen that all genders experience a very high level of bullying, with 'being called names' and 'being laughed' at because of the way a person looks being the most commonly experienced type of bullying across the genders. Experiencing verbal or physical abuse as a result of their appearance is of greatest concern for those who identify as gender expansive, followed by males.



Figure 26 Prevalence of different type of bullying by gender identity

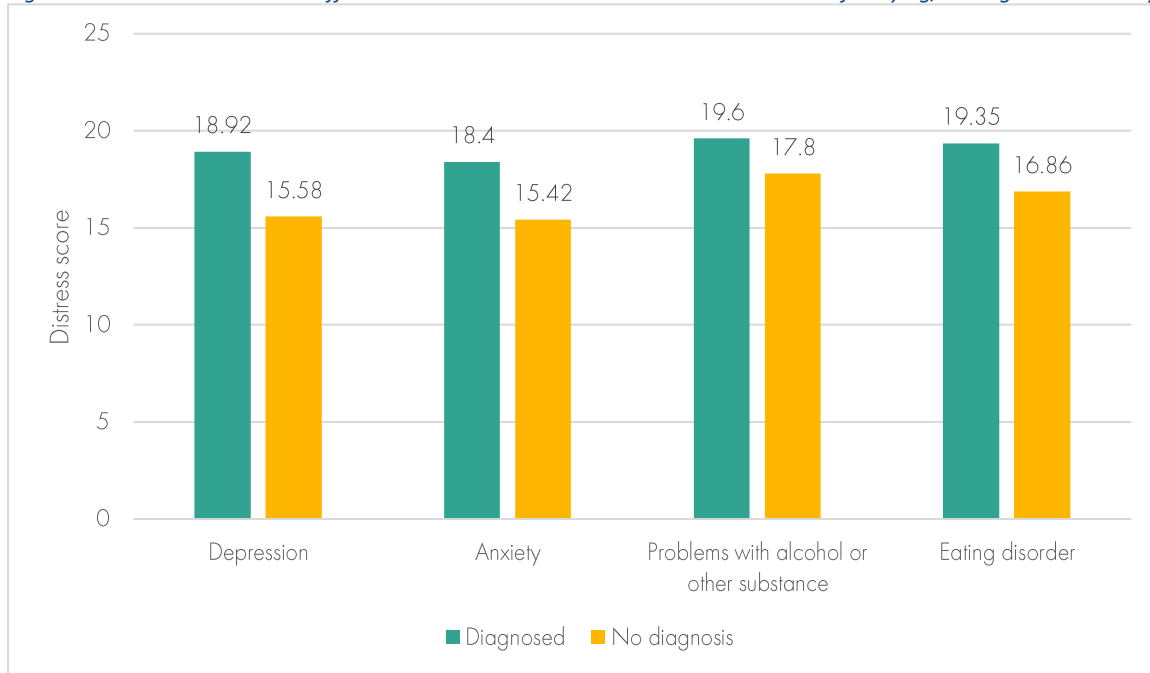


**The association between distress caused by bullying/teasing and body satisfaction**

Respondents were asked to rate the level of distress they experienced from the different types of bullying from ‘This did not upset me’ to ‘this made me very upset’. The overall distress they experienced from bullying/teasing (in relation to these fixed items) was summed to create a total distress from bullying/teasing score. A significant negative correlation was found between distress and current satisfaction with appearance ( $r=-0.24, p<0.05$ ). Those who had experienced higher levels of distress as a result of bullying/teasing, were those who had lower levels of satisfaction with their appearance.

**The association between distress caused by bullying/teasing and mental health**

Figure 27 Association between different mental health issues and distress as a result of bullying/teasing about the way a person looks



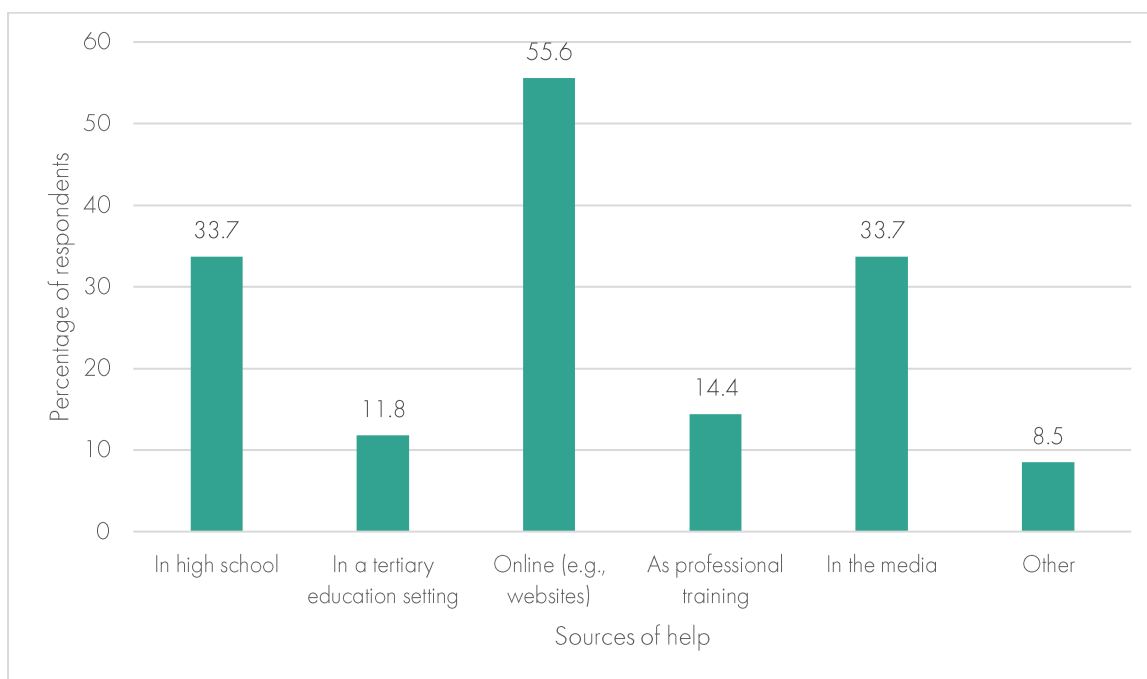
The respondents who were diagnosed as having an eating disorder ( $t(2073)=-8.8, p<0.001$ ) or self-reported problem with depression ( $t(1539.5)=-12.6, p<0.001$ ), anxiety ( $m=15.42$ ) ( $t(768.8)=0.31, p<0.001$ ) or substance use ( $t(2073)=-6.2, p<0.001$ ) were all significantly more likely to have experienced greater distress as a result of teasing compared to those with no diagnosed / self-report of a mental health issue. Again, it is not possible to make inferences about the direction of causality, this is purely an association. This association may also be the result of a third factor; response bias.

## 4. Help seeking and information

### Information about body image

Respondents (n=3914) were asked whether they had received information from a number of different sources. The most popular source for help was the online (e.g. websites, social media, online programs, Apps) with 55.6% (n=2177) seeking information from this source. In the category 'other' participants listed books, health professionals, carers, church staff, medical doctor/s, eating disorder treatment programs, gym and Girl Guides.

Figure 28 The percentage of respondents who report having ever received information about body image by source



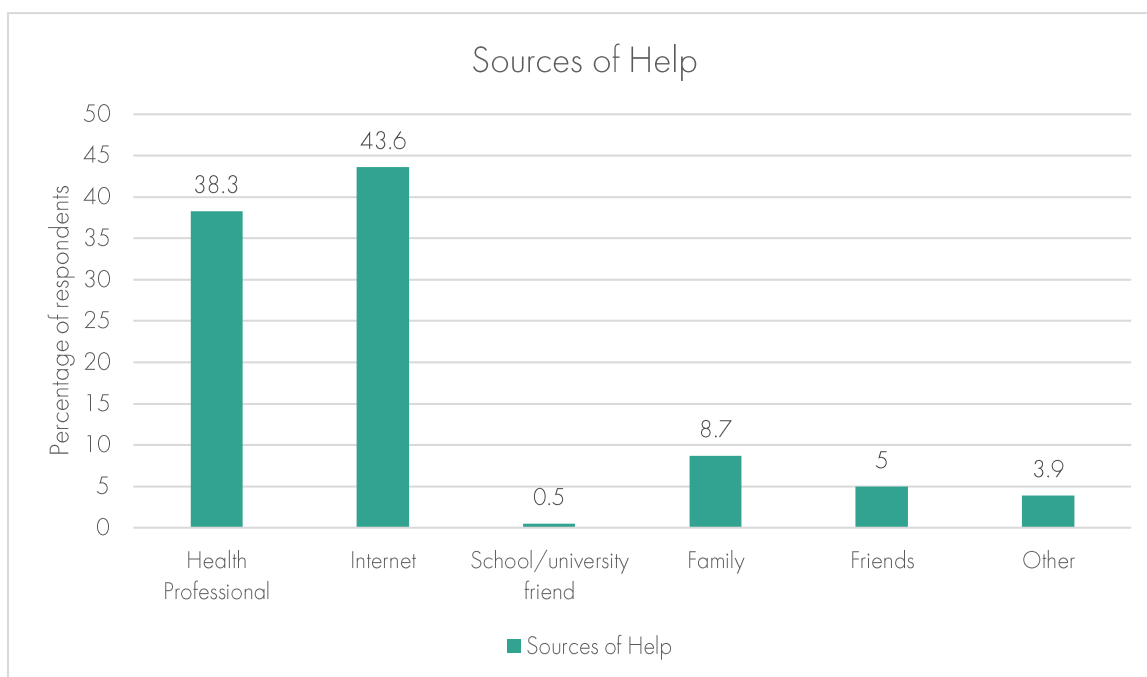
### Spoken to someone about the way you feel about your appearance

Of all the respondents over the age of 18 (n=3914), 51.5% (n=2015) reported that they had spoken to someone about the way they feel about their appearance. 25.9% (n=1014) of respondents had never spoken to anyone. A greater percentage of females reported speaking to someone (51.7%, n=51.7) than males (36.4%, n=39). Those who identified as gender expansive in this sample, were even more likely than males or females to speak to someone (68.1%, n=32) about their concerns with their body.

### Future help seeking

Respondents were asked where they would go to seek help in the future about body image and the way they feel about their appearance, which can be seen in the most frequently endorsed sources were, the internet (43.6%, n=1371) and a health professional/s (38.3%, n=1205). The respondents who suggested they may use 'other' as a source, largely chose the existing categories and did not list other possibilities for help. However, the few additional options included personal trainer/ exercise trainer, work colleague/ manager, strangers and support group.

Figure 29 The percentage of participants who endorsed different future sources for help seeking



## Where to from here

Butterfly is working with social media platforms to improve safety mechanisms and prevent exposure to harmful or dangerous content. In addition, Butterfly is conducting a campaign targeting hard to reach populations (including Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, LGBTIA+ communities and males).

Through its prevention services, Butterfly is providing training, workshops and resources to schools, communities and parents to promote positive body image and improve health outcomes.

More work is required on assessing and breaking down the stigma of eating disorders to further encourage help-seeking.

## Select References

Australian Bureau of Statistics. (2017). Australian Standard Classification of Cultural and Ethnic Groups, 2016., (1249.0).

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