

Submission to the European Commission's Directorate-General for Communications Networks, Content and Technology

Platforms Policy and Enforcement

Unit F2 – Digital Services

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research@bodywhys.ie

About Bodywhys

Founded in 1995, Bodywhys – The Eating Disorders Association of Ireland - is the national voluntary organisation supporting people affected by eating disorders and their families. Bodywhys provides a range of non-judgemental listening, information and support services, professional training, literature, podcasts and webinars. Other aspects of our organisation's work include developing professional resources and collaborating with social media companies to respond to harmful online content and working with the mainstream media to create awareness about eating disorders. Bodywhys develops evidence-based programmes to promote positive body image and social media literacy in children and adolescents, as well as school talks and educational resources. Bodywhys is the support partner to the Health Service Executive's (HSE) National Clinical Programme for Eating Disorders (NCP-ED), which delivers specialist public services in the Republic of Ireland.

About eating disorders

Eating disorders are serious and complex mental illnesses that pose risks to a person's physical, psychological, and emotional health and they lead to increased risk of suicide and mortality. They often require medical intervention and ongoing treatment to help a person move towards recovery, with specialised care being key. Early assessment and evidence-based treatment improves the likelihood of recovery. Specialist outpatient treatment represents the most effective and fastest way for most people with eating disorders to recover. Eating disorders involve behavioural, cognitive, emotional and physical aspects, which is why it takes time to recover and find treatment that works for each individual person's experience. Current diagnosable eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant/restrictive food intake disorder (ARFID) and other specified feeding or eating disorder (OSFED). Eating disorders are not a lifestyle choice, a phase or a diet. Eating disorders affect a broad range of people from young people to adults, women and historically overlooked groups such as boys and men, members of the LGBTQIA+ community and people who are neurodivergent.

Current submission

Bodywhys welcomes the opportunity to address the issue of online safety, online harms and associated risks. We have answered the questions which are most relevant to our area of knowledge, work and experience, with examples of how harmful content is available online. In this submission, we address problematic social media content and material which may promote or encourage specific eating disorder behaviours in the online space.

Background

Harmful online content about eating disorders is typically referred to as pro-anorexia, 'pro-ana', pro-bulimia, 'pro-mia', or 'pro-ED'. Pro-anorexia video content has been identified on a range of social media platforms.⁴,⁵,⁶,⁷,⁸ A longstanding concern, this material may include discussion and material that focuses on the promotion, maintenance and encouragement of disordered eating behaviours. For example:

- The pursuit of weight loss and control, diet challenges and competitions
- Disguising content and rhetoric as weight loss motivation through language like 'healthy', 'progress'
- Perfectionism, thinness and fasting linked to body, food and weight behaviours
- Poetry, lyrics and memes that discourage eating
- Disguising evidence of, and indicating how to induce, vomiting
- Sharing of personal photographs of emaciation to seek approval and validation from peers.

Accessing this type of content can impact a person's state of mind, their thoughts and feelings, behaviours and experience of eating disorders, and it can contribute to feeling stigmatised and under pressure.

Question 1

The report to be published once a year by the European Board for Digital Services in cooperation with the Commission pursuant to Article 35(2) DSA should outline the **most recurring and prominent risks** stemming from VLOPs and VLOPSEs.

- A. Please provide any information you have that is suitable for identifying and assessing systemic risks you find potentially prominent or recurrent. The submission can consistent e.g. of studies (conducted by yourself or third parties), samples of typical constellations occurring at the use of the service and relevant findings or conclusions in regards of (typical) practical experiences made by users you represent or are aware of.
- B. Where available, please include information about what makes the risk prominent or recurrent.
- C. Please specify whether the information you provide relates to a single Member State, to several Member States or whether it applies to the entire Union.
- D. Please refer to any existing documentation, research or resources that could help substantiate the evidence you provide.

Response

Social media is a tool for communication and expression, and it can be a space for body acceptance. Some people experiencing eating disorders use social media to connect with others in a similar situation or to share aspects of their illness and recovery. Whilst this is sometimes helpful, there is a fine line between what's helpful and harmful.

Potential effects of social media include social comparison, internalisation of thinness and fitness ideals, self-objectification, which, in combination with other factors, create a self-perpetuating cycle of risk.⁹ Fitness related accounts may promote and contribute to unrealistic and unhealthy body shapes, sexualisation, objectification, ¹⁰ exercise addiction, compulsive exercise, excessive control of eating habits, body dissatisfaction and appearance-related anxiety.¹¹ Viewing fast-food

advertisements, clean eating content and eating videos may be associated with disordered eating and body image concerns.¹² Pro-anorexia coaches have been documented as targeting vulnerable people with eating disorders, including seeking sexualised communication comparable to online grooming.¹³ For users, pro-eating disorder online spaces can be a means of facilitating their eating disorder practices, such as food intake, exercise, lowest weight and current weight.¹⁴

Aspects of social media can pose challenges to eating disorder recovery. 15, 16, 17, 18, 19, 20, 21 For example

- Underrepresentation of different bodies and ethnicities
- Misinformation and the promotion of incorrect or harmful recovery strategies
- Diet culture content, anti-recovery content
- Content that induces competition and comparisons in recovery, progress and shaming of relapses
- Algorithms repeating the same trends, risky challenges and inaccurate information about mental health.

We live in an increasingly visual and device-centric world, where there is often appearance-based content, messages and advertising. For example, outfit of the day posts, makeup/skincare tutorials, updates about fitness progress, cosmetic procedure journeys, curated selfies, get ready with me (#GRWM) and weight-centric discussions.²² In the era of social media, anyone can share messages related to diet, weight, exercise, food and/or bodies without any requirement to reference relevant qualifications or without information from credible sources. Complex topics can be broken down into overly simplistic messages, which can be absorbed by those who are vulnerable, as well as being unhelpful to those who are unwell or trying to recover from an eating disorder. Such messages alone do not cause individual cases of eating disorders; however, some may not be age-appropriate and contribute to a confusing environment and unrealistic health, fitness and weight goals and norms. The recent Dove video "Cost of Beauty: A Dove Film" profoundly captures how things can escalate and subsequently deteriorate for a person.²³

Youth-specific considerations

Although much has been highlighted²⁴ and discussed about the role of the internet, social media in mental health, including youth mental health, the potential impact on children's development is also a critical point of consideration.²⁵ Brain development, sensitivity to social feedback and stimuli and underdeveloped impulse control can underscore why there is often an emphasis on youth engagement with social media.²⁶ For this demographic, specific concerns include risky posting behaviour, self-presentation and identity, the development of self-concept, social comparison, social feedback and social inclusion and exclusion.²⁷

A recent European report focused on the implications for child development, such as increased aggression, risky and unhealthy behaviours and that algorithm-based recommendation contribute to risk towards children.²⁸ This report noted that children routinely encounter harmful content, they may be at risk of extortion, harassment, exploitation, cyberbullying and that their values and attitudes may become distorted. The report further observed that whilst children may feel quite confident in managing risks online, they do not always have good awareness of risk or coping strategies for unfamiliar situations.

Question 2

The report to be published once a year by the European Board of Digital Services in cooperation with the Commission pursuant to Article 35(2) DSA should indicate **best practices for mitigation measures** implemented by the providers of VLOPs and VLOSEs.

- A. Please provide examples of practices addressing any systemic risks you have identified, specifying to which systemic risks such measures relate.
- B. Please refer to any existing documentation, research or resources that could help substantiate the information on the risk mitigation practices you refer to.

Response

Content moderation of pro-ED material is notably challenging. Some users are aware of potential steps to counteract and remove such posts, with some account profile biographies disavowing pro-ED identities and practices, whilst also communicating in a way that they can be found and read by like-minded peers.²⁹ Content moderation through technical efforts aimed at addressing problematic hashtags or hiding 'likes' do not resolve long-established issues on social media.³⁰ Follow guidance from the Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED) in Harvard School of Public Health. Namely, to conduct independent algorithm risk audits to identify, measure and report harms.³¹ That a record of child privacy and safety updates are published chronologically and as an API and in machine-readable format.

Further considerations³²,³³

Technology companies

 Develop scientific advisory committees, that includes mental health experts, to underline approaches and policies to improve the safety of the online environment

Policymakers

- Strengthen safety protections for children
- Create age-appropriate health and safety standards for technology platforms
- Devise policies that minimise risk of harm to children and take a proactive stance in identifying new dangers
- Ensure education systems and curricula encompass, develop, implement and evaluate digital and media literacy in schools
- Engage with international partners working to protect children and young people from online harms.

Question 3

When conducting risk assessments, according to Article 34 (2) DSA, providers of VLOPs and VLOSEs must take into account how the identified systemic risks are influenced by <u>risk factors</u>, such as <u>recommender systems</u> and other <u>algorithmic systems</u>, <u>advertising</u> systems, and <u>content moderation</u> systems. The assessment must consider how the risks are influenced by <u>intentional manipulation</u> of the service, including by inauthentic use or <u>exploitation</u> as well as the <u>amplification</u> and potentially rapid and wide dissemination of illegal content and of information that is incompatible with their terms and conditions. The assessment shall take into account specific regional or linguistic aspects, including when specific to a Member State.

- A. Please provide any information you have of the influence of these risk factors on the systemic risks you have identified.
- B. Please specify the risk factors and the systemic risks concerned and refer to any existing documentation, research or resources that could help substantiate the evidence you provide.

This key guidance from the American Psychological Association (APA) may be helpful. <u>Potential risks of content, features, and functions: The science of how social media affects youth</u>

End of submission

Harriet Parsons.

Interim Chief Executive Officer,

Bodywhys - The Eating Disorders Association of Ireland,

Postal Address: PO Box 105, Blackrock, Co. Dublin, Ireland.

harriet@bodywhys.ie

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Web: www.bodywhys.ie

Office Tel: +35312834963

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² NICE (2017) *Eating disorders: Recognition and treatment.* National Institute for Health and Care Excellence

³ NICE (2017) Ibid

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