



Women and Equalities Committee

Oral evidence: Changing the perfect picture: an inquiry into body image, HC 274

Wednesday 21 October 2020

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[Watch the meeting](#)

Members present: Caroline Nokes (Chair); Sara Britcliffe; Theo Clarke; Elliot Colburn; Angela Crawley; Alex Davies-Jones; Peter Gibson, Kim Johnson; Kate Osborne.

Questions 73–85

Witnesses

I: Danny Bowman; Tatyana; Kate Roberts; Cassianne.

II: Dr Marc Bush, Associate Director, YoungMinds; Catherine Deakin, Director of Communications and Fundraising, Changing Faces; Dr Antonis Kousoulis, Director for England and Wales, Mental Health Foundation; Zoe Palmer, External Affairs Manager, Girlguiding UK.

Written evidence from witnesses:

- [Changing Faces](#)
- [Girlguiding UK](#)
- [YoungMinds](#)



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Examination of witnesses

Witnesses: Dr Marc Bush, Catherine Deakin, Dr Antonis Kousoulis and Zoe Palmer.

Chair: Welcome to the second panel this afternoon of the Women and Equalities Select Committee inquiry into body image. We have heard already this afternoon from a brilliant panel of young people. Can I thank all the witnesses for joining us this afternoon?

Q73 **Kate Osborne:** Welcome, panel. My first question is to Marc and Antonis. In July, the Government announced a new obesity strategy to encourage people across the UK to lose weight. How do you think the Government's upcoming strategy might impact young people, particularly those with body dissatisfaction?

Dr Bush: We welcome the fact that there is a conversation about this, given the public health crisis about obesity. However, we were a bit concerned about the extent to which young people, particularly those with body dissatisfaction, have been involved in the process. We were hoping for a bit more of a dialogue with young people and experts in this area, just to understand the consequences of those public health measures. We agree with what the national charity Beat has said about obesity being a complex interaction of different factors. We want a strategy that avoids shaming people for their weight or blaming them for making poor choices in their lives, when there are structural factors at work as well.

For me and the organisation, there is some progress in thinking about the way that we have conversations with people about what a healthy lifestyle is and how that interrelates between physical and mental health. We do not want young people who are already dissatisfied with, concerned about or fixated on how their bodies look, or the sensations of their bodies, to enter a world in which they are constantly triggered by different initiatives or face situations where they start to think that they need to more actively work on their bodies. That can be a core part of a range of mental health conditions that people face, which this could very well exacerbate.

Dr Kousoulis: I agree with Marc. There are some really good points in the strategy. I really welcome the link to poverty; the attempt to reduce the influences of what we call an obesogenic environment, an environment that promotes unhealthy eating and obesity; and the banning of junk food ads and "buy one, get one free" deals on unhealthy foods. All these points are really welcome to us as an organisation, the Mental Health Foundation.



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The strategy was missing a couple of important issues around mental health. There was not enough about the fact that early psychological support is needed for people, young people especially, who are overweight or obese. Obesity and overeating often start as a coping mechanism and hence young people need support for that. Some measures, like listing calories of all dishes in restaurants, could lead to calorie counting. We would see that as a risk for eating disorders and especially for people who are in recovery.

There was potentially not enough on the education of young people, not just about obesity and its impact on health, but about how it is caused. As Marc said, a multitude of factors influence that. I would have liked to see a little more on the connections between mental and physical health.

- Q74 **Kate Osborne:** We heard from young witnesses earlier that they feel schools can play an active and positive part in helping to develop positive body image from quite an early age. Catherine and Zoe, how can schools help young people develop a positive body image?

Catherine Deakin: Thank you to the Committee for the opportunity to speak with you today. As we have heard from Tatyana and the other young people on the panel, one of the biggest issues affecting young people's wellbeing and mental health today is negative body image. You can only imagine the additional pressure that young people who look different are facing. One in five of us today in the UK live with some sort of scar, mark or condition that makes us look different. This could be something we are born with, like a birthmark; a skin condition like eczema or acne; or scarring from an accident, like Tatyana mentioned.

Changing Faces' research shows that concerns about appearance begin to trouble children who have a visible difference from just seven years old, so really young. They face a daily grind of teasing, pointing in public and staring. They face social anxiety and isolation. Up to half of them will be bullied at school. Our research shows that most young people do not really understand the issues facing these children and early intervention in places like schools feels key.

We recommend that body image be included in things like the primary and secondary curriculum. Changing Faces will be launching new resources in the spring of next year that have been developed with University College London. These are for classroom teachers to raise awareness about visible difference and help children understand about body image. We would love to see them rolled out in classrooms across the UK.

Zoe Palmer: Good afternoon. Thank you for inviting me and Girlguiding to be represented today. As we have heard from the young people speaking earlier, it is a really key issue that needs to be addressed for children and young people. Schools feel like an important space in which that could happen. We do see schools playing a really important role in



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supporting wellbeing and mental health. Part of that should be looking at body image as a key element of wellbeing.

I will speak on behalf of girls and young women, because at Girlguiding that is who we work with and that is what our research focuses on. We know that body image issues affect the ways in which girls can participate at school, whether it is learning in class or taking part in PE or sport. There are a number of ways that schools could create an environment that encourages positive body image.

One area that has been mentioned is bullying. Around 44% of girls aged 11 to 21 have been bullied because of their appearance, so we are really keen that schools understand that that is a significant way in which children can be bullied and that they feel supported and understand how to tackle that. Body image as an issue needs to be understood as part of the wellbeing of children and young people and pastoral staff, as well as teachers, need to be supported to understand that. We would like to see the new health and sex and relationships education in England, where it has come into effect this year, implemented effectively, making sure that there is an evidence-based and effective way to deliver that curriculum that really supports young people.

Essentially, what is really crucial is the way in which children and young people are helped to develop the skills and resilience themselves, so they can interact with the reality of the pressures we know they face on a daily basis. We would be interested in Ofsted having a role in inspecting the quality of the way in which that subject is delivered. Ofsted has also updated its inspection regulations to look at wellbeing, and we think that body image should be part of that.

Finally, the ways in which schools tackle and address sexual harassment could positively contribute to how girls and young women, in particular, feel about their bodies. In 2018, we found that 64% of girls had experienced sexual harassment in schools, and we know that the experience of this, but also the fear of it, affects how girls feel about their bodies. We think that if schools were able to tackle that issue effectively, and take a zero-tolerance approach to sexual harassment, that would positively contribute to tackling this issue and supporting children and young people.

Q75

Kate Osborne: Marc, in normal times, if we can remember what normal times are, where can young people who are struggling with body dissatisfaction turn for help? How accessible are those services? How have they been impacted by the Covid pandemic? Is there anything that you feel the Government could do to ensure that young people with poor body image can still access help and support?

Dr Bush: It is a really important question and one that we have started talking about through talking about schools. Was there infrastructure in schools to try to identify where children spent their time and when they presented with difficulty? In our minds, we always go straight to clinical



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and eating disorder services. The reason I have started with more general services is that, in a recent survey, we found that 69% of young people worry about how they look and that is a factor of their mental health.

All mental health-related services probably deal with body dissatisfaction or people's attitudes towards their body, body images and body sensations. That is really important to recognise. While there has been a huge investment over the years, particularly in child and adolescent mental health, before coronavirus we were seeing a real struggle to get to the ambitions and aspirations that the NHS had for its own community services and its eating disorder-specific services.

In the current climate, that has become harder. One-third of young people told us that they were no longer able to access the kind of support they were getting for their mental health, which included their attitudes, perspectives and experiences of their body, because of Covid. It is really important that, as we look forward, we think about how we prepare for either the lockdown that we are in, depending on where we are in the country, or greater levels of restriction. How do we not only prepare for that but have a continuity of support for people who already have these issues going on in their lives? We also need to think about restoration and support as we move away, hopefully, at some point, and have greater access to mental health services in the community.

It is really important to note that, historically, children's mental health services have been chronically underfunded. We were only starting to have a basic infrastructure of mental health support being put into schools in England. A lot of that core infrastructure, that early help, is not there at the moment. The future needs to be about investing in early intervention and early treatment. How do we make sure NHS, voluntary sector and schools-based provision is of good quality and sees the signs when people are struggling or where body image issues are starting to emerge? How do we do more promotive and preventive work that tries to address this with young people themselves?

I am sure we will come back to it, but we have already heard about the important role that education can play, both in building children's and young people's resilience and in understanding the relationship between online and offline worlds, and how that impacts their mental health and wellbeing.

- Q76 **Kim Johnson:** Good afternoon, panel. I have a couple of questions on image editing. Zoe, there have been a number of calls for all digitally altered images to be labelled. What are your views on this and will this improve the body image of young people?

Zoe Palmer: We heard from the young people earlier today about this. Our research shows that, even though in general girls and young women, especially as they get older, are aware that the images they see, be they advertisements on billboards or online, probably involve an element of



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alteration, that does not mean it is not having a negative impact on them and not affecting them. The bombardment of perfected images every single day takes its toll. Our latest research shows that just over half of girls had seen adverts that had made them feel like they wanted to look different. That was higher for girls that identified as lesbian, gay, bisexual or questioning. We know that the images young people see are affecting how they feel about themselves. We live in a world where there is an aspiration towards perfection and this has an impact.

Girls and young women tell us, through our research, that they would like to see airbrushed images in advertisements labelled as such. They want to see that. They think it is important. It is important to be explicit that these images are not real. Yes, we believe that the media should avoid using airbrushing, but where they do that should be labelled as such. It is worth just highlighting this point: we think that this is one of a number of ways that the issue of how images are affecting children and young people, but also wider groups in society, could be addressed. Labelling images, just on its own, would not necessarily go far enough to change society and the culture in which we live, which is contributing to widespread body dissatisfaction.

We also want to see the media have better diversity represented. We want to see the representation of a diversity of people, but also a diversity of stories. Particularly for girls, they want to see women who are talked about in terms of their achievements and not just how they look. It comes as part of a wider range of measures that could have a real impact.

Dr Kousoulis: Zoe is making a lot of good points. If we are thinking about focusing our efforts on one or two actions, whatever they may be, I am not 100% convinced that labelling should be one. The research is quite conflicting. Most of the research, to be fair, is in non-diverse groups of young women, so it is not like we have a wealth of evidence. Labelling has not necessarily improved body dissatisfaction. Zoe has already made the point that a lot of young people know or are aware of these images. It needs a second or third layer of nuance for labelling to work. It needs to be co-produced with young people, so that messaging works for them. If we are doing this with the intent to inform and educate, information and education on their own are not really enough.

If we take an example from the health food industry, what has been shown to have an impact is not saying to adolescents, "This is unhealthy. This is good for you. This is not good for you". What works is when we tell them, "This is how some parts of the food industry are trying to manipulate you into consuming their products". For adolescents, the most important thing is independence from adult control. We should borrow some of these methods for imaging as well and explain that airbrushing and image editing, in fashion, cosmetic practices and beauty, are there for a reason, because they are trying to lead you to buy products, or whatever else it may be. I hope that is clear.



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Q77 **Kim Johnson:** Yes. Thanks, Antonis. My second question is to you as well. Image editing apps are widely available. Should there be an age limit to prevent children up to a certain age using them and, if so, what should that age be?

Dr Kousoulis: We have done quite extensive research on that and we recently published a briefing. It is, if I am allowed the expression, quite ridiculous at the moment that these apps are available for children as young as four or five years old. You are not technically supposed to have a social media account before you are 13. The first level, for me, is that these apps should not be available for children younger than 13. There is also targeting within these apps for in-app purchases. We should not be targeting children younger than 18 to buy extra features, to make it really accessible and user friendly for them to dramatically change their body shape, skin tone and things like that. Purchases should be restricted for those under 18.

Q78 **Angela Crawley:** I want to follow up on the points raised in the first panel and the second about the introduction of tighter age restrictions and perhaps even a verification process. As you can imagine, there are a number of young people who would not comply with the age requirements at the moment who still have access to these websites. I wondered whether you had any further proposals in terms of a verification exercise to ensure that there are appropriate safeguards. Secondly, do you feel that further regulation is required? Do you have any other proposals for methods or mechanisms that could tackle these issues?

Dr Kousoulis: There should be extra steps for verification. We cannot restrict all use of social media. Increasingly, we will see younger and younger children accessing social media. This is normal and expected, but there should be a verification process, because there are certain layers and targeting within social media that young people will not yet have the tools and the knowledge to navigate. There should be a verification process. How is this regulated? Perhaps the online harms work could be a way to do that. In addition, some online content—we have heard about this from young people and Marc mentioned it earlier—is quite harmful. There should be a level of regulation around that, but it should be evidence-based.

One of the first things, for example, that Instagram did to improve its practices was to change its algorithm so that it automatically takes down self-harm images. But what happens to the person who is posting an image or is self-harming? What kind of support are they getting? Is it a call for help? Would they get that? I come back to the point of co-production. Regulation should be informed by the experience of people with issues, like you have done with the previous panel.

Q79 **Sara Britcliffe:** Good afternoon to all the witnesses. Zoe and Antonis, what impact would restricting online and offline adverts for cosmetic surgery to people over the age of 18 have on young people's body



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image?

Zoe Palmer: We believe that advertisement or promotion of cosmetic surgery or procedures should not be visible to people under 18. If they were restricted, this would help to protect children and young people from the messages they are getting that they should be considering changing their appearances or their bodies, or that this is a normalised option for them. These sorts of adverts, as we have discussed and I am sure you have already heard, come within a context where the girls and young women I am speaking on behalf of are seeing so many images and messages that encourage them to focus on how they look and to consider changing their appearance. Eighty per cent of girls have considered changing their appearance. Half of girls from age 11 have been on a diet. A third would consider cosmetic surgery to change how they look.

It was mentioned earlier by the young persons panel that they believe and are told that this will create a positive, successful life for them. These are the messages that young people and children are receiving. Therefore, not having exposure to adverts for cosmetic surgery and procedures would be an important element and measure that could help with some of the issues that we see. We have responded to the ASA's recent call for evidence on the issue of restricting these types of advertisements. This should be looked at in more detail to understand how this could be effective across all different media channels and platforms, both online and offline.

On this point, we also support the Bill currently going through Parliament about better regulation of this as an industry. At the moment, there are no restrictions on people under 18 getting Botox or cosmetic fillers, other than for medical reasons, for example. We support broader regulations in this area.

Dr Kousoulis: I agree with Zoe, so I will not repeat her points. I will add a couple of extra points. I agree with the point about regulation. There is also a further step on regulation of this industry as a whole, especially for non-surgical procedures. Practitioners do not have to be trained to administer those procedures. This is really important. To link it to the image editing question, we have found a trend in our research of young people especially, but increasingly people of all ages, going to cosmetic practitioners. Previously, they maybe had a photo of a celebrity and were saying, "I want that nose and that chin", or whatever it is. Now they are going in with an edited image of themselves on their phone and they are saying, "This is what I should look like and these are the changes I want". Advertising from these industries can be quite predatory and the targeting predominantly of women can be quite relentless. We should step it up.

The Advertising Standards Authority already has a function in pre-vetting ads where the risk is high, in the case of alcohol, smoking and things like that. We should consider how some aspects of these industries—I would include beauty, fashion and things like that—are potentially higher risk.



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We should think about pre-vetting ads, especially inappropriate ads targeting specific demographics, like cosmetic surgery ads during "Love Island".

Catherine Deakin: I wanted to pick up on Zoe's points, because we have also responded to the CAP consultation, supporting an age-specific restriction on surgery adverts. We believe that young people with visible differences should have both choice and control over their condition and any physical treatment or mental health support they need. This might include the use of invasive or even non-invasive cosmetic surgery. But those options should be offered to and discussed with the young person at an appropriate time, with a qualified practitioner, with appropriate mental health and wellbeing support around them, rather than through advertising and marketing comms directed at them. Any child or young person should feel appropriately supported and empowered, with the right, clear information, when needed.

Q80

Sara Britcliffe: Zoe, what changes would you like the ASA to make to advertising policy specifically to protect young people from developing body dissatisfaction?

Zoe Palmer: There are a number of ways that the ASA could review specific areas of advertising to have a positive impact on body image, particular of children and young people. We warmly welcomed its new standards last year on harmful gender stereotypes in advertisements. We asked our youth panels, six months into that, to do an audit of adverts. They compared hundreds of adverts, before and after the standards came in, to look at how effective they had been.

On the whole, they found that these standards had made a difference and they were seeing fewer adverts that used harmful, stereotypical representations of the roles and characteristics of men and women. They did find areas where they did not feel the standards were addressing areas of harm in relation to stereotypes, particularly around body image. That was about the harm caused by advertisements because of repeated images of women being objectified, passive and overly sexualised, using very narrow beauty ideals. The result of that was a suggestion that, at the moment, the definition of harm and what is being included are not adequate to cover this area of body image and the harm caused by advertisements. We may get on to this later, but they found this to be a particular issue with online advertisements as well.

We would like to see how better diversity and representation could be reflected across advertisements, to understand the harm caused by very similar, repeated representations of certain types of people in advertisements, and to see diversity in all its forms, across body types, ethnicities, sexualities, disability and the roles and stories we see being represented. To build on the point about cosmetic surgeries and procedures, we would like to see regulation to prohibit the advertisement of diet products and diet pills, those types of things, to under-18s.



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Dr Bush: We could not agree more with what Zoe just said. The young people we are in contact with wanted us to highlight that they are very troubled by the amount of misinformation that is still available online in a range of forms. Something tangible the ASA could do is to look at how it tackles misinformation and, particularly, miracle claims, things like crash-dieting and muscle or mass gain, which give the sense that that is a positive body type to aspire to and that these things will resolve everything that they are experiencing at that time.

The young activists we spoke to as part of the consultation for this inquiry gave us a really interesting message about what body-positive campaigning does. They really welcome its intention, but are concerned about how much it might affect other certain body types and, particularly, some forms of identity. They wanted to see mainstream diversification of the types of people and bodies they see within advertising, online or offline, to make sure that the kind of young people they are, and the kinds of adults they are in contact with in society, are well represented, so that it is not seen as a side project or a one-off to bring particular kinds of people into an advertising framework.

I also wanted to mention something that young people bring up to us the whole time, but which is hard to talk about. I guess that is why your inquiry and the conversations talk about cosmetic surgery. It is body augmentation. The reason it is difficult to talk about, to the earlier questions about obesity, is that health-promotive culture is positive for people and society. A lot of the research we have done with young people asks what the consequences are of being exposed, in gaming, advertising or online forms of interaction, to unattainable and augmented bodies. What do they do offline to try to achieve those bodies?

We heard before from Zoe about girls' and young women's perspectives. Maybe I will add a bit from boys' and young men's perspectives. We know that two-thirds of school-age boys believe that the bodies they see online are fully attainable, in all their thinness or in all their mass and muscularity, and 90% think it is something they should be actively working on. That is a high percentage of people. The consequence of that offline is that we see boys, young men, girls and young women engaging in substance misuse, the injection and ingestion of supplements and other substances that are harmful for their growing bodies. It promotes cultures of disorderly eating. In many cases, it leads to them exercising not only to injury but on injury and beyond injury.

That has a really big impact on not only their physical health but their mental health, because the outcomes they expect from engaging in this behaviour do not materialise. That in itself is a really risky form of behaviour. The young people we have spoken to say that that can escalate to a situation where they feel a deep sense of dejection and alienation from their own bodies. That leads them into deeper suicidality or self-harming behaviour.



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As part of this conversation, those companies, advertisers, online spaces and social media companies that believe they are promoting something health-inducing should think quite deeply about the consequences for young people's offline lives. Yes, we heard about how young people creatively curate their online worlds, but it having really deep consequences offline. That needs to be part of the guidance and the solution.

Dr Kousoulis: I am recording my agreement with Zoe and Marc. To reiterate my previous point, we should try to expand the definition of [**inaudible**] risk, as in the examples that Zoe and Marc gave about weight loss, cosmetic and other industries. Especially with high-reach broadcasts online, on TV or anywhere else, we should consider a layer of pre-vetting.

Catherine Deakin: I wanted to agree with the other panellists and share some of the positive work that Changing Faces has done with the ASA on advertising. Last year, it supported our national awareness week, Face Equality Week, reminding advertisers how depictions in advertising can affect the way people feel about their own and others' appearance. One of the things we definitely hear from our community is that they never see anyone who looks like them. They never see anyone on TV, in film, on telly or in magazines. Two-thirds of them do not feel seen in adverts. They tell us they hear the message, "What is wrong with me, to look like this?" Wider society hears the message, "There is something wrong with looking different". That helps enable the bullying, trolling and staring we have heard about.

One of our ambassadors, Catrin, was 19 when she was in a coach accident. She suffered severe burns. The only things that were not burned were the soles of her feet and her scalp. She told me that, when she was in hospital recovering, she was flicking through the beauty magazines, looking at the adverts, and she could not see anyone who looked like her. She could not see what her life would look like going forward. We know these experiences and views of adverts have a devastating, lasting impact on young people's mental health. That leads to one in three people with a visible difference feeling depressed or sad because of how they look.

Last year, we launched a campaign called Pledge to Be Seen, which is looking to directly challenge companies and brands to better represent people who look different in their advertising or recruitment campaigns. When we see those positive role models, it makes a huge difference. We would love to see the ASA continuing to show leadership in this area and encouraging advertisers to better represent people who look different.

Q81 **Sara Britcliffe:** Thank you, Catherine. You have just answered some of my next question. What engagement have you had specifically with the ASA on improving body image? Do you have anything to add on that?



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Catherine Deakin: Last year, the ASA shared guidance in the context of its rules for advertisers, reminding them of three key things that are relevant to consider about looking different: do not present visible difference in a harmful or offensive way; do not look to play on insecurities in your advertising; and do not imply people's lives will be better if they undergo things like surgery. We would love to look at how we can work with them to actively prohibit, as we have seen from TfL, advertising that is likely to create body confidence issues or more pressure to conform to unrealistic or unhealthy body image and shape.

Dr Kousoulis: Our engagement with the ASA started in 2018. We reported to them some highly inappropriate ads from the cosmetic surgery industry that were broadcast during "Love Island". We explained how these ads potentially exploited young women's insecurities. After the process, it was deemed that these ads should be pulled and they were taken down from broadcasting. We had an interaction with them in 2019 around our Mental Health Awareness Week, themed around body image. We talked about the issues of vetting and pre-vetting ads, and signposting our audiences so that they know how to report ads that they find inappropriate or harmful. We have had occasional discussions since.

Q82 **Sara Britcliffe:** When you highlighted these issues with the ASA in 2018, did you see quite rapid action taken?

Dr Kousoulis: Yes, it was fairly rapid. After a few weeks, the ads were taken down and this was publicised as well. They were quite responsive to that.

Chair: Just to alert the panel, we are expecting a vote quite soon, so short answers would be appreciated.

Q83 **Alex Davies-Jones:** I will also try to keep my questions brief. Thank you to all the panel for joining us this afternoon. I would also like to touch on social media. We heard from the young people in the first panel about how social media had impacted their views on body positivity. Catherine and Antonis, what research or evidence are you aware of linking certain types of social media content to body dissatisfaction among young people?

Catherine Deakin: As we heard from the young panellists today, social media is such a crucial space for connecting and offering support to people with visible differences, who are already so vulnerable and feeling quite isolated, and have been further impacted by the coronavirus pandemic.

Still, our community are suffering significant trolling and online abuse because of how they look. Our stats are that over 40% of people with a visible difference have had negative experiences online. One in 10 say they are repeatedly harassed on social media. Almost half of those who have had that abuse online say they have lost confidence in the way they look directly because of that. Experiencing this hostility and abuse has a long-lasting impact. One in 10 say that negative behaviours have stopped



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them using social media completely. It is a community that is feeling visible and finding social media very difficult, as well as finding a lot of value in it.

Dr Kousoulis: In the spirit of keeping responses brief, some of the harmful content will include edited images, as we said; images that are presented as aspirational, targeted at those who are underage or otherwise vulnerable; and content promoting things like eating disorders or suicidal thoughts. I would add, generally, advertising that is hidden: celebrities and others endorsing products, especially those that have no evidence base behind them, and promoting them for wellness and wellbeing. Those are just a few examples.

Q84 **Alex Davies-Jones:** On celebrities, this week the singer Billie Eilish has had to speak out after been targeted online for putting on weight, apparently, after a picture was taken of her wearing a vest top. Just today, Chris Pratt is trending on social media sites because he has been labelled the ugliest among actors named Chris. At the other end of the spectrum, Rebel Wilson, the Australian actress, is now being accused of bowing to societal pressures after losing weight. What is the relationship between celebrity culture and body image, and what impact does the fascination with celebrities and their bodies, women in particular, I must say, have on young people growing up online?

Dr Kousoulis: This is a deeper issue. Beauty ideals are deeply embedded in our aspirations, practices and constructions of ourselves. We expect that this is the case in how we treat celebrities and how we see and criticise celebrities. There is no middle ground at the moment. We are seeing all these extremes, as you are describing them. For me, this is a call for deeper cultural change. We have heard our young panellists talking about education from a very young age and culture changes. We need to think about the language we use. We need to think about what we are teaching and how we are teaching our children. We need to think about what we do as parents, and what we role model as adults and teachers more generally.

We cannot really solve these problems and this trolling, bullying and shaming unless we seriously look into these ethical and cultural factors as a society. Beauty is the ethical ideal to live by at the moment and that is quite concerning.

Catherine Deakin: When we speak to children and young people, celebrities are second only to family and friends in how much influence they have on how they feel about their body and their body image. That has a huge impact on young people who have a visible difference. I appreciated the reference to men earlier, because we know that men with visible differences particularly struggle to find positive role models online and to have active conversations about how they feel about their appearance. This has a huge impact on them and means they do not access the mental health support they need around their appearance. Only two in 10 of the people we see through our counselling services are



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men and, when they are accessing services, they are getting there later. Building positive role models for men and women is really important.

Q85 **Chair:** I am going to ask one very quick question, but there is going to be a Division at 4.15 pm. In fact, I probably will not even get to ask this question. We have a series of questions, some on social media and some regarding the online harms White Paper. I would appreciate it if we could send you those questions in writing and you could provide your evidence that way, because I fear that we are not going to give you the opportunity to answer fully. Have any of the panel had any positive engagement with social media companies about what more could be done to help safeguard young people?

Dr Bush: We have. In 2019, our young activists worked with Instagram. They were talking about the issues they had online on a number of social media platforms and their concerns about content relating to suicidality, self-harm and body image. Through those conversations, Instagram did start taking action, which included, as you probably know, trying to tackle misinformation on its platform, such as by labelling misinformation on weight-loss products.

Chair: Can I cut you off there? I am really sorry. The Division bell is going. Those of you who are in the building can hear it. I would just like to thank all the panellists for their information. We will write to you to ask the remaining three questions, but I have to call the meeting to a close. I am very sorry, but thank you for coming this afternoon and for the information you have provided.