Guidelines for Responsible Media Coverage of Eating Disorders

Eating Disorders Victoria (EDV) recognises that the media is one of our most important allies in the effort to raise community awareness about the dangers of eating disorders. For this reason, we strive to work with the media to produce accurate, insightful and informative pieces that will resonate with the public.

Eating disorders are an issue that must be covered in a careful and responsible manner in order to avoid inadvertently glamorising or trivialising the illness or promoting experimentation with these life-threatening behaviours.

One challenge of explaining the causes and effects of eating disorders is understanding the complex interplay of biological, psychological and social forces that combine to ignite and fuel an eating disorder. Inappropriate reporting can actually trigger further episodes of disordered eating among people who are suffering from these complex mental illnesses, and can cause serious harm.

The following points contain basic information that should guide your approach to covering eating disorders issues.

Thank you for your commitment to accurate, sensitive, and responsible coverage.

• **Always include Eating Disorder Helpline contact details (1300 550 236).** Just as it is now considered standard practice in suicide reports to include details of where to go for help if a person feels suicidal, it is just as important, when covering eating disorders stories, to include details of where to go for help with body image or eating problems. **Eating disorders have the highest suicide rate of any psychiatric disorder, and the importance of encouraging people in distress over an eating disorder to seek help cannot be overstated.** It is also a good idea to refer people to the eating disorders website [www.eatingdisorders.org.au](http://www.eatingdisorders.org.au) for further information and help.

• **Don't include images, photographs or graphic descriptions of the bodies of severely unwell eating disorder suffers. Avoid 'before and after' images.** Research proves that coverage dramatising dangerous thinness can provoke a dangerous ‘race to the bottom’ among other sufferers, i.e., "She is thinner than I am and she's still alive. I should lose more weight."

• **Be careful not to judge health by appearances.** It is impossible to say whether a person has an eating disorder by their appearance alone. Likewise, it is impossible to say if a person is healthy or not just because he/she appears to look ‘normal’. Many people with severe eating disorders are not thin and may be of average weight or even above average weight and shape.

• **Don't play the numbers game.** That is: "She ate only 400 calories a day", "She dropped down to 43 kilograms" or "He took as many as 10 laxatives at a time" can turn a well-intentioned
article into a recipe for disaster, as some of your audience will use the information as a trigger for competitive behaviour eg. “She dropped to 43 kilograms, yet I’m still 50. I need to lose 3 kilograms this week”. All numbers should be left out, including dress size, weight etc.

- **Consider the impact that reporting on a celebrity’s eating disorder, weight or diet may have on other vulnerable people.** It is not uncommon for media outlets to question whether a celebrity is experiencing an eating disorder. Frequent reporting on celebrities’ weight, diets and possible eating disorders has the potential to create copycat behaviours in vulnerable members of the community.

- **Watch out for ‘anorexia chic.’** Eating disorders shouldn't be glamorised or made to sound attractive, or their sufferers presented as people with ‘astounding will-power’ or ‘incredible self-control’. They are not; they are sufferers in immense personal distress.

- **Be careful with narratives of those who ‘bravely fought their illness alone’.** Perhaps your subject did, but most don't. The vast majority of those who beat eating disorders do it only with the ongoing help of trained medical professionals combined with major support from family and/or friends. Often it takes not just one but many sources of help before a person recovers.

- **Remember that each recovery story is different.** Each person needs to find their own pathway, and recovery often takes a number of years. Try not to simplify or over-generalise. There is no one particular method of treatment that will be effective for everyone.

- **Be respectful to the interviewee about their emotional experience.** These people have recovered from a serious mental illness, and it is important to consider how they are feeling about sharing such an emotional personal experience. It is vital that you do not push for your subject to discuss, or expand on, areas or topics they don’t want to share.

- **Be mindful of the individual’s right to anonymity and privacy.** Unless they explicitly and unreservedly agree to it, do not include sensitive information, such as the interviewee’s real name, home suburb, workplace, or other details by which they could be identified. Besides being a breach of their right to privacy, being publically identified can have a dramatic impact on their current personal situation and wellbeing. It is always best to check upfront with your interviewee what personal details they feel comfortable about releasing to the public, and to respect their decision.

- **If you need more information, ask us.** EDV has access to the latest resources and in many cases we may be able to point you to treatment professionals, other eating disorder prevention organisations or volunteer speakers in your coverage area. We cannot, for ethical and legal reasons, provide contact details for people who are currently suffering from an eating disorder to talk about their Illness.