

Rules Approved Following Steering Committee Rounds 1 and 2 (Stage 1) for Delphi Panel Review (Stage 2)

1. General Content

1.1. The content depicts individuals with visual ribcages, collarbones, or other bones emphasised to suggest underweight bodies.

1.2. The content uses language such as "super skinny", "model thin", "bare bones" and "thigh gap goals".

1.3. The content promotes or encourages participation in viral or social media "body size-related challenges" that normalises comparison [e.g. "A4 waist challenge", "hip bone comparison"].

1.4. The content suggests a specific body shape to aspire to (e.g. thin waist, curvy bum, six-pack abs or thigh gaps).

1.5. The content uses eating disorder-specific terminology, slang or the mutation of these terms (an0rExia, bulim1a) into language that promotes harm rather than support.

1.6. The content promotes very low-calorie diets (less than 1000 calories per day) or extreme fasting (fasting for more than a certain number of hours).

1.7. The content encourages weight loss-focused habits through disordered eating or disordered exercise behaviours.

1.8. The content implies weight loss as a virtue or goal to achieve happiness, self-worth, confidence or social success.

1.9. The content suggests that it is acceptable to pursue extreme weight loss through disordered eating or exercise behaviours.

1.10. The content treats eating disorders as casual or unimportant issues.

1.11. The content frames eating disorders as trendy lifestyle choices.

1.12. The content perpetuates myths that eating disorders affect only certain demographics or body types.

1.13. The content displays eating disorders as minor problems or can be easily controlled.

1.14. The content involves the consumption of large quantities of food that may normalise disordered eating behaviours.

1.15. The content frames binge eating episodes as fun or entertaining without context on potential health risks.

1.16. The content associates larger bodies with negative traits such as laziness, lack of control and unattractiveness.

1.17. The content implies thinness is superior or essential for worthiness often paired with derogatory references to body fat.

2. Drugs, supplements and surgeries

2.1. The content names or references regulated weight-loss drugs, supplements or pills (e.g. Ozempic, Wegovy) with claims of effectiveness.

2.2. The content contains product-selling or advertising companies promoting unregulated weight-loss drugs, supplements or pills with claims of effectiveness.

2.3. The content promotes easy or quick weight loss through drugs or supplements.

2.4. The content mentions performance-enhancing drugs, steroids or similar substances in connection with achieving specific physical or appearance goals effectively.

2.5. The content presents cosmetic surgeries as desirable solutions for enhancing beauty or confidence.

2.6. The content implies that a person's natural appearance is inadequate and would be improved by modifying their appearance.

2.7. The content promotes weight loss methods and drugs, performance enhancement drugs, or cosmetic surgeries or treatments that will lead to improved self-worth or social success.

2.8. The content features testimonials or endorsements promoting specific weight loss pills, fad diets, performance-enhancing drugs, or cosmetic surgery procedures, without any mention of consultation with licensed healthcare professionals or medically verified needs.

2.9. The content implies that drugs or surgeries alone can create drastic physical changes, dismissing the importance of exercise, balanced nutrition, or proper medical supervision, which can encourage unsafe practices.

2.10. The content encourages pursuing surgery and weight loss or performance-enhancing drugs without medical advice or consideration of risks.

2.11. The content minimises, denies or dismisses serious health risks of body-modifying practices, including extreme diets, intense exercise regimens, or the use of weight loss and performance-enhancing drugs, potentially encouraging unsafe behaviours.

2.12. The content promotes easy or quick muscle gain through illegal anabolic steroids.

3. Beauty products

3.1. The content promotes beauty products with known or potential health risks (e.g. skin-lightening creams with bleaching agents, and chemical peels).

3.2. The content implies that people should use these products to achieve beauty standards.

4. Filters and edited images

4.1. The content is noticeably edited to enhance physical features unrealistically to meet beauty or body standards.

4.2. The content promotes edited images as attainable without indicating digital manipulation.

4.3. The advertising content is noticeably edited to enhance physical features unrealistically to meet the beauty of body standards.

5. Food and nutrition

5.1. The content shares diet plans or nutritional guidance without mentioning professional credentials.

5.2. The content suggests that nutritional advice is suitable for all viewers without personalisation or expertise.

5.3. The content suggests the amount consumed is ideal or beneficial for health without mentioning professional credentials.

5.4. The content includes the caloric content of specific foods or meals consumed.

5.5. The content includes caloric breakdowns or labels on meals in a way that emphasises calorie control as the primary focus.

5.6. The content includes very low portion sizes, serving counts or specific amounts that would account for less than 1000 calories per day.

5.7. The content depicts the creator's entire daily food intake.

5.8. The content encourages restraint or self-control in eating as a pathway to health or beauty.

6. Exercise

6.1. The content emphasises exercise solely for achieving appearance-related goals, such as weight loss, muscle definition, or a "perfect" body shape, rather than promoting health benefits like improved strength, endurance, or overall wellness.

6.2. The content focuses on exercise routines that are promoted as a way to fix or improve specific body parts to meet certain beauty standards.

6.3. The content suggests high-frequency, high-intensity or long-duration workouts as ideal or necessary for maintaining a certain physique for someone who is not an athlete.

6.4. The content depicts lengthy or highly intense workouts as typical or desirable, especially framed as essential for visible results.

6.5. The content highlights the number of calories burned immediately after exercising.

6.6. The content promotes a disordered concept of exercise by framing it solely as a way to "balance out" or "work off" food consumption, reinforcing harmful relationships with food and physical activity.

7. Body measurements and comparisons

7.1. The content includes visual standing on a scale with visible numbers or specific body weights.

7.2. The content promotes achieving or maintaining a specific body weight as a measure of personal value, social validation, or beauty, in a way that may

reinforce disordered eating behaviours or contribute to the development of eating disorders.

7.3. The content shows tape measurements around body parts or alternative measuring methods using household items.

7.4. The content shows checking or assessing body parts for fat or leanness.

7.5. The content frames body fat and/or lack of muscularity as a visible concern that should be monitored or evaluated.

7.6. The content shows visual features side-by-side or sequential progress visual content particularly highlighting body transformations.

7.7. The content encourages participation in appearance-based competitions focused on achieving specific body measurements or physical traits.

7.8. The content depicts individuals standing on scales with visible weight numbers, accompanied by imagery of extreme thinness, and includes language or hashtags promoting disordered eating behaviours.

8. Eating disorders recovery

8.1. The content for eating disorder recovery depicts hospital rooms, medical equipment or related settings.

8.2. The content for eating disorder recovery discusses medical interventions or specific medical treatments in a way that could glamorise or normalise hospitalisation for eating disorders.

8.3. The content for eating disorder recovery describes or compares symptoms between individuals or experiences, potentially creating a sense of competition.

8.4. The content for eating disorder recovery showcases eating or losing weight behaviours that may trigger imitation or reinforce the severity of symptoms.

8.5. The content for eating disorder recovery mentions specific numerical values tied to weight, calorie intake, portion sizes or exercise metrics.

