At the same time, more adult Australians are overweight or obese and there has been a significant increase in the proportion of children who are obese, from 5.2% in 1995 to 7.8% in 2007/2008.

Eating disorders and body image issues are complex and stem from concerns about appearance that can be affected by both social and cultural messages. They are often associated with family and peer relationship issues, and mental health issues. Related behaviours include restrictive eating, over-exercising, purging and the use of laxatives, or steroids for muscle building.

Research reveals a major preoccupation with body image for young people, especially amongst females:

- In a survey of Queensland high school students\(^1\), 70% of adolescent girls wanted to be thinner, compared with 34% of boys. Only 7% of girls reported wanting to be larger, compared with 35% of the boys\(^4\).

- An Australian study involving 869 school girls aged 14 to 16 years found that more than one third (36%) of the girls reported using at least one extreme dieting method in the past month (crash dieting, fasting, slimming tablets, diuretics, laxatives or cigarettes)\(^3\).

- Body dissatisfaction in boys is more evenly divided between those who wish to gain weight as well as those who desire to lose it\(^4\).

- One-in-ten anorexics are male; and about 3% of teenage boys use some sort of muscle enhancing drugs (such as steroids)\(^4\).

- Australian children as young as 6 years-old express dissatisfaction with their weight and a substantial number have attempted to lose weight.\(^2\)

A recent study of young Australians found body image to be a major concern for approximately one quarter of 11 to 14 years-olds, and the top issue of concern for 20 to 24 years-olds.\(^5\)

As a result of this preoccupation and dissatisfaction with body image many young people seek to alter their body weight or size by:

- unhealthy eating behaviours such as dieting, restrictive eating practices and binge eating
- the use of laxatives or
- over-exercising.

Adolescents are particularly susceptible to body dissatisfaction due to the physiological and social changes taking place in their lives.\(^6,7\)
This sense of body dissatisfaction can lead to increased anxiety, diminished self-esteem and in some cases develop into mental health issues including eating disorders such as anorexia and bulimia. The incidence of diagnosed anorexia is about 0.3% amongst young females; and it is estimated that anorexia and bulimia affect 0.5% and 0.5%-1% of the Australian population respectively. The causes of these diseases are found in personal, social and family issues.

Evidence shows there is a substantial risk of both suicide and death for those suffering from anorexia or bulimia when compared with the general population. Concerns about body image have also been shown to lead to depressive symptoms, which can then contribute to suicidal ideation. This is generally found because the cycle of dieting and bingeing leaves the young person feeling out of control and with a sense of failure when their weight fluctuates. These feelings contribute to and can increase feelings of helplessness and worthlessness.

Who is most likely impacted

Not all young people respond to body image cues in the same way. Some adolescents have personal characteristics that make them more vulnerable to feelings of body dissatisfaction. These include:

- someone who strives for perfection
- those who tend to view themselves as they think others see them
- the age of a young person
- a person whose Body Mass Index is inconsistent with ‘normal’
- someone who has a distorted perception of their weight and body image

The issues concerning young people or children who are overweight are different from those who aspire to extreme thinness or who over-exercise for weight control. For the overweight young person there are often issues concerning physical health as well as increased rates of teasing and bullying which can cause low self-esteem and depressive symptoms.

The Kids Helpline Experience

Kids Helpline has collected data from all contacts specifically about weight or behaviours surrounding eating. This covers symptoms of anorexia or bulimia as well as under eating/over eating and behaviours such as the use of laxatives, appetite suppressants and excessive exercising.

Since 2005, Kids Helpline has received a total of 4,364 contacts regarding eating and weight issues. In 2009, there were 644 contacts from children and young people, making up 1.2% of all counselling contacts. The proportion of eating behaviour contacts since 2005 has remained relatively stable, the highest proportion being 1.8% reported in 2006 and 2007.

Age and gender

The 15 to 18 year-old age group contacted Kids Helpline most frequently about eating behaviours in 2009. They accounted for 52% of counselling contacts concerning this issue. Since 2005, there has been a steady increase in the proportion of contacts from those aged 19 to 25 years (from 7% in 2005 to 38% in 2009). This rate of increase has been even greater than the increase seen overall from this age group for all counselling issues. The age group distribution for eating behaviours contacts for 2009 is shown in Figure 2.
In 2009, females were more likely to contact in relation to eating and weight issues compared with males (92% versus 8%). This is substantially different from the male/female split for all counselling contacts (79% female; 21% male). These findings reflect those of other studies that have reported a much higher prevalence of eating behaviour issues in females.\(^1\) This information is displayed in Figure 3.

**Figure 3**

**Cultural background**

In 2009, 9% of contacts concerning eating and weight issues identified as being from a Culturally and Linguistically Diverse (CALD) background. Compared with the proportion of CALD contacts for all counselling contacts (16%), it would appear this group was less likely to report eating and weight issues. Similarly, Indigenous contacts made up only 1.3% of eating and weight concerns even though they make up approximately 3% of all counselling contacts. This information is displayed in Figure 4.

**Figure 4**

Although young people with CALD backgrounds are overall less likely to contact about eating and weight issues, the numbers are increasing. In 2005, 4% of these contacts were from young people with CALD backgrounds compared with 10% in 2009. This increasing proportion of contacts from young people with CALD backgrounds is consistent with international research. American research currently indicates no significant differences amongst Hispanic, Asian, American, and Caucasian girls in terms of concerns regarding body image.\(^11\)

**Geographic location**

Children and young people from metropolitan areas are proportionally more likely to report eating and weight concerns. In 2009, 70% of all Kids Helpline contacts came from metro regions. However, 85% of contacts regarding eating and weight issues originated from metropolitan centres.

For all counselling issues the majority of contacts were from New South Wales (33%), Victoria (27%) and Queensland (21%) in 2009. It is interesting to note that contacts relating to eating and weight issues were under-represented in New South Wales (23%) but overrepresented in Victoria (34%) and Queensland (29%).

**Severity of concerns**

Counsellors classify eating behaviours under five different categories, depending on the severity of the contact:

- seeking information
- diet or weight an issue for the young person
- occasional disordered eating patterns
- continued disordered eating patterns, or
- severe health problems.

In 2009, the majority of contacts were from those with ‘continued’ disordered eating behaviours (50%) whereas 6% were seeking information only. Also, 16% of contacts were from those who had diet or weight issues, 11% were concerning occasional disordered eating patterns and 17% concerned severe health problems. This distribution of issues between the five categories is displayed in Figure 5.

**Figure 5**

\(^{Note:}\) some of the contacts in this group are from those who are case managed clients who may have contacted the service on multiple occasions.
Counsellor case notes reveal that some clients make contact for reasons other than direct counselling about eating and weight issues. These contacts include those concerned for another person (mostly peers), individuals ringing just for information and those seeking a referral to a face-to-face service.

Figures show that for lesser severities (information gathering and diet/weight issues), a dominant proportion of contacts were made by those in the 10 to 14 year old age group (11% and 38%). Looking at the percentage of contacts made from those concerned about continued disordered eating and severe health problems, figures reveal that the highest percentage of contacts are from 19 to 25 year-olds (55% and 21% respectively). This suggests that concerns about eating and weight issues may increase as young people get older.

In 2009, males most frequently sought counselling for eating and weight issues when they were experiencing severe health problems as a result of eating behaviour (57%), but females tended to seek counselling for all levels of severity of eating and weight issues. Contacts about continued disordered eating behaviours were recorded most for females (54%).

Counsellor case notes reveal that some clients make contact for reasons other than direct counselling about eating and weight issues. These contacts include those concerned for another person (mostly peers), individuals ringing just for information and those seeking a referral to a face-to-face service.

Carissa*, 14, reported that she used self-induced vomiting for three months in order to control her weight and wondered if it could have done permanent damage to her or if she could still have side effects. Carissa said her 18 year-old cousin showed her all the possible effects of vomiting and this was enough to “stop her”. She said she was no longer vomiting and had not noticed any abnormal symptoms.

Carissa was encouraged to see a doctor, but said she did not want to tell her parents. Carissa sounded reassured as she clarified her concerns and started to identify her strengths and some options with the counsellor.

*name changed for privacy reasons

Issac*, 18, spoke with the counsellor about his desire to lose 40kg. He is 119kg and only medium build. He said he has a good social life but is worried that he is gaining weight. Issac had successfully lost weight before. With the counsellor, he clarified his goals and worked out how to develop a healthier lifestyle including going to the gym and good eating. At the end of the call, Issac said he felt supported by the collaborative help and was able to develop some positive strategies for change.

*name changed for privacy reasons
Behaviours Associated With Eating and Weight Issues

Kids Helpline data shows that purging and the use of laxatives, over-exercising and restrictive eating are all behaviours frequently reported by young people with eating and weight issues. This suggests that many individuals suffer from unhealthy and disturbing patterns of eating although they may not have an eating behaviour diagnosis.

Secondary Issues

Young people who contacted Kids Helpline about eating and weight issues were also more likely to be concerned about managing emotional/behavioural responses, family relationships, mental health and self-image.

Note: Percentages represent proportion of each concern for contacts reporting a secondary issue.

Additionally, our data indicates that young people concerned about eating and weight issues also engage in self-harming behaviour and are at risk of suicide. In 2009, 15% of eating behaviour contacts reported self-harming, while 6% reported thoughts of suicide.

A negative self-image is also often associated with eating and weight concerns. When young people contacted us about eating and weight, 15% reported self-image as a secondary issue. This figure reveals the impact of eating and weight issues on self-esteem.

As well as the above issues, young people concerned about eating and weight issues also experience bullying and depression. The following young person’s story represents some of the issues facing children and young people reporting eating and weight issues and reveals the complexity of the inter-related factors.
BoysTown’s Position

BoysTown believes in supporting young people to develop a healthy sense of identity and well-being, and a greater sense of self-acceptance. BoysTown works with young people to empower them to be informed and make healthy choices to improve the quality of their life.

In 2009, BoysTown was involved in a response to the Australian Government’s Inquiry into Body Image Issues. BoysTown considers that three key factors contribute to the development of body dissatisfaction: cultural messages; social messages; and the personal characteristics of the individual. We believe a holistic approach is needed when developing early intervention strategies.

**Specifically BoysTown believes that:**
- All children and young people deserve the right to grow up in an environment free from constant advertising about weight and physical appearance.
- Schools and the community should encourage self-acceptance and positive peer relationships.
- Parents, friends and family need to be made aware of how appearance-related conversation can adversely influence young minds.
- Schools need to teach critical analysis of the media so that young people are aware of the ways in which images have been altered to create a false idea of ‘perfection’.
- In the delivery of support services, contemporary communication behaviours of children and young people should be respected, particularly with regards to online services. Online counselling services and accessible, accurate and credible information needs to be freely available to young people.

Young people who compare themselves to unrealistic images repeatedly are likely to experience body image dissatisfaction, mental health issues, and threats to healthy physical functioning. Young people need to be supported by their parents/carers and the general community in developing positive self-esteem and self-acceptance.

**Links to other resources and websites:**

**Links to Kids Helpline hot topics:**

Amanda *, 20, has a history of emotional abuse within her immediate family. She had spent most of her growing years in state care. Amanda re-established the relationship with her parents about a year ago but she continues to experience a large amount of emotional distress and conflict with them, particularly with her Dad. At present, she is choosing not to eat as she has a desire to look like “Victoria Beckham”. The counsellor discussed the options going forward and encouraged Amanda to link up with a face-to-face counsellor.

*name changed for privacy reasons
Suggested Citation:

References:

Heidi*, 17, rang excessively worried about her weight and preoccupation with food. She said she felt really guilty whenever she ate and engaged in compensatory behaviour, usually exercise, to deal with the guilt. Heidi reported that she was seeing a school counsellor and has been encouraged to see a psychologist - but didn’t want her parents to know about the issue.

She started to explore some of her concerns about her weight and discussed with the counsellor where they came from. They worked together to identify her existing strengths and began to consider strategies that she felt she could use. Heidi agreed that she would call again the following week.

*name changed for privacy reasons