



COMMUNITY SURVEY REPORT

Social Media, Eating Disorders, and Self-Harm Risk

What Our Community Told Us

Initial findings from NEDA's April 2026 community survey of nearly 2,700 individuals with lived experience, eating disorder professionals, and caregivers, with implications for platforms, policymakers, and the people most affected.

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Introduction

In April 2026, NEDA opened a community survey to anyone with a stake in the relationship between social media and eating disorders. Almost 2,700 people responded: individuals with lived experience of an eating disorder, eating disorder professionals, and the caregivers and family members who support them.

We wanted to know what our community is actually seeing online. What kinds of content trigger eating disorder thoughts and behaviors? Are existing platform safety tools effective? Where are people being exposed to harm? Is all of this affecting young people in particular?

This page summarizes what we heard. It is meant for the individuals and families in our community, the clinicians who work with them, the platforms, advocates, and policymakers who can do something about it.

To everyone who took the time to share their experience with us: thank you. We hope these findings can help inform both the public and decision-makers, guiding more thoughtful policies, platform practices, and conversations around eating disorders, body image, and mental health online.

Who we heard from

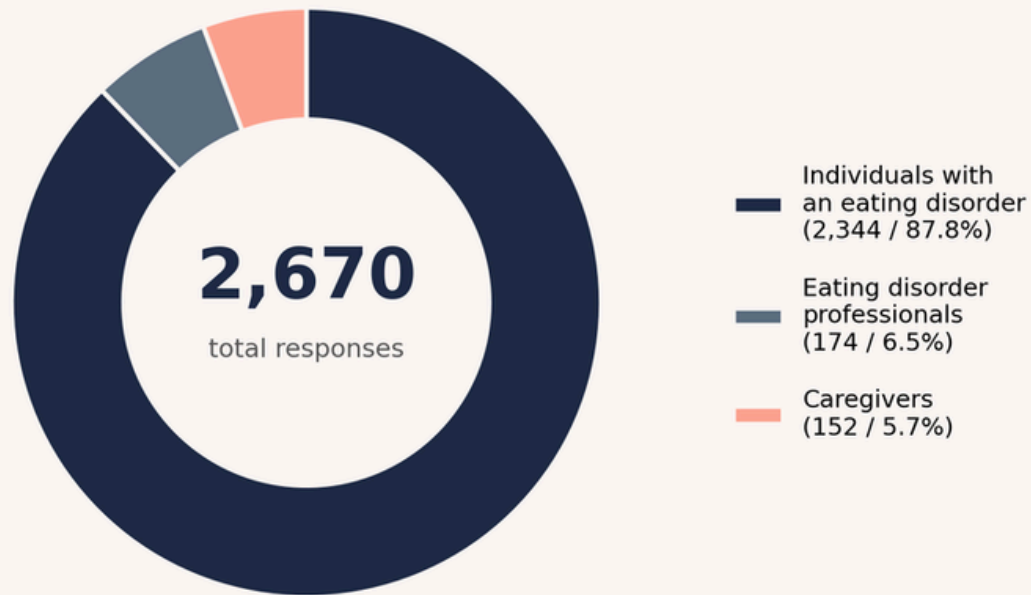


Figure 1. Respondent breakdown across three groups.

This initial analysis is from data gathered between April 8-20th. There are 2,670 total responses across three respondent groups:

- 2,344 individuals with an eating disorder (87.8%)
- 174 eating disorder professionals, including clinicians, therapists, and dietitians (6.5%)
- 152 caregivers (5.7%)

Among professionals, 87% work with adults and 62% work with adolescents, giving us perspective across both populations. Among individuals with lived experience, 59% are teens (ages 13 to 18) and 41% are adults.

Emerging themes

Theme 1: It's the content, not the clock

Before looking at who is most affected, the overall picture from this survey is striking. 82% of individuals report engaging in disordered eating habits (restricting, bingeing, or purging) after exposure to body-focused content on social media. Clinicians confirm what individuals are reporting. 85% say their clients at least sometimes describe symptom escalation tied to social media use, and 59% say this happens often or always.

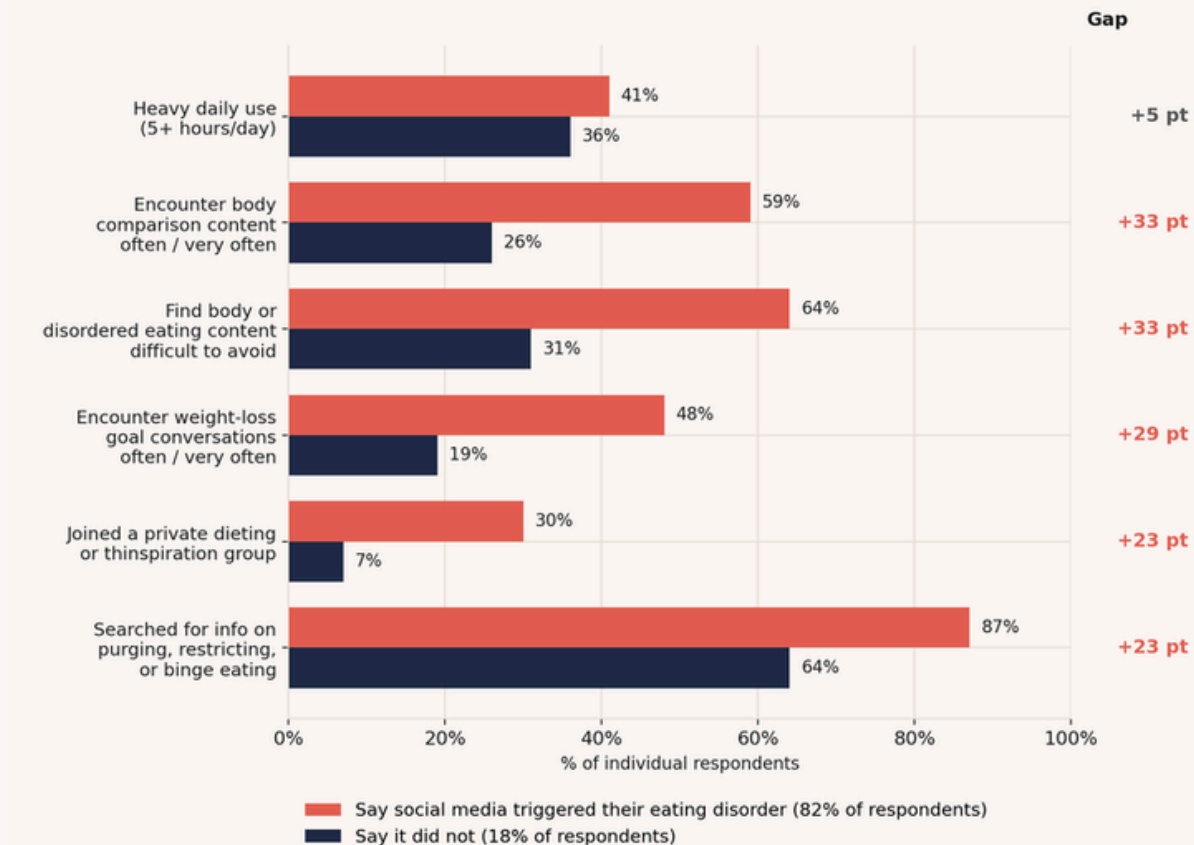


Figure 2. Triggered users differ from non-triggered users mainly by what they encounter, not how long they spend online.

The most policy-relevant finding in the survey comes from a direct comparison: individuals who say social media has triggered eating disorder thoughts or behaviors versus those who say it has not.

The two groups are nearly identical in how much time they spend online. They differ dramatically in what type of content they see and how easily they can avoid it. Triggered users are twice as likely to find body-focused content difficult to avoid even when actively trying. They encounter weight-loss conversations and body comparison content far more often. They are more than four times as likely to have joined a private dieting or thinspiration group.

This has a direct implication. Time-based restrictions on their own (screen-time caps, daily limits) reduce overall exposure but don't address what users actually see. The single highest-impact intervention is changing what platforms surface and what users can effectively avoid.

“ I have blocked any content that makes me skeptical or seems disordered and still it finds its way into my feed.
– Survey respondent, individual with lived experience ”

Theme 2: More time online, more crisis content

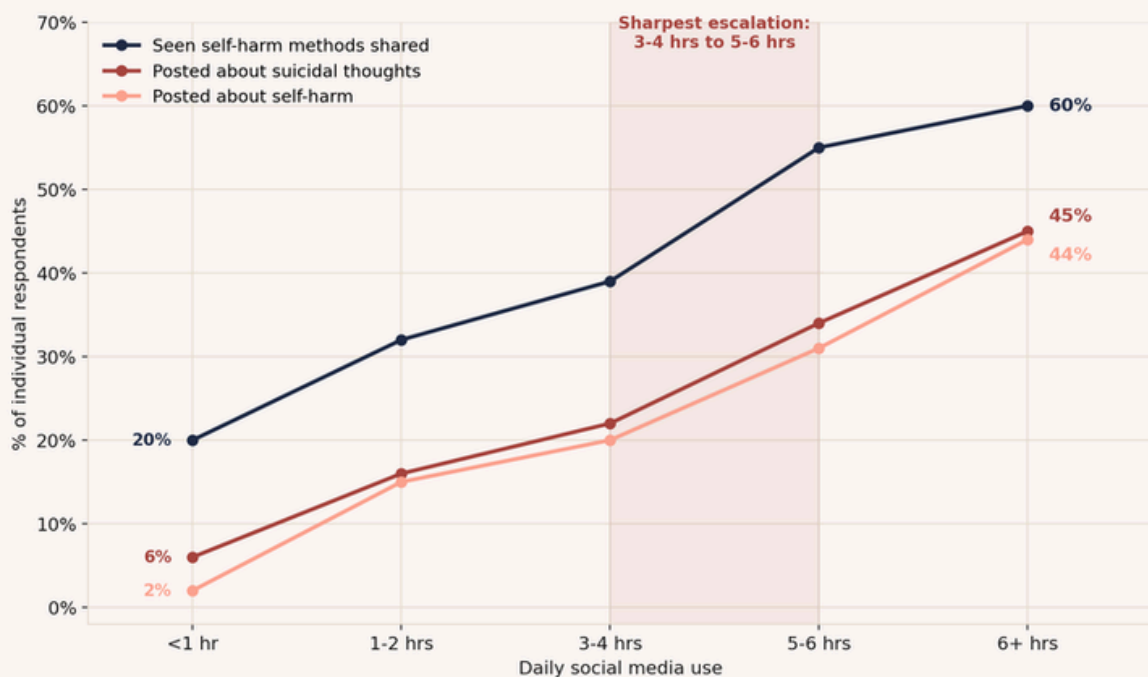


Figure 3. Dose-response curve for self-harm posting and exposure across daily use bands.

While time alone doesn't explain who is triggered for eating disorder thoughts and behaviors, it does drive a separate, alarming dose-response curve: as daily use rises, exposure to and posting about self-harm and suicidal thoughts rise sharply.

Self-harm posting rises from 2% among users on social media less than an hour a day to 44% among users online more than six hours a day. Suicidal-thought posting rises from 6% to 45% across the same range. The sharpest jump happens between 3 to 4 hours and 5 to 6 hours of daily use.

Importantly, even at less than an hour of daily use, 61% of individuals report that social media has triggered anxiety, depression, self-harm, or suicidal thoughts. There is no amount of exposure at which the data shows zero harm.

Theme 3: Teens most affected, least protected

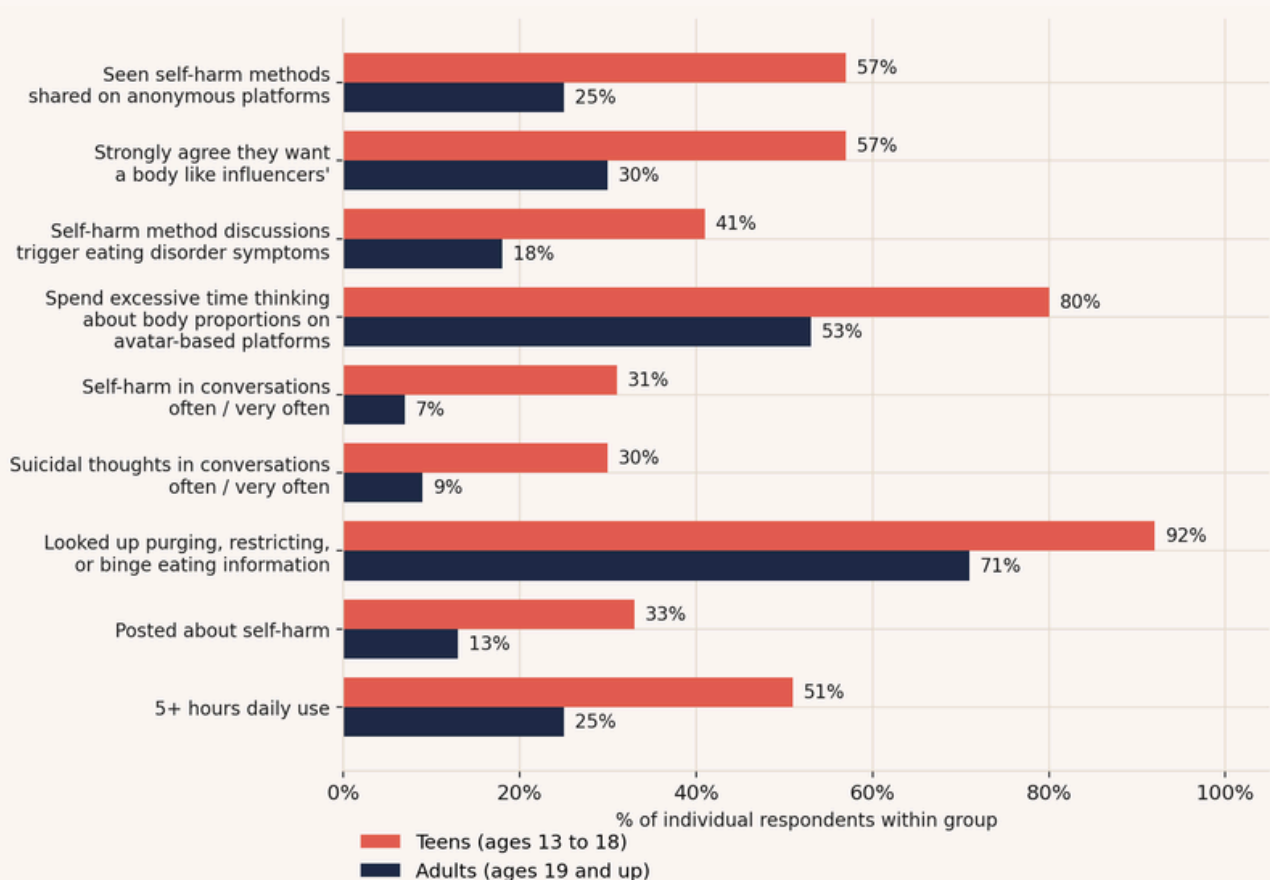


Figure 4. Harm measures, teens versus adults, among individual respondents with an eating disorder.

Among individual respondents with an eating disorder, teens (ages 13 to 18) report higher rates of harm than adults on almost every measure we asked about. The gaps are largest in the most concerning categories.

- Teens are more than twice as likely as adults to have seen sharing of self-harm methods on anonymous platforms (57% vs. 25%).
- Teens are more than four times as likely to discuss self-harm in conversations often or very often (31% vs. 7%).
- Teens are more than three times as likely to discuss suicidal thoughts often or very often (30% vs. 9%).
- 57% of teens, compared to 30% of adults, strongly agree they want their body to look like influencers’.

Teens also dominate the heaviest-use bands. 76% of users in the 5 to 6 hour band and 72% in the 6+ hour band are teens. The population most developmentally vulnerable is also the population with the greatest cumulative exposure.

Two more findings from this group are notable. Teens are nearly twice as likely as adults to normalize harmful posts in their replies (26% vs. 15%) and less than one-fourth as likely to report them (2% vs. 9%). The protective peer norms that adults rely on online are weaker in teen spaces.

Theme 4: Different platforms, different harm

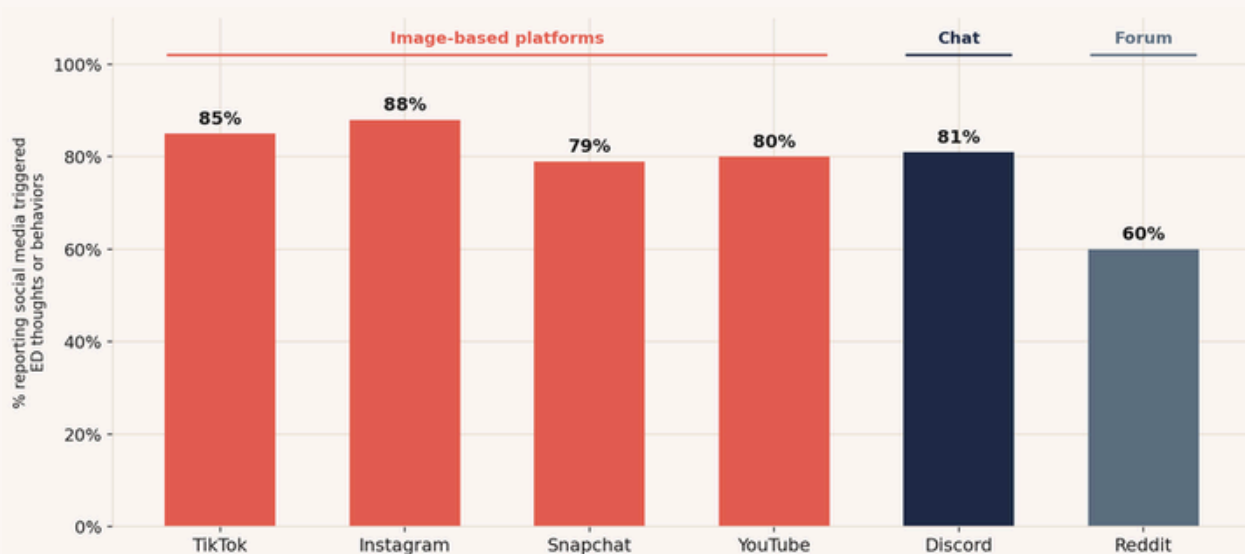


Image-based platforms cluster within a narrow range on body-focused harm. Discord users post about self-harm and suicidal thoughts at the highest rate of any platform (48% each). Reddit’s text-based, moderated, topic-based structure shows lower harm across most measures.

Image-based platforms (TikTok, Instagram, Snapchat, YouTube) cluster within a narrow range of body-focused harm metrics, despite meaningful differences in their age. This consistency suggests that the form of content (short video, emphasis on appearance, algorithmic surfacing) and the way it is presented matters at least as much as which platform a young person is on.

A few platform-specific patterns stand out:

- TikTok was named as the single most-used platform by 53% of respondents, and 70% of TikTok-primary users are teens. It also had the highest body-focused harm scores.
- Discord is the primary platform for only 7% of respondents, but its harm profile is striking: 81% of Discord users say social media triggered anxiety, depression, self-harm, or suicidal thoughts; 44% discuss self-harm often or very often; 48% have posted their own self-harm or suicidal-thought content (vs. 19% and 22% on Instagram).
- Reddit is a partial counterexample. Reddit-primary users report systematically lower harm across most measures, and 27% of Reddit users say peers offer support resources (the highest of any platform). Reddit's pattern (text-centric, topic-based communities, volunteer moderation) shows that the harm levels on other platforms are not inevitable.

Table 1. Cross-platform harm metrics

Metric	TikTok	Instagram	Snapchat	YouTube	Discord	Reddit
Most-used platform	53%	34%	15%	30%	7%*	3%*
5+ hours daily use	55%	32%	56%	41%	64%	23%
6+ hours daily use	26%	13%	22%	21%	41%	7%
Strongly want body like influencers	56%	40%	55%	45%	46%	23%
Engaged in disordered eating after body content	89%	82%	82%	83%	87%	57%
SM triggered ED thoughts / behaviors	85%	88%	79%	80%	81%	60%
Teen share of primary users	70%	43%	73%	66%	71%	17%

*Discord and Reddit numbers reflect primary-platform users.

Theme 5: An unscripted finding: GLP-1 content

GLP-1 medications (sold under names like Ozempic and Mounjaro) were not a coded option on the survey. They came up anyway, in clinician and individual narratives, often enough to constitute an emerging theme on their own.

Clinicians describe weekly conversations with clients about these drugs. Several reported direct links between unavoidable advertising and increased disordered eating behaviors in clients. Individuals describe being unable to opt out of before-and-after ads even after attempting to.

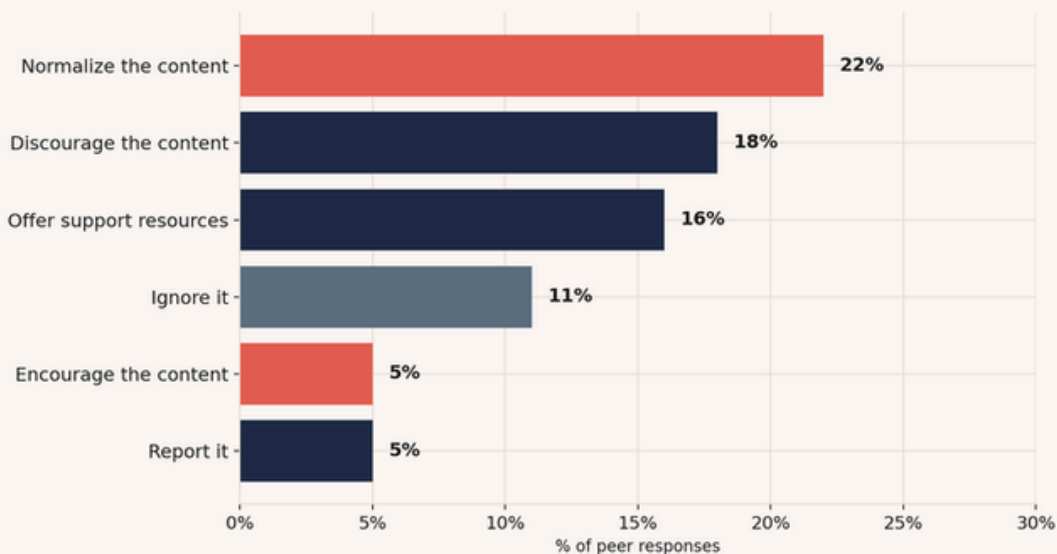
“ I have found the focus on the use of GLP1 meds for weight loss upsetting. They are all over social media, with before and after pics. I know that taking one of these meds would be dangerous for me but the hype is painful.

– Survey respondent, individual with lived experience ”

“ GLP advertisements have been increasing. This comes up at least once a week in my sessions, and with more exposure to the GLPs, the more clients are questioning if they should take them too.

– Survey respondent, clinician ”

Theme 6: Peers don't usually help with crisis content



Harmful or normalizing responses: 27% **Helpful responses (discourage / resources / report): 39%**

When individuals post about extreme dieting, self-harm, or suicidal thoughts, what happens? In our survey, the most common response was normalization (22%), followed by discouragement (18%), offers of support resources (16%), being ignored (11%), and explicit encouragement (5%). Only 5% of peer responses involved reporting the content.

Combined, harmful or normalizing responses outweigh helpful ones at a substantial rate. This is especially concerning given that the lightest users (under 1 hour daily) report 4% peer normalization, while the heaviest users (over 6 hours daily) report 30% normalization of harmful content. Heavy users, who are the most exposed, are also in spaces where their peers are least likely to push back on harmful content. They cannot rely on peer protective norms to keep them safe.

What the research tells us

Our community survey doesn't sit in isolation. It tracks a body of academic evidence that has been documenting these patterns for years and continues to grow.

Heavy social media use (more than three hours a day) has been linked to elevated risk for depression, anxiety, body image concerns, and disordered eating (Riehm et al., 2019). Adolescents using social media five-plus hours a day are roughly 2.5 times more likely to report suicidal thoughts or self-harm behaviors than lower-use peers (Institute for Family Studies, 2023). 95% of U.S. adolescents are on at least one platform (Office of the Surgeon General, 2023), and teens average 4.8 hours of daily use (Rothwell, 2025).

The mechanism behind this isn't a mystery. It has been audited.

In 2022, the Center for Countering Digital Hate set up new TikTok accounts registered as 13-year-olds. Eating disorder content surfaced within minutes of opening the app. Suicide-related content appeared within roughly three minutes of scrolling the default "For You" feed. Body image content appeared every 39 seconds. Accounts with weight-loss-related usernames were served up to 12 times more self-harm videos than standard teen accounts.

Four years later, our community survey shows that the underlying dynamics have not meaningfully changed. 82% of respondents say social media has triggered eating disorder thoughts or behaviors. 64% of triggered users say body-focused content is somewhat or very difficult to avoid even when actively trying. The 2022 audit identified the problem; our 2026 survey shows it is still happening to the people most at risk.

Social media communities also offer support

The same research base that documents these harms is clear on something else: for a meaningful share of users, social media is also a lifeline. Researchers describe it as a “dual-use environment” that can simultaneously reinforce harmful norms and provide recovery-oriented support (Nesi, 2020). Which side of that line a given user lands on depends heavily on what content they encounter, who they connect with, and how moderated the spaces they participate in are.

Online communities can be a source of connection and identity for people who feel isolated offline. This matters especially for groups that face higher rates of eating disorders alongside higher barriers to in-person care, including LGBTQIA+ youth, trans and gender-diverse individuals, and Black, Hispanic/Latina/o, Asian and other people of color, who are systematically underrepresented in clinical research and treatment access (Parker & Harriger, 2020; Diemer et al., 2015; Simone et al., 2022; Burke & Demetrius, 2026). For users in rural areas, users without nearby specialty clinicians, and users who are not yet ready to disclose their struggles to family, peer-led online communities are sometimes the first place a recovery conversation happens at all.

The literature also points to specific protective conditions. Moderated forums, where volunteers or staff actively curate the space, are associated with reduced circulation of harmful content and more recovery-oriented peer interaction (Kendal et al., 2017; Lerman et al., 2025). Communities organized around topic and shared experience, rather than appearance, tend to produce different dynamics than algorithmically surfaced feeds. And users who actively seek out recovery accounts, peer-support spaces, or harm-reduction communities often describe them as protective even while acknowledging the broader feed is not. This came through clearly in our own survey:

“

Social media is the only place I feel connected to others going through what I'm going through. Despite the downsides, it's kept me alive. I wish people would just leave social media alone and stop trying to silence and censor those of us who are struggling and just trying to find connection.

– Survey respondent, individual with lived experience

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The implication for platforms, advocates, and clinicians is that broad bans are not a clean solution. Research consistently warns that overly restrictive moderation can drive vulnerable communities to less-moderated spaces, isolate users who depend on peer support, and damage the very networks that produce recovery (Mavandadi & Lewis, 2021; Chhabra et al., 2025). The goal is not to remove eating-disorder-related content wholesale; it is to reduce the amplification of harmful content while preserving the spaces where peer support actually happens.

Acting on what we heard

The community told us what is happening, and our intentions are organized around four intentions:



Illuminate the community's experience

The first job of this report is to make visible what people with eating disorders, their families, and the clinicians who treat them are actually living with online. We will keep producing community-level evidence and keep putting it in front of the people who need it.



Bring evidence directly to social media platforms

The single most actionable finding in this survey is that algorithmic and content-design reform, not time-based restrictions alone, is the most impactful intervention. NEDA will share these findings with social media platform safety, policy, and product teams.



Advocate for policy and platform change

We will continue to support legislation, regulation, and industry standards that protect people with or at risk for eating disorders online. The cross-sectional findings on teen exposure and the limitations of time-based restrictions sharpen the case for differentiated minor protections and design accountability. We will share this report with regulators, legislators, and partner advocacy organizations.



Connect users to support

Finally, this report is paired with resources for individuals and families including media-literacy tools, screening guidance, and pathways to professional care. Whatever brought you to this page (your own experience, someone you love, or your work with clients), there is something you can do next.

Future directions

Looking ahead, one of the most important next steps for our work is understanding how social media harm changes across gender. The traditional focus of eating disorder research on women, restriction, and the thin ideal has missed real and rising harm in communities the field has historically overlooked, including boys and men, and trans and gender-diverse users. Our current survey didn't ask about gender, but NEDA is hearing from clinicians, medical providers, researchers and caregivers that there is a care crisis in regards to boys and men.

Eating disorders affect men at meaningful rates, with recent estimates suggesting up to 25% of cases occur in men (Capuano et al., 2025), and hospitalizations for eating disorders among boys have risen approximately 400% since 2002 (Smith et al., 2023). But men and boys are still less likely to be diagnosed, less likely to be studied, and largely missing from the symptom profiles that platforms and clinicians use to spot risk (Schmitt et al., 2025).

Part of why they're missed is that disordered eating in males often looks different. It tends to be centered around the pursuit of muscularity rather than the pursuit of the thin ideal, including extreme cutting and bulking cycles, compulsive macro tracking, and unsupervised use of supplements, hormones, or steroids. The literature names this pattern muscularity-oriented disordered eating (MODE), and recent work shows strong associations between muscularity-oriented social media content and probable muscle dysmorphia in boys and men, even when controlling for time spent online (Ganson et al., 2025; Schmitt et al., 2025; Nagata et al., 2019). That mirrors the "content matters more than time" pattern we found in our own data.

Less is known about emerging male self-optimization communities, grouped under the umbrella term looksmaxxing, which skew young and have grown quickly. They encourage practices ranging from extreme dietary protocols to unsupervised hormone use to bonesmashing, the practice of repeatedly striking one's own face to "remodel" facial bone. Body dysmorphic disorder, severe depression, and suicidal ideation are documented risks in these spaces (Halpin et al., 2025; Sosnick, 2026; Muntaner Vives et al., 2026; Idali, 2026).

In the next round of this work, we want to ask directly how the relationship between social media content and eating disorder symptoms changes when the goal is muscularity instead of thinness. We also want to learn from trans, nonbinary, and gender-diverse users, whose experiences are still rarely represented in the existing literature. NEDA is committed to listening to and learning from a broader range of voices. The community of people affected by eating disorders is wider than the picture the field has historically drawn, and our work needs to reflect that.

Tips for protecting yourself online

Social media is part of daily life for most people. While it can be harmful, many in our community describe it as one of the few places they feel less alone. The goal isn't to tell you to delete your accounts, but to help you build an online space that feels safer and supports your recovery and mental wellbeing.

Curate the feed you actually want

Mute or unfollow accounts that leave you comparing your body, eating, or worth to someone else's. Add accounts that build self-esteem, affirm body diversity, recovery, and identities outside appearance. When harmful content shows up, use the "not interested" option, block the account, and search out an alternative that aligns with your values. Algorithms re-train slowly so repetition is key.

Build media literacy as a habit

Before reacting to a post, ask: Is this image filtered or altered? What is the goal of this content, and who profits if I believe it? How does it want me to feel about myself? Remember that images and trends are often designed to shape what you want, buy, or value—and with practice, you can learn to view them more critically, choosing what you take in, what you question, and what you leave behind without letting them define your self-worth or identity.

Set boundaries that fit your life

Turn off notifications. Move social apps off your home screen, set device time limits or app-free times of day (mornings, meals, before sleep), and charge your phone in another room overnight. If a particular platform consistently leaves you feeling worse, take a break or disable an account temporarily.

Know the warning signs in yourself

Social media use may be working against your wellbeing if it interferes with sleep, school, work, or relationships, if you choose it over in-person time you used to enjoy, or if checking it feels less like a choice. These can also signal that an eating disorder is intensifying. Reaching out to a trusted person, therapist, or medical provider is appropriate at any point. Seeking help earlier is better than later.

Use your voice, when you have the energy for it

Many people in our survey said social media is also where they find community and support. Sharing what you wish your feed looked like, calling out harmful content, and pushing platforms toward better behavior is one of the ways change happens.

Tips for caregivers and parents

Raising a teenager in today's digital world can feel overwhelming. The good news is you don't need deep knowledge of technology to support them. What makes the biggest difference is staying engaged, keeping communication open, and building a relationship where they feel comfortable talking about their online experiences

Co-watch the feed

Sit down together and scroll. Ask what the goal of a post might be, whether it's edited, and how it makes them feel. Focus on asking and listening rather than lecturing, so they feel like the expert on their own experience.

Curate together

Help them notice which accounts leave them feeling worse and normalize unfollowing as part of healthy online habits. Over time, this builds the skill of shaping a feed that reflects their interests, values, and wellbeing beyond appearance.

Use the tools that exist

Most platforms offer settings like time limits, content filters, and parental controls. They are most effective when used alongside ongoing conversations and shared expectations.

Build screen-free time, not just screen-limited time

Create regular device-free moments like meals, bedtime, or time outdoors. The goal is not just less screen time, but more space for sleep, hobbies, movement, and in-person connection.

Watch your own scroll

Teens notice how adults use technology. Be mindful of your habits, talk about them, and model the relationship with the media you want them to develop.

Check in with curiosity

Keep conversations open and low-pressure. Instead of reacting quickly, ask what has been showing up in their feed or whether anything online has been bothering them. When teens feel heard and not judged, they are more likely to share.

Pay attention to what works

You know your teen best, and their needs may shift over time. Notice what they are drawn to online and how it affects their mood, energy, and self-image. Let that guide how you respond and adjust over time.

When to seek support

You don't need to wait for a crisis to ask for help. Whether the changes you're noticing are in yourself or in someone you love, the connection between social media use and eating disorders often shows up first as small shifts in eating, mood, sleep, or how someone talks about their body.

Specific signs that warrant professional support include food restriction, bingeing, purging, or compulsive exercise; rapid or unexplained weight changes; intense fear of eating; growing fixation on body or diet content; increasing secrecy or withdrawal; and fainting or dizziness. Earlier support is associated with better outcomes. The resources below can help you take a next step. [Learn more about the signs of an eating disorder >](#)

Resources

If you are are in crisis

- National Suicide and Crisis Lifeline - call, text, chat (options for deaf and hard of hearing)
<https://988lifeline.org/>
- Crisis Text Line: Text HOME to 741741
<https://www.crisistextline.org/>

Find out if you're at risk for an eating disorder

- Take or share our free, confidential test to check your risk and connect with support
<https://www.nationaleatingdisorders.org/screening-tool/>

Find treatment and support

- Take or share our free, confidential test to check your risk and connect with support
<https://www.nationaleatingdisorders.org/media-and-eating-disorders/>
- NEDA's Treatment directory
<https://www.nationaleatingdisorders.org/find-treatment/>
- Explore free and low cost support options
<https://www.nationaleatingdisorders.org/free-low-cost-support/>

For caregivers and families

- Explore free and low cost support options
<https://www.nationaleatingdisorders.org/media-and-eating-disorders/>
- Explore free and low cost support options
<https://www.nationaleatingdisorders.org/grace-holland-cozine-resource-center-loved-one/>

About the survey

The community survey was open from April 8 through April 20, 2026. Participation was open to individuals with lived experience of an eating disorder, eating disorder professionals, and caregivers of someone with an eating disorder. The survey combined quantitative items on platform use, content exposure, and observed behaviors with open-ended response prompts. The dataset includes 2,670 total responses (2,670 screened, 2,670 qualified, 1,164 completed); cross-sectional analyses were run by age, primary platform, daily use band, activity type, and self-reported triggering.

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