



Addressing eating disorders through legislation: The Israeli 'Models' Law'—process, enactment, and dilemmas



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ABSTRACT

Preventing the onset of eating disorders and disordered eating pathology is crucial. While these conditions have a multi-factorial etiology, socio-cultural norms, particularly the media, contribute greatly. Policy and legislative action are warranted to change harmful media images. To the best of our knowledge, Israel was the first country to tackle the problem of unrealistic and unhealthy images in the media through legislation by initiating and passing an innovative law. The "Knesset," the Israeli Parliament, voted in December 2012 to pass new legislation that forbids the appearance of underweight models (BMI of 18.5 or less) in commercial advertising. The law further requires that if a graphic editing program has been used to reduce the dimensions of a model in advertising photographs, this fact must be clearly indicated. The purpose of this article is to describe the law; the process and obstacles to creating and passing the law in the Knesset; national and international reactions to this Israeli law; and the challenges of implementing (enacting and enforcing) this law in Israel. Given that other countries are implementing similar policies, additional legal approaches are described, including ideas for further research on how to enact, enforce, and evaluate the impact of such laws.

1. Background

The last several decades have seen a high prevalence of eating disorders (EDs) and related symptoms and behaviors across Westernized nations [1,2]. Eating disorders and Disordered Eating Pathology (DEP), such as unhealthy weight control practices and binge eating, are a public health concern, given their high prevalence and health consequences [3,4].

The main EDs are Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorders (BED), and Otherwise Specified, Eating and Feeding Disorders (OS-FED). They are associated with serious physical complications, high rates of psychiatric comorbidity, high mortality rates and are more frequent in adolescent girls [5]. While the etiology of EDs and disordered eating behaviors is complex and multi-factorial, socio-cultural norms, including the media, clearly contribute greatly [6]. Individuals with EDs and DEP describe thoughts and behaviors that reflect serious problems related to body image and perception [7]. Disordered Eating Pathology (DEP is a non-clinical term that refers to moderate levels of disturbed eating patterns, such as preoccupations with weight and shape, body image disturbance, and more. Caloric restriction, constant dieting, over-exercising, and diuretics and laxative usage are common examples of behavior associated with DEP). Disordered Eating Pathology is also related to significant

psychiatric and physical co-morbidities [5,8–10]. Research indicates a high prevalence of body dissatisfaction in young girls despite normal weight [11]. The same phenomenon has also been observed in Israel, including Israeli children as young as nine-year-old who exhibit signs of DEP [12]. A multi-country study of adolescents conducted by the World Health Organization reported that, in recent decades, Israeli youth have been preoccupied with dieting, laxative use, purging, or other eating-related disturbances at one of the highest rates of the 34 industrialized nations participating in the study. Moreover, 60% to 80% of female adolescents report body dissatisfaction and a desire to lose weight [13]. In addition, a study conducted in Israel that examined the prevalence of DEP among adolescents reported that 45.3% of the participants wished to lose weight, and 6.1% of them were at risk of developing EDs [14]. According to the Knesset Research and Information Center [15], an estimated 6% to 8% of adolescent girls and young women aged 15 to 24 suffer from EDs. Additionally, approximately 22% of Israeli adolescents display symptoms of DEP, with the highest rate found among girls aged 16 to 18 [16–20].

Exposure to the thin ideal through the media has negative effects on the public, particularly on young women [21], and it increases the risk of body dissatisfaction, DEPs, and EDs [19,22,23]. According to social comparison theory, the degree to which one values oneself is largely dependent upon

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processes of social comparison with others who are similar, close, and viewed as attractive [24]. Thus, through these comparisons, one's self-esteem crystallizes. When one engages in these comparisons and feels inferior to the other, it can lead to a state of stress and one's self-esteem is likely to be undermined.

Hence, according to this theory, exposure to the media has a significant negative effect on body image and self-worth. It has been found that many women in the Western world tend to evaluate themselves as wanting to be thinner and high percentages have body dissatisfaction. The distortion in perception stems from the comparison to internalized, unrealistic and unfeasible models [25]. Since most of the women portrayed in the media have unrealistic thinness, or their image has been altered by technological means like Photoshop, the social comparison, creates the feeling of inferiority and body dissatisfaction. The more there is a gap between their perception of themselves and the object of comparison, the greater the sense of frustration, and accordingly the body image and self-worth are damaged [26,27]. Moreover, models are required to maintain an extremely thin body figure, which can negatively impact their mental and physical health [28–30]. These results highlight the importance of social policy enactment that targets media influences.

In preventing EDs and disordered eating, it is important to address risk and protective factors. Body dissatisfaction, exposure to weight-teasing, dieting, negative affect, media use, and reduced self-esteem relating to body shape and weight are some of the key predictors of the development of EDs and DEP [31,32]. Significant attention has been paid to various sociocultural influences, such as media exposure, thin-ideal internalization, and gender role expectations [33–35]. Therefore, prevention programs for youth implemented within schools and communities often aim to provide critical media skills and to help young people realize that the images portrayed in the media are neither realistic, healthy nor feasible for most of the population. While these types of prevention interventions are important, to effect larger societal change, policy, and legislative action is warranted to actually change media images [36,37].

To the best of our knowledge, Israel has been the first country to tackle the problem of unrealistic and unhealthy images in the media through legislation by initiating and passing a new, innovative law [38]. The purpose of this article is to describe the law; the process and obstacles to creating and passing the law in the Knesset; national and international reactions to Israeli law, given that other countries are implementing similar policies; and the difficulties and challenges in implementation (enactment and enforcement) of this law in Israel. The discussion will highlight the strengths and limitations of using a legal approach to address public health problems, such as EDs and DEP, and the challenges of implementing this law in Israel. Finally, given that other countries are implementing similar policies, additional legal approaches will be described, as well as ideas for further research on how to enact, enforce, and evaluate the impact of such laws.

2. The New Israeli 'Models' Law'

In December 2012, the Knesset, the Israeli Parliament, voted to pass new legislation that forbids the appearance of underweight models (defined as having a BMI of 18.5 or less) in commercial advertising (on billboards, TV commercials, newspaper ads, and so on). The new law further requires that, if a graphic editing program has been used to reduce the dimensions of a model appearing in advertising photographs, this fact must be clearly indicated.

The law is based on the definition of Body Mass Index (BMI) measured by a calculation of an individual's body weight divided by the square of his/her height, a definition commonly used by health systems throughout the world where *underweight* is defined as a BMI of less than 18.5 [38].

The new bill bans the use of photographs of underweight models in advertising and requires that any advertisement where use has been made of a graphic editing program to reduce the size of the models must include a clear notification of this fact. These conditions also apply to advertisements using foreign models that have been edited abroad and then imported into Israel.

The bill was initiated by one of the authors (RA), a former member of Knesset Dr. Rachel Adatto, who was then Chair of the Health Lobby at the Knesset, with scientific evidence-based data and clinical input provided by the first author (YL), the head of the largest ED institution at Rambam Medical Center in northern Israel. YL played a major role throughout the entire process, joining parliament meetings with the Knesset's legal committees to discuss the importance of passing the law for public health reasons, particularly for youngsters who may internalize unrealistic images, which may impact their own body image and self-esteem, leading to engagement in unhealthy weight control practices and disordered eating behaviors and contributing to the onset of clinical eating disorders.

3. The process of creating the Israeli 'Models' Law'

At the beginning of the process, experts from the field of EDs in Israel, directors of ED units, day treatments, outpatient clinics, and the President of the Israeli Association for EDs (YL) were invited to several committee meetings at the Knesset to discuss the public health problem of EDs. The discussions focused particularly on the lack of treatment facilities, the need for prevention programs and changes in relevant social policies and the need to raise awareness among decision makers. Experts from the field of EDs emphasized the seriousness of the problem that Israeli adolescents face and the high prevalence of EDs and DEP, called for an urgent need for policy change targeting the media, given its role as an important and modifiable risk factor, and encouraged the Knesset to take legal steps toward change. Rachel Adatto (RA), one of the current paper's authors, is a former member of the Israeli Parliament (Knesset), medical doctor, and former chairperson of the Israeli health lobby. RA understood the importance of raising awareness about EDs and the urgent need for enacting a public health intervention.

A Knesset member (RA) took the lead and decided to learn about the problem in-depth. She was invited to visit all the ED centers throughout Israel to provide her with first-hand knowledge of the seriousness of the problem and increase her understanding of the growing problem Israeli youngsters face.

At this stage, the Knesset member (RA) took the initiative and created the first draft of the bill, entitled "Restricting Weight in the Modeling Industry Bill of 2010," which proposed to forbid the employment of underweight models and any graphic modification of the models' bodies [39]. She approached the Ministries' Committee for Legislation to get approval to start the legislation process for passing the proposed bill. The committee asked to remove all the parts of the proposed bill that related to the enactment process. Therefore, the second bill, entitled "The Restricting Weight in the Modeling Industry Bill of 2011," proposed to forbid the employment of underweight models [39]. However, the penalty-based sanction proposed in the bill of 2010 was replaced with the option to submit a class action [38]. Moreover, the 2011 proposed bill did not include a prohibition on graphic modification, but only a requirement that images of models will have a noticeable disclaimer, informing that the image has been graphically edited [40]. Only then did the legislation committee decide to postpone it to the next level of the law's implementation, meaning to the Knesset's second vote.

Thereafter, between the second and third votes, the restrictions were further reduced, and in the final version of 2012, there was no prohibition on the employment of underweight models, only on photographing them for advertisements. In addition, the sanction for violating the law was abolished [39].

4. The process and challenges of passing the law

4.1. Preliminary steps

To pass new legislation in Israel, the Knesset member who initiates the bill must pass its first draft to the Knesset for a preliminary vote. For the draft approval, the Knesset passes it on for further discussion to a special committee. The preliminary vote approved the proposed bill and selected

the Knesset Committee for Welfare and Health to continue the process. The Knesset Committee for Welfare and Health members enlisted representatives from the fashion and modeling industry, education, health, ED experts, and patients with EDs to gather their opinions about the proposed bill (See Fig. 1).

4.2. Secondary steps

To pass new legislation in Israel, three phases, or calls (votes), must be passed. The first phase/call involves the preliminary revision of the bill and approval by an internal committee. The second phase/call, which is the most difficult to pass, requires that the bill successfully pass through an evaluation by the legal advisors of the Knesset to ensure no violations of rights. Before the second and third calls, it is common to engage in intense political and public lobbying. The last phase/call requires the defense of the bill and a vote by the Knesset members at the Knesset hall, followed by a speech given by the Knesset member who initiates the bill, outlining its social contributions.

4.2.1. First call

The Knesset committee for welfare and health enlisted representatives from the fashion and modeling industry; education, health, and ED experts; as well as patients with EDs, to hear their opinion about the proposed bill.

The discussion stirred strong debate and outcry from representatives of the fashion industry. Opposition to the bill was mainly focused on issues related to the bill's violation of freedom of occupation and advertising. The newly proposed legislation made waves in the Israeli media, bringing the discussion to a roaring public debate. Many youngsters with severe EDs came to the Knesset committee's meetings and argued in support of the bill, telling their stories about how the media had triggered the development of their EDs. Famous Israeli models recounted stories about their painful experiences in the modeling industry and their EDs.

Notably, open discussion and protest were observed in Facebook and blogs. A well-known Israeli fashion photographer who promoted many

young models in Israel also joined the protest, sharing his stories and expressing remorse [41]. Due to this stormy and controversial debate and process, the language of the bill was moderated and revised in collaboration with professionals from the field of EDs and brought for the first call vote, which passed.

4.2.2. The second call

Between the first and second votes, there was another public outcry. The Israeli Association for EDs teamed up and helped to support the bill. The major obstacle was to convince the Knesset's legal committee that the bill was just. They claimed that it violated freedom of occupation and, thus, suggested that the change in social policy should be led by the Ministry of Education in school settings by applying prevention programs for adolescents, rather than by passing a law. To overcome this obstacle, scientific evidence was presented to reiterate the severe health consequences of EDs and the importance of targeting media messages through legislation. Additionally, the importance of working together from several dimensions to raise awareness and stop the vicious cycle of this damaging epidemic was emphasized. The central argument was that violating freedom of occupation applied only to a handful of runway models, whereas not supporting the bill would result in direct and irreversible harm to an entire population of young, pre-adolescent, and adolescent girls who are internalizing unrealistic messages that may hurt their self-confidence, self-worth, and body image, beginning at a very young age. Youngsters might not know what is real and what is unreal and may end up experiencing body dissatisfaction, feeling unworthy, and starting habits at a young age for losing and regulating weight that can be irreversibly harmful. The new suggested bill is similar to other opportunistic bills.

After a hard discussion, the members of the legal committee were convinced that the bill was important. After hearing the bill's details and rationale, it was open for questions, feedback, and comments from the entire member of the Knesset. Thereafter, the bill was passed to the Knesset committee for a second call and approved. During the same meeting, before voting for the third call, another open discussion happened in the Knesset



Fig. 1. The process of passing new legislation in Israel—three “calls”.

1. **Forbids the appearance of underweight models (defined as having a BMI of 18.5 or less) in commercial advertising (on billboards, TV commercials, newspaper ads, etc.).**
2. **If a graphic editing program (Photoshop) has been used to reduce the dimensions of a model appearing in advertising photos, this fact must be clearly indicated.**

Fig. 2. The final version of the proposed bill [42].

house, and the third vote took place. The bill was approved by Knesset members (See Fig. 2).

5. World reactions to the Israeli 'Models' Law'

After the law's approval, there was a great deal of support and recognition from around the world for the importance of the legislation. An award honoring Israel for passing the law was given during a healthy weight week in the USA. An important impact has been apparent locally and worldwide since the passing of the law. It has raised awareness of the high prevalence of EDs and opened an important discussion, promoting a new attitude toward body image and against the pressure to be thin. For example, prominent TV shows in Israel produced a documentary series about adolescent girls dealing with the pressures associated with being thin. The girls shared that they tended not to eat at school, in public, or not at all, as boys teased that they were "disgusted." Instead, they ate in school bathrooms, so some of them decided to protest via social media. Consequently, the Ministry of Education Department created new regulations and applied prevention programs aimed to empower adolescent girls in high school, focusing on their internalization of unhealthy and unrealistic thin ideals.

Worldwide, the new bill impacted a few countries that decided to enact laws to reduce the negative effects on the public and to protect the models themselves [30,43]. One such opportunity involved macro-environmental initiatives that targeted the advertising and fashion industries. Similar to **Israel, France and Australia** initiated a law requiring the labeling of images retouched for body size, requiring advertisements to include disclaimers noting when images have been retouched; in **Britain**, regulating misleading advertising; in **Madrid**, banning the employment of low-weight models [44]; and in Quebec, Canada, initiating the Charter for a Healthy and Diverse Body Image, shifting the focus in media campaigns and offering training to media industry professionals to promote healthy body images [45]. Additionally, *Vogue* magazine supported the new Israeli bill, pledging to ban the use of photographs showing dangerously underweight models who they believe may have EDs and models under age 16.

Furthermore, in July 2014, the first two authors (MK Dr. Rachel Adatto and Prof. Yael Latzer) were invited to the U.S. Congress to participate in a special congressional briefing regarding the prevention of EDs in the US (organized by the EDs). The meeting included members of Congress, other elected officials, and their aides. They were interested in the legal obstacles that needed resolution while passing the first law of its kind in the world.

The evidence linking media exposure to unrealistic ideals and the risk of developing EDs is substantial enough that, in 2011, the American Medical Association issued a position statement in which it encouraged the development of guidelines for advertisements to "discourage the altering of photographs in a manner that could promote unrealistic expectations of appropriate body image [44].

6. Discussion

Eating Disorders and DEP are related to significant psychiatric and physical co-morbidities [5,10] with a high prevalence of body dissatisfaction and disturbed body image in young girls as early as eight years old. A similar trend has been observed in Israel [13,16–20]. While the etiology of EDs and DEP is complex and multi-factorial, socio-cultural factors, including exposure to the media's message of the thin ideal, clearly contribute greatly [33]. The call for prevention programs for youth is urgent to target

the major influence of media messages through advertisements and magazines [36]. An argument has been presented for what steps need to be taken to bring a public health approach to ED prevention. Given the significant burden on public health posed by EDs and related phenomena, there was an urgent need to move beyond intervention programs or individually focused strategies and to consider public health opportunities and environmental targets to prevent these illnesses [46,47].

Research findings have indicated that the involvement of health care professionals, in policy practice tend to focus on two key areas: 1) identifying strategies and avenues through which they can influence policy; and 2) identifying the factors that influence their involvement in policy practice. According to the literature, it is evident that professionals involve in a variety of action strategies and are actively involved in several ways to impact societal policy [48,49].

Within the field of EDs, there is a growing movement of both professionals and family members who are interested in addressing policies aimed at the prevention of EDs [50–52],

Thus, to effect larger societal change and policy, legislative action may be warranted to try to change media images. One such opportunity involving policy change is of a legal nature by which laws are enacted to ensure that media images are presented in a healthier, more realistic way.

Israel took the challenge of how to convert the media from a main risk factor to a source of public health promotion and chose to tackle the problem of unrealistic and unhealthy images in the media through legislation, that is, initiating and passing an innovative law [38]. In January 2012, Israel initiated the Law for Limiting Weight in the Modeling Industry, 5772–2012, termed the 'Models' Law'. In doing so, Israel became the first country to initiate such a law [38]. The Israeli 'Models' Law' was the first formal recognition that EDs are not a private difficulty but, rather, a public health problem and a precarious social phenomenon [39].

Therefore, the aim of this paper was to describe the law; the process and obstacles involved by creating and passing the law in the Knesset; national and international reactions to Israeli law, given that other countries are implementing similar policies; and discuss the difficulties and challenges in implementing, enacting, and enforcing this law in Israel.

A few main questions were debated during and after the passage of the Israeli 'Models' Law': Why pass the law? Why through legislation? Should the Knesset play a role in trying to prevent and control EDs? Is it not the responsibility of the ministries of health or education? There are too many laws already. Why one more? How do we implement the law? Who will be responsible for enforcing it? The Ministry of Health? Education? By passing this law, are we not interfering with a basic right, "freedom of profession"? Are we not harming models that are genetically very thin? Is an "opportunistic law" justified in this matter? Are there any other better ways to target this epidemic?

The main dilemma and challenge during and after passing the Israeli 'Models' Law' was its enactment and implementation. The Israeli 'Models' Law' was enacted after two previous legislative attempts: the Modeling Industry Bill of 2010 and the Restricting Weight in the Modeling Industry Bill of 2011. These bills included restrictions on the modeling and advertising industries and enactment procedure. However, these two proposed bills were not accepted at that point mainly because of the enacting and enforcing regulations required in the drafts [39]. Thus, only after removing the enactment and enforcing part did the Israeli 'Models' Law' pass in March 2012, with a few months' grace period before its official enactment in January 2013 [30,38,40]. This period gave the industry sufficient time to reorganize and enforce the new practices required by the law. The Israeli

'Models' Law' sets limits on both the employment of underweight models and the use of Photoshop.

Thereafter, the Israeli 'Models' Law' was criticized, emphasizing four main oppositions: first, its narrow perspective of the etiology of EDs, because it focuses only on the modeling industry, rather than the broader and more complex social context in which EDs and DEPs develop [39]. Second, the Israeli 'Models' Law' has no enforcement actions and no sanctions or consequences to enforce its violations [38,40]. Third, the law sets limitations only on models whose photos appear in advertisements, but it does not include prohibitions on other models or performers. Fourth, there is no prohibition of the graphic manipulation of images, only a requirement for noticeable disclaimers indicating that images have been retouched [39].

To target some of the criticisms regarding the lack of enforcement actions and sanctions to enforce the law's violation, in 2016, an amendment—various provisions—was submitted to the Knesset to improve the enactment. However, the amendment was not approved at the preliminary discussion stage [38]. Therefore, another option to target the problem of the lack of enactment was conducted by implementing a class action and submitting it to court four years ago by a recovered ED patient who suffered from severe AN for more than 15 years. The class action was represented by a well-known lawyer who claimed that messages from the media influenced the onset and continuation of her AN. The class action is still pending. In class action suits, one individual represents a larger group of people with similar problems. Given that, within the fashion industry, a thin body is often a professional requirement, a decision was made to move forward with a class action suit to ensure the enforcement of the law. These types of cases can be lengthy and difficult, but currently serve as the only mechanism for enforcing the law. If she wins, we will be able to enforce the law, since the case will prove damage, that is, that media messages are influential in contributing to the development of eating disorders.

Further research is needed to examine the effects of the Israeli 'Models' Law' of 2012 on body dissatisfaction, DEPs, and EDs among young women in Israel. Qualitative and quantitative research is needed to assess the awareness of such laws, both within the modeling world and in public.

7. Conclusion

The Israeli 'Models' Law' of 2012 was the first formal recognition that EDs are not a private problem, but rather a dangerous social phenomenon [39]. It raised public awareness about EDs, DEP, and the negative effects of the media and the modeling industry. This new bill has international significance; it paved the way for similar bills and policies in other Western countries. It can potentially make a difference for public health, particularly for adolescents and young women trapped in the unrealistic body ideal of thin models. However, this is not enough. It is necessary to optimize the existing legislation, regulate enforcement, and impose sanctions on violators of the law [38,40]. Further research is needed to examine the effects of the Israeli 'Models' Law' of 2012 on body dissatisfaction, DEPs, and EDs among young women in Israel. The protection of both the public's and models' health is important and requires the adoption of appropriate and effective legislation [30,53]. Additionally, the societal burden of EDs is clear, and there is a compelling need for a public health professionals to take up the challenge for policy change, and further public health methods to EDs prevention [52].

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

[1] Smink FRE, Van Hoeken D, Hoek HW. Epidemiology of eating disorders: incidence, prevalence and mortality rates. *Curr Psychiatry Rep.* 2012;14:406–14.

[2] Treasure J, Claudino AM, Zucker N. Eating disorders. *Lancet.* 2010;375:583–93. [https://doi.org/10.1016/S0140-6736\(09\)61748-7](https://doi.org/10.1016/S0140-6736(09)61748-7).

[3] Fichter MM, Quadflieg N. Mortality in eating disorders - results of a large prospective clinical longitudinal study. *Int J Eat Disord.* 2016;49:391–401. <https://doi.org/10.1002/eat.22501>.

[4] Hoek HW. Review of the worldwide epidemiology of eating disorders. *Curr Opin Psychiatry.* 2016;29:336–69. <https://doi.org/10.1097/YCO.0000000000000282>.

[5] Hudson JI, Hiripi E, Pope HG, Kessler RC. The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biol Psychiatry.* 2007;61:348–58. <https://doi.org/10.1016/j.biopsych.2006.03.040>.

[6] Culbert KM, Racine SE, Klump KL. Research review: what we have learned about the causes of eating disorders - a synthesis of sociocultural, psychological, and biological research. *J Child Psychol Psychiatry.* 2015;56:1141–64. <https://doi.org/10.1111/jcpp.12441>.

[7] Sharpe H, Griffiths S, Choo T, Eisenberg ME, Mitchison D, Wall M, et al. The relative importance of dissatisfaction, overvaluation and preoccupation with weight and shape for predicting onset of disordered eating behaviors and depressive symptoms over 15 years. *Int J Eat Disord.* 2018;51:1168–75. <https://doi.org/10.1002/eat.22936>.

[8] Crow S, Eisenberg ME, Story M, Neumark-Sztainer D. Suicidal behavior in adolescents: Relationship to weight status, weight control behaviors, and body dissatisfaction. *Int J Eat Disord.* 2008;41:82–7.

[9] Goldschmidt AB, Wall M, Choo TJ, Becker C, Neumark-Sztainer D. Shared risk factors for mood-, eating-, and weight-related health outcomes. *Health Psychol.* 2016;35:245–52. <https://doi.org/10.1037/hea0000283>.

[10] Skemp-Arlt KM. Body image dissatisfaction and eating disturbances among children and adolescents. *J Phys Educ Recreat Danc.* 2006;77:45–51. <https://doi.org/10.1080/07303084.2006.10597813>.

[11] Bucchianeri MM, Arikian AJ, Hannan PJ, Eisenberg ME, Neumark-Sztainer D. Body dissatisfaction from adolescence to young adulthood: Findings from a 10-year longitudinal study. *Body Image.* 2013;10:1–7. <https://doi.org/10.1016/j.bodyim.2012.09.001>.

[12] Latzer Y, Witztum E, Stein D. Eating disorders and disordered eating in Israel: an updated review. *Eur Eat Disord Rev.* 2008;16:361–74. <https://doi.org/10.1002/erv.875>.

[13] Harel-Fish Y, Walsh S, Stenmatz N, Lobel S, Riez Y, Tesler R, et al. Youth in Israel. Israel: Department of Sociology and Anthropology, Bar-Ilan University; 2014.

[14] Katz B. Eating behavior and risks of eating disorders among adolescents in Israel. *Mifgash: J Soc- Educ Work.* 2013;38:9–30. [in Hebrew]. <http://www.jstor.org/stable/23693100>.

[15] Blanck A. Treatment of Eating Disorders in Israel. The Knesset-Research and Information Center; 2016. Available online: https://fs.knesset.gov.il/globaldocs/MMM/732c28b1-995f-e611-80dd-00155d010ede/2_732c28b1-995f-e611-80dd-00155d010ede_11_10422.pdf.

[16] Greenberg L, Cwikel J, Mirsky J. Cultural correlates of eating attitudes: A comparison between native-born and immigrant university students in Israel. *Int J Eat Disord.* 2007;40:51–8. <https://doi.org/10.1002/eat.20313>.

[17] Latzer Y, Tzischinsky O. Weight concern, dieting and eating behaviors. A survey of Israeli high school girls. *Int J Adolesc Med Health.* 2003;15:295–305. <https://doi.org/10.1515/IJAMH.2003.15.4.295>.

[18] Latzer Y, Tzischinsky O. Eating attitudes in a diverse sample of Israeli adolescent females: a comparison study. *J Adolesc.* 2005;28:317–23. <https://doi.org/10.1016/j.adolescence.2004.12.004>.

[19] Latzer Y, Spivak-Lavi Z, Katz R. Disordered eating and media exposure among adolescent girls: The role of parental involvement and sense of empowerment. *Int J Adolesc Youth.* 2015;20:375–91. <https://doi.org/10.1080/02673843.2015.1014925>.

[20] Maor NR, Sayag S, Dahan R, Hermoni D. Eating attitudes among adolescents. *Isr Med Assoc J.* 2006;8:627–9.

[21] Lewis N, Pelled A, Tal-Or N. The effect of exposure to thin models and digital modification disclaimers on women's body satisfaction. *Int J Psychol.* 2020;55:245–54. <https://doi.org/10.1002/ijop.12572>.

[22] van den Berg P, Paxton SJ, Keery H, Wall M, Guo J, Neumark-Sztainer D. Body dissatisfaction and body comparison with media images in males and females. *Body Image.* 2007;4:257–68. <https://doi.org/10.1016/j.bodyim.2007.04.003>.

[23] Volonté P. The thin ideal and the practice of fashion. *J Consum Cult.* 2019;19(19):252–70. <https://doi.org/10.1177/1469540517717775>.

[24] Festinger L. A theory of social comparison processes. *Hum Relat.* 1954;7:117–40. <https://doi.org/10.1177/001872675400700202>.

[25] Bailey SD, Ricciardelli LA. Social comparisons, appearance related comments, contingent self-esteem and their relationships with body dissatisfaction and eating disturbance among women. *Eat Behav.* 2010;11:107–12. <https://doi.org/10.1016/j.eatbeh.2009.12.001>.

[26] Polivy J. What's that you're eating? Social comparison and eating behavior. *J Eat Disord.* 2017;5:1–5. <https://doi.org/10.1186/s40337-017-0148-0>.

[27] Fitzsimmons-Craft EE. Eating disorder-related social comparison in college women's everyday lives. *Int J Eat Disord.* 2017;50:893–905. <https://onlinelibrary.wiley.com/doi/10.1002/eat.22725>.

[28] Bogar N, Tury F. Abusing the body: psychological abuse? the bioethical aspects of the fashion model profession. *J Obes Eat Disord.* 2018;4. <https://doi.org/10.21767/2471-8203.100035>.

[29] Braun TD, Park CL, Gorin A. Self-compassion, body image, and disordered eating: a review of the literature. *Body Image.* 2016;17:117–31. <https://doi.org/10.1016/j.bodyim.2016.03.003>.

[30] Meyers EE. Fashioning worker protections to combat the thin ideal's cost on fashion models and public health. *Vand J Ent & Tech Law.* 2018;20:1219–57.

[31] Loth KA, MacLehose R, Bucchianeri M, Crow S, Neumark-Sztainer D. Predictors of dieting and disordered eating behaviors from adolescence to young adulthood. *J Adolesc Health.* 2014;55:705–12. <https://doi.org/10.1016/j.jadohealth.2014.04.016>.

[32] Neumark-Sztainer D, Wall M, Haines JI, Story M, Sherwood NE, van den Berg P. Shared risk and protective factors for overweight and disordered eating in adolescents. *Am J Prev Med.* 2007;33:359–69. <https://doi.org/10.1016/j.amepre.2007.07.031>.

- [33] Mensinger JL, Bonifazi DZ, Larosa J. Perceived gender role prescriptions in schools, the superwoman ideal, and disordered eating among adolescent girls. *Sex Roles*. 2007;57:557–68. <https://doi.org/10.1007/s11199-007-9281-6>.
- [34] Stice E. Risk and maintenance factors for eating pathology: a meta-analytic review. *Psychol Bull*. 2002;128:825–48.
- [35] Stice E, Marti CN, Rohde P, Shaw H. Testing mediators hypothesized to account for the effects of a dissonance-based eating disorder prevention program over longer term follow-up. *J Consult Clin Psychol*. 2011;79:398–405. <https://doi.org/10.1037/a0023321>.
- [36] Stice E, Shaw H, Marti C. A meta-analytic review of eating disorder prevention programs: encouraging findings. *Annu Rev Clin Psychol*. 2007;3:207–31. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091447>.
- [37] Stice E, Shaw HE. Role of body dissatisfaction in the onset and maintenance of eating pathology. *J Psychosom Res*. 2002;53:985–93. [https://doi.org/10.1016/s0022-3999\(02\)00488-9](https://doi.org/10.1016/s0022-3999(02)00488-9).
- [38] Gutreich R. Implementation and Enforcement of the Law for Restricting Weight in the Modeling Industry, 5712-2012. The Knesset-Research and Information Center; 2017. Available online. https://fs.knesset.gov.il/globaldocs/MMM/e9331bda-bbab-e611-80ca-00155d020699/2_e9331bda-bbab-e611-80ca-00155d020699_11_2902.pdf.
- [39] Hildesheimer G, Gur-Arie H. Just modeling? The modeling industry, eating disorders, and the law. *Int J Fem Approaches to Bioeth*. 2015;8:103–38. <https://doi.org/10.3138/ijfab.8.2.103>.
- [40] Zilberman H. Fashion Victims Hukim, 5; 2013; 237–81 [in Hebrew].
- [41] 4Girls. Available online. <https://www.4girls.co.il/community/article/?id=16683>. (accessed on 29 March 2021).
- [42] Nevo. Available online. https://www.nevo.co.il/law_html/law01/500_656.htm. (accessed on 31 March 2021).
- [43] Rodgers RF, Ziff S, Lowy AS, Yu K, Austin SB. Results of a strategic science study to inform policies targeting extreme thinness standards in the fashion industry. *Int J Eat Disord*. 2017;50:284–92. <https://doi.org/10.1002/eat.22682>.
- [44] McBride C, Costello N, Ambwani S, Wilhite B, Austin SB. Digital manipulation of images of models' appearance in advertising: strategies for action through law and corporate social responsibility incentives to protect public health. *Am J Law Med*. 2019;45:7–31. <https://doi.org/10.1177/0098858819849990>.
- [45] Gauvin L, Steiger H. Overcoming the unhealthy pursuit of thinness: Reaction to the québec charter for a healthy and diverse body image. *Am J Public Health*. 2012;102:1600–6. <https://doi.org/10.2105/AJPH.2011.300479>.
- [46] Austin SB. A public health approach to eating disorders prevention: It's time for public health professionals to take a seat at the table. *BMC Public Health*. 2012;12:854. <https://doi.org/10.1186/1471-2458-12-854>.
- [47] Austin SB. Accelerating progress in eating disorders prevention: a call for policy translation research and training. *Eat Disord*. 2016;24:6–19. <https://doi.org/10.1080/10640266.2015.1034056>.
- [48] Weiss-Gal I, Gal J. Explaining the policy practice of community social workers. *J Soc Work*. 2020;20:216–33. <https://doi.org/10.1177/1468017318814996>.
- [49] Nouman H, Azaiza F. Challenges underlying the involvement of social workers from minority groups in policy practice. *Aust Soc Work*. 2021;17:1–13. Available from. <https://doi.org/10.1080/0312407X.2021.1992459>.
- [50] Puhl RM, Neumark-Sztainer D, Austin SB, Luedicke J, King KM. Setting policy priorities to address eating disorders and weight stigma: views from the field of eating disorders and the US general public. *BMC Public Health*. 2014;14:524. <https://doi.org/10.1186/1471-2458-14-524>.
- [51] Streatfeild J, Hickson J, Austin SB, Hutcheson R, Kandel JS, Lampert JG, et al. Social and economic cost of eating disorders in the United States: Evidence to inform policy action. *Int J Eat Disord*. 2021;54:851–68. Available from. <https://doi.org/10.1002/eat.23486>.
- [52] Austin SB, Hutcheson R, Wickramatilake-Templeman S, Velasquez K. The second wave of public policy advocacy for eating disorders: charting the course to maximize population impact. *Psychiatr Clin North Am*. 2019;42:319–36. <https://doi.org/10.1016/j.psc.2019.01.013>.
- [53] Dakanalis A, Clerici M, Stice E. Prevention of eating disorders: current evidence-base for dissonance-based programmes and future directions. *Eat Weight Disord*. 2019;24:597–603. [10.07/s40519-019-00719-3](https://doi.org/10.1007/s40519-019-00719-3).