

THE AUSTRALIAN BALLET



Body Image and Disordered Eating Guidelines
A framework for action and prevention of eating disorders

Intention statement

The Australian Ballet Body Image and Disordered Eating Guidelines have been developed to support a well-informed, safe and supportive company culture that is committed to the prevention and management of a negative body image, disordered eating and eating disorders. The guidelines aim to achieve this by reducing exposure to risk factors and strengthening support and protective factors.

The guidelines are intended to support dancers to feel and perform at their best, mentally and physically, and to provide guidance for addressing concerns related to body image, disordered eating or eating disorders.

The guidelines provide best practice and confidential processes for all staff and dancers to follow to support prevention, early identification, and timely access to necessary care, with the provision of ongoing recovery support to facilitate a safe return to dance.

The guidelines acknowledge that the whole Australian Ballet community have a part to play in cultivating a positive company culture that protects and supports the mental and physical wellbeing of dancers. The success of the guidelines is the collective responsibility of:

- The Australian Ballet Board of Directors
- The Executive team
- Artistic staff
- Artistic health staff
- Dancers
- Human Resources (HR)
- Administrative / corporate departments – those involved in back-office support of the Company
- Production support departments – those with direct involvement with dancers and bringing productions to the stage
- Touring party members – those who tour as part of the Company touring party
- Donors and patrons
- Sponsors



Position statement

The Australian Ballet is committed to promoting and protecting the health and wellbeing of all our dancers. We recognise that body image concerns, disordered eating and eating disorders can have a profound impact on the physical and mental wellbeing of those experiencing them and acknowledge the unique challenges our work as a professional ballet company can bring to these issues.

A supportive and inclusive environment that encourages healthy minds and healthy bodies is vital for us to be a successful and dynamic artform. We believe that by taking the steps outlined in this plan, we can create a safe and supportive environment for our dancers to thrive both on and off the stage, build long and fulfilling careers, and excel in their post-dance lives.

As this guideline is the first of its kind in professional ballet, our commitment extends to continued evaluation and improvements of our efforts to prevent and manage eating disorders, so that we may provide the best possible care for both the artists of today and years to come.

David Hallberg, Artistic Director
The Australian Ballet
February 2024

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Lilla Harvey
Photo Pierre Toussaint

Key principles

- Research indicates that professional ballet dancers are at a high risk of developing an eating disorder.
- Genetics, psychological factors and environment all play an important role in the development of eating disorders.
- A negative body image and disordered eating are well established risk factors for the development of eating disorders.
- Eating disorders are complex and serious mental and physical illnesses.
- Some eating disorders can be prevented by reducing risk factors and optimising protective factors.
- The earlier a person accesses help for an eating disorder, the better their chance of a full recovery.
- Recovery from an eating disorder is possible with the right supports and treatment.
- The Australian Ballet (TAB) will support and encourage dancers to seek help, recover and get back on track with their dancing career.
- A dancer's best body is supported by a healthy relationship with food, eating and movement.
- Everyone at TAB has a responsibility to create a positive culture that minimises the risk and strengthens a supporting framework to protect dancers against the development of body image problems, disordered eating or eating disorders.

Guidelines summary

Development of the guidelines

These guidelines were developed by TAB leadership, staff and dancers in collaboration with the National Eating Disorders Collaboration (NEDC). The collaborative process included a survey of research, a series of NEDC-facilitated staff workshops, dancer focus groups and a presentation, a dancer survey, and the establishment of the TAB Body Image and Disordered Eating Guidelines Working Group. The guidelines align with the relevant principles and standards within the National Eating Disorders Strategy 2023-2033.

Through these avenues of research, consultation and engagement, key priorities, risk factors and recommendations were identified. Informed by current research and best-practice processes, these guidelines demonstrate TAB's commitment to the prevention, identification and response to the risk and occurrence of eating disorders in dancers within the Company.

Scope

These guidelines apply to all role holders within The Australian Ballet including but not limited to:

- Board of Directors
- Artistic Director
- Executive Director
- Executive team
- Artistic staff
- Artistic health staff
- Dancers
- Support staff, including administrative staff, costume designers and wardrobe team members, technicians and stagehands, etc.
- Those responsible for marketing campaigns and images presented publicly
- Guest artistic staff, choreographers and répétiteurs
- Patrons and donors
- Any other person to whom the guidelines apply

The TAB Body Image and Disordered Eating Guidelines Working Group

A working group has been convened to guide the implementation of these guidelines including evaluating progress. The TAB Body Image and Disordered Eating Guidelines Working Group includes dancers, artistic staff, director of artistic health, performance lifestyle advisor, general practitioner, psychologist, HR and other TAB staff as required. The group is chaired by the director of artistic health and supported by an agreed terms of reference and a nominated secretary.

Background

Eating disorders are complex and serious mental illnesses that are associated with significant physical, psychological and social impairment and increased mortality risk. Body image concerns and disordered eating are well established risk factors for the development of eating disorders. Professional ballet dancers, like other aesthetic athletes, are identified as a high-risk group for the development of body image concerns, disordered eating and eating disorders.

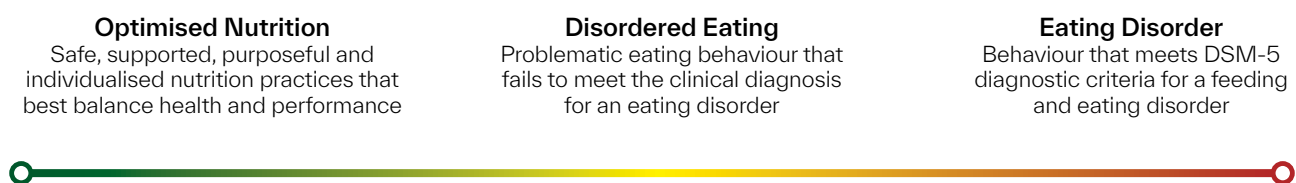


Figure 1. The spectrum of eating behaviour in the high performance athlete from optimised nutrition to disordered eating to eating disorder (AIS.gov.au)

Professional ballet dancers, when compared with the general population, have consistently been found to exhibit more eating disorder symptoms, greater body dissatisfaction, more weight and body image concerns, as well as greater drive for thinness, leanness, and weight control (Ravaldi et al., 2006). A systematic meta-analysis investigating eating disorders in dancers found a prevalence of 12%, increasing to 16.4% in ballet dancers (Dantas et al., 2018). In general, dancers were three times more likely to suffer from an eating disorder than the general population (Dantas et al., 2018).

The high risk of eating disorders experienced by professional ballet dancers is likely a result of increased social and environmental risk factors in combination with individual factors, such as genetics and personality (Francisco, 2018). For example, research has found that pressure to look a certain way, exposure to mirrors, and negative interactions with artistic staff and choreographers were the most significant factors influencing body dissatisfaction in professional dancers (Dantas et al., 2018). Other factors include damaging comparisons made between dancers, and dance culture favouring thin ideals (Dantas et al., 2018).

Dancers who are dissatisfied with their weight or appearance are more likely to engage in practices associated with disordered eating such as dietary restriction, intentional weight loss, and weight suppression (Dantas et al., 2018). These behaviours are linked to a higher risk of future onset of an eating disorder (Stice et al., 2011; Stice et al., 2020).

Data from a survey of TAB dancers (2023; 50% of TAB dancers) indicated that rates of likely body image concerns, disordered eating and eating disorders at TAB are consistent with those found in international research of elite ballet dancers.

As part of TAB's commitment to dancer wellbeing and care, the company commits to a 'best practice' approach to eating disorders that supports prevention, identification and response, timely access to evidence-based treatment, and the provision of ongoing recovery support.

Body Image and Disordered Eating Guidelines

The following TAB guidelines are intended to support a well-informed, safe, and supportive company culture that is open about, and committed to, the prevention and compassionate, effective management of the risk and occurrence of eating disorders.

The guidelines are organised into two categories:

1. Cultural intervention guidelines:

Actions and processes that aim to create an open, supportive and positive culture that acts to reduce risk factors for body image concerns and eating disorders, and optimise protective factors to support dancers to thrive and perform at their best.

2. Dancer-centred guidelines:

Actions and processes to support dancers at risk of, or experiencing body image issues, disordered eating or eating disorders to access the care and treatment they need.



1. Cultural intervention guidelines

The following cultural intervention guidelines aim to create a supportive and positive culture through reducing key risk factors and maximising protection and support. They cover areas including education, language and communication; nutrition, health and fitness support; diversity and inclusion; management of feedback and complaints, the collective responsibility of all TAB staff and guests in the workplace.

1.1 Education

Rationale

Educating dancers and staff about body image, disordered eating and eating disorders supports a well-informed company culture where employees are knowledgeable about the risks and warning signs of an eating disorder and can identify them and respond appropriately.

Actions

- All dancers and staff, including visiting staff, are orientated to, and supported to act in alignment with the TAB Body Image and Disordered Eating Guidelines.
- All dancers and staff receive eating disorder and body image education during their induction/ orientation to The Australian Ballet and ongoing education is made available annually.
- Body image, disordered eating and eating disorder information and resources are available on the TAB intranet for all staff and dancers.
- Links to the Australian Institute of Sport's Disordered Eating resources can be found in Appendix 4.
- Hard copy resources relating to body image/ eating disorders are placed in the workplace for employees to read and take home.

In practice

| Role | Responsibility |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TAB leadership/HR | <ul style="list-style-type: none">• Orientate staff and dancers to, and promote, the TAB Body Image and Disordered Eating Guidelines. |
| Artistic Director | <ul style="list-style-type: none">• Orientate visiting creative staff to the Body Image Policy and their associated responsibilities, explaining appropriate avenues for addressing concerns. |
| Artistic health leadership | <ul style="list-style-type: none">• Arrange for external facilitators to run eating disorder education session(s) for new starters and to provide ongoing education for all TAB staff.• Orientate staff and dancers to, and promote, the TAB Body Image and Disordered Eating Guidelines. |
| Dancers | <ul style="list-style-type: none">• Attend eating disorder education session(s).• Be aware of the Body Image and Disordered Eating Guidelines and how to act in alignment with the guidelines.• Follow links to resources on disordered eating in Appendix 4. |
| All TAB staff | <ul style="list-style-type: none">• Attend eating disorder education session(s).• Be aware of the TAB Body Image and Disordered Eating Guidelines and how to act in alignment with the guidelines. |

1.2. Language and communication

Rationale

Respectful and compassionate communication is particularly important when communicating about bodies, eating and exercise. Body and diet commentary can have a serious negative impact on a person's self-esteem and body image, and can increase body dissatisfaction, which is an established risk factor for disordered eating and eating disorders. It is important that individuals understand how they communicate and how their comments or suggestions may be received by others - especially in the context of power imbalances, e.g. between artistic staff and dancers. Costume fittings can be a particularly vulnerable time for dancers. It is important that weight/shape comments and comparisons are not made.

Actions

- Communicate respectfully and compassionately, demonstrating an understanding of the sensitivity of conversations about bodies, eating, weight, shape and fitness.
- Do not make appearance commentary, whether it is intended positively or negatively.
- In line with a 'no diet' culture, staff and dancers should avoid diet talk.
- Discussions about weight or diet should only take place with the general practitioner (GP) or a dietitian, who can provide qualified professional advice, guidance, and referral where necessary.
- Interact in a way that builds body confidence and acceptance.
- Use specific skills-based and functional feedback when commenting on dancer movement or performance.
- Be mindful of harmful non-verbal cues: scanning bodies, providing more attention to dancers closer to thin/muscular/classical ideal.
- During costume fittings, care is taken to not make unnecessary comments comparing a dancer's body shape or size to previous years or other dancers, and measurements and costume modifications are discussed discreetly.

In practice

| Role | Responsibility |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All TAB staff | <ul style="list-style-type: none">• Interact in a way that respects uniqueness and diversity in body shape and appearance.• Communicate respectfully and compassionately.• Refrain from making comments and comparisons about weight, body shape, and body changes.• Do not make body comparisons between dancers.• Refrain from diet talk.• Report body shaming (see section 1.6).• To say or not to say...some examples (Figure 2). |
| Artistic health leadership / HR | <ul style="list-style-type: none">• Review complaints and consider all feedback received. |
| Dancers | <ul style="list-style-type: none">• Report negative body or appearance commentary (section 1.6). |
| Artistic staff | <ul style="list-style-type: none">• Use movement/performance-based feedback focused on functionality and not appearance, weight or shape.• Never use negative body commentary to motivate dancers.• Do not provide advice on eating behaviours.• Do not ask dancers to alter their body weight or shape.• Selection for roles or for contracts should not be linked to body weight or shape |

| What NOT to say/do | What to say/do |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Your line is wrong | Extend right through the leg and out to space |
| You need to work on your cardio | You need to improve your endurance for this role. Do not give advice on general fitness. Refer to the artistic health team |
| I used to not eat for the day of the performance | Don't model or give dietary advice |
| You are looking like a ballerina | Your adage today was beautiful – you got the fluidity and dynamic change - great work |
| That costume looks better on you than last year | Nothing |
| I keep my practice clothes on more these days | Nothing. No body talk |
| Body checking the dancers by scanning | No. Look at them for their function and movement and expression |
| You need to tone up those biceps for this role | No body change talk. Refer to performance lifestyle advisor |

Figure 2. Language about body weight, shape and appearance

1.3. Optimised nutrition

Rationale

The Australian Ballet encourages dancers to nourish their bodies adequately to provide the energy required for the workload of a professional dancer and enable the dancer to perform consistently at an optimum level. Adequate energy intake and nutrition is critical for elite ballet dancers to meet the physiological demands of training and performing, to support their overall health and performance and to prevent injury/illness. Low energy availability results when a dancer's energy intake does not meet the level of energy required to function optimally, and if prolonged or severe can result in Relative Energy Deficiency in Sport (REDs) - a syndrome of impaired physiological and/or psychological functioning (Appendix 4). Improved nutritional knowledge and support can help to prevent REDs, disordered eating and eating disorders.

Actions

- Dancers receive regular nutrition education to inform energy and nutrient requirements for optimal health and performance.
- Dancers have access to an eating disorder-informed dietitian who can provide expert nutritional guidance and support that aids performance and wellbeing and mitigates eating disorder/REDs risk.
- All staff have access to resources on REDs (Appendix 4).

In practice

Role

Responsibility

Artistic health leadership

- Arrange group and individual nutrition education session(s) for new starters and ongoing education sessions for all dancers.
- Ensure access to an eating disorder-informed dietitian.
- Ensure online resources are kept up to date.

Dancers

- Attend nutrition education session(s) during induction/orientation and attend ongoing education.
- Speak to the performance lifestyle advisor if there is a need for nutritional advice.
- Consult with the TAB GP for a referral to see a dietitian.
- Access nutritional advice and support from a qualified health professional.
- Access online resources (Appendix 4)

Artistic health staff

- Notify the lifestyle performance advisor or TAB GP if a dancer needs nutritional advice.
- The lifestyle performance advisor will help the dancer organise a consultation with the TAB GP.
- The TAB GP assesses the dancer and can provide referral to an eating disorder-informed dietitian if required.

Artistic staff

- Encourage dancers to seek advice from the artistic health team.
- Do not provide nutrition or diet advice to dancers.

1.4. Health and fitness support

Rationale

The Australian Ballet's varied repertoire and demanding schedule requires different levels of fitness from each dancer at different times throughout their career. This can create the need for a dancer to re-evaluate and adjust their food intake and exercise programs to support their dance schedule. Dancers should have access to qualified health professionals who can develop individualised plans that can support them to safely monitor and achieve their health and performance goals.

Actions

- If required, dancer health/fitness monitoring and planning must be led by the artistic health staff, GP and/or by external qualified health professionals with understanding of eating disorders.
- Personal health details must be kept confidential.
- Ensure that dancer health/fitness monitoring and planning are individualised, multidisciplinary and confidential.
- Ensure weighing and body composition testing remain excluded from regular health/fitness monitoring processes, unless required by the GP/health staff for necessary medical assessment and/or strength testing with consent of the dancer.

In practice

Role

Responsibility

Artistic health leadership

- Support a culture that encourages dancers to take care of their bodies, prioritise their health and achieve their goals in a safe and effective way.
- Ensure there are qualified health staff available to support dancers to achieve their nutritional, health and performance goals.

Dancers

- Maintain health and well-being.
- Seek professional support to achieve nutritional, health and performance goals safely and efficiently.

Artistic health staff

- Provide professional guidance and/or referral to help dancers achieve their nutritional, health and performance goals in a safe and supported way.

Artistic staff

- Refer dancers to the artistic health staff or GP for health and nutritional support or referral.



Drew Hedditch and Rina Nemoto
Photo Pierre Toussaint

1.5. Diversity and inclusion

Rationale

Diversity and inclusion can promote body acceptance and challenge harmful cultural and social beliefs about shape and appearance standards. By promoting diversity and inclusion, TAB can create a welcoming and inclusive environment where individuals can embrace their own unique bodies and appearance and realise their potential as performing artists.

Actions

- Ensure inclusive casting, promotion, and audition processes for all dancers.
- Ensure diversity of body type representation on stage. This includes casting dancers with diverse body types and showcasing a variety of body types in performances.
- Use diverse body types in marketing processes. This includes using diverse body types in images and videos of dancers in marketing material.

In practice

| Role | Responsibility |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TAB leadership | <ul style="list-style-type: none">• Commit to promoting inclusion and celebrating diversity.• Develop and implement policies and practices that support these goals. |
| Dancers | <ul style="list-style-type: none">• Respect and support individuality and diversity. |
| TAB staff | <p>Artistic Staff:</p> <ul style="list-style-type: none">• Encourage individuality and diversity.• Prioritise performance over appearance. <p>Marketing team:</p> <ul style="list-style-type: none">• Promote diversity and inclusion of diverse body sizes and shapes in all marketing and communications materials, including programs, websites, and social media. |

1.6. Feedback and complaints

Rationale

Having a feedback and complaints process for reporting on perceived harmful or inappropriate behavior or body commentary is important for resolving issues, identifying trends and patterns, and improving company culture. By considering and responding to dancer and staff feedback, TAB can create a more supportive and responsive work environment.

Actions

- Create an environment in which all individuals are treated with dignity, respect, and fairness.
- Report behavior that violates the actions articulated in these guidelines.
 - o The individual should report negative incidents to HR (and/or the performance lifestyle advisor) who may share the de-identified complaint with the TAB Body Image and Disordered Eating Guidelines Working Group as necessary.
 - o Ensure the group can monitor progress, guideline compliance and ensure continuous improvement.
- Maintain the confidentiality of individuals who submit a complaint.

In practice

| Role | Responsibility |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TAB Body Image & Disordered Eating Guidelines Working Group | <ul style="list-style-type: none">• Monitor feedback and complaints.• Identify trends and patterns in complaints.• Support actions to improve areas of concern.• Feedback to TAB staff and company annually about progress in the implementation of this policy |
| TAB leadership | <ul style="list-style-type: none">• Provide employees with a safe and supportive environment in which to voice their concerns and take action to resolve any issues.• Respond to feedback and complaints. |
| Dancers | <ul style="list-style-type: none">• Provide feedback or make a complaint in a constructive and respectful manner. |
| All TAB staff | <ul style="list-style-type: none">• Provide feedback or make a complaint in a constructive and respectful manner. |
| Human resources | <ul style="list-style-type: none">• Respond to feedback and complaints.• Provide support and guidance to ensure that the feedback and complaint process is followed in a fair and impartial manner and resolved appropriately. |

1.7. Workforce

Rationale

All TAB staff and guests play an important role in creating a positive and supportive environment. Eating disorder-informed staff are better equipped to effectively prevent and manage eating disorders as they can identify warning signs, respond to concerns, provide support, and promote best practice and a supportive culture. Furthermore, it is important for dancers to have access to qualified eating disorder-informed health professionals who can provide support and treatment to individuals who may be experiencing disordered eating or an eating disorder.

Actions

- Ensure employment of health professionals who, as part of their role, are equipped to provide physical and mental health support, including support for body image, disordered eating and eating disorder concerns.
- Ensure all TAB staff members including artistic health staff and artistic staff, administrative and support staff, and management, are orientated to the TAB Body Image and Disordered Eating Guidelines, and receive training and education on eating disorders. Training should include education on the signs and symptoms of eating disorders, as well as strategies for promoting positive body image.
- Ensure that all medical practitioners, mental health and dietetic staff employed by TAB are trained to identify and respond to body image, disordered eating and eating disorder concerns. Even if these staff refer to another professional, internal or external to TAB, for treatment, they need to be able to identify body image problems, disordered eating and eating disorders, conduct an initial assessment, make a preliminary diagnosis and assist with ongoing recovery support.
- Ensure external/guest choreographers have met with the Artistic Director for an induction discussion and are oriented to the TAB Body Image and Disordered Eating Guidelines before engaging with dancers, and are aware of guidelines relevant to their practices.

In practice

| Role | Responsibility |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TAB leadership | <ul style="list-style-type: none"> • Ensure TAB staff are informed and educated about eating disorders. • Ensure new staff and guest choreographers or répétiteurs are supplied with the TAB Body Image and Disordered Eating Guidelines and provided with an orientation to the guidelines and what it means for their role. |
| Artistic health staff | <ul style="list-style-type: none"> • Undertake eating disorder training (e.g. NEDC Core Skills training), if they have not done so previously. Training should be completed within 3 months of commencing employment. |
| All TAB Staff | <ul style="list-style-type: none"> • Be well informed about the TAB Body Image and Disordered Eating Guidelines, aware of the implications the guidelines have for their role, and act in line with them. |



1.8. Attire

Rationale

Research has established that dance attire is a significant influencing factor on dancer confidence and body satisfaction. Allowing dancers freedom to choose their training attire as much as possible (with appropriate consideration of rehearsal and training requirements) can enhance body confidence and self-esteem.

Actions

- Dancers can choose their training/practice attire with consideration of rehearsal and training requirements.

In practice

Role

Responsibility

TAB leadership

- Promote a culture that encourages dancers to feel confident and comfortable in what they choose to wear and train in.

Artistic staff

- Encourage dancers to wear clothing that supports them to feel comfortable and confident.
- Assist dancers to ensure that they wear clothing appropriate to the class type and that their clothing is not impacting on their ability to perform at full capacity.
- Provide a clear rationale when specific attire is needed for rehearsal or training purposes.

Dancers

- Wear clothing that promotes comfort and confidence.
- Wear clothing appropriate to the class/rehearsal type that allows full range of movement and full performance capacity.

1.9. Mirrors

Rationale

Heavy use of mirrors in dance is linked to negative body image and can lead dancers to over-focus on how their body looks rather than how their movement feels. Mirror use can also increase experiences of harmful body comparison between dancers.

Actions

- Reduce mirror use where possible e.g. cover the mirror at times or have dancers face the back of the studio

In practice

Role

Responsibility

TAB leadership

Encourage a flexible approach to mirror use in teaching and rehearsal.

Artistic staff

- Limit mirror use where possible.
 - Encourage dancers to focus on how movements feel, not only on how they look.
 - Reiterate to dancers regularly that dancing without the use of mirrors develops kinesthetic awareness, which can enhance movement quality.
-

Dancers

Aim to minimise the use of mirrors where possible.



Artists of The Australian Ballet
Photo Pierre Toussaint

2. Dancer-centred guidelines

The following dancer-centred guidelines aim to support dancers who are experiencing body image concerns, disordered eating or an eating disorder. The guidelines provide a clear and confidential pathway for all dancers and staff to use when these concerns arise. The pathway is called the TAB Eating Disorder Response Pathway (Figure 4). It outlines what to expect, what to do, and who to talk to, if you have concerns about yourself or another person.

The actions and roles that make up the TAB Eating Disorder Response Pathway are in place to ensure that concerns are identified and responded to promptly and effectively so that dancers receive the care and support they need. By following these guidelines, TAB aims to create a safe and supportive environment for dancers, where concerns are addressed using best practice approaches to get the best possible outcomes for dancers. The TAB staff members who are responsible for activating the TAB Eating Disorder Response Pathway as part of their work are the Eating Disorder Management Team (Figure 3).

2.1 The TAB Eating Disorder Management Team

The TAB Eating Disorder Management Team is comprised of the performance lifestyle advisor, the TAB GP, the TAB psychologist and the TAB Dietitian. The Eating Disorder Management Team meet weekly and are responsible for responding to and managing eating disorder concerns in dancers and provide treatment in some instances. They are also responsible for supporting staff and peer dancers to manage their concerns about a dancer's wellbeing.

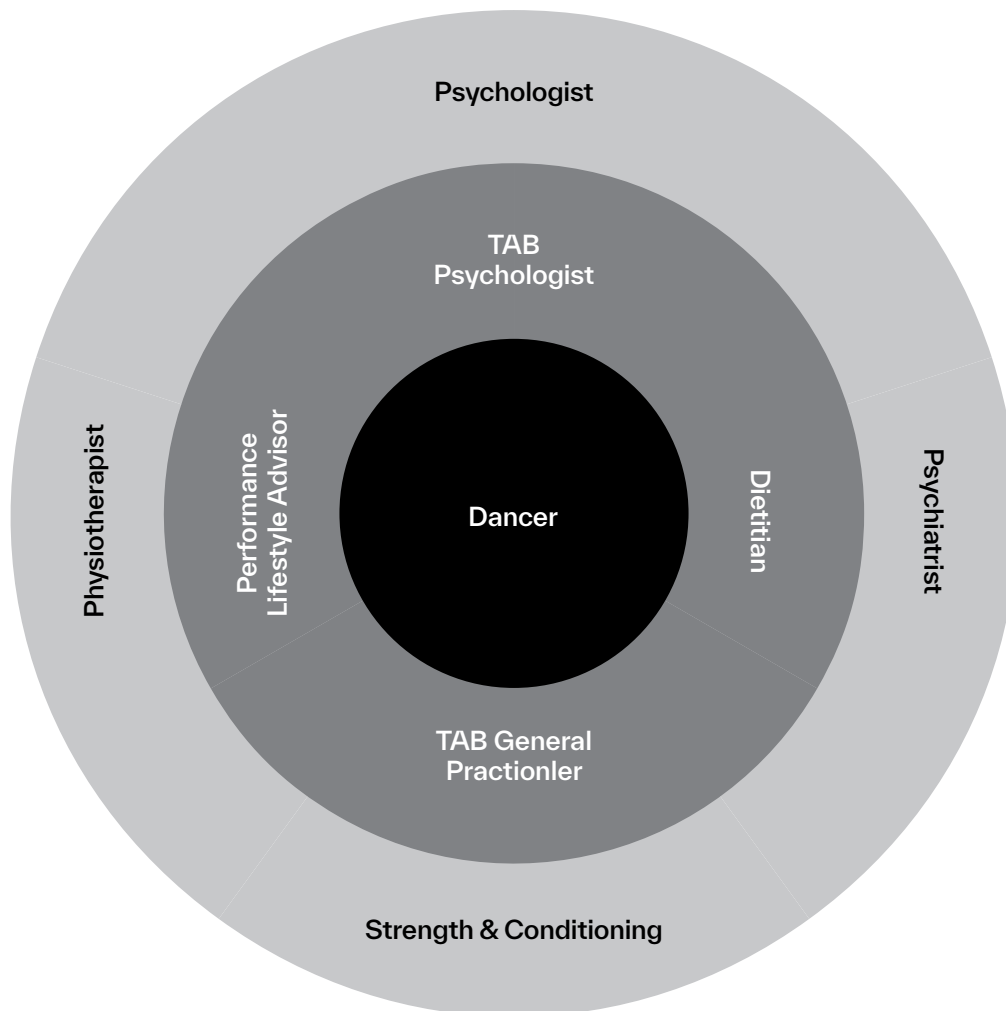


Figure 3. TAB Eating Disorder Management Team and Supporting Health Professionals.

2.2. Identification and initial response

Rationale

Early, proactive identification of eating disorders, and disordered eating is important to prevent the development of serious health problems and to identify individuals who may be at risk of developing these conditions.

Early identification and prompt response when a person may be experiencing an eating disorder is particularly important, given the potential serious psychological and medical impact, and the fact that earlier access to treatment promotes better recovery outcomes.

It is important that staff and dancers know how to identify and respond to eating disorder concerns. Furthermore, health staff need to have the skills and knowledge to address eating disorder concerns and provide appropriate care or referrals to support and treatment services.

Actions

- Upon employment and then annually, the GP will see all dancers for a medical assessment of their physical and mental health.
- The TAB GP, psychologist and dietitian will routinely assess for factors associated with body image concerns, disordered eating and eating disorders, using validated tools where appropriate.
- The results of any physical and mental health assessments are highly confidential and will only be shared with other TAB staff if consent is provided by the dancer, and the health staff determine that sharing of information is necessary to support a dancer's health and wellbeing.
- Staff and dancers will be educated to recognise body image concerns, disordered eating, eating disorder warning signs and symptoms, in themselves and in others.
- Staff and dancers will be equipped to respond via the TAB Eating Disorder Response Pathway (Figure 4) to these concerns about themselves or another individual.
- When concerns are raised about/by a dancer who may be experiencing an eating disorder, dancers and staff refer to the Eating Disorder Response Pathway (Figure 4) and notify one of the TAB Eating Disorder Management Team (Figure 3).
- The Eating Disorder Management Team coordinate a confidential and person-centred response to concerns about/from a dancer, providing support and care within the scope of their roles and making referrals to necessary treatment providers in collaboration with the dancer.
- Dancers experiencing an eating disorder are referred to eating disorder-skilled treatment providers, internal or external to TAB, with mental health and medical input as a minimum.
- The Eating Disorder Management Team ensure that treatment providers have eating disorder expertise in line with national standards.
- Dancers experiencing disordered eating or body image concerns are referred to a mental health professional and/or receive dietetic support.

2.3 The Australian Ballet Eating Disorder Response Pathway

If a TAB dancer presents as at-risk of, or experiencing an eating disorder, the TAB Eating Disorder Response Pathway guides staff, peer dancers and the dancer themselves to support timely access to necessary support and care.

This pathway has been designed within a framework of co-responsibility that relies on a culture that is built by staff and dancers and fosters an informed, open, safe, and supportive environment for dancers seeking support if needed. The pathway begins with identification and follows through to assessment, treatment, and recovery support.

The TAB Eating Disorder Response Pathway diagram (Figure 4) sets out the following steps:

- Identification of body image, disordered eating or eating disorder concerns in self/other.
- Confidential sharing of those concerns with a member of the Eating Disorder Management Team.
- When an individual shares concerns about another person, that is where their responsibility ends. The Eating Disorder Management Team will take it from there.
- Respect the right to confidentiality of your colleague and minimise talk about the issue with others.
- Either the performance lifestyle advisor or GP will speak to the dancer regarding the concern and assist them to make a medical appointment.
- A regular meeting of the Eating Disorder Management team will help to facilitate this by responding to and addressing any dancer concerns.
- When an individual shares concerns about their own body image, disordered eating or eating disorder risk, a member of the Eating Disorder Management Team will help them to explore their concerns in a confidential way and support access to the appropriate care.
- If artistic staff have a genuine concern that a dancer appears to be impacted by health and wellbeing issues in the workplace, the Company has a duty of care to safeguard the dancer's health at work, and therefore can request that the dancer attends a medical assessment.
- Where possible, and with the dancer's consent, the TAB Eating Disorder Management Team will work through the treatment and recovery process with the dancer and their treatment team if external.
- The treatment and recovery process may involve modifications to practice and/or performance workloads, which will be managed by the TAB Eating Disorder Management Team.
- If training or performance workloads require modification, the artistic staff will be informed by the dancer and TAB Eating Disorder Management Team.

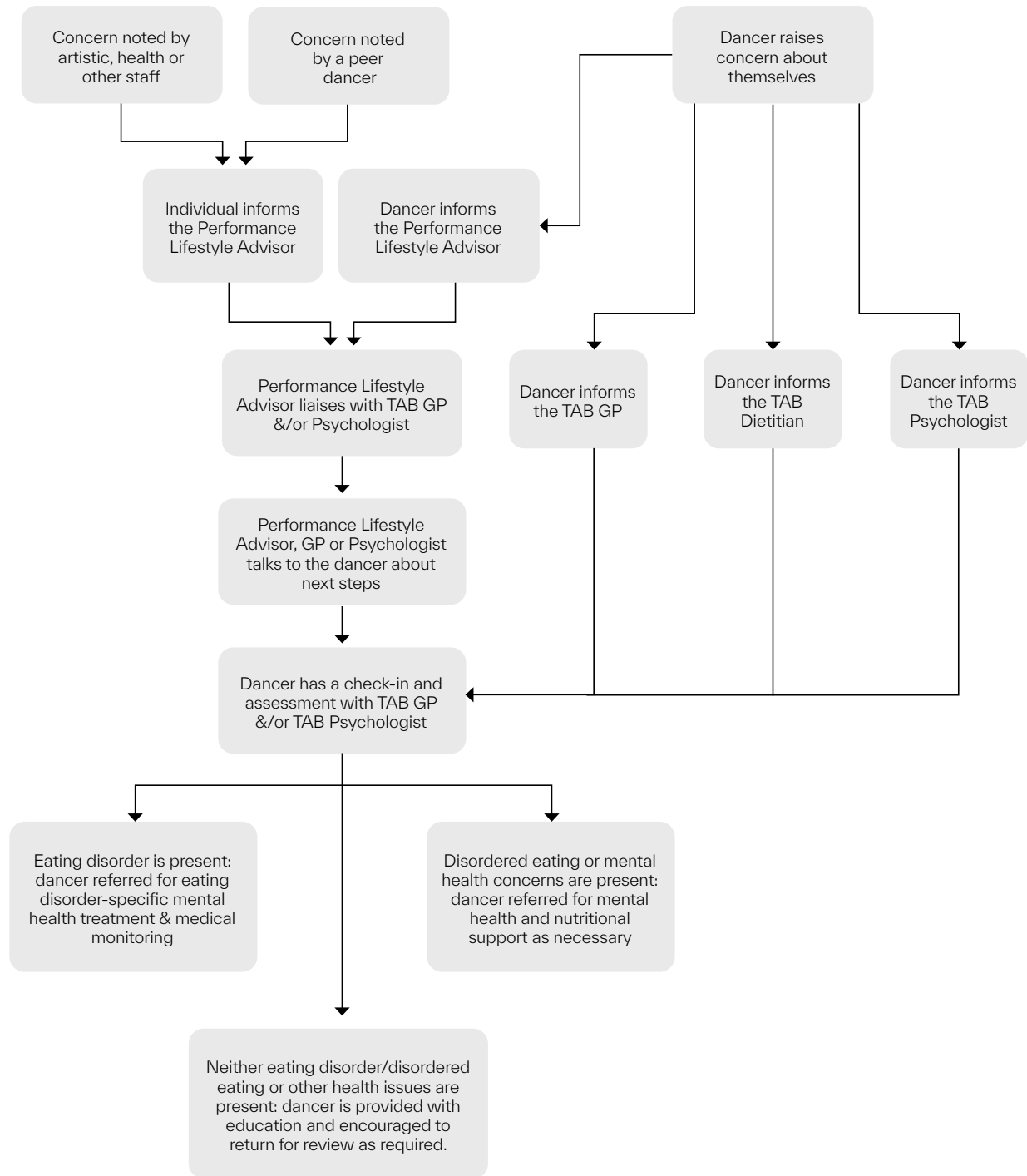


Figure 4. The Australian Ballet Eating Disorder Response Pathway

- This response pathway is intended to support dancers to access the help and support they need to help manage body image, disordered eating and eating disorder concerns.
- This pathway is confidential and aims to protect and respect the privacy of dancers.
- A dancer may choose to disclose concerns about themselves to a health professional outside of TAB. Similarly, they may choose to work with an external treatment team. In such cases, dancers should be encouraged to inform the

TAB Eating Disorder Management Team so that they may be able to liaise with TAB staff and ensure appropriate arrangements are in place to support the dancer at work, including any required modification to the dancer's workload.

- Where possible, and with the dancer's consent, all members of the Eating Disorder Management Team should be informed when concerns have been raised about/by a dancer so that they can work together to provide the necessary support.

In practice

| Role | Responsibility |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TAB leadership | <ul style="list-style-type: none"> Communicate the importance of identification and response pathways to staff and dancers. Encourage compliance with the eating disorder response pathway. |
| Artistic health staff | <ul style="list-style-type: none"> Identify dancers who may be at risk of or who are experiencing an eating disorder. Report any concerns about a dancer's health to the Eating Disorder Management Team. |
| Eating disorder management team (performance lifestyle advisor, general practitioner, psychologist and dietitian) | Performance lifestyle advisor <ul style="list-style-type: none"> Support the eating disorder response pathway. Act as a first point of contact for staff and dancers who have concerns. Approach dancers for an initial chat when concerns have been raised about their health and wellbeing. Refer dancers to the GP and/or psychologist. |
| | General Practitioner <ul style="list-style-type: none"> Support the eating disorder response pathway. Act as a first point of contact for dancers who may have eating disorder or body image concerns. Perform comprehensive medical assessment and make an initial diagnosis. Where appropriate, provide ongoing medical monitoring and treatment, and coordinate the dancer's treatment plan. Refer dancers to psychologist for mental health treatment and to dietitian and/or other health professionals as required. |
| | Psychologist <ul style="list-style-type: none"> Support the Eating Disorder Response Pathway. Identify warning signs of an eating disorder. Act as a first point of contact for dancers who may have eating disorder or body image concerns. Perform comprehensive mental health assessment including an eating disorder assessment. Refer to the GP for comprehensive medical assessment, if not already completed. Provide eating disorder treatment in line with scope of practice and dancer preference. |
| | Dietitian <ul style="list-style-type: none"> Support the Eating Disorder Response Pathway. Identify warning signs of an eating disorder. Act as a first point of contact for dancers who may have eating disorder or body image concerns. Perform comprehensive nutritional assessment Refer to the GP for comprehensive medical assessment, if not already completed. Provide eating disorder treatment in line with scope of practice and dancer preference. |
| | |

Artistic staff

- Communicate any concerns about a dancer's eating disorder risk to a member of the Eating Disorder Management Team.
 - Respect the dancer's privacy and confidentiality; once concerns have been communicated, no follow up should be made by artistic staff.
-

Dancers

- Maintain optimal health and well-being, including appropriate nutrition and exercise.
 - Be able to identify warning signs of an eating disorder in themselves and others.
 - Be aware of the TAB Eating Disorder Response Pathway.
 - Seek support from a member of the TAB Eating Disorder Management Team, or from an appropriately skilled health professional external to TAB for concerns about yourself.
 - Communicate any concerns about eating disorder risk about another dancer to a member of the Eating Disorder Management Team.
 - Respect the other dancer's privacy and confidentiality by sharing relevant concerns with the response team / health team and not with your colleagues.
-

2.2. Treatment and recovery support

Rationale

Eating disorders are serious mental illnesses that require evidence-based, professional treatment. At a minimum, the treatment team includes a mental health professional and medical practitioner, however, input from a range of disciplines is often necessary for comprehensive care (e.g. dietitian, exercise physiologist, medical specialist). These health professionals work together to develop an individualised treatment plan that addresses the physical, emotional, and nutritional needs of the dancer.

Dancers who are in recovery from an eating disorder may need additional support and workplace flexibility to ensure they can continue to perform and train safely as they continue/return to work/dance.

TAB has a duty of care to safeguard its dancer's health in the workplace as far as is reasonably practicable. Disclosure of an eating disorder or diagnosis of an eating disorder will be treated sensitively and in accordance with TAB's safety obligations.

Actions

- Dancers experiencing an eating disorder should receive eating disorder-specific treatment. Treatment may be provided internally by appropriately skilled TAB health professionals (i.e. GP and psychologist with eating disorder-specific training and experience in line with national standards) or may be accessed and provided externally.
- Eating disorder treatment must be provided by a mental health provider and a medical practitioner at a minimum, with other health and medical practitioners involved as required (e.g. dietitian, physiotherapist).
- Where possible and with the dancer's consent, the TAB Eating Disorder Management Team works with the dancer and their treatment team (whether internal or external) to encourage effective collaboration and to ensure the right supports are in place to support the dancer's recovery in the workplace.
- Where necessary, and with the dancer's input, the dancer's treatment team develops a 'return to work/dance' plan, outlining the approach to be taken with the dancer's training/performance regime during their recovery.
- TAB must comply with its legal obligations to provide a safe workplace to all dancers. Dancers should only perform work (i.e. training or performances) when they are fit to do so, and where appropriate, have been deemed fit to work by a medical professional.

In practice**Role****Responsibility****Eating Disorder Management Team (performance lifestyle advisor, general practitioner, psychologist and dietitian)****When treatment is provided internally:**

- Medical monitoring provided by TAB GP.
- Evidence-based mental health treatment provided by TAB psychologist.
- Dietetic and other treatment is accessed as required.
- Performance lifestyle advisor provides additional support and liaises with artistic health and artistic staff as needed.

When treatment is accessed externally:

- If dancer consents, TAB Eating Disorder Management Team work with the dancer's external treatment team to ensure adequate support is provided at TAB to support the dancer's recovery and well-being.

Artistic health staff

- Work with the dancer and their TAB Eating Disorder Management Team team when appropriate and with dancer consent.

TAB leadership

- Encourage dancers to seek support and treatment if they are experiencing an eating disorder or signs and symptoms of an eating disorder.
- Cultivate a supportive environment that supports a dancer's recovery and safe return to work/dance.

Artistic staff

- Where relevant and with dancer consent, collaborate with the dancer and/or Eating Disorder Management Team and/or the dancer's treatment team to support recovery.
- Ensure an individual approach is taken to the dancers' training.
- Prioritise the dancers' health and recovery over performance and training.

Dancers

- Prioritise health and well-being in recovery.
- Work with treatment team to support recovery.
- Consider what is best for you in managing the right to confidential health treatment alongside the benefits of workplace support for recovery.

Working and monitoring framework

The success of the TAB Disordered Eating Guidelines relies on a collaborative, whole-of-company approach to working and maintenance. Everyone has a role to play in promoting a safe and informed working culture that supports dancers to perform and thrive.

The TAB Body Image and Disordered Eating Guidelines Working Group is responsible for the launch and working of the guidelines, evaluating progress, reporting to TAB leadership and company, and making recommendations and adjustments to the guidelines and/or working process.

All TAB staff and dancers have a responsibility to support the working of the guidelines and to participate in ongoing monitoring and improvement initiatives, to ensure the guidelines are effective in supporting dancers in their workplace.

Ongoing monitoring and evaluation

The TAB Disordered Eating Guidelines are regularly reviewed and evaluated to ensure that they are effective in creating a supportive and protective working environment and supporting dancers who may be at risk of, or experiencing an eating disorder. The TAB Body Image and Disordered Eating Guidelines Working Group develops, documents and ensures effectiveness of the guidelines. Sources of evaluation and monitoring data may include future dancer and staff surveys, deidentified data from feedback and complaints reporting processes, and analysis

of baseline data was collected via a dancer survey in 2023, and this survey should be repeated annually for at least the first three years of the guidelines' operation to monitor progress in key indicators and outcomes.

Based on the collected outcome and compliance data, TAB should adjust the guidelines as needed to ensure that it is effective in generating an increasingly open, supportive and positive culture that acts to reduce risk factors and increase protective factors for body image concerns, disordered eating and eating disorders.

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Appendices



Appendix 1. Stepped system of care for eating disorders

A stepped system of care for eating disorders (Figure 1. NEDC, 2023) is required to meet the needs of people experiencing, or at risk of, an eating disorder, and their families and supports. People may require access to a range of different services, at different levels of intensity or frequency, across the course of illness (or risk of illness) and recovery.



Figure 1. Stepped system of care for eating disorders (NEDC, 2023)

Early identification and intervention together with appropriate referral to treatment providers form part of TAB’s systematic response to support dancers who develop injuries or mental health concerns, including eating disorders. The provision of timely, evidence-based treatment, either by TAB health staff or by external health professionals, along with ongoing recovery support ensures dancers have the care and support needed to recover their health and return to dance safely.

TAB is committed to prevention and cultural intervention to reduce the exposure of dancers to risk factors for eating disorders and increase the presence of protective factors that promote positive relationships with their bodies, food, eating and exercise.

TAB recognises the important role all company members play in creating and maintaining a positive culture that helps dancers to maximise their performance and maintain physical and emotional well-being.

Along with this commitment to a shared whole-of-company role in eating disorder prevention, the roles and responsibilities of TAB staff and dancers in supporting best practice in relation to eating disorders can be categorised into three streams of support: identifiers, initial responders and treatment providers.



Identifiers

Identification refers to the detection of warning signs or symptoms and non-judgemental engagement with the person who may be experiencing body image issues, disordered eating or an eating disorder, to support access to an initial response. In some instances, warning signs or symptoms may be self-identified, and the person may seek out an initial response themselves. Because early identification and response to eating disorders is so important for the best chance of recovery, it is not good practice to “watch and wait”.

Identifiers are responsible for recognising the early signs and symptoms of eating disorders in dancers and sharing concerns about self/other confidentially with wellbeing/health staff in line with TAB Eating Disorder Response Pathway (Figure 4).

Identifiers at TAB include dancers, artistic staff, artistic health staff, repetiteurs, choreographers, administrative and support staff, costume designers etc.



Initial Responders

Initial response involves engagement with the person to support next steps, completion of an initial assessment and preliminary diagnosis for an eating disorder, and referral to evidence-based treatment options based on the person's psychological, physical, nutritional and functional needs. Initial response may include facilitating access to an appropriate intervention for people with body image problems or disordered eating. An initial response should also provide psychoeducation, support the person to engage with treatment, and encourage the involvement of the person's family/supports where appropriate and agreed with the person.

Initial responders are responsible for responding to concerns or confirmed cases of eating disorders in dancers at TAB.

Initial responders at TAB are TAB Eating Disorder Management Team (i.e. TAB GP, psychologist and performance lifestyle advisor). Any of these staff can be responsible for engaging with the dancer, and supporting them to take the next steps. The GP and psychologist can also provide the first level of intervention, such as screening, initial assessment, and referral. See the Eating Disorder Management Team (Figure 3).



Treatment Providers

Treatment providers are qualified health professionals who can provide evidence-based eating disorder specific treatment. Eating disorder treatment, at a minimum, requires mental health and medical treatment. A dietitian or other health professionals may also be involved depending on the person's needs. The TAB GP can provide medical monitoring and treatment, and the TAB psychologist can provide mental health treatment within scope of practice. Dancers may choose to access their treatment internal to TAB, or external to the company.

The responsibilities of treatment providers include conducting comprehensive assessments, determining treatment goals, developing individualised treatment plans, providing ongoing treatment, and monitoring to ensure the dancer's progress and recovery or need for further referral.

TAB ensures that medical, psychological and dietetic staff employed by TAB have core competencies and appropriate training in eating disorders. Mental health and dietetic staff should meet the professional requirements for minimum safe standards outlined in the criteria for credentialling by the Australia and New Zealand Academy for Eating Disorders.

Appendix 2. Traffic light checklist: a tool for TAB in identification

The traffic light checklist is a tool for the identification of disordered eating and eating disorders. The checklist categorises observable behaviours that may indicate body image/eating disorder issues along a continuum. Behaviours listed may be observed in oneself or observed for others.

- The **GREEN** signs and symptoms refer to behavioural observations indicating someone is not having significant problems with eating or body image.
- The **ORANGE** signs and symptoms refer to behavioural observations indicating warning signs for problems with eating and body image and should be responded to in an early intervention framework (via TAB Eating Disorder Response Pathway) to prevent further problems. Dancers displaying these behaviours are advised to seek further direction through participating in an assessment with the TAB GP and/or TAB psychologist, or external provider such as a dietitian.
- The **RED** signs and symptoms indicate serious warning signs for a problem with eating or body image and should be responded to immediately. These warning signs can be associated with a high level of medical risk and require a medical check with a doctor either via TAB GP, or if an emergency situation (i.e. physical collapse, fainting, chest pain) via the Emergency Department.

| Green | Orange | Red |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Choosing food for hunger and preference • Social eating • Lack of guilt/shame around food and eating • Body acceptance • General feeling of wellbeing and vitality • Socially engaged | <ul style="list-style-type: none"> • Dieting and fasting • Unusual behaviours around food preparation and eating • Change in food preference • Lying about food, feeling guilt and shame around eating • Secretive behaviour about food • Anxious about food • Avoiding social eating • Unusual/excessive body checking • Increased body dissatisfaction • Over focus on food, weight or shape • Mood changes, anxiety and depression • Weight loss/gain/fluctuation • Fatigue, poor concentration or poor stamina • Social withdrawal • Increased exercise, above what it part of usual training • Use of steroids • Changes in clothing choices • Increase in injury and/or illness • Insomnia or change in sleep patterns • Gastrointestinal concerns | <ul style="list-style-type: none"> • Binge eating • Vomiting, laxative use or other compensatory behaviours • Rapid weight loss or gain • Fainting, dizziness, or confusion • Feeling unusually cold • Amenorrhea or oligomenorrhea • Low sex drive • Dehydration • Compulsive exercise • Stress fracture/s • Low bone mineral density • Identified REDs • Self-harm thoughts and/or attempts |

Appendix 3. Risk and protective factors for eating disorders

The factors that contribute to the development of eating disorders are complex and involve biological, psychological and sociocultural factors. An individual's susceptibility to developing an eating disorder is best understood as a complex interaction between these factors and will vary from person to person.

Risk factors for eating disorders

Biological factors include:

- family history of eating disorders and other mental health conditions
- low or high birthweight
- high body weight in childhood
- early start of menarche (<12yrs) for girls or delayed pubertal onset for boys
- transition stages with significant physical, hormonal and social changes such as adolescence, pregnancy, postpartum, and menopause
- genetic predisposition towards specific traits such as perfectionism (see psychological factors)

Socio-cultural factors include:

- adopting and aspiring to cultural ideals of thinness, muscularity and leanness
- pressure to achieve and succeed
- peer pressure
- teasing or bullying, especially when focused on weight or body shape
- troubled family or personal relationships
- family dieting
- unemployment or underemployment
- food insecurity (current or historical)
- diet culture and weight stigma

Psychological and behavioural factors include:

- dieting or dietary restriction
- drive for thinness or muscularity
- perfectionistic traits
- heightened sensitivity or inability to cope with negative evaluations
- stress
- obsessive-compulsive traits or disorder
- depression or depressive features
- anxiety, including social anxiety and avoidance of social interaction
- substance use
- overvaluing body image in defining self-worth
- dissatisfaction with body weight and shape and poor body image
- low self-esteem or feelings of inadequacy
- harm avoidance or traits such as excessive worrying, anxiety, fear, doubt and pessimism
- individuals who have experienced trauma, abuse, neglect or post-traumatic stress disorder (PTSD)

High-risk groups and presentations – noting eating disorders can occur in any dancer, at any time

High-risk groups include:

- females, especially during biological and social transition periods (e.g. onset of puberty, change in relationship status, pregnancy and postpartum, menopause, change in social role)
- children and adolescents; although eating disorders can develop at any age, risk is highest between 13 and 17 years of age
- competitive occupations, sports, performing arts and activities that emphasise thin body shape/weight requirements
- minority groups (e.g. LGBTQIA+)
- neurodivergent people (e.g. autistic people, ADHDers, people with Tourettes)
- people with higher weight
- people with a history of experiencing an eating disorder

High-risk presentations include people who:

- are seeking to lose weight
- are experiencing weight loss, intentional or unintentional
- are following a diet that limits energy intake, requires calorie counting or eliminates a food or food group
- are following extreme exercise or workout regimes
- are on restrictive diets due to food intolerances or allergies (e.g. coeliac disease, irritable bowel syndrome)
- are experiencing co-occurring conditions which cause weight loss or gain/focus on body, weight, shape and eating (e.g. type 1 and type 2 diabetes, polycystic ovary syndrome, endometriosis)
- are experiencing mental health conditions including anxiety and depression
- are experiencing low self-esteem
- are experiencing substance misuse
- have a history of trauma
- have current or historical experience of food insecurity
- have perfectionist or compulsive personality traits

Protective Factors for Eating Disorders Role Responsibility

Psychological factors (including skills and attitudes)

- Bodily attunement (i.e. awareness of bodily needs)*
- The experience of body functionality*
- Positive body image*
- Positive self image*
- High self-esteem (including in studies specific to elite athletes)
- Multi-faceted self-concept*
- Self-compassion*
- Body acceptance/appreciation*
- Self-perceived rejection of appearance ideals*
- Media literacy*
- Appreciation of body diversity*
- Mindfulness regarding food and body related distress*
- Positive self-talk*

Socio-cultural (including family environment)

- Positive family connectedness
(including in studies specific to elite athletes and dancers)*
- Regular, positive family meals (some gender variation)*
- Positive familial attitudes to body diversity*
- Low family influence to lose/manage weight
(this is thought to protect against thin ideal internalization)*
- Being part of a large full-sibling group
- Exposure to feminist influences/critical social perspectives*
- Weight-inclusive approaches (e.g. to healthcare)*
- Access to social, emotional and tangible support*
- Involvement in sport (with some caveats regarding the food
and body culture of the sport)*

*Denotes a potentially modifiable protective factor

Appendix 4. Resources and Contacts

National Eating Disorders Collaboration

The NEDC website offers information to support clinicians, people with lived experience, service leaders, policy makers, researchers and the general public to understand eating disorders and the system of care, and to fulfil their role in the system. It includes factsheets, booklets, and infographics on eating disorders, links to bespoke resources for specific audiences, live and digital training and events databases, and access to NEDC's eLearning suite. It also provides links to eating disorder resources and services across the sector.



Resources | Australian Institute of Sport (ais.gov.au) for LEA and REDs.

Disordered eating in high performance sport | Australian Institute of Sport (ais.gov.au)

TAB Body Image and Disordered Eating Guidelines Working Group.

Includes: dancers, artistic staff, director of artistic health, performance lifestyle advisor, general practitioner, psychologist, director of human relations and other TAB staff as required.

Email: TABbodyimageanddisorderedeatingworkgroup@australianballet.com.au

TAB Eating Disorder Management Team

Includes: performance lifestyle advisor, the TAB GP and the TAB psychologist

Email: TABeatingdisordermanagementteam@australianballet.com.au

Please contact the TAB performance lifestyle advisor for current contacts for:

Dietitians
Psychologists
Further information

Helplines

- The [Butterfly National Helpline 1800 ED HOPE](#) provides free phone, email and web support and referral for individuals experiencing an eating disorder, disordered eating or body image concerns, and their carers and supports.
- Eating Disorders Victoria (EDV) offers a free and confidential service, EDV Hub, providing information and support for people experiencing eating disorders or those who are supporting them (e.g. health professionals, family). Click [here](#) for more information and to access the EDV Hub.

Crises: If you or someone you know is in crisis, please call one of the following:

- Police & Ambulance: 000
- Lifeline: 13 11 14
- Kids Helpline: 1800 551 800

Acknowledgements

Dr Beth Shelton and her team at the National Eating Disorders Collaboration (NEDC) for their ongoing collaboration, support and education in the development and implementation of this project and the guideline.

NEDC is a national sector collaboration dedicated to developing and implementing a consistent, evidence-based system of care for the prevention and treatment of eating disorders. NEDC's work is supported by the Australian Government Department of Health and Aged Care.

Staff of the Australian Ballet School for collaborating with TAB in the initial NEDC facilitated staff workshops

Nikki Jeacocke, Senior Sports Dietitian, Australian Institute of Sport, Canberra for her thorough review of the guideline.

We wish to thank the Ballet Ambassador Program for supporting this project.

**Registered Office**

The Primrose Potter
Australian Ballet Centre
2 Kavanagh Street
Southbank Victoria 3006
Australia
Phone +61 3 9669 2700
Fax +61 3 9686 7081

Sydney Office

The Arts Exchange
Level 4, 10 Hickson Road
The Rocks
Sydney New South Wales 2000
Phone +61 2 9253 5300
Fax +61 2 9253 5301

Front
Artists of The Australian Ballet
Photo Kate Longley

Back
Artists of The Australian Ballet
Photo Pierre Toussaint