



Every **BODY** deserves respect.

# Submission to the NSW Law Reform Commission

Review of the Anti-  
Discrimination Act 1977 (NSW)

Prepared by End Weight Bias Inc

August 2025

end  
**WEIGHT**  
bias.



**This submission has been prepared by End Weight Bias Inc**

for the NSW Law Reform Commission's review of the Anti-Discrimination Act 1977 (NSW).

We welcome the opportunity to contribute to this important consultation and commend the Commission's commitment to modernising anti-discrimination protections in line with contemporary evidence, lived experience, and human rights standards.

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### **Acknowledgement of Country**

End Weight Bias lives, works, and plays on unceded Aboriginal land. We acknowledge and recognise Aboriginal and Torres Strait Islander Peoples as the custodians of Country. We pay our respects to them and thank them for their ongoing stewardship of land, waters, and skies.

Sovereignty was never ceded. Always was, always will be, Aboriginal land.

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**Unlike other  
forms of  
discrimination,  
weight bias is  
getting worse.**

(Abrams 2022)

**It belongs in the Anti-  
Discrimination Act.**

# end **WEIGHT** bias.

## Where **Lived Experience** Meets Action

End Weight Bias is a registered charity with the goal of creating a fairer, safer, and more just world for every BODY. Founded by individuals with lived experience of weight-based discrimination and allies, our work centres the voices and experiences of those most impacted by weight bias. We take a weight-neutral, health-positive, evidence-based approach to everything we do.

Weight bias is both a learned and systemic injustice, that often frames the person's body as a personal failing. It is embedded across healthcare, education, employment, policy, and public discourse. Weight bias is founded in myth, not evidence, and despite over a century of research that disproves the myths, the prevailing beliefs that fuel weight bias remain deeply ingrained in our culture, policies, and systems. It causes real, measurable harm to people's physical and mental wellbeing, and it's getting worse. We exist to change that.

## Our Pillars

### **ADVOCACY**

Driving systemic change and representing our members, loudly and clearly.

### **EDUCATION**

Countering myths with evidence, empathy, and equity, in any setting.

### **SUPPORT**

Health-positive, weight-neutral spaces for support, healing, and community.

### **RESEARCH**

Collaborations for research that drives real change and centres lived experience.

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**Note:**

Any use of the words ov\*rweight or ob\*se appears with an asterisk replacing the first 'e'. This acknowledges the harm these terms cause and shows respect for our members and community.



More than 70% of adults  
with larger bodies  
**experience discrimination**  
because of their body size.

(Puhl & Heuer 2009)

# About

## End Weight Bias.

End Weight Bias is a registered charity and member-led advocacy organisation based in New South Wales. Founded by people with lived experience of weight-based discrimination and allies, our founding members including doctors, dietitians, and other professionals. End Weight Bias is committed to ending systemic weight bias and promoting equity for people of all sizes.

Our membership reflects the intersection of lived experience and professional expertise. We are volunteer-led and united by a shared commitment to dignity, inclusion, and justice, regardless of body size. We adopt a weight-neutral, health-positive, research-backed approach to advocacy, education, and reform.

Our work is both evidence-based and grounded in lived experience. Many of our members have personally experienced appearance-based discrimination in health care, education, employment, and everyday life. These voices are central to our advocacy. We also draw on decades of interdisciplinary research to inform our recommendations. Our goal is long-term, structural change that reduces harm and advances equity for all.

This submission responds to the NSW Law Reform Commission's review of the Anti-Discrimination Act 1977 (NSW). As an organisation dedicated to addressing weight-based stigma and discrimination, End Weight Bias sees this review as a critical opportunity to confront a growing but often unacknowledged form of systemic harm. The Act currently fails to protect individuals from discrimination based on size, shape, or appearance, a gap with far-reaching consequences for health, safety, and human rights.

End Weight Bias exists to confront stigma, correct misinformation, and advocate for policies that reduce harm. We are committed to ensuring that body size is no longer a barrier to dignity, safety, or justice under the law.



# Executive Summary

## A Legal Gap With Real Consequences.

Weight bias is real, widespread, and harmful, and the law currently offers no protection against it. This submission calls for the urgent inclusion of physical appearance, including body size and shape, as a protected attribute under the Anti-Discrimination Act 1977 (NSW).

Discrimination on the basis of appearance is not hypothetical. It is measurable, documented, and growing. The impacts are serious, especially for people in larger bodies who face barriers in healthcare, employment, education, and public life due to stigma, bias, and systemic exclusion.

In this submission, we call for Physical Appearance to be included as a protected attribute in Anti-Discrimination Legislation. We demonstrate that:

- Weight bias is a form of systemic discrimination
- Existing protections do not adequately cover appearance-based discrimination
- The absence of legal recognition perpetuates harm and contributes to poorer economic, health and wellbeing outcomes

This submission responds specifically to Chapter 5, Questions 5.1–5.3, on the inclusion of new protected attributes. End Weight Bias is not only advocating for reform but is eager to work with the Commission to deliver lasting reform. We bring both lived experience and professional expertise, and are ready to work on the co-design of definitions, the development of training, and the creation of practical tools to support consistent application of any new provisions.

This is a unique opportunity to modernise the Anti-Discrimination Act in a way that reflects the realities of marginalisation in contemporary Australia. The inclusion of physical appearance is not symbolic, it is necessary, evidence-based, and overdue. By implementing these reforms in partnership with those most affected, NSW can lead the way in tackling one of the last widely accepted forms of discrimination.

# Introduction

## Weight Bias: The Missing Protection.

The Anti-Discrimination Act 1977 (NSW) was enacted nearly five decades ago. While it has been updated over time, it no longer reflects the full spectrum of discriminatory harm experienced in contemporary society. Notably, it does not protect individuals from discrimination based on physical appearance, including body size and shape, despite overwhelming evidence that such discrimination is widespread, causes significant economic, physical, and psychological harm, and it's increasing.

Discrimination on the basis of appearance is not just incidental or interpersonal, it is systemic. It shows up in hiring decisions, school policies, health care, public services, media narratives, and social attitudes. It disproportionately affects people in larger bodies and is linked to poorer mental and physical health outcomes, reduced economic opportunities, and increased social exclusion. Despite this, individuals experiencing weight-based or appearance-based discrimination have limited or no legal recourse.

Weight bias, which is negative attitudes, beliefs, and stereotypes surrounding people in larger bodies. is a structural injustice that is often misrepresented as a personal failing of the individual. This framing wrongly blames the person experiencing the bias, rather than the systems and structures that perpetuate it. It is deeply ingrained in policy, institutions, and public discourse. Legal reform would not only provide a clear pathway for redress, but also send a strong societal message that appearance-based prejudice is unacceptable. Without this change, harmful stereotypes will continue to be reinforced, and discriminatory practices will remain entrenched in everyday life.

This submission demonstrates that legal recognition of appearance-based discrimination is not only justified by the evidence, but necessary for achieving the Act's objectives of promoting equality, reducing harm, and protecting human dignity.

The time has come for the Anti-Discrimination Act to reflect the full diversity of the NSW community, including the reality that people of all sizes and appearances deserve safety, respect, and protection under the law.



**Doctors  
discriminating against  
larger-bodied  
patients has the **same**  
**mortality risk** as  
smoking.**

(Sutin et al. 2015)

# Evidence Base

## A tiny snippet of the vast evidence base that underpins our submission

Fat people are less likely to be hired than non-fat people, they're less likely to be promoted or even earn the same pay as non-fat people in the same jobs (Rääbus 2019).

Ob\*se candidates are discriminated against when applying for work and are perceived as less suitable for employment regardless of the level of physical demand in the role (Flint et al. 2016).

Individuals in larger bodies experience discrimination as chronic stress, resulting in significant physical, psychological, social, and financial impacts (Heidebrecht et al. 2024).

Public health efforts mostly focus on weight loss, but almost everyone regains weight and intentional weight loss has consistently shown to increase mortality risk (Weeldreyer 2025).

Sustained weight loss is not possible in almost all cases, and repeated attempts negatively impact cardiometabolic health (Heidebrecht et al. 2024).

Poor health in fat people has very little to do with the physiological state of being fat and much more to do with both the stigma fat people live with, and also the poor care that they receive by their doctors (Rääbus 2019).

Weight-based discrimination is prevalent in healthcare settings and among healthcare practitioners. It results in immense harm to patients (Heidebrecht et al. 2024).

People who have faced weight stigma from health care providers often delay or avoid seeking treatment for various health issues (Alberga et al. 2019).

There is no clear relationship between weight loss and improved health outcomes related to hypertension, diabetes, or cholesterol (Tomiyama et al. 2013).



Those classified as fit, regardless of BMI status, showed no statistically significant increase in mortality risk compared with “normal-weight” fit individuals (Weeldreyer 2025) and the mortality risk for fit ob\*se people is half that of “normal-weight” unfit people (Wei M et al. 1999).

1 in 2 higher weight people are considered metabolically healthy, compared to 1 in 3 “normal-weight” people (Tomiyaama et al. 2016).

A study claiming that weight loss helps knee osteoarthritis cited another study that showed that exercise helps and it didn't track weight loss. Assuming that exercise is scientifically interchangeable with “weight loss” is a common issue in research (Chastain 2025).

People with type 2 diabetes who are considered to have a “normal” BMI have double the risk of dying from heart disease than ov\*rweight people with diabetes (Carnethon et al. 2012).

Ov\*rweight and ob\*se people with conditions such as heart failure and end-stage kidney disease fare better and live longer than people considered a “normal-weight” (Carnethon et al. 2012).

Among children, weight-based bullying is more common than bullying based on race, sexual orientation, or disability status (Bucchianeri et al. 2016).

## Persistent myths that contribute to discrimination:

**Myth 1: Being in a larger body is inherently bad for your health**

**Myth 2: Losing weight automatically improves your health**

**Myth 3: People can control the size of their body through diet and exercise**

**Myth 4: Fatness is the result of laziness or lack of willpower**

**Myth 5: Weight is an appropriate measure of health risk for individuals**

As demonstrated by the evidence presented, these myths are unfounded and fuel real, measurable discrimination. The resulting harm includes social, economic, and serious physical and mental health disadvantage, experienced solely because individuals are judged and treated unfairly based on their physical appearance. This is why the explicit inclusion of physical appearance as a protected attribute in the Anti-Discrimination Act is not optional, it is an urgent and necessary reform.

# Key Submission Focus

## Inclusion of Physical Appearance as a Protected Attribute

Discrimination based on physical appearance, including body size and weight, is widespread, measurable, and harmful. Yet, the Anti-Discrimination Act 1977 (NSW) does not currently protect people from this form of discrimination, leaving millions vulnerable to unjust treatment with no legal recourse.

This section makes the case for the inclusion of physical appearance as a protected attribute, with a particular focus on body size and weight. It draws on legal precedent, empirical evidence, and lived experience to demonstrate the urgent need for reform. Each question is addressed in turn, with clear recommendations for legislative change.

### Question 5.1 – Guiding Principles

**What principles should guide decisions about which protected attributes are included in the Anti-Discrimination Act?**

We believe the following principles should guide the inclusion of new protected attributes in the Anti-Discrimination Act 1977 (NSW):

#### **1. Harm-based justification**

Attributes should be considered for protection where there is strong evidence of social, economic, psychological, or physical harm resulting from discrimination. Physical Appearance meets this threshold unequivocally. Decades of research show that people in larger bodies experience poorer health outcomes, reduced access to employment, and disproportionate rates of stigma-related distress, because of the negative associations and misinformation that exists broadly in society about larger bodies.

## **2. Systemic and widespread disadvantage**

Protected attributes should reflect areas where discrimination is systemic, not isolated. Weight-based discrimination is structural; it is embedded in healthcare systems, hiring practices, public policies, education curricula, media portrayals, and insurance markets. It is not confined to interpersonal bias but sustained by institutions.

## **3. Vulnerability and lack of existing protection**

New attributes should be considered where people are especially vulnerable to harm and currently lack adequate legal protection. There is currently no legal protection in NSW for people being discriminated against based on physical appearance. This stands in contrast to other jurisdictions, such as Victoria's inclusion of physical features, and leaves people with no mechanism for redress.

## **4. Alignment with principles of equality, dignity, and inclusion**

The Act should reflect a modern, inclusive understanding of discrimination that affirms the dignity of all people. Excluding appearance-based discrimination from the Act sends a message that such harm is less serious or less valid. It undermines the core objective of the legislation: to protect against unfair treatment and promote equality under the law.

## **5. Responsiveness to evolving evidence and community standards**

Anti-discrimination frameworks must evolve in response to social change and emerging evidence. The persistence and growth of weight bias, despite almost a century of medical, psychological, and legal research disproving its underlying myths, reflects a failure of policy to keep up with evidence and reality.

# **Question 5.2 – Physical Appearance as a New Protected Attribute**

**Should “physical appearance” be included as a protected attribute in the Act? If so, how should it be defined?**

End Weight Bias strongly supports the inclusion of physical appearance as a protected attribute, with explicit reference to body size, shape, and weight within the definition.

## Definition and Scope

We propose the following wording:

*“Physical appearance” includes a person’s size, shape, weight, height, visible physical features, and other characteristics of appearance that are not currently protected under other attributes (such as race, sex, or disability).*

This definition should also acknowledge that appearance-based discrimination may be:

- Real or perceived
- Directed at actual traits or assumptions about a person’s behaviour or worth
- Intersecting with other forms of discrimination (e.g. racism, ableism, sexism)

## Evidence Base

There is extensive local and international research demonstrating that appearance-based discrimination is:

- Widespread: Over 70% of adults in larger bodies report experiencing weight stigma.
- Harmful: Associated with increased mortality risk, disordered eating, healthcare avoidance, and poor mental health.
- Systemic: Appears in health policy, education, insurance, media, and employment practices.
- Increasing: While some forms of discrimination are declining, weight bias is worsening.

Appearance-based discrimination is not a niche issue, it affects people across socioeconomic status, gender, age, and ethnicity. However, it disproportionately impacts people in larger bodies, particularly women, Aboriginal and Torres Strait Islander Peoples, and people with disabilities.

## Legislative Gap and Need for Reform

Despite its prevalence and documented harm, appearance-based discrimination remains legally invisible. Complainants face significant barriers in accessing justice because there is no clear avenue for redress under current law. This gap allows harmful practices to continue unchecked, from discriminatory hiring decisions to healthcare denial based on appearance.

Recognising physical appearance as a protected attribute would not only align the Act with evidence, but also send a clear signal that the dignity and rights of people in all bodies matter. Legal protection can’t solve stigma on its own, but it is a necessary step toward equity.

## Lived Experience

Members of End Weight Bias regularly report being:

- Dismissed or denied adequate healthcare
- Devalued in employment and professional settings
- Subjected to public shaming or harassment
- Blamed for medical conditions unrelated to body size
- Judged as lazy, non-compliant, or unintelligent

These experiences are not isolated. They reflect a social climate where body size becomes a proxy for personal worth, deservingness, and credibility. **The absence of legal protection sends a powerful message: that these harms are acceptable, or worse, deserved.**

## Proposed Legal Wording

We recommend that physical appearance be included as a protected attribute under Part 4A of the Anti-Discrimination Act 1977 (NSW), with a new clause similar to the following:

*“It is unlawful to treat a person unfavourably, or propose to do so, on the basis of their physical appearance, including but not limited to their body size, shape, weight, height, or visible features.”*

This wording should also be mirrored in definitions and explanatory notes, and cross-referenced in relevant sections regarding exceptions and areas of public life.

## Exceptions & Considerations

Any exceptions to appearance-based discrimination must be narrowly defined, evidence-based, and proportionate. For example:

- Bona fide occupational requirements (e.g. height for pilot seats) may be considered only where justified
- Medical procedures or treatments must rely on clinical evidence, not assumptions based on weight
- Schools, services, or insurers must not use appearance as a proxy for risk or compliance

**Importantly, exceptions must not legitimise stereotypes or override human dignity. The Act must protect against the codification of bias under the guise of “health” or “risk.”**

## Exceptions must not Legitimise Stereotypes

Too often, weight-based discrimination is rationalised through claims of medical necessity, risk management, or health optimisation. These arguments, while framed as objective, are frequently underpinned by outdated, oversimplified, or biased assumptions about body size and health. In many cases, they are not supported by evidence. Studies have shown that clinical decisions are often influenced more by weight stigma than by medical indicators, leading to misdiagnoses, undertreatment, and patient harm.

Legal exceptions must not be used to legitimise these assumptions or shield discriminatory practices. The law must clearly protect against the codification of bias under the guise of “health” or “risk.” Where health or safety is cited as a justification, it must be based on robust, up-to-date, peer-reviewed evidence, not cultural norms, visual judgments, or statistical generalisations.

## Question 5.3 – Open-Ended Attribute List

**Should the list of attributes in the ADA be open-ended to allow other attributes to be protected? Why or why not?**

We support the introduction of an open-ended or catch-all mechanism to ensure the Act can respond to future forms of discrimination not yet codified. **However, we stress that the inclusion of physical appearance, including body size and weight, must not be left to such a mechanism alone.**

Why an open-ended approach is valuable:

- **Future-Proofing:** Discrimination evolves. An open-ended clause allows the law to remain responsive to emerging forms of harm and marginalisation without requiring constant legislative reform.
- **Intersectionality and Coverage:** Many discriminatory experiences fall at the intersection of protected attributes or are based on perceived traits not explicitly named. A general protection can help fill these gaps.
- **Consistency with Other Jurisdictions:** Open-ended clauses exist in other Australian laws and international human rights instruments. Including one in the ADA (NSW) would bring NSW into alignment with best practice.



## Why Physical Appearance **Must** be Included as a Protected Attribute

An open-ended clause is not a substitute for clearly naming appearance-based discrimination in the Act.

Relying solely on a general clause:

- Risks inconsistent application
- Places an unnecessary burden on complainants to argue that their experience “fits”
- Undermines visibility and deterrence
- Signals that appearance-based discrimination is not a priority

Clear, specific inclusion of physical appearance, with defined scope, is essential for effective protection. An open-ended provision should be complementary, not alternative.

## How an Open-Ended Attribute List Should Work in Practice

An effective general provision must be clear, principled, and enforceable, not a vague fallback. The Act should define specific criteria that guide when an unlisted attribute qualifies for protection under the law.

A strong example of this approach is found in South Africa’s Act, which prohibits discrimination on any ground, whether listed or not, where it causes or perpetuates systemic disadvantage, undermines human dignity, or adversely affects the equal enjoyment of rights. This test creates a high threshold, ensuring frivolous claims are excluded while enabling legal protection for emerging or under-recognised forms of harm.

In practice, a NSW provision should:

- Be explicitly included in the Act, not just left to interpretation or case law
- Provide a test or threshold, such as the South African model, to guide tribunals and complainants
- Ensure procedural fairness and clarity for all parties
- Be supported by guidance materials and community education, to aid uptake and consistency

Importantly, **a general provision should be in addition to, not a replacement for, naming appearance-based discrimination** in the Act. General protections provide flexibility, but only specific inclusion delivers clarity, deterrence, and meaningful redress.



The belief that people can control the size of their body comes with the belief that **higher weight people deserve the discrimination they experience.**

(Daníelsdóttir et al. 2010)

# Member Stories

## Lived Experience as Evidence

The following stories have been generously shared by our members and community to illustrate the real-world impact of weight bias and appearance-based stigma. We acknowledge that not all of these examples may constitute unlawful discrimination under the current legal definition. **However, they reflect a broader culture of bias, one in which negative assumptions about body size and appearance are socially and systemically reinforced.**

In the absence of explicit legal protections, these beliefs often go unchallenged and can shape decisions, interactions, and institutional practices in ways that marginalise and harm individuals. In effect, they create the environment in which discrimination can occur, either subtly, systemically, or overtly. These stories offer important context for understanding the lived realities behind our submission and the urgent need for reform.

Some stories have been edited for length or clarity. Most contributors chose to remain anonymous, reflecting the real risk of backlash and disbelief that often follows when such experiences are shared.

**“They laughed at me and told me that I should lose weight.”**

*“The chairs in the office where I work have a 100kg weight limit. I have a larger body so I went and spoke to HR and asked if they could order me a chair that would be suitable for me. I was told that they didn't have to because they only have to make adjustments for disabilities and they don't have to make adjustments for people's “lifestyle choices”, and they laughed at me and told me that I should lose weight.”*

- Anonymous, NSW

## ***“I was shamed for putting on weight during pregnancy”***

*“In 2020, I made a telehealth GP appointment because I wanted to know how I’d go when it came time to have a baby. The GP I spoke to told me I’d have great difficulty falling pregnant because my BMI was so high. I was floored. This person knew nothing about me, and didn’t ask. I fell pregnant the next month and couldn’t believe it, I’d really believed the medical professional who told me it would be a struggle.*

*When I presented at the hospital I was immediately put in the high risk category for pregnancy, when I questioned this saying that I go to the gym every day, I play netball and cricket and eat a balanced diet, I’m taking all the supplements and I thought I was doing all the right things, the midwife told me “your BMI is too high”.*

*I had researched gold standard maternity care and I was really keen to get to know my medical provider so we could build a relationship before I gave birth. Little did I know that being classed as “high risk” actually means that you see a revolving door of obstetricians, each with their own opinion about being fat and pregnant, each with their own bias and discriminatory language.*

*I was shamed for putting on weight during pregnancy. I was 30 weeks pregnant and initially I lost 15kg from being unwell but I put on 5kg and was told that I need to move more. I was vilified for not being active in pregnancy even though I went to the gym and did yoga. I was made to track my food intake and report back to a nutritionist who called me fortnightly, all based on the fact that I had a “high BMI”. I’ve since learnt none of it was medically necessary.*

*When I had my scans the person doing the scan pressed so hard on my tummy she tore my skin and when I mentioned it hurt she said she had to “dig in to get through to the baby”. It just isn’t true.*

*I was treated sub human during my first pregnancy and I suffered great trauma from being treated that way.*

*I ended up leaving the medical system when I was 32 weeks pregnant and hiring a private midwife who was exceptional and I had a soul saving home birth. I don’t even like to think what would’ve happened if I’d birthed in that hospital with those horrible people around me.”*

*- Jess Holliday, NSW*



**“He basically demoted me.”**

*“I was working in a business development role when a new manager joined the team. Not long after, he informed me that I was no longer permitted to attend face-to-face client meetings, a key part of my role, and that I was instead to support other business development managers from the office. When I questioned this change, he told me that going to meetings “wouldn’t look right.” He refused to clarify what he meant.*

*He basically demoted me. My colleagues who had the same title and position description as I did continued attending in-person meetings without issue. This same manager often made comments about dieting, weight loss, and the importance of being thin. I believe the decision to restrict my role was based on my appearance, not my ability. I was treated differently and was discriminated against because of how I looked.”*

- Anonymous, NSW

**“Are you sure you wrote your weight in kilos, not pounds?”**

*“I switched Super accounts and my life insurance and other insurances moved with it. The new Super Fund sent me a health questionnaire to complete. I answered honestly and received a letter a few weeks later asking me to confirm some information. I assumed it was going to be about my mental health history. But no, all they wanted me to clarify was my height and weight. I filled out the letter and sent it back.*

*A week or so later they called me to ask “are you sure you wrote your weight in kilos, not pounds?” I confirmed my weight in kilos and they told me then and there that I didn't qualify for any insurance because my BMI was too high. Despite being active, despite have no chronic health conditions, despite a history of consistently good health markers (ie. low cholesterol, not pre-diabetic, low blood pressure, etc). I know other large-bodied people who have provided blood tests and medical history to their insurance company to prove they are “healthy”. I know thin people who have chronic health conditions, like diabetes or hypertension, who are able to get life insurance. Basing insurance access of BMI is hugely discriminatory, especially considering there is so much evidence to show that lifestyle behaviours are the biggest predictor of health and mortality, not BMI.”*

- Bec, NSW

### ***“They said I didn't ‘look right’ for the job”***

*“I've been rejected from jobs because of my weight, yelled at by strangers in the street, and refused medical care. I once attended the emergency department in severe abdominal pain and was told to go home and lose weight. Another time in the emergency mental health department at the hospital, an endocrinologist, a pain specialist and a psychiatrist prescribed very specific eating disorder behaviour. This was based on appearance as they didn't measure my weight or height.*

*Despite having over 20 years experience as a medical receptionist, I have been rejected from two jobs because I didn't “look” right. In one instance, I was interviewing for a reception role at a physiotherapist practice and was told by email they were extremely interested in me, but when I turned up, I was told I didn't “look” right. I was dressed very professionally.*

*I've had people yell obscene things at me, all weight-based, and been physically intimidated while walking along Victoria Road Drummoyne, which is near my home. It happened so regularly that I became scared to leave the house at all. When I was in Northern NSW on a holiday, I was in the chocolate aisle in a grocery store and a stranger said “you shouldn't eat that” and took the chocolate out of my cart and put it back on the shelf.*

*Another time, I tried to join a gym and said I didn't want my goals to be anything to do with weight. The manager of the studio insisted that I must focus on weight and it was compulsory for me to attend weight loss seminars and nutritional seminars to be allowed to join the gym. These sessions were not compulsory for other people. This was also in Drummoyne.”*

*- Anonymous, NSW*

### ***“My lean mass alone categorises me as ‘overweight’”***

*“My GP sent me for a DEXA scan and it showed that I have 80kg lean mass, that's bones, muscles, organs etc. So even if I had 0% body fat, because of my height, I'd be considered at the higher end of ‘overweight’ by BMI standards. And even if I had 20% body fat, which is considered a “healthy” amount, my BMI would be over 30, which is the ob\*se category. I am a healthy and active person, but BMI alone is used to determine treatment and access across health, insurance, and so many other settings. Not health markers but BMI. That's not right and it's discrimination.”*

*- Anonymous, NSW*



**The Act must  
protect against the  
codification of bias  
and stereotypes  
under the guise of  
“health” or “risk.”**

(End Weight Bias 2025)

### ***“I didn't go to see another GP all pregnancy”***

*“I has just moved to a new town when I fell pregnant. There was only one GP practice that was accepting new patients and I didn't have much choice of GP. The purpose of my appointment was to confirm that I was pregnant and get referred to the hospital for pre-natal care. The GP did the pregnancy test, wrote my referral and then instantly started berating me and lecturing me about my body size and how unhealthy I was. She told me to stop eating junk food and take-away food, and to start eating fruits and vegetables. She called me lazy and said I should “get off the couch” and get outside sometimes. She didn't ask me any questions at all about my diet or activity levels, if she did, I would have told her that I went to the gym 4 times a week, walked everyday, ate lots of fruit and vegetables, rarely got take-away as I couldn't afford it, and had lost 40kg in the lead up to getting pregnant. I was so upset, I didn't go to see another GP all pregnancy”*

**- Anonymous, NSW**

### ***“I have experienced thin-privilege so I know how bad the weight-based discrimination really is”***

*“I haven't always been a bigger person. I was a very active teen, I played a lot of sport, some at state level, I always ate my veggies and loved salads. I loved to cook and coming from a Mediterranean background, we didn't eat a lot of processed foods. I was maybe a size 12-14 as a teenager but from the age of about 8, I was encouraged by my parents and my GP to lose weight, so I began yoyo-dieting. Over the next 25 years my weight swung widely and there's more than 100kg difference between my lowest adult weight and my highest. I look back at photos of me as a kid and I can't understand why the adults in my life were so obsessed with my weight. I looked like a normal, average kid.*

*Because of the years of yo-yo dieting on the advice of GPs, I have quite a large body now. The biggest challenge is that I haven't always had a large body, so I know how badly I am treated now because of it. The discrimination can be subtle and insidious, but also at times very overt. It shows up everywhere, at work, out in public, and especially in healthcare.*

*At work, people often treat me like I am very stupid which never happened when I was in a smaller body. I know I have lost jobs because of this. I have been pushed out of jobs and I*



*have been looked over for promotions. I've been in job interviews that lasted less than 10 minutes because I can see the shock on their face when they first see me. None of this happened when I was in a smaller body.*

*Out in public, many people treat me like I am invisible, they don't make eye contact with me, they treat me like I am contagious and skirt to avoid me. I genuinely get surprised when a stranger is polite to me in public. It is dehumanising. At times when I have had to interact with strangers, like to ask for directions, people have been aggressively hostile. These are not isolated incidents.*

*The hardest part is the medical discrimination, the gaslighting, and microaggressions. In healthcare settings, I am not listened to the way I used to be and I can tell that some medical and allied health professionals don't even want to touch me, a very small few barely conceal their disgust. I once had a GP send me for blood test every three months because she could not believe I did not have diabetes. I am still an active adult with a balanced diet, but none of that mattered to this GP. She said "even though your bloods are fine, let's just pretend you have diabetes as the interventions will help because you are going to get diabetes because of your weight. When I spoke to this GP about my suspicions that I had an eating disorder after years of excessive restriction, weight fluctuations, and obsessive exercise, she scoffed and dismissed me, she told me I didn't have enough discipline, that I must be lying or exaggerating and told me to "eat less and move more". It turns out I did have an eating disorder and the trauma caused by her discrimination delayed me seeking treatment for another two years.*

*Years later, my regular GP was on maternity leave so I saw a different GP in the practice about pain management. He recommended a weight-loss clinic. I told him I have a history of eating disorder that I'd recently undergone years of treatment and that the clinic would not be appropriate. He told me he would only discuss pain management if I signed up for the clinic. I left the appointment without any resolution, and waited until my regular GP was back to sort it out, which we did without her recommending harmful and unnecessary interventions.*

*It is frustrating living every day with this sort of discrimination and knowing most people blame me for it, especially because I have experienced thin-privilege so I have that firsthand comparison to know how bad the weight-based discrimination really is. It has a negative impact on my physical and mental wellbeing, but this is the world we live in."*

*- Anonymous, NSW*

# Recommendations

## Inclusion of Physical Appearance as a Protected Attribute

To address the persistent and measurable harms of appearance-based discrimination we recommend that the NSW Government adopt the following legislative and policy reforms:

1. **Add “physical appearance” to the Act:** Explicitly recognise body size, shape, height, and visible features as protected attributes, aligning NSW with other jurisdictions. This change would close a significant legal gap and offer clear recourse for those experiencing discrimination.
2. **Use an inclusive, evidence-based definition:** Define “physical appearance” to include both actual and perceived traits, and recognise intersections with other discrimination. This ensures protection reflects real-world experiences and avoids ambiguity.
3. **Capture both direct and indirect discrimination:** Extend protection to conduct where intent is absent but impact is harmful, including unconscious bias and policies framed as “health,” “professionalism,” or “aesthetic standards.” This recognises that discrimination often operates subtly and systemically.
4. **Limit exceptions:** Any exceptions must be narrowly defined, proportionate, and supported by robust, peer-reviewed evidence. Health or safety justifications must not rely on stereotypes or outdated assumptions, ensuring exceptions are used only where strictly necessary.
5. **Add an open-ended protection:** Include a future-proof clause allowing the Act to respond to emerging or under-recognised forms of discrimination. However, this must complement—not replace—the explicit naming of physical appearance to ensure visibility and deterrence.

The evidence is compelling, the harms are well-documented, and the gap in protection is undeniable. NSW has the opportunity and the responsibility to close that gap. Protecting against appearance-based discrimination is not about legislating aesthetics; it is about safeguarding equality, dignity, and the right of every person to participate fully in society, free from discrimination because of how they look.



# Conclusion

## A Necessary Step Toward Equality

Discrimination based on physical appearance is real, pervasive, and deeply harmful. It is embedded in hiring practices, health systems, education, insurance, and everyday interactions. Its impacts are measurable: reduced access to services, economic disadvantage, poorer health outcomes, and diminished psychological wellbeing. Yet under current NSW law, those affected have no clear path to justice.

The absence of legal protection does more than deny individuals recourse, it sends the message that these harms are acceptable, or even deserved. This normalisation of bias perpetuates a culture where appearance is wrongly used as a proxy for worth, character, or competence. By failing to act, the law enables discrimination to flourish unchecked.

**Legal reform alone will not dismantle the stereotypes and prejudices that drive appearance-based discrimination. But it is a necessary foundation for cultural change.**

The inclusion of “physical appearance” as a protected attribute in the Anti-Discrimination Act would affirm the dignity of all people, regardless of how they look, and create a legal deterrent to harmful practices. Such reform would also bring NSW into alignment with other Australian jurisdictions and international human rights principles. Our recommendations provide a clear and workable pathway for change:

- Name “physical appearance” in the Act, with an inclusive definition
- Ensure both direct and indirect discrimination are captured
- Limit exceptions to genuine, evidence-based needs
- Introduce an open-ended provision for future-proofing
- Support implementation with education and guidance

End Weight Bias stands ready to work with the Commission in the development, implementation, and review of these reforms. Together, we can ensure that these reforms are not just symbolic but deliver real, measurable change in reducing appearance-based discrimination across NSW.



Legal reform alone will  
not **dismantle the  
stereotypes and  
prejudices** that drive  
appearance-based  
discrimination...

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A photograph of two women on a beach. The woman on the left is pregnant and wearing a black sports bra and leggings, smiling broadly. The woman on the right is wearing a white tank top and is looking at the pregnant woman. The background is a sandy beach with some people in the distance. The image has a dark overlay and a bright green border on the right side.

**...but it is a necessary  
foundation for cultural  
change.**

(End Weight Bias 2025)

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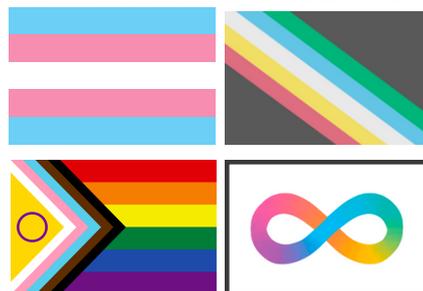
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