

naafa

<sup>TM</sup>  
child advocacy  
t o o l k i t



We come in  
all sizes...

# NAAFA CHILD ADVOCACY TOOL KIT

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A group of four diverse young children are hugging each other. From left to right: a girl with dark skin and braided hair wearing a blue shirt, a girl with dark skin and curly hair wearing a red shirt, a boy with light skin and brown hair wearing a green shirt with a yellow collar, and a girl with dark skin and braided hair wearing a purple shirt. They are all smiling and looking towards the camera. The background is plain white.

# Advocacy

The act of pleading or arguing in favor of something, such as a cause, idea, or policy; active support.

# Foreword

By Joanne Ikeda, MA

**This kit is an exciting new venture for NAAFA, and it fills a tremendous void. It will help anyone and everyone understand how to improve the health of children without doing harm. Even more importantly, it demonstrates how to design programs and approaches that will improve the total health of all children.**

The universal definition of health is not focused on physical well-being. Instead, it mandates that we also consider the mental, emotional and social health of children, that is, the whole child. Too many programs today, such as childhood obesity prevention campaigns, are narrowly designed with a focus on physical wellbeing, ignoring the negative impact they are making on the other components of health. We cannot improve the physical well-being of children while harming their mental, emotional and social health. It is unethical and immoral to improve one aspect of health while harming others. Suggestions in this toolkit will ensure that you have the information you need to design programs that are helpful, not harmful.

These materials will open your mind and touch your heart. Many of you will realize that, "I never thought about it that way." You will recognize how critical it is to think about it that way!

If you are the parent of a large child, these materials will relieve you of the guilt you feel. Parents have limited control over their children's body size, but they do have the responsibility to teach and model healthy lifestyles. Having a healthy lifestyle does not mean being thin. In fact, a recent government study showed that 50% of overweight adults are healthy (Wildman, et al, 2008)! Certainly many large children are healthy, and just as certainly, some are not. However, we can say the same thing for children of all sizes and shapes. Some are healthy, some are not. It is up to us, as adults, to create a world where children of all sizes and shapes have the same potential for total health and well-being. Let us work together towards this aim!

**Joanne Ikeda, MA, RD**

Nutritionist Emeritus, Former Co-Director of the Center for Weight and Health  
University of California, Berkeley

Mind  
+  
Body  
+  
Soul

Improve the health  
of children without  
doing harm.



# The Value of Size Diversity in Children

By Lisa M. Tealer

**For some, the idea of size diversity in children seems a bit odd and awkward. Does it matter? Who cares? Why would it be important? These are very good questions.**

The answers lie within another series of questions to consider:

- Would you allow a child to bully another child because of their size?
- Would you want a child excluded from educational, physical or social activities because of their size?
- Would you support obesity prevention programs that increase the risk of children engaging in unhealthy eating activities, such as bulimia and anorexia in order to lose weight?

The answer is of course not. The bullying, (Janseen, 2004) the exclusion, (Latner & Stunkard, 2003) and unhealthy eating patterns (Neumark-Sztainer, 2006) are undesirable outcomes that happen to fat children every day. What we prescribe is not the solution, it's the problem. Fat children eventually grow up to be adults. Those adults are discriminated against in the workplace for their size as much as others are for gender or race (Puhl & Brownell, 2008).

NAAFA supports children receiving and engaging in healthy nutrition and physical activity, period, regardless of the size of their bodies. This philosophy embodies the principles of the Health At Every Size (HAES) paradigm, which focuses on health not weight. Size diversity reflects the society in which children will grow and learn. Our children are the future leaders of business, health care, government and education. It is imperative that we prepare them to leverage and learn from all aspects of diversity and inclusion. Our children's playground is not the one around the corner, it's around the world. We do our children a disservice teaching them that one's appearance diminishes one's value in society.

NAAFA is bringing the value of size diversity not only to the offices of corporate America via the NAAFA Size Diversity Tool Kit, but also to classrooms of schools and universities. Size diversity is good for our businesses, our schools, our children and for all of us.

# Why Advocacy?

By Donna Frey

## **Question: Who should be an advocate for children?**

### **Answer: Everyone!**

As adults, it is our responsibility to nurture and mold young people. They are our future leaders, healthcare workers, voters, taxpayers and will someday be making the decisions that will affect all of our lives.

Body image and size acceptance continues to be a problem with children. They are either not accepting of themselves or of others.

Giving children love and support, and making them feel good about themselves will determine what type of adults they will become. Think back to your childhood. Who were the adults who helped create and influence the person you are today? What did they do to change your way of thinking and your actions? Adults don't always realize that children are not only watching everything that we do and say, they are also learning. Often we find that children are mimicking the views and actions of their parents or other adult role models, both good and bad.

It is time to teach society that size discrimination is wrong. We need to stand up for our children. We need to teach acceptance of self and others, and be advocates for children who cannot defend themselves, as well as show care and support for those that can. We need to make people understand that there is no such thing as an innocent bystander. If you are allowing the problem to persist, then you are part of the problem. How can you become an advocate for these children and help them?

School: the 2nd greatest  
influence in a child's life...





# Stories of Weight Prejudice and Size Discrimination Against Children

## Discrimination is Just Wrong

**The following are stories from real people in the U.S. and Great Britain whose children have experienced weight prejudice and size discrimination. NAAFA has compiled these stories from various sources, including letters sent to its web site. Some excerpts were edited for education purposes.**

### **Farmington, MO 08-15-06**

Bullying caused by gender stereotypes appears to be at issue in a school shooting by seventeen-year-old Joshua Minks, according to his mother. Amanda Minks, who just began speaking publicly about the incident late last week, stated that her son had complained of being subjected to daily taunting and homophobic slurs by classmates because of his appearance. Minks is 6'5" and weighs 400-pounds.

Minks, who attended high school in Farmington, Missouri, pleaded guilty to assault on school property and unlawful use of a weapon earlier this summer after firing a hole into the school ceiling with a shotgun when he was confronted by three students. A principal and teacher subdued him before anyone was hurt.

"Research shows that school violence against boys who are seen as unmanly

– public humiliation, ridicule, beatings and other attacks – is closely linked to school shootings," said Tyrone Hanley, GenderPAC's Youth Program Coordinator. "This incident seems to follow that pattern."

In a 2003 study of school-violence, SUNY Stony Brook Sociology Professor Michael Kimmel found that nearly all 29 school shootings that occurred between 1992 and 2001 involved shotguns or assault rifles and were carried out by heterosexual white male teenagers in rural communities who had been mercilessly bullied for being unmasculine or unathletic.

And gender bullying is apparently widespread: 27% of students reported harassment for not being masculine or feminine enough and over half said that school was unsafe for boys who weren't as masculine as other boys in a 2004 study by the California Safe Schools Coalition.

# Stories of Weight Prejudice and Size Discrimination Against Children

Added Hanley, "We're not going to stop school shootings until we address violent codes of masculinity among rural, white, teenage males."

In an interview with KFVS television last week, Minks' mother claimed the school promised to examine its safety and harassment guidelines to address the bullying directed at her son, but never followed through. Minks is currently scheduled to be sentenced September 15.

## **Las Vegas, NV 01-20-09**

A Valley father allegedly chained his daughter to her bed. Police said Robert Blue shackled his daughter because he felt she was overweight. Blue was in custody Tuesday night at the Clark County Detention Center. On and off for two days, Blue's 15-year-old daughter was chained to her bed. She was found beaten and in tears -- all because Blue thought she was overweight, according to a police report. Blue, 53, was also arrested for beating his daughter with a wooden stick and kicking her, police said. In the arrest report, Blue told police his daughter was chained to her bed to keep her out of the kitchen and from over-eating. Neighbor Alicaer Fletes said he feels badly for the teenager. He said he didn't know about the alleged abuse. Blue said he was upset because his daughter weighs around 165 pounds, and Blue wanted her to weigh between 140 and 145 pounds, explaining that was her fighting weight in mixed martial arts. "They'd have to be pretty sick, demented, mean and horrible," said neighbor Kimberly Bissell. Police said Blue had been chaining his daughter to the bed with a padlock and chain since Jan. 12, when he said he found pea and corn containers in her room. He said she had found a way around the chains on the pantry and refrigerator over the past month. Blue also stated he didn't think he had committed a crime

and that he was acting in his daughter's best interest. Police said a counselor at the 15-year-old's school claimed the girl was chained up. Blue was charged with false imprisonment, child endangerment and child abuse. There has been no word yet on whether or not Blue's wife knew what was going on. He does have other children who were placed in protective custody. There has been no word on the 15-year-old's condition. She was rushed to University Medical Center. Blue told police he used to hit his children with a stick as a training tool, and he does have a prior history of child abuse.

## **Decatur, MI 7-02-09**

My problem deals with the Boy Scouts of America discriminating against my Son, Charles. My son is on his way to Philmont High Adventure Boy Scout Camp, Cimmaron, NM. He will be arriving July 9th. Philmont has a weight standard and anyone over this standard is labeled unhealthy and can not participate. I tried to explain to them that my son plays football, wrestles, runs relays, does the shot put, throws a discus in track & field and is a weight lifter. During the summer he swims, weightlifts and conditions for football. He has been conditioning for Philmont by hiking for 2-3 hours with a 50 pound pack on his back for the last 2 months. He weighs 261 lbs and has been eating a 1200 - 1400 calorie diet trying to lose weight. Unfortunately he only lost 3 pounds. Concerned that his weight loss was slow to non-existent, I took him to the Dr. and the Dr. ran test to find out he now has hypothyroidism. His own personal Dr. cleared him to participate. She thought that he wouldn't have a problem. According to Philmont medical staff, if he doesn't weigh below 246 then he will be sent home. It didn't matter to them if he is active only his weight number. I have watched my son condition for football and he can run circles around other players that are what society deems healthy.

# Stories of Weight Prejudice and Size Discrimination Against Children



## **Campbell, CA 02-28-09**

What support can you offer to the mother of a fat child, intent on protecting his rights and self-esteem. We have recently begun homeschooling, related more to his giftedness and other mental health issues, not his weight. However, we may be encountering anti-fat bias in his psychological evaluations, and are afraid that our decision to educate him outside the school system will increase scrutiny on our family. With all the rhetoric flying right now about "childhood obesity = child abuse", I am looking for validation and direction to avoid the disastrous impact on my son of coercive, prescriptive "interventions". Any suggestions?

## **Dundee, Scotland, 10-22-09**

An obese couple's seven children are all to be taken into care after their newborn daughter was removed over fears she would become dangerously overweight. Three children had already been removed by social services before the infant was taken from her mother within hours of her birth. Now her 'heartbroken' parents have learned that their three other children will be taken away from them too. They say the children of the so-called 'fat family' are being removed over fears they would also become clinically obese.

Before she became pregnant, the mother, 40, who cannot be named for legal reasons, weighed 322 lbs. At that time one of her children, a 4-year old, weighed 46 lbs, her 13-year-old son weighed 64 lbs. and an 11-year-old weighing 168 lbs.

On Monday afternoon, the mother gave birth to a girl by Caesarean section. And 28 hours later, social workers arrived at the maternity ward to take the baby into care, after serving child protection papers on the parents. Yesterday morning, a

meeting of the Children's Panel of Dundee Council decided the three youngsters still living at home should also go into care. They are expected to be removed from the family home before the end of the week.

Yesterday the mother pleaded: 'I just want my wee girl home. She's only a day old. The 252 lb. father, 54, who was at the Children's Panel hearing, said: 'The panel members wouldn't listen to me. They would only listen to the social workers. They were accusing me and my wife of physical and emotional abuse and physical neglect - and we deny all that.'

## **AOL Posting 01-10**

My daughter's elementary school started down the slippery slope with this stuff about The War on Obesity when she was in third grade, something programmatic they wanted to do (read: something politically correct to show that they were "addressing childhood obesity"-by harassing parents and stigmatizing the kids) that required her to check in with school nurse, have regular weigh-ins, have me sign off on her weight reports, consult her doctor, etc., all of which really incensed me, considering she was very healthy, active, even athletic, and fed scrupulously well at home - one of those kids whose weight percentile got ahead of her height percentile and freaked them out. I sent a note back saying that when they were prepared to be serious and sincere about wanting to be a partner in her physical health and education by providing activities at school and lunches fit for human consumption, I'd revisit the question of whether they had any standing at all in family health matters. P.S., that was the end of it.

# Stories of Weight Prejudice and Size Discrimination Against Children



## A Town in VA writes to Carolyn Hax, columnist of the Washington Post 2-21-10

Dear Carolyn:

My mother-in-law pats my daughter's belly after dinner and says, "That's disgusting! Look at that round belly! How horrible!" She's kind of joking, but . . . I don't like it. My daughter is 1, but . . . I still don't like it. And other female relatives have said my mother-in-law's comments had a big effect on them. She's in her late 70s -- I don't think she's going to change much. So how do I counter the comments -- brush them off, drown her out? **A town, Va.**

How awful, how ingrained, how destructive. Wow.


Your job, as you know, is twofold: to protect your baby from the awful, ingrained and destructive, and to teach her eventually to protect herself from it. The teaching may feel a long way off, but you can plant the seeds now.

While your daughter is still oblivious, set the boundary with Grandma, and reinforce it through smiling but unyielding repetition: "I think it's a beautiful belly," while taking your daughter out of Grandma's arms. That tells her (1) I won't embarrass you or overreact; but (2) I also won't let you say that to my kid.

If Grandma doesn't get the message as your daughter approaches a more comprehending age, then state your limits more clearly, again while removing your child from Grandma's arms or even from the room: "She's perfect the way she is. Besides, society is tough enough on us; we don't need harsh words from family." That tells your mother-in-law (1) I see you as a victim, too, of such cruelty; and (2) it stops here. And it says to your daughter: This is how to show loved ones they can't step on you.

If the comments are unrelenting, then invalidate your mother-in-law openly -- "Grandma has strange ideas" -- and tell her clearly, away from your daughter, "I would appreciate only positive words about her appearance." All visits at this point must also be tightly supervised.

And if Grandma tries to argue, "I'm just telling her what she needs to hear," or similar, then drastic action is warranted; body hang-ups are easy to acquire, nearly impossible to shed, and the gateway to some serious health problems. Her son (ideally) tells her: "The negative body comments stop, or your visits do."



Pressures can be brought  
to bear in the classroom...

# Children at Risk Scenario 1:

## Schools & Institutions

**Subtle pressures can be brought to bear in the classroom, making it difficult to focus on the task of learning and social development. Children readily pick up on non-verbal cues and rely on adults to point the way in terms of appropriate responses in social situations. This example focuses on the effects of negative hints and cues on the development of the target and the children around him.**

James is a good student, capable of achieving top ranks in the academic aspects of his education. His weight is an impediment when it comes to physical education. His is a small school with many of the teachers pulling double duty and teaching multiple subjects. For example, James has the same teacher for history and physical education, Mr. Tate.

Today in history class they are studying the Tudors in England and the creation of the Church of England. When the subject of King Henry's excesses is discussed, several children whisper insulting remarks comparing James's weight with that of King Henry loud enough to cause a ripple of quiet laughter among several rows of children. This is ignored by Mr. Tate, who in fact smiles conspiratorially at one of the boys responsible, an athletic achiever who enjoys positive attention from

Mr. Tate along with a group of similarly talented boys.

James is of course embarrassed by these events, but he soldiers on, contributing more than his share to the class on the Tudors, in the hope of getting some positive attention from Mr. Tate and thereby attracting less negative attention from "Tate's gang". As teaching history is of far less interest to Mr. Tate than physical education, and he has a distaste for fat people in general, he doesn't give the kind of reinforcement and positive response he would give to someone for an athletic achievement.

Later in the day in gym class, James receives the usual negative reinforcement from Mr. Tate in the form of jibes or digs intended to motivate him into better

# Children at Risk Scenario 1: Schools & Institutions

performance. As usual this is delivered in front of the other boys, who feel pressure to participate in the “motivation”. James has never been given the “privilege” of being the person who chooses team members, and when it is time, is among the last picked.



## Suggested Scenario 1 Discussion Questions:

1. What effect will Mr. Tate’s “tough love” approach have on other children’s attitudes towards fat kids?
2. How do you think it will affect how James values intellectual vs. physical achievements?
3. What are possible long-term effects on James’ social development, both negative and positive?
4. What would be an appropriate course of action for James, if this behavior on the part of his teacher continues?
5. What possible resources are available to advise or act with or on behalf of James?
6. Discuss the possible long-term behavioral effects on James’ peers.

## Children at Risk Scenario 2:

# Schools & Institutions

**Kevin is a student at Lincoln High School. He has a very large body and is not at all athletic. In PE class the students have to run two laps around the gym to warm up and the class doesn't get started until everyone is finished. Kevin is always the last to finish and takes two to three times longer than the rest of the students.**

Everyday the coach yells at Kevin and makes rude comments, such as "pick up the pace lard butt" or "see what happens when you spend all your time eating donuts instead of working out". The other students often stand around laughing and join in with the coach as Kevin runs by. Kevin started skipping PE and is now in danger of failing the class, which he needs to graduate. His parents have had numerous conversations with Kevin about this, but Kevin refuses to go back to the class. He says he would rather drop out of school than go back to PE class.

### **Suggested Scenario 2 Discussion Questions:**

1. Who is the bully in this scenario?
2. If you were a student in the class, what would you do?
3. What steps could parents take to help Kevin?
4. What changes could be implemented to make Kevin feel successful in the class?
5. How does the coach's behavior influence the other students' perception of Kevin?





Understanding  
is the first  
step.



## Children at Risk Scenario 3:

# Other Kids

**Peer pressure is an extremely powerful force in shaping a person. The urge to belong is very strong in young people, and provides a powerful lever for manipulating other children's behavior. This is why many groups of kids find a scapegoat to act as a lightning rod and draw negative attention away from them. It is very important that adults who become aware of this behavior in children under their care move to eliminate it.**

Geoff was a fat kid. This was just the way he was and he never found it to be much of an issue, beyond the odd jokes, stares and whispered comments with which all fat people deal. He was friendly, with a surprisingly mature sense of humor for his age. He had a good group of five or six close friends from grade school as he entered a new year at junior high, which meant mixing in with new kids from three different grade schools.

For reasons that are difficult to understand, but in a process that seems universal and inevitable, a few of the "popular" or "cool" kids decided he was not just a fat loser, but "the loser" for the year. They began a campaign of ridicule, teasing, bullying and public humiliation. Over time, Geoff found his friends were distancing themselves, afraid whatever he had would rub off on them. He was eating alone

at lunch, and was always the last person to get a partner for class assignments.

His sense of humor became buried, and his outgoing personality shifted to a withdrawn and shy way of being. It was as if he wanted to become invisible. He tried talking to his teachers and the school counselors, but found no concrete solutions. They tried to explain that his sense of self-worth was something he controlled from within, that he was the same funny, good person he had always been and if he would believe this others would see it, too. Sometimes he felt as if they thought he was somehow causing his problem himself and just needed to shake himself out of it. His schoolwork began to suffer, and he spent most of his time pursuing solitary entertainments, watching television or playing computer games.

## Children at Risk Scenario 3: Other Kids

Eventually he changed to a new school, where no one knew him. Here he was not branded a “loser”, and was slowly able to rebuild the funny, outgoing Geoff that once had come so naturally to him. However, there was always a certain mistrust and fear that had a home at the back of his mind, a sense that betrayal was only a few words or actions away, waiting to claim whatever he managed to build in the way of friendship and social standing.



### **Suggested Scenario 3 Discussion Questions:**

1. Discuss how Geoff may have felt at finding himself the target of ridicule from a group of socially well-established kids.
2. Should the group taunting Geoff be addressed? If so, how?
3. Why would Geoff's former friends have distanced themselves from him?
4. Discuss if there are any strategies the adults in Geoff's life could have adopted to help him regain his place in his social environment.
5. Failing social reintegration, are there any ways the adults could help Geoff to understand and cope with the drastic changes he was facing?
6. How would other fat children feel seeing how Geoff was treated, and what might have been their responses to the situation?

## Children at Risk Scenario 4:

# Role Models




**Sarah and Vicky come from single parent homes. Both their mothers work and there isn't anyone home in the afternoon, so they like hanging out at school. They finally got the courage to sign up for the school's dance team which performs monthly at assemblies and local community events.**

On their first day they are approached by Ashley, a popular girl and long time member of the dance team. Ashley told Sarah and Vicky that they couldn't be on the dance team because they are too fat and the costumes would just make them look even fatter. She, also, stated that having two fat girls on the dance team would embarrass everyone, so they should just give up on the idea and go home. Heartbroken, the girls left the dance room and walked home in tears. Overhearing the conversation, the dance coach walked up to Ashley and suspended her from the class for two weeks. The next day, Sarah and Vicky came to school and were confronted by several of the dance team members who blamed them for Ashley being suspended.

### **Suggested Scenario 4 Discussion Questions:**

1. Did the dance coach really solve the problem by suspending Ashley, or make it worse?
2. If you were the coach, how would you have done things differently?
3. Why do you think the other girls on the dance team blame Sarah and Vicky?
4. Do you think Ashley learned anything by being suspended?
5. Is it necessary to involve parents? Why or why not?
6. How do you think this situation will affect Sarah and Vicky in the future?
7. Whose responsibility is it to hold the coach accountable for his behavior?

A close-up photograph of a man, a baby, and a woman. The man on the left is smiling broadly, wearing a blue shirt and a dark tie. The baby in the center is looking slightly to the right, wearing a light purple shirt. The woman on the right is also smiling, with long brown hair, wearing a light blue shirt. The background is plain white.

A nurturing and loving environment has untold benefits on our self image.

## Children at Risk Scenario 5:

# Family

**The influence family has over our development can hardly be overstated. A nurturing and loving environment has untold benefits on self image and the ability to interact successfully with the world at large. Conversely, a harsh environment with distant or hostile parents can contribute to an inability to appropriately interact with others and a negative self-image.**

Shari is 13 and fat, with a pretty face. She received her weight from her mother. Her father is large, but not fat. Her two older brothers are both heavy set and athletic in appearance. Her four year old sister is starting to show a bit of a tendency towards fat.

Shari's father is distant with a quick temper and is quick to punish his children with a spanking or a fast slap across the back of the head. He pays little attention to Shari and her sister, spending his parental energy on his "little men", as he calls the brothers. He does not hide his disappointment that Shari is turning out like her mother physically, and he uses derogatory comments about her weight as an indirect method of criticizing his wife. Mother also uses Shari as an outlet for her own self-loathing, and finds fault with Shari's behavior and appearance

far more often than she finds opportunity to praise her daughter. Shari's brothers are only a few years older and have always teased her about her weight, at times exhibiting an impressive cruelty. Her little sister is a bright spot for Shari, as she adores her older sister and is loved and protected by Shari in return.

At school Shari is actually well respected in her peer group. Unfortunately the respect is earned for her sharp tongue, quick temper and ability to bully anyone deemed worthy of her attention. She learned at an early age to bully or be bullied. "Survival of the Fattest" is what she calls it. Her peer group is a tough circle of outsiders. Academics are not important to them. At her young age, Shari has already experimented with drugs and is sexually active. She has not been in trouble with the police, but she is banned from one local mall for shoplifting. She

## Children at Risk Scenario 5: Family

spends as little time at home as possible.

Her outgoing, tough stance is a protective coloring. She is ashamed of her body, and carries a lot of negative and conflicted emotions. She feels guilt for her “slutty” behavior and her feelings of hatred for herself and her family. She has a difficult time resolving her rejection of the “straight” world with her desire for acceptance within it.

When her parents or other adult authority figures try to give Shari advice, she either sees it as hopelessly out of touch or as some form of self-serving scam. There are no adults who have managed to gain her trust, and so she carries all her problems herself. She is in a position where she makes her life-choices based on her limited experience, the opinions of her peers and the satisfaction of her immediate desires. She has no concrete long-term goals or plans to achieve them. Her only goals are a desire to get out of her home and to be thin and popular.

### Suggested Scenario 5 Discussion Questions:


1. Discuss the reasons for Shari's reluctance to open up to the adults she encounters, some of whom genuinely want to help her.
2. Draw connections between Shari's home-life and her public persona in the larger world.
3. Come up with strategies for encouraging Shari to make choices that could direct her life in a more positive direction.
4. Discuss options Shari has to make changes if she were to find and accept help.
5. Where do you see Shari at ages 16, 25 and 35?
6. Is Shari's weight a separate issue from her family situation or is it an integral part of the picture as a whole?





A close-up photograph of a young boy with short brown hair, wearing a blue t-shirt, smiling broadly and looking towards an adult whose profile is visible on the right side of the frame. The background is a bright, out-of-focus window with a grid pattern. An orange semi-transparent banner is overlaid across the bottom half of the image, containing the text.

The influence family has over childhood development can hardly be overstated.

A young girl with brown hair, seen from the side, is looking at a screen. The screen shows a group of children in a classroom setting, some with their arms raised in celebration. The background is blurred, focusing attention on the girl and the screen.

Exposure to recurring images & ideas can have a profound effect upon the developing young mind.

## Children at Risk Scenario 6:

# Media

**Media affects all our lives. We are confronted with its pervasive presence at a conscious or subliminal level almost constantly. It contributes to our development as children and continues to influence us as adults. We have little control over much of what we are exposed to, and as children, have not yet developed the necessary critical thinking to discriminate between manipulation and education. Even casual exposure to recurring images and ideas can have a profound effect upon the developing young mind.**

Melly is fat and bulimic. She is 15 years old and has had body image issues as long as she can recall. She can barely look into a mirror without feeling overwhelmed by negative feelings about her fat and ugly body. She has never felt comfortable or at home in her skin, and her ideal body image is of someone so thin as to be unhealthy.

Her earliest related memories are of her collection of a universally popular and iconic "fashion doll". She would play with these dolls, placing herself into their world and their bodies in the way children will. That's the way she would look

when she grew up; fabulous, beautiful and thin. When she compared herself to her dolls, she felt very anxious, wondering why she couldn't match the ideal presented to her.

As she got a little older she would take old issues of her mother's fashion magazines and cut out the pretty girls in their pretty clothes to make collages. She loved the sense of connection to the girls in the pictures as her scissors traced their outlines. Again, as she compared her round stubby fingers and thick ankles to these waifs, Melly would feel frustration and a strange loneliness. She

# Children at Risk Scenario 6:

## Media

was beginning to think of herself as ugly.

Sundays after dinner her family would get together and watch television. If her schoolwork was done, Mom would let her watch Fashion TV and whatever primetime soap opera was currently popular. Her homework was almost always done. She wanted to be one of those otherworldly creatures floating down the catwalk, or swinging in front of the moon with a beautiful mane of hair blowing out to frame her perfect features. The thin beautiful women on TV always had everything one could desire, and handsome men always came to help them when things went wrong.

Melly was always clean, and she always carefully cared for her hair. She was very picky about her clothes and took great pains to keep them in perfect condition. However, none of that could help her when she was looking in a mirror and seeing a great, ugly bag of fat. She began dieting when she was eight. She would drop some weight, but it would always come back with a few extra pounds as punishment for her presumption that she was going to be beautiful. By the time she was ten she was throwing up after dinner. Now, at 15 she has been to treatment centers for her bulimia and body-dysmorphic disorder twice. She still thinks she is ugly, and has bouts of depression, along with relapses to bulimic behavior.

### **Suggested Scenario 6 Discussion Questions:**

1. Discuss effective strategies to combat the influence of mass media on children's self-image.
2. Would prohibiting access to unhealthy gender stereotypes and unrealistic body images be effective? Enforceable?
3. Is education about or critical discussion of the media images children are exposed to with the children a viable strategy? If so, how?
4. Has anyone encountered any alternative role models or realistic body image toys on the market?
5. Discuss methods of pressuring media creators and outlets to present a more realistic and healthy body type in children's programming.

Media affects all our lives at a conscious or subliminal level almost constantly.





Bullying of children in school seems a fact of life, almost a rite of passage.

# Bullying of Children

By Darliene Howell

Bullying of children in school seems a fact of life, almost a rite of passage. According to the 2008 Rudd Report from Yale University's Rudd Center, two of every three children have experienced being bullied by a classmate and one of every three has experienced weight bias from a teacher. Negative attitudes start in preschool and progress as students age. [Turnbull, et al, 2000]

It has been found that fat children have a higher risk of being bullied, regardless of race, socioeconomic status, social skills, academic achievement or gender. [Lumeng, et al, 2010]

Overweight and obese school-aged children are more likely to be the victims and perpetrators of bullying behaviors than their normal-weight peers. These tendencies may hinder the short- and long-term social and psychological development of overweight and obese youth. [Janssen, et al, 2004]

Bullying of fat children is not limited to schools. It can also be found in the home. Teasing by parents and siblings contribute to body dissatisfaction, comparison,

thin-ideal internalization, restriction, bulimic behaviors, depression and significantly lower self-esteem. [Keery, et al, 2005]

Teasing about body weight is consistently associated with low body satisfaction, low self-esteem, high depressive symptoms, and thinking about and attempting suicide. [Eisenberg, et al, 2003]

Being teased about weight in adolescence may increase risk for the later development of disordered eating behaviors among both male and female adolescents. [Haines, et al, 2005]

The negative effects of teasing and bullying are significant. However, there are a number of things that a parent, educator or caregiver can do to help stop bullying and counteract the negative effects to children's body image and self-esteem. Resources are available. We have compiled a list of books and websites for your review. Check out the BULLYING section of the Resources for Parents and the Resources for Educators/Caregivers in the Appendices for help to stop the bullying!



# Children & Body Image

By Joanne Ikeda, MA

By third grade, almost one-third of children say they don't like their bodies and want to change them (Skemp-Arlt et al, 2006). How has this happened? Why are our children so unhappy with their bodies? You probably think you know the answer to this question – it's the fault of the media! Movies, TV shows, magazines, advertisements all feature "beautiful" people – and beauty appears to come in one size and shape. Girls and women are tall and very slender. Boys and men are tall, have broad shoulders and six-pack "abs." (National Eating Disorders Association)

Unfortunately, few of our children are going to end up looking this way. Does that mean they should face a lifetime of body dissatisfaction? Or spend time and money "perfecting" their bodies?

As adults we have the power to ensure the children we interact with don't buy into the "ideal" body that the media is selling. We can help our children question the emphasis on external attributes of beauty and learn that beauty has to do with character,

compassion, kindness, and a sense of purpose in life. We can teach our children that how people act and what they accomplish in life is more important than how they look.

We, also, need to help children understand that their bodies are changing. During the early school years, children's bodies change so slowly they hardly notice it is happening. Later with the onset of puberty, the changes happen so fast they can't help but notice. They worry about these changes. They wonder if their bodies will turn out okay. Will they be beautiful adults? Yes, with our help they will be. Let's do our part to help children feel good about themselves and about their bodies no matter what size and shape they are now or will end up being in the future!





# Promoting Body Satisfaction in Children

By Joanne Ikeda, MA

You have the power to help children feel good about themselves and about their bodies by:

1. Teaching children to be respectful of others; never tolerating teasing, bullying, or harassment.
2. Treating all children equally; never allowing discrimination based on body size.
3. Letting all children know they are appreciated for their positive attributes and talents.
4. Pointing out the qualities that you value in others by being: responsible, trustworthy, dependable, compassionate, caring, respectful, and by having a sense of humor, and the ability to take joy in life and meet the many challenges life presents.
5. Teaching youth to “talk back” to the media when it sends out messages promoting body dissatisfaction and the achievement of an ideal body size and shape.
6. Appreciating and taking care of your own body. Never making disparaging comments about your body or the body of others.
7. Teaching children how to take care of their bodies by having healthy lifestyles.



# Good Bodies Come in All Sizes and Shapes

By Joanne Ikeda, MA

Believing that every body is a good body and that good bodies come in all sizes and shapes is critical to promoting body satisfaction in children. Implying there is something wrong with a child's body leads to body dissatisfaction, the major risk factor for eating disorders (Haines and Neumark-Sztainer, 2006). Large children are at greater risk of eating disorders than children of other sizes (Doyle et al, 2007). This is because they are more apt to be unhappy with their bodies due to teasing and size discrimination. Eating disorders can be very destructive to a child's physical, psychological and social well-being. Treatment is often lengthy and expensive.

Some adults think that body dissatisfaction will motivate a child to adopt better eating and exercise habits (Neumark-Sztainer, et al, 2006). However, this is rarely the case. Making a child feel badly about his body demoralizes the child and makes him feel helpless, hopeless and desperate. Never tell a child that he needs to change his body.

It is okay to tell children that sometimes bad things happen to our bodies. We become sick or weak and unhealthy. Health professionals are there to help us get better. They can suggest ways we can keep our bodies healthy.

Promising a large child that she can have a slender body if she changes her eating and exercise habits is cruel in light of the fact that the major influence on body size and shape is genetics (Lindgren, et al, 2010). Human beings are NOT born with the ability to be whatever size and shape they choose. Implying that they can be is unrealistic and destructive. Imagine how the child will feel when she doesn't end up looking like the girls on the cover of teen magazines. Instead of blaming an adult for giving her the impression that she could look like those girls, she will blame herself for failing to achieve this goal.



# Helping Children Have Healthy Weights...

By Joanne Ikeda, MA

A healthy weight is not a number on a chart. It is a weight that is achieved and maintained by a healthy lifestyle. There will always be children who fall at the extremes of the weight spectrum – children who are very small and children who are quite large. Research has shown that the following behaviors help children achieve weights that are healthy for them.

## **Nutrition**

- Eating breakfast
- Eating whole grain cereals, bread, pasta and tortillas
- Eating 5+ servings of fruits and vegetables daily
- Eating low-fat or non-fat milk and milk products daily
- Eating small portions of lean meat, fish and poultry  
(USDA Food Pyramid Guidelines for Kids)

## **Activity**

- Playing actively for 60 minutes every day (USDA Food Pyramid Guidelines for Kids)
- Limiting screen time (TV, computer, handheld computer games) to 2 hours per day (The American Academy of Pediatrics)

## **Sleep**

- Sleeping a minimum of 10 hours every night (National Sleep Foundation)



# Testimonial

By Jessica Diaz

HAES changed my life starting in my teen years because I learned in my peer leadership training with **The Body Positive** that my weight did not have to be the gauge of if I was bad or good, worthy of love or praise, healthy, fit or attractive. I learned to define these qualities by how I care for myself. I know that I have the wisdom inside myself to make healthy choices, and I can feel good without having pressure to lose weight.

This way of living affected my life radically because I can no longer participate in activities, rituals and relationships based on body hatred. I can love my body; I can do everything that everyone else does. I can dress it up, dress it down, play, run, jump and love. I can be in this world and know that my shape doesn't have to change. Because my end goal is not weight loss, I enjoy the food that I eat and I enjoy the activities I do on a daily basis because I don't have a targeted goal except for fun! I can allow others to enjoy my company, allow myself to be seen, touched and interacted with on a completely different level. I can explore what it is to be loud and in the

spotlight, to own my body and all its curves, to feed myself with joy and sun and friends and family and all of life's pleasures.

When I took losing weight out of the equation of my life, I was able to live more fully and explore how many ways I could love myself just as I am. I don't depend on others to measure my self-worth and I don't rely on a number to tell me if I'm good or bad. Before we know that we can have Health at Every Size<sup>SM</sup>, we're taught to never be satisfied with how our bodies look. HAES has shown me I can love my body right now and measure my life in joy!

**Jessica Diaz**, The Body Positive peer leader

Read Jessica's blog at [www.thebodypositive/blog.html](http://www.thebodypositive/blog.html) to discover more ways in which she lives vibrantly in her body.



# Testimonial

By Flower Valadez

I was the biggest kid in PE at my high school. I couldn't do a pull up. I couldn't climb a rope. I couldn't run a mile in less than 15 minutes while my peers were finishing in four minutes. I was surprised when I received an A+ in the class and the President's Achievement Award. When I asked my coach why I had received the award he told me that, even though I was slower than everyone else, he could see that I tried harder than all of them put together and that not only did I deserve the award, but that he was proud of me.

One day, I was in my junior year English class having a group discussion about a book when a teacher overheard a classmate say something rude to me about my size. Without hesitation, he asked her to step outside. They stood just outside the door. I heard him tell her that what she had said was unacceptable and that, at her age, she should know better than to treat other people that way. She returned to our discussion group and apologized. It wasn't her apology that made an impact; it was the teacher's response to her remark. That was a powerful moment for me. When that teacher stood up

for me, it made me believe that I was worth fighting for and that I didn't have to take abuse from anyone.

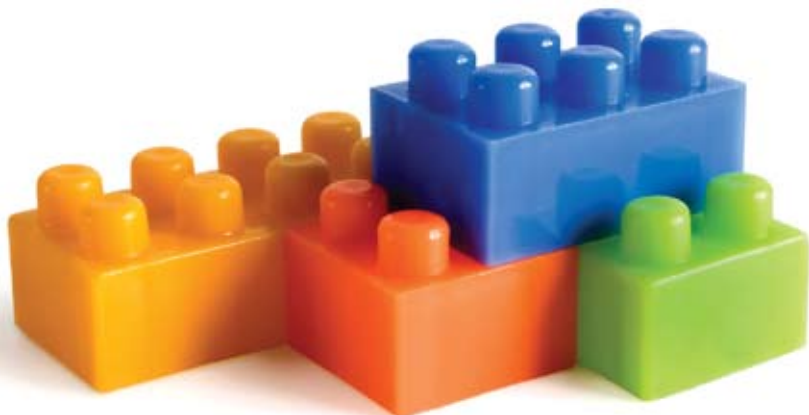
Without realizing it, these adults shaped the person that I have become. Working with kids now, I do all that I can to be sensitive and aware of the struggles our kids face each day. As adults, we have the power to build strong youth both emotionally and physically in the way we respond.

**Flower Valadez**, YMCA Program Supervisor

# HAES (Health At Every Size)

## What is HAES?

Instead of focusing on weight as a measurement of health, the HAES approach removes weight from the equation and replaces it with a focus on overall well being, which includes the full range of body shapes and sizes.



### General HAES Principles:

- Accepting and respecting the diversity of body shapes and sizes
- Recognizing that health and well-being are multi-dimensional and that they include physical, social, spiritual, occupational, emotional and intellectual aspects
- Promoting all aspects of health and well-being for people of all sizes
- Promoting eating in a manner which balances individual nutritional needs, hunger, satiety, appetite and pleasure
- Promoting individually appropriate, enjoyable, life-enhancing physical activity rather than exercise that is focused on a goal of weight loss

Sources:

[www.naafa.org](http://www.naafa.org)

[www.sizediversityandhealth.org](http://www.sizediversityandhealth.org)

# HAES (Health At Every Size)



## Become a HAES Advocate, Parent or Caregiver

By Dana Schuster, MS

Your actions at home and in the outside world largely determine whether your child is being raised with Health at Every Size standards. At home, think about your words. In the U.S., larger children are 63% more likely to be bullied than their thinner peers, regardless of race, economic status, sexual orientation, religion or any other factor (Lumeng, et al, 2010). It is imperative that parents and care givers make only accepting, body-positive comments around their children.

When you make negative body comments about yourself or praise someone who appears to have lost weight, your child is absorbing those remarks and turning them inward. These highly destructive, non-HAES interactions contribute to poor body image and can lead to disordered eating behaviors in our children. Let's consider positive things to do in a family environment:

- Encourage participation in family activities that are inclusive and accessible to a range of body sizes of our children
- Never praise or criticize anyone for their body shape or size but support individual strengths and effort
- Enjoy eating and giving your children and their friends a range of nutritious and tasty foods without moralizing about the foods being "good" or "bad"
- Promote being physically active for function and fun rather than athleticism and competition
- Realize that Body Mass Index (BMI) was never meant to determine individuals' physical health and can lead to inaccurate and harmful classification of children who develop into their adult bodies at varying rates

# HAES (Health At Every Size)

## HAES and Your Child's School

When your child goes to school, he or she will encounter the next greatest influence in their lives besides parental guidance. Your participation in school activities and setting school standards will help a great deal in having your child grow up with HAES principles in the outside world.

By Fall, 2006 all school districts which receive federal funding for child nutrition/school food service programs, were mandated by Federal Public Law 108.265, Section 204) to have a School Wellness Policy in place, policy was to be drafted by a committee of those having an interest in the school community, including students, parents, school staff, district administrators, food service representatives, school board members and community members. The policy was to address foods sold and served on campus; nutrition education, physical activity/education and other wellness issues.

There was neither federal funding provided nor consequences outlined to ensure that school districts complied. But finding out about the status of the Wellness Policy in your district and volunteering to serve on the Wellness Committee is an excellent way to become involved in advocating for your child's health and that of his/her classmates. Parents/care givers should work to ensure that the Health At Every Size principles guide their district's Wellness Policy and the programs it implements.

By Dana Schuster, MS



# HAES (Health At Every Size)

## Keeping the Focus on HAES in this Era of Hysteria...



By Dana Schuster, MS

As a parent/care giver you will need to adopt a 'tenacious patience' approach in this era of hysteria about "childhood obesity". This means being consistent, clear, unapologetic and persistent in keeping the focus on Health At Every Size. Consider that:

- Children are continually growing at varying rates
- Many children tracking consistently at very high or very low percentiles may be showing good abilities to regulate their food intake and will grow normally and predictably
- The majority of large children grow into healthy adults
- The CDC warns against using BMI as a diagnostic tool because healthy weight ranges change with each month of age for each sex and healthy weight ranges change as height increases
- Studies of diet composition in children do not identify the cause of "obesity." Current dietary fat and saturated-fat intakes of U.S. children are lower than in the past
- Singling out larger children for weight related programs in schools increases the anxiety for the child and stigmatization toward the child. 81% of 10 year-olds admit to dieting, binge eating or a fear of getting fat (Latner and Stunkard, 2003) (Mellin, et al, 1991)
- Eating disorders are being seen in five year olds (Madden, et al, 2009)
- The focus on large children only leaves the smaller child with no knowledge of how best to take care of him or her self
- Studies have shown there is no recent change in weight among children six through 19 years (Headley, et al, 2004)

# HAES (Health At Every Size)

## Projects that Promote HAES

By Dana Schuster, MS

Here are a few ideas you might consider as projects to promote Health At Every Size:

- Compile a teacher-student friendly activity guide to include fun exercise breaks in the classroom or outdoor play (see [www.rcsd.k12ca.us](http://www.rcsd.k12ca.us), choose “wellness” on the left then “FitFun Game Guide”)
- Create a “Food Advisory Committee” of students to meet with the Food Service Director to taste test menu options, learn about the nutrition of school meals and brainstorm ways to add healthy choices. This advisory committee might also include school staff, parents and/or members of the district’s Wellness Council
- Plan a fund-raising walk/jog-a-thon or a community supported Walking School Bus program ([www.walkingschoolbus.org](http://www.walkingschoolbus.org)), student Health Fair with fun demos and activities
- See if your county has a nutrition/physical activity related task force you can join
- Contact the local Chamber of Commerce to see if the business committee would like to partner with the school community

#### Additional Resources:

- Sacker, MD, Ira; Dying to be Thin, Understanding and Defeating Anorexia Nervosa and Bulimia – A Practical Lifesaving Guide
- Robison, Jon, PhD, MS, Whitepaper “The Childhood Obesity Epidemic”: What is the Real Problem and What Can We Do About it?
- Neumark-Sztainer D, Wall M, Guo J, Story M, Haines J, Eisenberg M. Obesity, disordered eating, and eating disorders in a longitudinal study of adolescents: How do dieters fair 5 years later? *Journal of the American Dietetic Association*. 2006; 106(4): 559-568.
- Puhl R, Brownell KD. Bias, discrimination, and obesity. *Obesity Research*. 2001; 9(12): 788-805. -Schwartz MB, Chambliss HO, Brownell KD, Blair SN, Billington C. Weight bias among health professionals specializing in obesity. *Obesity Research*. 2003; 11(9); 1033-1039.



Hope.

# GLOSSARY

**Advocacy:** the action of advocating, pleading for, or supporting a cause or proposal.

**Advocate:** a person who speaks or writes in support or defense of a person, cause, etc., a person who pleads for or on behalf of another; intercessor.

**Body Positive:** explores taking up occupancy inside your own skin, rather than living above the chin until you're thin. It is a set of ideas that may help you find greater well-being in the body you have. (Definition obtained from The Body Positive website, [www.bodypositive.com](http://www.bodypositive.com))

**Body Dissatisfaction:** refers to one's dissatisfaction with the size or shape of one's body. Typically the dissatisfaction comes from external factors and false images of what is being depicted as a standard, when in fact the image is an unrealistic view of one's body.

**Fat:** is an adjective describing the dimensions of the body. NAAFA is reclaiming that word to promote fat acceptance. This word is regularly used in the size/fat acceptance movement.

## Health at Every Size (HAES) Principles:

- Accepting and respecting the diversity of body shapes and sizes
- Recognizing that health and well-being are multi-dimensional and that they include physical, social, spiritual, occupational, emotional, and intellectual aspects
- Promoting all aspects of health and well-being for people of all sizes
- Promoting eating in a manner which balances individual nutritional needs, hunger, satiety, appetite, and pleasure

- Promoting individually appropriate, enjoyable, life-enhancing physical activity, rather than exercise that is focused on a goal of weight loss

**Obesity:** is a medical term/label that describes ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). BMI is used because, for most people, it correlates with their amount of body fat. An adult who has a BMI of 30 or higher is considered obese [Definition obtained from the Center for Disease Control (CDC) website, <http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm>].

**Overweight:** is a term used to describe an individual whose weight is over a subjective number on a scale. The term implies judgment regarding a person's weight.

**Size Diversity:** is another dimension of diversity where the full range of body size is valued and respected.

**Weight Discrimination:** Discrimination is defined as unfair difference in treatment made between people because of specific characteristics. It is based on prejudice, which is defined as preconceived opinion or judgment without just grounds or before sufficient knowledge. In its extreme, discrimination is called bigotry, which is defined as an obstinate and unreasoning attachment to one's own opinions, with intolerance to any opposing views. When the specific characteristic is body size and weight, this is weight discrimination, weight prejudice, or weight bigotry. (Definition obtained from the Council on Size and Weight Discrimination web site, [www.cswd.org](http://www.cswd.org))

**Weight Bias:** a perspective and/or opinion based not on an individual's character or skills, but on an individual's physical size.

...battle bigotry, hearsay & harness the power of diversity & hope.



# General References & Resources

## REFERENCES

Latner, J.D., and Stunkard, A.J. (2003). Getting worse: The stigmatization of obesity. *Obesity Research*, 11, 252-256.

Whitaker, R.C., Wright, J.A., Pepe, M.S., Seidel, K.D., & Dietz, W.H. (1997). Predicting obesity in young adulthood from childhood and parental obesity. *New England Journal of Medicine*, 337, 869-873.

Ravelli, A.C.J., van der Meulen, J.H.P., Osmond, C., Barker, D.J.P., and Bleker, O.P. (1999). Obesity at the age of 50 y in men and women exposed to famine prenatally. *American Journal of Clinical Nutrition*, 70, 811-817.

Wilfley, D. E. Stein, R. I.Saelens, B. E.Mockus, D. S.Matt, G.E.Hayden-Wade, H.A., Welch, R. R., Schechtman, K. B., Thompson, P. A., & Epstein, L. H. Efficacy of Maintenance Treatment Approaches for Childhood Overweight. *Journal of the American Medical Association*, 298, 1661-1673.

Epstein, L.H.. "Five-year follow-up of family-based behavioral treatments for childhood obesity." *Journal of Consulting & Clinical Psychology*, v. 58 issue 5, 1990, p. 661-664.

Brown. (2010). Do working mothers raise couch potato kids? Maternal employment and children's lifestyle behaviours and weight in early childhood. *Social Science*, 70(11), 1816-1824.

Lee. (2010). Don't Children Grow Out of Their Obesity? Weight Transitions in Early Childhood. *Clinical Pediatrics*, 49(5), 466-469.

Birch, L.L. (1998). Psychological influences on the childhood diet. *The Journal of Nutrition*, 128, 4075-4105.

## ARTICLES

(Articles of children removed from the home because of their size).

Should parents of obese kids lose custody?

[www.time.com/time/health/article/0,8599,1930772,00.html](http://www.time.com/time/health/article/0,8599,1930772,00.html)

Is child obesity abuse? Court to decide is S.C. mom Jerri Gray neglected 555-pound, 14-year-old son

[www.nydailynews.com/lifestyle/health/2009/07/22/2009-07-22\\_is\\_obesity\\_child\\_abuse\\_court\\_to\\_decide\\_if\\_sc\\_mom\\_jerri\\_gray\\_neglected\\_555pound\\_1.html](http://www.nydailynews.com/lifestyle/health/2009/07/22/2009-07-22_is_obesity_child_abuse_court_to_decide_if_sc_mom_jerri_gray_neglected_555pound_1.html)

### Articles regarding Information on the "Childhood Obesity Crisis"

- o Childhood Shmobesity

<http://www.tnr.com/article/politics/childhood-shmomesity>

- o Prevalence of High Body Mass Index in US Children and Adolescents, 2007-2008

<http://jama.ama-assn.org/content/303/3/242.abstract>

### Articles regarding Childhood Weight Bias and Stigmatization

- o Childhood Obesity and Stigma

<http://www.obesityaction.org/magazine/oacnews7/childhoodobesity.php>

- o Stigma, Obesity, and the Health of the Nation's Children

<http://www.yaleruddcenter.org/resources/upload/docs/what/bias/StigmaObesityChildrensHealth.pdf>

- o For Obese People, Prejudice in Plain Sight

[http://www.nytimes.com/2010/03/16/health/16essa.html?\\_r=1](http://www.nytimes.com/2010/03/16/health/16essa.html?_r=1)

- o Stigma of obesity inflicts deep scars

<http://www.jsonline.com/features/advice/106419523.html>

# General References & Resources (con't)

## Articles regarding Media's Influence on Childhood Eating and Weight Bias

- o The Impact of Food Advertising on Childhood Obesity

<http://www.apa.org/topics/kids-media/food.aspx>

- o Childhood obesity stigma: Association with television, videogame, and magazine exposure

<http://www2.hawaii.edu/~jlatner/downloads/pubs/Body-image-media2007.pdf>

- o Body Image, Media, and Eating Disorders

<http://ap.psychiatryonline.org/cgi/content/full/30/3/257>

## Articles regarding Bullying of Fat Children

- o Obese Children More Likely To Be Bullied, Regardless of Gender, Race, Socioeconomic Status And Social Skills

<http://www.medicalnewstoday.com/articles/187615.php>

- o Bullies Target Obese Kids

<http://health.yahoo.net/news/s/hsn/bulliestargetobesekids>

## Articles regarding Consequences of Teasing Fat Children

- o Weight Teasing and Disordered Eating Behaviors in Adolescents: Longitudinal Findings From Project EAT (Eating Among Teens)

<http://pediatrics.aappublications.org/cgi/content/abstract/117/2/e209>

- o The impact of appearance-related teasing by family members.

<http://www.ncbi.nlm.nih.gov/pubmed/16026721?dopt=Abstract>

- o Associations of Weight-Based Teasing and Emotional Well-being Among Adolescents

<http://archpedi.ama-assn.org/cgi/content/full/157/8/733>

## Articles regarding Body Image

- o Body Image Dissatisfaction Among Third, Fourth, and Fifth Grade Children

<http://www.csuchico.edu/cjhp/4/3/58-67-skemp-arlt.pdf>

- o The Impact of Media Images on Body Image and Behaviours: A Summary of the Scientific Evidence

[http://www.nationaleatingdisorders.org/uploads/file/The%20Impact%20of%20Media%20Images%20on%20Body%20Image%20and%20Behaviours%206%20Nov\(1\).pdf](http://www.nationaleatingdisorders.org/uploads/file/The%20Impact%20of%20Media%20Images%20on%20Body%20Image%20and%20Behaviours%206%20Nov(1).pdf)

- o Body Size Stereotyping and Internalization of the Thin Ideal in Preschool Girls

<http://www.springerlink.com/content/t6q12286t54215g5/>

## WEBSITES

(Websites on body image and weight or children and teens).

[www.thebodypositive.org](http://www.thebodypositive.org)

[www.bodypositive.com/childwt.htm](http://www.bodypositive.com/childwt.htm) \*

[www.bodyimagehealth.org/](http://www.bodyimagehealth.org/)

[www.cswd.org/docs/kids.html](http://www.cswd.org/docs/kids.html)

[www.ellynsatter.com](http://www.ellynsatter.com) (Click on resources)\*

[www.healthyweightnetwork.com/](http://www.healthyweightnetwork.com/) \*

[www.kellybliss.com](http://www.kellybliss.com) (type in kids in the search field)

[http://win.niddk.nih.gov/publications/over\\_child.htm](http://win.niddk.nih.gov/publications/over_child.htm)

[www.ourbodiesourselves.org/book/companion.asp?id=1&compID=5](http://www.ourbodiesourselves.org/book/companion.asp?id=1&compID=5)

[www.radiancemagazine.com/kids\\_project/size\\_positive\\_books.htm](http://www.radiancemagazine.com/kids_project/size_positive_books.htm)

[www.yaleruddcenter.org](http://www.yaleruddcenter.org)

\* Website owner is a member of NAAFA's Advisory Board

A photograph of a woman with dark hair, wearing a blue denim jacket, carrying a young child on her shoulders. The child is wearing a green patterned shirt and is smiling broadly. The background is a clear, bright blue sky. The text "Resources for Parents" is overlaid in white on the right side of the image.

# Resources for Parents



# Resources for Parents

Absolute Advantage, Your Child's Weight – Helping Without Harming

<http://www.ellynsatter.com/resources/yourchildsweight.pdf>

Absolute Advantage, Helping Without Harming – Kids, Eating, Weight and Health

[http://www.nourishingconnections.com/Handouts/Welcoa\\_Kids\\_Eating\\_Wt\\_Health\\_Helping\\_Without\\_Harming\\_overview\\_NovDec07.pdf](http://www.nourishingconnections.com/Handouts/Welcoa_Kids_Eating_Wt_Health_Helping_Without_Harming_overview_NovDec07.pdf)

## **DIVERSITY**

Books for Children

- Shaperville (Step Chain) by Andy Mills, Becky Osborn and Erica Neitz (Baby – Preschool)
- Star Belly Sneetches (The Sneetches and Other Stories) by Dr. Seuss (Theodor Geisel) (Baby – Preschool)

## **BODY IMAGE/SELF-ESTEEM**

How to promote positive body images in children

- Love and accept your body as it is right now – Be a role model
- Eliminate negative body talk about yourself and others
- Stop “dieting” forever and implement Health At Every Size (HAES) tenets
- Stop comparing your body or the child's body to others
- Explain that their body is changing, especially through puberty
- Eliminate messages about body “ideals”
- Don't put a lot of emphasis on physical appearance; do not connect physical

appearance to the value of a person

- Monitor messages from others about the child's body
- Talk with the child about negative body messages from the media, their peers and others

## **How to build self-esteem in children**

- Love yourself – Be a role model
- Eliminate language such as “I/you can't...”
- Find things that the child is passionate about and encourage their interests
- Participate as much as possible – the more you are involved, the better the child will feel about themselves
- Talk with the child about any negative feelings about themselves
- Encourage problem solving
- Teach them to say “no” when appropriate
- Allow them to express themselves, give their opinions, show their personality
- Show them they are important to you

## **Books for Parents**

- Real Kids Come in All Sizes: Ten Essential Lessons to Build Your Child's Body Esteem by Kathy Kater
- Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too! Second Edition by Kathy Kater
- Am I Fat?: Helping Young Children Accept Differences in Body Size: Suggestions for Teachers, Parents and Other Care Providers of Children to Age 10 by Joanne Ikeda

# Resources for Parents (con't)

## Books for Children

- I Like Me by Nancy Carlson (Ages 2 – 6)
- What I Like About Me! By Allia Zobel-Nolan (Ages 4 – 8)
- I Like Myself! By Karen Beaumont (Ages 5 – 8)
- I'm Gonna Like Me – Letting Off a Little Self-Esteem by Jamie Lee Curtis and Laura Cornell (Ages 4 – 8)
- Real Beauty: 101 Ways to Feel Great About You (American Girl)(American Girl Library) by Therese Kauchak (Ages 9 – 12)

## Magazines

- New Moon Girls (Ages 8 and up)  
<http://www.newmoon.com/magazine/>
- Kiki (Ages 8 and up)  
<http://www.kikimag.com/>

## BULLYING

Verbal Judo (aka Verbal Defense)

Manage Bullying: Answers for Parents is built upon the methods developed by Dr. George Thompson and the Verbal Judo Institute. Thompson has trained over a million individuals, mostly within law enforcement, to deflect verbal abuse and diffuse potentially violent situations. They now have a program created specifically for kids.

<http://verbaldefense.com/anti-bullying-course.html>

- No Contact Contract

The “No Contact Contract” is an agreement between the two combatants that they will not look at, touch, talk about, write notes to, write notes about, or post messages on Facebook or MySpace about each other. The contract is signed by the bully, the victim, the parents on both sides, and the Principal. The contract is kept on file, and disciplinary consequences will be taken against whoever violates the agreement. Copies of the document are made, and distributed to all parties involved.

## Websites

- o Signs of Bullying  
<http://bullysolutions.com/index.php/signs-of-bullying>
- o Tips for Parents: What to Do If Your Child Is Being Bullied (from the list of Resources listed on the Parents page of the website)  
[http://www.olweus.org/public/bullied\\_child.page](http://www.olweus.org/public/bullied_child.page)
- o Operation Respect  
<http://operationrespect.org/>
- o Stop the Bullying Now!  
<http://stopbullyingnow.hrsa.gov/parents/index.html>

## HEALTHY EATING

### Books for Parents

- Secrets of Feeding a Healthy Family: Orchestrating and Enjoying the Family Meal by Ellyn Satter
- Your Child’s Weight: Helping Without Harming by Ellyn Satter
- How to Get Your Kid to Eat: But Not Too Much by Ellyn Satter

# Resources for Parents (con't)

- "I'm, Like, SO Fat!": Helping Your Teen Make Healthy Choices about Eating and Exercise in a Weight-Obsessed World by Dianne Neumark-Sztainer

## Books for Children

- Your Tummy's Talking by Jean Cochran and Lee Gullens (Ages 4 – 8)
- Oh, the Things You Can Do That Are Good for You!: All About Staying Healthy (Cat in the Hat's Learning Library) By Dr. Seuss (Tish Rabe) (Ages 4 – 8)

## Magazines

- Chop Chop Magazine (Ages 5 -12)

<http://www.chopchopmag.com/>

## Websites

- Weelicious

Fast, easy and fresh baby food, toddler food and recipes for the entire family

<http://weelicious.com/>

- Ellyn Satter Associates

<http://www.ellynsatter.com/how-to-feed-i-24.html>

- BodyImageHealth.org, Kathy Kater

<http://www.bodyimagehealth.org/index.html>

- How to Help Your Child Build a Positive Body Image (Online Video)

<http://www.5min.com/Video/How-to-Help-Your-Child-Build-a-Positive-Body-Image-264565484>

## EXERCISE/MOVEMENT

### DVDs/Exergaming (Video Games)

- Baby Einstein – Baby's First Moves (2006) (DVD)(Baby/Toddler)

- Vtech Ride and Learn Giraffe Bike (Exergaming)(18 mths and up)

- Pretend with Miss Kim! (DVD)(18 mths – 5)

- Storyland Yoga: Interactive Family Fun (DVD)(Ages 3 – 8)

- Leapfrog Zippity (Exergaming)(Preschool)

- Fisher Price Smart Cycle (Exergaming)(Ages 3 – 6)

- Fisher Price Smart Fit Park (Exergaming)(Ages 3 – 6)

- Fisher Price 3-in-1 Smart Sports (Exergaming)(Ages 3 – 7)

- BYou Dance/Workout DVD (Ages 8 – 13)

- Wii Sports (Exergaming – Rated E)(Ages 6 – Adult)

- Dance Dance Revolution (Exergaming – Rated E10+)(Ages 10 – Adult)

## Websites

- Fitness Beginnings

Fitness videos for kids

<http://www.fitnessbeginnings.com/index.html>

## Local Resources

- Local Parks and Recreation classes

- YMCA classes

- Girl Scouts and Boy Scouts of America

# Resources for Educators/Caregivers

## HEALTH-CENTERED PROGRAMS/CURRICULUM

Everybody in Schools

- o Health At Every Size (HAES) based Third Grade Curriculum created for the Everybody in Schools (Chancellor) Project, Queensland, Australia

<https://www.naafaonline.com/dev2/education/haesschool.html>

WIN the Rockies (Wellness IN the Rockies)

- o A community-based research, intervention and outreach project to improve health in Idaho, Montana and Wyoming

<http://www.uwyo.edu/wintherockies/>

## HEALTHY BODY IMAGE CURRICULUM

Healthy Body Image – Teaching Kids to Eat and Love Their Bodies Too!

- o A comprehensive resource manual and lesson guide with scripted-lessons and activities for grades four, five, or six by Kathy J. Kater

<http://www.nationaleatingdisorders.org/programs-events/educational-programs.php#healthy-body-image>

## Books

Am I Fat?: Helping Young Children Accept Differences in Body Size: Suggestions for Teachers, Parents and Other Care Providers of Children to Age 10 by Joanne Ikeda

## Websites

- o Boulder Youth Body Alliance

<http://www.boulderyouthbodyalliance.org/program.html>

## DVDs/Programming

- Teen Truth: An Inside Look at Body Image Body Talk DVDs at [www.thebodypositive.org](http://www.thebodypositive.org)

## ANTI-BULLYING RESOURCES

Verbal Judo

- o Verbal Judo is the art of redirecting behavior using words developed by Dr. George Thompson and the Verbal Judo Institute. Thompson has trained over a million individuals, mostly within law enforcement, to deflect verbal abuse and diffuse potentially violent situations. They now have a program created specifically for kids.

<http://verbaldefense.com/anti-bullying-course.html>

- o Online video on Verbal Judo for Youth

<http://video.yahoo.com/watch/6908699/17968373>

- o Partner with community agencies such as law enforcement or your local Human Services department to see if they have someone that can teach Verbal Judo to teachers and students. Some martial arts centers teach Verbal Judo for kids.

- No Contact Contract

- o The “No Contact Contract” is an agreement between the two combatants that they will not look at, touch, talk about, write notes to, write notes about, or post messages on Facebook or MySpace about each other. The contract is signed by the bully, the victim, the parents on both sides, and the Principal. The contract is kept on file, and disciplinary consequences will be taken against whoever violates the agreement. Copies of the document are made, and distributed to all parties involved.

[http://www.newteacherhelp.com/-No\\_Contact\\_Contract\\_.html](http://www.newteacherhelp.com/-No_Contact_Contract_.html)

# Resources for Educators/Caregivers (con't)

## Websites

- o Olweus Bullying Prevention Program  
<http://www.olweus.org/public/stop-bullying-program.page?menuheader=3>
- o NewTeacherHelp.com  
[http://www.newteacherhelp.com/Dealing\\_With\\_Bullies.html](http://www.newteacherhelp.com/Dealing_With_Bullies.html)
- o Anti-Bullying Programs for Schools  
<http://www.nobully.com/index.htm>
- o Students Against Violence Everywhere (SAVE)  
<http://www.nationalsave.org/main/nationalbullyingconference.php>
- o Bullying Prevention Information: Resources for Schools  
<http://www.drthrockmorton.com/respectandthefacts/documents/bullyingprevention.pdf>
- o Operation Respect  
<http://operationrespect.org/>
- o No Bully – Anti-Bullying Programs for Schools  
<http://www.nobully.com/>

## DVD/Programming

Teen Truth: An Inside Look at Bullying and School Violence

## HEALTHY EATING RESOURCES

### Books

Secrets of Feeding a Healthy Family: Orchestrating and Enjoying the Family Meal by Ellyn Satter

### Websites

- o Ellyn Satter Associates  
Feeding in the Schools and Community  
<http://www.ellynsatter.com/feeding-in-the-schools-and-community-i-52.html?osCsid=2nad7jjmbkhlp5cc0tn557rbe5>
- o HealthierUS School Challenge Resources (USDA Healthy Meals Resource System)  
[http://healthymeals.nal.usda.gov/nal\\_display/index.php?info\\_center=14&tax\\_level=1&tax\\_subject=713](http://healthymeals.nal.usda.gov/nal_display/index.php?info_center=14&tax_level=1&tax_subject=713)
- o Rethinking School Lunch Guide (ecoliteracy.org)  
<http://www.ecoliteracy.org/downloads/rethinking-school-lunch-guide>



The future of our world is in  
the hands of our children...

# ACKNOWLEDGEMENTS

NAAFA's Board of Directors wishes to acknowledge and thank the individuals listed below for their contribution to the NAAFA Child Advocacy Toolkit. Without their efforts this toolkit would not exist.

Our intent is that the tool kit be used to help build a weight neutral environment through education and awareness. We are committed to size diversity ensuring that all children across the size spectrum are valued and respected.

NAAFA Board of Directors

## **Project Managers:**

Jason Docherty, NAAFA Co-Chair & Board Member

Frances White, NAAFA Co-Chair & Board Member

## **Authors & Editors:**

Joanne Ikeda, MA, RD, Nutritionist Emeritus, University of California, Berkeley, NAAFA Advisory Board Member

Dana Schuster, MS, Past President ASDAH, NAAFA Member

Lisa M. Tealer, Director of Programs & Board Member

Jessica Diaz, Peer Leader

Peggy Howell, Public Relations Director & Board Member

Phyllis Warr, Chapter/Allies Director & Board Member

Darliene Howell, NAAFA Member

John Meister, NAAFA Member

Donna Frey, Anaheim Achieves Program Director/NAAFA Member

Flower Valadez, YMCA Program Supervisor

## **Creative Design & Layout:**

Jason Docherty, NAAFA Co-Chair & Board Member

Liz Plochec, Senior Designer, Augustus New Media

## **Legal Counsel**

Carole Cullum, Esq., NAAFA Treasurer & Board Member

## **Project Advisors:**

Linda Bacon, PhD

Barbara Bruno, PhD, CSW

Deb Burgard, PhD

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We Come in All Sizes...

Understand it.

Support it.

Accept it.

[www.naafa.org](http://www.naafa.org)