



# CREATING A SAFE ENVIRONMENT

## Variety of factors can lead to eating disorders in teens

By Jane Sutter

Adolescence is fraught with changes, ranging from the physical changes caused by hormones, to the societal pressures of having a certain body type.

Those changes in turn can cause teens to engage in unhealthy eating habits.

“Eating disorders can happen at any age, but adolescence is usually the first sign of it,” said Lauren Smolar, director of programs for the National Eating Disorders Association. NEDA’s mission is to support individuals and families affected by eating disorders and to serve as a catalyst for prevention, cures and access to quality care.

What many people don’t understand is that an eating disorder is a serious but treatable mental illness. The exact cause of eating disorders is unknown but research now points to a combination of factors, including biological, psychological and sociocultural, according to NEDA.

There is not one thing that guarantees a person will get an eating disorder, Smolar said, however “there is a biological predisposition if someone in their family may have struggled with an eating disorder,” putting the adolescent at higher risk.

Another risk factor is mental health struggles such as anxiety, depression and obsessive-compulsive disorders or personality disorders, Smolar said.

Society’s obsession with image and body type can put a lot of pressure on adolescents when they are trying to figure out who they are, Smolar noted. “Having all those messages that are telling them they need to look a certain way may create also the risk of them developing an eating disorder, engaging in unhealthy eating habits ... that can ultimately lead to an eating disorder.”

Smolar said that research indicates that almost 3 percent of adolescents (or 3 out of every 100) struggle with eating disorder behavior, which encompasses a wide range of behavior. “We have seen an increase in



attention to eating disorders in recent years and as awareness has increased, so has access to care and people seeking treatment,” she said. “This means there is more recognition of people’s symptoms being an eating disorder which is worthy of treatment. There aren’t studies that have specifically identified an increase in the overall population percentage of people struggling in recent years.”

There are a variety of eating disorders and NEDA, on its website, defines them. Some of the more prevalent are:

**Anorexia nervosa:** An eating disorder involving self-starvation and the inability to maintain a healthy and appropriate body weight. Anorexia nervosa, while the least prevalent of eating disorders, has the highest mortality rate of any mental illness, according to NEDA.

**ARFID (Avoidant and Restrictive Food Intake Disorder):** An eating disorder in which the consumption of certain foods is limited by texture, taste and/or previous negative experiences.

**Binge-eating disorder:** When binge eating occurs at least once a week for a period of three months, in the absence of any purging behaviors.

**Bulimia nervosa:** An eating disorder that involves binge eating followed by purging behaviors (self-induced vomiting, laxatives, diuretics) and/or other behaviors to prevent weight gain (fasting, over-exercise).

Studies also show that eating disorders occur at the same rates in males and females, Smolar said, however, there’s been more publicity about women and more research has been done on women. That’s led to the misperception that eating disorders are a women’s issue.

A side-effect has been that males have been reluctant to acknowledge they have a problem but that is changing, Smolar noted. “There seem to be more and more men who are coming out about their struggles and getting help. Men are more likely to get help when their situation is more severe.”

There are many signs that parents and teachers can watch for when it comes to whether an adolescent has an eating disorder or may be at risk of developing one, Smolar said. The same signs apply to adults.

These include a teenager gaining or losing a large amount of weight in a short period of time; a teen showing a big focus on weight; a teen developing a lot of rituals or rules around food that don’t allow them to

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consume certain foods or eating at certain times. Being embarrassed to eat food in public can be another indicator.

If a teen is very focused on his or her weight, and dieting a lot, that can be a sign of an eating disorder. Other indicators are depression or anxiety or low self-esteem.

"It's important to note that somebody may definitely be struggling (with an eating disorder) and you may not have seen any of those signs," Smolar said. Part of the nature of having an eating disorder is that the behavior is very secretive. The teen feels a lot of shame and attempts to hide the behavior.

If a parent suspects an adolescent may have an eating disorder, NEDA encourages the parent to address the behaviors they're concerned about in a compassionate way and to seek professional help. A good first step, Smolar said, is to take the teen to a pediatrician. If the pediatrician doesn't specialize in eating disorders, Smolar recommends that parents take materials from the NEDA website. The pediatrician then may recommend a specialist.

Treatment options vary depending on the symptoms and the severity of the illness. The Parent Toolkit available on the NEDA website outlines the types of treatment in-depth. For people under the age of 18, family-based therapy (FBT) has been shown to be effective for adolescents with

anorexia and bulimia, according to NEDA. FBT doesn't focus on the cause of the eating disorder but instead places initial focus on refeeding and full weight restoration to promote recovery.

Hospitals and clinics offer in-patient treatment for more severe cases of eating disorders.

If a person with an eating disorder doesn't get adequate treatment, the disorder can be deadly, with heart failure and suicide being two of the most common causes of death, according to NEDA. However, most people with an eating disorder eventually recover, studies show.

The NEDA website includes a blog in which people in recovery share their journeys, many of which started when they were teens. As Lakesha Lafayette wrote recently: "It's taken me a long while to accept recovery was a process and not a straight shot upward. Stumbles, trips, falls, even brick walls, are all a part of the process. The mindset of being 'good enough' permeates our lives in many ways and it is a vice I myself am still in at many times. What I find helpful is to know everyone's recovery is different and that only comparison should be to who you were yesterday."

*Jane Sutter is a Rochester-based freelance writer.*

## WHAT PARENTS CAN DO

To help prevent eating disorders, you can talk to your child about eating habits and body image. Here are steps that parents can take:

**Encourage healthy eating habits.** Talk about how diet affects health, appearance and energy level. Encourage your child to eat when he or she is hungry.

**Discuss media messages that send the message that only a certain body type is acceptable:** Encourage the adolescent to talk about and question what she has seen or heard, especially from websites that promote anorexia as a lifestyle choice, rather than an eating disorder.

**Promote a healthy body image:** Talk to your teen about his or her self-image and offer reassurance that healthy body shapes vary. Don't allow hurtful nicknames or jokes based on a person's physical characteristics.

**Foster self-esteem:** Respect your teen's accomplishments and support his or her goals. Remind your teen that your love and acceptance is unconditional – not based on weight or appearance.



**Share the dangers of dieting and emotional eating:** Explain that dieting can affect health and growth as well as lead to the development of binge eating over time. Remind your teen that eating or controlling his or her diet isn't a healthy way to cope with emotions. Instead, encourage the teen to talk to loved ones, friends or a counselor about problems he or she may be facing.

**Use food for nourishment** – not as a reward or consequence. Resist the temptation to use food as a bribe. Similarly, don't take away food as punishment.

## WATCH FOR THESE WARNING SIGNS

There are many potential signs that an adolescent has an eating disorder. Here are some of them:

- In general, behaviors and attitudes indicate that weight loss, dieting, and control of food are becoming primary concerns.
- Dramatic weight loss.
- Dresses in layers to hide weight loss or stay warm.
- Is preoccupied with weight, food, calories, carbohydrates, fat grams and dieting.
- Refuses to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.).
- Makes frequent comments about feeling "fat" or overweight despite weight loss.
- Noticeable fluctuations in weight, both up and down.
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.).
- Difficulties concentrating.
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low white and red blood cell counts).
- Dizziness, especially upon standing.

*Source: National Eating Disorders Association*

## TO LEARN MORE

**The National Eating Disorders Association:**  
[www.nationaleatingdisorders.org/](http://www.nationaleatingdisorders.org/)

*NEDA offers a wide variety of information, including a free screening tool on its website, along with a video on signs and symptoms of eating disorders and a video on how to help a loved one. The website also includes separate guides for parents, teachers and athletic trainers.*

*NEDA operates a Help Line from 9 a.m. to 9 p.m. ET Monday-Thursday and 9 a.m. to 5 p.m. ET Friday. Holidays excluded. Call 1-800-931-2237.*

*There is also a "Click to Chat" option on the website:*

*For crisis situations, text "NEDA" to 741741 to be connected with a trained volunteer at the Crisis Text Line. Visit <https://www.mayoclinic.org/> Use the search box to find articles on eating disorders.*

*Source: MayoClinic.org*

# Keep children safe this winter

Winter is an exciting time for kids. It brings great outdoor activities, such as snowboarding and skating, but also cold weather, ice and snow, which can present a danger to children. But that doesn't mean they can't enjoy the winter. Here are some winter safety tips for both parents and children:

- Never allow children to play outside alone. Establish a buddy system with one or more of their friends and have them look out for one another. Children younger than eight years of age should always be well supervised outside.
- Check from time to time to make sure children are warm and dry.
- Have younger children take frequent breaks to come inside for a warm drink.
- Never send children outside in extreme weather conditions such as snowstorms.
- Heed weather warnings about wind chills and dangerous temperatures and keep children indoors.
- Tell children not to put their tongues on cold metal. It may sound silly, but some kids still do it.
- Advise children to stay away from snowplows and snow-blowers.
- Help children choose play areas with a warm shelter nearby such as a friend's home.
- Advise children to play in an area away from roads, fences and water.
- Apply sunscreen to exposed skin, even when it's cloudy.

## Clothing

- Dress children in several layers of clothing. If they get too warm, they can remove one layer at a time.
- Always remove children's wet clothing and boots immediately.
- Make sure children wear a hat because most body heat is lost through the head.
- Have children keep their ears covered at all times to prevent frostbite.
- Have children wear mittens instead of gloves.
- Dress children in warm, waterproof boots that are roomy enough to wiggle their toes around.
- Remove all drawstrings from children's clothing to prevent strangulation. Use velcro or other fasteners instead, and use a neck warmer instead of a scarf.

## Skating

- Make sure children always wear a hockey or ski helmet while skating.
- Make sure children's skates are comfort-



able, with good ankle support, to avoid twists, sprains or breaks.

- When possible, have children skate on public indoor or outdoor rinks. If this is not possible, children should remember to obey all signs posted on or near the ice.
- Make sure they are always supervised on the ice.
- Never assume it's safe to skate on a lake or pond. An adult should make sure the ice is at least four inches thick, and check with local weather authorities for information about ice thickness.
- Always avoid walking on ice near moving water. Ice formed on moving water, such as rivers and creeks, will vary in thickness and is highly unpredictable.

## Skiing and snowboarding

- Children should take lessons from a qualified skiing or snowboarding instructor.
- Never let children ski or snowboard alone.
- Check equipment every year for fit and maintenance. Bindings should be checked annually by a qualified technician.
- Make sure they're in control of their speed.

Many injuries result from a loss of control. Stunts and fatigue also lead to injuries.

- Always provide a helmet with side vents that allow them to hear.
- When snowboarding, wear wrist guards to reduce the risk of wrist injury.
- Dress safely. Wear brightly-coloured clothing, and warm hats and mittens.
- Avoid icy hills. The risk of falls and injuries increases in icy conditions.
- Watch out for other skiers and snowboarders, as well as any other obstacles, on the slopes.
- Stay in designated areas and on marked trails.

## Sledding

- Children should always wear either a ski or hockey helmet – not a bicycle helmet – while sledding.
- Never use a sled with sharp or jagged edges.
- Make sure the handholds on the sled are secure.
- Always sit up or kneel on a sled. Lying down increases the risk of head, spine and abdominal injuries.
- Never sled on or near roadways. Look for shallow slopes that are free of trees, fences or any other obstacles.

- Avoid sledding on crowded slopes.

## Snow forts and snow banks

- Children should NOT build snow forts or make tunnels. They may collapse and suffocate a child.
- Children should NOT play in or on snow banks. The driver of a snowplow or other vehicle may not see a child.
- Children should NOT throw snowballs. Snowball fights can lead to injuries, especially to the eyes. Snowballs are more dangerous if the snow is hard-packed or contains a rock or some other hard object.

## Snowmobiling

- Children and adults should wear an approved helmet at all times. Head injuries are the leading cause of snowmobile-related deaths.
- Children younger than five years of age should never ride on a snowmobile, even with an adult.
- Children younger than 16 years of age should not operate a snowmobile.
- Anyone operating a snowmobile should take a formal safety training program.
- Never tow a child behind a snowmobile on a tube, tire, sled or saucer.

Source: National Institutes of Health



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## Creating a Safe Environment Newsletter

is published quarterly by the Roman Catholic Diocese of Rochester with the aim of helping all of us keep children and vulnerable adults safe at home, at church and in all places in our community.

Comments can be directed to:  
Karen Rineferd,  
Diocesan Coordinator  
of Safe Environment Education  
and Compliance,  
585-328-3228, ext. 1255  
or Karen.Rineferd@dor.org.

*Victims of sexual abuse by any employee of the Church should always report to the civil authorities.*

*To report a case of possible sexual abuse and to receive help and guidance from the Roman Catholic Diocese of Rochester, contact the diocesan Victims' Assistance Coordinator:*

Deborah Housel  
(585) 328-3228, ext. 1555;  
toll-free 1-800-388-7177,  
ext. 1555  
victimsassistance@dor.org.

*All photos in this newsletter are for illustrative purposes only.*

# ADDITIONAL SAFETY RESOURCES

## ONLINE SAFETY RESOURCES

### CHILDREN & TEENS' SAFETY SITES:

#### Webonauts Internet Academy:

<http://pbskids.org/webonauts/>

*PBS Kids game that helps younger children understand the basics of Internet behavior and safety.*

#### NSTeens:

<http://www.nsteens.org/>

*A program of the National Center for Missing and Exploited Children that has interactive games and videos on a variety of Internet safety topics.*

## FOR PARENTS:

### Common Sense Media

<https://www.commonsensemedia.org/parent-concerns>

*A comprehensive and frequently updated site that is packed with resources. Dedicated to improving the lives of kids and families by providing information and education*

#### Family Online Safety Institute:

<http://www.fosi.org/>

#### iKeepSafe:

<http://www.ikeepsafe.org/>

*Resources for parents, educators, kids and parishes on navigating mobile and social media technologies*

#### Faith and Safety:

<http://www.faithandsafety.org>

*Safety in a digital world, a joint project of the U.S. Conference of Catholic Bishops and Greek Orthodox Church in America*

## LOCAL RESOURCES AND CONTACT INFORMATION

#### Bivona Child Advocacy Center

(Monroe, Wayne counties):

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

585-935-7800

#### Chemung County Child Advocacy Center:

607-737-8449

[www.chemungcounty.com](http://www.chemungcounty.com)

#### Child Advocacy Center of Cayuga County:

315-253-9795

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

#### Finger Lakes Child Advocacy Program

(Ontario County):

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

315-548-3232

#### Darkness to Light organization:

[www.d2l.org](http://www.d2l.org)

#### STEBEN COUNTY: Southern Tier Children's Advocacy Center:

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

716-372-8532

#### NYS State Central Registry

(Child Abuse Reporting Hotline):

1-800-342-3720

#### NYS Child Advocacy Resource and Consultation Center (CARCC)

866-313-3013

#### Tompkins County Advocacy Center:

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

607-277-3203

#### Wyoming County Sexual Abuse Response Team:

585-786-8846

#### Yates County Child Abuse Review Team:

315-531-3417, Ext. 6