Agency for International Programs for Youth Republic of Latvia

Co-funded by the European Union

BODY LIBERATION

Body Liberation for Gender Equality: Training Curriculum

Activities and tools for youth workers, educators and activists to initiate conversations about body image and size discrimination

2026

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1. Introduction

“Body Liberation for Gender Equality: Training Curriculum” is a resource designed for youth workers and educators interested in strengthening young people’s competencies on issues related to the body and body-related topics. Its purpose is to provide youth workers with practical activities and resources to explore themes such as body image, gender inequalities, weight stigma, and body liberation.

The material was developed by three organisations from Cyprus, Czechia, and Latvia. During development, it was tested with groups of young women in each participating country to better understand whether the activities effectively enhanced young people’s competencies, particularly their knowledge, skills, and attitudes.

This training curriculum represents just one part of the resources created within the project “Body Liberation for Gender Equality.” We encourage you to explore the research and additional supporting materials developed within the project, as each resource offers valuable insights and perspectives that can enrich your work. These materials can be found on the website and in the resources section.

The research brings together findings from online questionnaires conducted in Cyprus, Czechia, and Latvia, along with recommendations calling for support to improve the lives of young women across Europe. We also recognise that facilitating discussions and reflections on topics such as body image, weight stigma, and body liberation can be both challenging and potentially triggering. Therefore, in addition to the research and training modules, **the supporting materials** include **practical tips for youth workers**, especially those just beginning to address body-related topics in their practice. Nevertheless, we recommend reviewing these tips even if you are an experienced youth worker. **These tips may resonate with you and help you better prepare for working with groups of young people.**

This material consists of the following parts:

- **Checklist for facilitators** with practical tips related to facilitation of the activities;
- **Warm-up activities**: short activities to bring the group together and contribute to a safe environment;
- **Modules** covering topics related to the body, relationship with body, body liberation or tackling the importance of community. Materials to print out for the activities can be found in **the Annexes**;
- **Closing activities:** brief exercises to conclude the working process and give participants a moment to reflect.
- **List of additional resources** and materials.

The training curriculum is **based on the principles of non-formal education** (participatory, holistic, open-ended) with a focus on bringing young people together and providing them an opportunity to learn, share their perspectives and feel more confident to navigate through body-related issues.

Each module contains one or two **activities**. Each activity contains instructions and questions for plenary discussion and reflection. Several modules include additional materials for the activity.

Any of the **modules can be delivered as a single workshop**. The modules can be delivered individually. Nevertheless, we recommend you adjust your working plan to your group (their previous experiences, interests and needs). It means you can combine and mix activities from the modules to create a training plan that fits your group.

We included a **suggested duration** for each activity; nevertheless, take it as an estimate, as it might differ from group to group and depends on the group's size, energy, and level of participation.

Some of the materials include prepared supporting materials, including pictures or case studies. You can find these supporting materials in **the Annexes**.

Finally, we would like to stress that it does not matter how many times you realise some of the activities; it might always surprise you which talking points might appear or how a new group might react. Let’s keep it in mind while opening such important issues as body-related issues.

2. Before you start

We recommend you go through this checklist while preparing the training program. You might find it useful in the process of creating a safe atmosphere as well as helping you to prepare for various situations that might arise during the workshop. The checklist does not include instructions because each group and work setting may differ. Nevertheless, we put together a list of questions you might ask yourself or discuss with your colleagues as you prepare for the workshop.

1) Creating a safe and supportive space before exploring body and gender-related Issues

Opening conversations about body-related issues can evoke a wide range of reactions and emotions. You may find it helpful to facilitate these activities in pairs or have a support person present who can assist if unexpected situations arise. As you prepare, we also encourage you to take a moment to reflect on the questions below. This brief pause can help you feel more prepared to create the safe, supportive environment needed for activities that may bring up sensitive feelings and experiences.

Questions for facilitators and trainers **to consider in the process of planning the workshop**:

- How do you plan to create a safe, supportive environment before you start the activities? What kind of ice-breaking activities do you plan to use at the start?
- Does your plan include a discussion of guiding principles/rules?
- Will you deliver the training yourself or as part of a team?
- How much do you know about your participants? How much do they already know about body-related issues? Did they have an opportunity to share their expectations during the preparation process, e.g., through an online application form?
- Do they know each other? That means there might be issues within the group that you are not aware of. Is it their first time meeting? How will you encourage sharing in groups, since they might consider it ‘weird’ to share with strangers?

2) Using Inclusive Language

When facilitating activities on body and gender-related issues, the language we use shapes how safe and included participants feel. **Inclusive language** goes beyond using gender-inclusive terms. It also **acknowledges the diversity of bodies, identities, experiences, abilities, cultures, ages, and backgrounds present in any group**. Rather than assuming that certain bodies, appearances, or experiences are "normal," facilitators can choose words that recognise different realities without placing value judgments on them. For example, describing bodies as "different" rather than "better" or "worse," and avoiding comments that reinforce beauty standards or stereotypes, helps create a more welcoming environment. It is equally important to avoid making assumptions about participants based on their appearance, body size, ethnicity, disability, health status, or personal experiences.

At the start of the workshop, **we encourage you to address using inclusive language during the process of creating a safe and supportive environment**. The participants might come from different backgrounds and have different experiences; thus, it is important to use inclusive language.

When it comes to gender, **you can encourage participants to use the names and pronouns they are comfortable with, while also respecting that not everyone may wish to share personal information.** You can ask participants to share their pronouns during getting-to-know-each-other activities and lead by example. Remember that words can carry different meanings across cultures, so invite curiosity and openness rather than expecting everyone to share the same understanding. **Inclusive language is not about achieving perfection but about communicating with respect, remaining open to feedback, and being willing to learn.** If a mistake happens, let's acknowledge it briefly and move forward without placing the burden on participants.

One of the activities in Module II focuses on words and language, reminding us that words can both empower and hurt. Let's stay mindful of this and encourage others to do the same.

3) Power of sharing

Conversations about bodies can evoke vulnerability, shame, grief, or difficult memories, and eating disorders, disability, gender dysphoria, trauma, and discrimination may surface. We encourage you to remind the participants that:

- sharing is always voluntary
- participants may step out of the space if they need to take a moment
- there are no "right" ways to feel about one's body
- the goal is reflection, not forced positivity
- participants can always use their breath to breathe through difficult emotions

This reminder can be shared during the process of creating a safe and supportive atmosphere, and it can be repeated at any time during the workshop.

4) It is important to understand what you would like to achieve by the workshop

Why did you decide to organise this workshop? What are the intended learning outcomes for the participants?

As a facilitator, **having a clear understanding of the purpose, objectives, and expected outcomes of the workshop is an essential part of the preparation process.** Your goals will guide the choice of methods, activities, and reflection questions, while helping you create a coherent learning journey for participants. In non-formal education, **facilitators are not expected to provide all the answers but to create meaningful learning experiences that encourage exploration, dialogue, and critical reflection.**

Having a clear understanding of the purpose and objectives can help when choosing from the activities offered in this material and building the program.

5) Be aware of your role and power as facilitator

In non-formal education, **facilitators play an important role in shaping the learning environment.** While the approach is based on participation and shared learning, facilitators still hold a position of responsibility and influence. **The way you communicate, respond to participants, and manage group dynamics can significantly affect how safe, respected, and included participants feel.**

Being aware of this responsibility means establishing and maintaining clear professional boundaries throughout the workshop. These boundaries help create trust, clarify expectations, and ensure that everyone can engage in the learning process with confidence. **As a facilitator, your role is not to direct participants' personal choices or provide therapeutic support**, but to guide learning, encourage reflection, and create space for different perspectives and experiences.

By modelling respectful communication, active listening, and appropriate boundaries, you contribute to a safe, supportive, and inclusive learning environment where young people feel empowered to participate, express themselves, and learn from one another.

6) Training activities can take unexpected turns; be ready for it.

Facilitating conversations about bodies, identity, and personal experiences can bring unexpected situations, emotions, and group dynamics. Taking time to reflect on possible scenarios before the workshop can help you feel more prepared and respond with greater confidence and care.

Consider asking yourself questions such as:

- What if the group does not feel ready to share, and questions are met with silence?

- What if a participant or a group of participants does not respect the agreed-upon guidelines and crosses others' boundaries?
- What if a discussion becomes emotionally intense and triggers strong feelings for participants or for you as a facilitator?
- What if an activity takes less time than planned, or the discussion develops and requires more time than expected?

There can be many **“what ifs” when working with groups**, especially when exploring sensitive topics. You cannot predict every situation, but **taking time to consider different possibilities allows you to prepare appropriate responses, remain flexible, and create a safer learning environment**. Remember that facilitation is also a process of adapting and being responsive to the needs of the participants.

6) There is no learning without reflection.

This training curriculum reflects the principles of non-formal learning. **An essential element of non-formal learning is reflection.** We recommend including in the training plan an activity that gives participants space to reflect on their learning and encourages them to transfer these learning experiences into their realities.

At the end of this curriculum, you will find several closing ideas that you might include in your workshop plan.

Nevertheless, you might ask questions such as:

- What will you take with you from this activity?
- Did you have any ‘AHA’ moments during the activity?
- Do you think that you can use today’s experience in your daily life? How?

The participant’s reflection is also important to you as a facilitator. It might provide important input on the issues and topics and help you build another workshop.

7) Body liberation, weight stigma, the word ‘fat’

This training curriculum may include concepts you are not fully familiar with. We recommend checking out other materials created by Body Liberation Network, in addition to this training curriculum, to deepen your understanding and feel more comfortable as a facilitator. Especially, you might check the report and supporting materials created in this project “Body Liberation for Gender Equality”. More information on website bodyliberation.eu and at the end of this material.

3. Warm-up activities

This section provides a few short activities to bring the group together and help everyone feel safe in the following activities.

1. Name circle and preferred noun

Ask participants to share their names and pronouns they identify with. Are there any other aspects you wish them to share about themselves?

2. Body Liberation Bingo

You may already be familiar with different versions of the “Bingo” activity. Here, we offer a “Body Liberation Bingo” that you can easily adapt to your group and training plan. “Bingo” is a useful tool for fostering interaction among participants and helping them get to know one another. It also provides a key topic and explores the group’s existing knowledge and experiences. Opportunity to introduce the issues that the workshop plans to address.

Instructions:

Each participant receives a bingo card with printed statements. The aim of the activity is to find a person for each statement. The number of statements should be adjusted to the group size and the time planned for the activity. Once a participant finds someone for all the statements, they shout ‘Bingo’. The activity continues with a review of the statements and reflection.

Questions for the bingo card:

- has already participated in an activity focused on body-related issues;
- can explain terms such as weight stigma, gender, or empowerment;
- feels comfortable talking about body-related topics;
- can explain the concept of non-formal education;
- has already taken part in an activity based on non-formal education;
- has experienced negative stereotypes based on body appearance;
- can name an organisation that works on raising awareness about body-related issues and/or challenges negative stereotypes and prejudices;
- can name someone who positively impacts his/her relationship towards body;
- has reflected on their own relationship with their body;
- can share a profile on social media, talking about body-related issues in a respectful and empowering way;

- can share one tip/daily practice for building body confidence;
- feels confident speaking up when hearing body-shaming comments;
- has supported someone else experiencing body shaming;
- has noticed how language can impact how people feel about their bodies;
- enjoys activities that make them feel good in their body;
- can name a public figure promoting body diversity, fighting weight stigma;
- can identify unrealistic standards related to body image in advertising or media;
- feels comfortable setting personal boundaries;
- can describe what a “safe space” means to them;
- believes that all bodies deserve respect, regardless of appearance.

[see prepared **bingo card** in the **Annex no. 1,** page 39]

3. Body Liberation Statements

You might use this activity to start the session and encourage participants to introduce themselves by choosing a statement they consider interesting, empowering, or disagree with.

Instructions:

The facilitator prints the statements and asks participants to review them and choose the one that resonates with them. Once all the participants are ready, the facilitator asks the participants to share their name, the statement and the reason why they decided for this statement.

Statements:

- *In recent years, body image and weight bias have begun to receive increasing attention within research and health-related fields.* - “Body Liberation for Gender Equality” report
- *Importantly, perceptions of bodies are not shaped solely by individual experiences. They are produced and reinforced through systemic forces such as gender norms, traditional and social media, capitalism, globalization, the fashion and beauty industries, diet culture, and pharmaceutical and health discourses.* - “Body Liberation for Gender Equality” report
- *Women’s social value continues to be more strongly linked to appearance, which means that higher body weight often results in greater social and economic penalties, including disadvantages in hiring, wages, and interpersonal evaluation.*
  - Tiggemann, M., & Rothblum, E. D. (1998).
- *We are taught that some bodies are more valuable than others, and that not fitting these standards is a personal moral failing, which produces shame, body dissatisfaction, exclusion, and constrained lives.* - “Body Liberation for Gender Equality” report

- *Women who identify as larger than average are more likely to have felt shamed, excluded, treated unfairly based on their body size, weight or shape.* - "Body Liberation for Gender Equality" report
- *Commonly, self-advocacy starts with developing confidence to stand up.*
- *Social norms generally place greater emphasis on body image for women than men. As a result, men tend to be more satisfied with their bodies* - Voges
- *Women still face significant gaps in pay, care responsibilities, safety and health access.*
- *Adolescent girls and young women in Europe report poorer mental health than boys, partly due to ongoing concerns about appearance, body dissatisfaction, and weight.* - European Institute for Gender Equality
- *Systems do not maintain themselves; even our lack of intervention is an act of maintenance. Every structure in every society is upheld by the active and passive assistance of other human beings.* - Sonya Renee Taylor
- *When we liberate ourselves from the expectation that we must have all things figured out, we enter a sanctuary of empathy.* - Sonya Renee Taylor
- *Living in a female body, a Black body, an aging body, a fat body, a body with mental illness is to awaken daily to a planet that expects a certain set of apologies to already live on our tongues. There is a level of "not enough" or "too much" sewn into these strands of difference.*- Sonya Renee Taylor
- *Saying I'm fat is (and should be) the same as saying my shoes are black, the clouds are fluffy, and Bob Saget is tall. It's not good, it's not bad, it just is. The only negativity that this word carries is that which has been socially constructed around it.… We don't need to stop using the word fat; we need to stop the hatred that our world connects with the word fat.* **-** Sonya Renee Taylor
- *You have been criticizing yourself for years, and it hasn't worked. Try approving of yourself and see what happens.* - Louise Hay
- *You can't hate yourself happy. You can't criticize yourself thin. You can't shame yourself worthy. Real change begins with self-love and self-care.* - Jessica Ortner
- *I definitely have body issues, but everybody does. When you come to the realization that everybody does, even the people that I consider flawless, then you can start to live with the way you are.* - Taylor Swift
- *Hating our bodies is something that we learn, and it sure as hell is something that we can unlearn.* - Megan Jayne Crabbe
- *Each individual woman's body demands to be accepted on its own terms.*
  - Gloria Steinem

4. I feel safe…

You might use this activity to support the creation of a safe and welcoming environment during the training and to support reflection on feeling safe in the larger context: Where do our bodies feel safe?

Instructions:

The facilitator asks the participants to write down answers to the following questions:

- I feel safe when…
- I feel supported when…
- I feel that I can share my opinion when…
- I feel empowered when…

Besides writing, the participants might also be asked to capture their answers as collages, as some of them may find visual expression easier.

After individual work, the participants are encouraged to share their answers in smaller groups of three or in the plenary. Through discussion and sharing, participants are encouraged to set guiding principles for the training, while the activity also aims to foster open discussion of the elements to be tackled during the training.

Option 2:

The facilitator asks the participants to write down answers to the following questions. When assigning the task, the facilitator points out that participants are encouraged to reflect on their experiences outside the working room.

- I feel safe when… / I do not feel safe when…
- I feel that my body is accepted when … / I feel that my body is not accepted when …
- I feel that my body is accepted by … / I feel that my body is not accepted by
- When I look back, I received encouragement from …
- I try to encourage people around me by …

After individual work, the participants are encouraged to share their answers in smaller groups of three or in the plenary. Through discussion and sharing, the participants are encouraged to identify common characteristics and possible differences, with the aim of opening a discussion of various factors that influence a person's attitude towards the body.

4. Educational modules

We have developed six modules of activities that are interchangeable and cover a range of topics about relationship with your own body, the importance of community and body liberation as a tool and a skill.

MODULE I: What's body for me?

About this module

The body is much more than the appearance. The body is thoughts, emotions, and experiences. The body is the ability to do. This Module aims to encourage reflection and sharing on the question 'What's BODY for me?', to start the conversation about different bodies (shapes, sizes, ages, skin colour), and to foster conversations with ourselves and others. This module includes two activities:

- **Activity I: Body, My body.**
  Individual activity, followed by a closing discussion in plenary. Gives a moment for self-reflection and, at the same time, for hearing others' perspectives. The activity opens the topics related to the body.
- **Activity II: Bodies around us.**
  Group activity, followed by a closing discussion in plenary. Gives a moment for self-reflection and, at the same time, for hearing others' perspectives. Opening topics related to bodies allows reflection on stereotypes participants might hold about different body types and shapes, and about bodies of different skin colour, age and/or gender.

Activity I: Body, My body

Duration: Around 20 minutes.

Preparation & Materials: Papers, pens, flipcharts, post-it notes.

Instructions:

Participants work individually. The facilitator asks participants to write their definitions of **"body"** on a post-it note. Once the time passes, the facilitator collects the definitions and reads them aloud. After reading, participants are encouraged to reflect on these definitions.

The facilitator guides the discussion and supports reflections on various elements and points. Providing each participant with the opportunity to express their opinion during the sharing is preferable to bring different perspectives. The facilitator captures key points on a flipchart.

In the next step, the facilitator asks participants to write their definitions of **"my body"** on a post-it note. Once time has passed, the facilitator collects the definitions and reads them aloud. After reading, the facilitator opens the plenary discussion, encouraging participants to reflect on the process, definitions, and sharing.

During the plenary discussion, the facilitator might ask the following questions:

- How was the activity for you?
- How was writing down the definition of **"body" and "your body"**?
- Did you feel different when reflecting on the terms and writing the definitions?
- Did you ask yourself before this activity what body means for you?
- How do you talk to yourself about your body?
- Why do you think society focuses so much on the body?

Variations:

The facilitator can introduce the following definitions/points of view to encourage the discussion after sharing the definitions of "body".

- The body is the physical structure of a human organism, including organs that enable life.
- The body is physical.
- The body is the opposite of the mind and the soul.
- The body is a tool through which we experience and interact with the world.
- The body is who we are. It is part of our identity.
- The body is a social and cultural construct shaped by norms, media and expectations of society.

Activity II: Bodies around us

Duration: Around 25 minutes.

Preparation & Materials:

Papers, pens, flipcharts, post-it notes, Material: Bodies (available in **Annex no. 2,** see page 40**)**. For the activity, you can search online for different photos of bodies and/or collect photos from magazines and newspapers. You can find several examples in Annex 2.
The photos can be printed and glued in the middle of flipcharts for participants to comment on. Prints are placed in various locations in the working room, enabling participants to mingle and write down their comments.

Instructions:

The facilitator points out that there are prints in the room. The facilitator asks the participants to mingle, visit each print, and write down any comments that come to mind as they take a look. The facilitator points out that the comments might have various forms. They might express emotions. They might have the form of a question. They can reflect personal experience, but they can also contain information that participants witness, e.g. on social media.

Participants work individually. Once time has passed, the facilitator collects the prints and reads them aloud. After reading, participants are encouraged to reflect on the comments.

The facilitator guides the discussion, supports reflections on various elements and points. Providing each participant with the opportunity to express their opinion during the sharing is preferable to fostering an atmosphere of sharing and bringing different perspectives.

During the plenary discussion, the facilitator might ask the following questions:

- How was the activity for you?
- Did something change, e.g. emotion, when going through the room and seeing prints with different bodies?
- If something has changed, what was it? Why do you think it happened?
- What do you think shapes our perspectives towards other bodies?
- Why do you think people have a tendency to give comments on other people's bodies?
- Do you think that there are bodies which are invisible and/or more vulnerable?
- Do you think that all bodies are treated equally in our societies?
- Do you think that all bodies are presented equally in movies, TV series or advertisements?
- How do you think the presentation of bodies in media impacts our relationship to the body?
- How are women's bodies typically portrayed in media?
- How are men's bodies typically portrayed?
- What differences do you notice in the expectations placed on women versus men?
- How do media portray people who do not fit traditional gender norms?
- How could we contribute to equal treatment of all bodies?
- How could we make all bodies visible and safe?

Variations:

The facilitator can divide the participants into groups. Each group receives a print selected by the facilitator. Their task is to reflect on the body/bodies, share comments and prepare a short sharing for others.

MODULE II: Relationship with the Body

About this module

We have a relationship with our body. The relationship might change. The relationship can be complicated. Nevertheless, the relationship is connected with our self-confidence and well-being. The way we perceive our bodies affects our relationships and participation in everyday life. This Module aims to explore the elements that shape our relationship to our bodies. The Module also aims to support the building of positive relationships with our bodies and to contribute to creating an environment in which all bodies are respected and cared for.

This module includes two activities:

- **Activity I: Relationship with body.**
  Activity combining individual and group work, supporting reflection on the elements that shape the relationship with the body.
- **Activity II: Words have the power.**
  Activity combining individual and group work, focusing on exploring our role in shaping our own and others' relationships with bodies.

Activity I: Relationship with Body

Duration: Around 30 minutes.

Preparation & Materials: Papers, pens, flipcharts, post-it notes.

Instructions:

Participants work individually. The facilitator asks participants to divide the paper into three parts: past, present, and future. The facilitator asks the participants to reflect on the following questions individually:

- In the past, my relationship with my body was shaped by ….
- At this moment, my relationship with my body is shaped by…
- In the future, I want the relationship I have with my body to be shaped/affected by…

After individual reflection, the facilitator guides the discussion and supports reflections on various elements and points. Providing each participant with the opportunity to express their opinion during the sharing is preferable to fostering an atmosphere of sharing and bringing different perspectives.

During the plenary discussion, the facilitator might ask the following questions:

- How did you find this activity?
- What did this activity make you think about?

- How did you feel during the activity? How was it for you to reflect on your past, present or look to the future?
- Did anything surprise you?
- Who do you think shaped the relationship with your body the most (parents, family, relatives, teachers, friends, idols, influencers, partners, doctors, nutritionists, beliefs and stereotypes, including gender ones presented in society)?
- Do you think that people are aware of the impact their comments have on others' relationships with their bodies?
- What steps are necessary to make people aware of the impact their comments can have, both empowering and hurtful effects?
- Do you think that you impacted someone else's relationship towards their body? Would you like to share?
- How do you talk about your own body?

Activity II: Words have power

Duration: Around 30 minutes.

Preparation & Materials: Papers, pens, flipcharts, post-it notes.

Instructions:

Participants work individually. The facilitator asks the participants to write down any empowering comments they personally experienced or heard on post-it notes. Once the participants are done, the facilitator shares the comments aloud. In the next step, the facilitator divides the participants into working groups (up to three to five participants per group). The facilitator introduces the task: As a group, discuss and write down short tips and recommendations for others on how the group believes others should behave toward other bodies, what to do and not do to make others aware that words have the power to hurt, but also to empower. Once the groups are ready, they share their work, and the discussion follows.

During the plenary discussion, the facilitator might ask the following questions:

- How did you find this activity?
- What did this activity make you think about?
- How did you feel during the activity? How was it for you to write down empowering comments? Was it challenging or easy?
- Did anything surprise you during the individual or group work?
- Do you think we are aware of the power of our words in shaping others' relationships with their bodies?
- Would you support introducing a new subject, 'Body Talk', to raise awareness among young people about body-related issues, with a focus on inclusive language?
- Do you think that in a non-formal education setting, the facilitators and trainers use body-sensitive language?

MODULE III: Me & Being Myself

About this module

Many of the beliefs we hold about our bodies are shaped by messages we receive directly and indirectly from a body-shaming and fatphobic society. This Module aims to introduce participants to the approaches of body liberation and radical self-acceptance in order to dismantle systemic weight stigma, encourage participants to recognise that bodies are not problems to be fixed and to explore more accepting relationships with themselves.

This module includes two activities:

- **Activity I: Messages About Body.**
  Individual activity followed by a plenary discussion in order to give time for self-reflection and hearing others' perspectives. The activity focuses on the messages about bodies we receive from popular media.
- **Activity II: Me & Being Myself.**
  Individual reflective writing activity followed by paired sharing and plenary discussion. Participants explore their relationship with their body through body liberation and radical self-acceptance by focusing on the body's experiences, abilities, and needs rather than appearance.

Activity I: Messages About Body

Duration: Around 20 minutes.

Preparation & Materials: Papers, pens, glue, magazines, scissors

Instructions: Participants work individually. The facilitator asks participants to flip through magazines and cut out all images of commercials where bodies are seen and sort them into two groups:

- bodies that are frequently represented in media,
- bodies that are rarely represented in the media.

Participants are asked to pay attention to the following:

- body size, age, disability, race/ethnicity, gender expression, skin texture, visible scars, body hair, mobility aids, etc.

Participants are asked to place their images on the floor according to two groups: bodies frequently represented in media and bodies rarely represented in media. For example, one side of the room can be designated for frequently represented bodies and the other side for rarely represented bodies, allowing the two groups to be clearly compared and discussed. Participants are then invited to look at the images and encouraged to reflect on what they see. The facilitator

then guides the plenary discussion and supports reflection on various elements and points. The facilitator should encourage an atmosphere of openness and reflection while ensuring participants have the opportunity to share different perspectives if they wish. The facilitator captures key points on a flipchart.

During the plenary discussion, the facilitator might ask the following questions:

- How was the activity for you?
- What did you notice when ordering the images into two piles?
- What are the similarities of bodies that are mostly represented in the media?
- What are the similarities of bodies that are less represented in the media?
- What bodies were absent or underrepresented in relation to body size, age, disability, race, gender expression, skin texture, or visible difference?
- What role does the media play in shaping how we see our own bodies and bodies of other people?
- What role does the media play in creating feelings of shame about our bodies?
- In your experience, is the shame only about how the body looks or something else as well?
- What are the ideas, besides beauty and attractiveness, that the way a body looks represents?
- Is the ability or health of the body something we can tell based only on the looks?
- Which bodies are associated with success, desirability, discipline, or health?
- Which bodies are portrayed as “before” bodies or problems to solve?
- What messages do these images communicate about worth and belonging?

Variations:

In case there is not enough time to cut the pictures out of magazines, participants can use their phones, scroll through their social media and note down the characteristics of bodies mostly represented on social media.

Activity II: Me & Being Myself

Duration: Around 25 minutes.

Preparation & Materials: Papers, pens

Instructions: Participants work individually. They are asked to write a letter from their body to themselves focusing on the body’s experiences, abilities, memories, and sensations rather than its appearance. To open the writing task the facilitator may instruct the participants: “The body is not trying to convince you it’s beautiful. It is trying to tell you what it has survived, protected, been able to do, learned, and longed for.” The possible prompts for writing:

- what it remembers
- what it is tired of hearing
- what it wishes you understood

- how it adapted to keep you alive and safe
- what it knows how to do (e.g. laugh, heal wounds, keep you warm, rest, breathe, adapt, feel pleasure, recover after stress, connect with others etc.)
- what joy feels like to it
- what freedom would look like
- what kinds of touch, movement, clothing, rest, or attention make it feel safe

Participants are invited to share their letters in pairs if they feel comfortable. They can choose to have their partner read it aloud to them, read the letter themselves, share only a part of the letter, summarize it instead of reading it.

The listener is encouraged to listen without judgment or interruption and afterwards reflect on what resonated emotionally or what stood out to them.

After sharing and reflecting in pairs, participants are invited to a plenary discussion to reflect on the task. The facilitator then guides the plenary discussion and encourages reflection from different perspectives. The facilitator should encourage an atmosphere of openness and reflection while ensuring participants have the opportunity to share different perspectives if they wish.

During the plenary discussion, the facilitator might ask the following questions:

- How was this activity for you?
- What surprised you the most?
- What was the most meaningful for you to write/hear?
- Did anything change for you after writing the letter from a perspective of your body?
- What emotions or needs did your body seem to express?
- How did your body sound different from your inner critic?
- Where does the inner critic come from?
- What would you change if you treated your body as an ally instead of a project that needs to be improved?
- What forms of care become possible if there's less shame?
- What experiences become possible when we spend less energy trying to change our bodies?

Facilitator note:

Because this activity can become emotional, to close the activity, participants are invited to take a deep breath, stretch, place a hand on their body, or name one thing they appreciate about what their body allows them to experience.

Some participants may struggle to write kindly toward their body, feel grief instead of compassion, experience resistance or numbness, feel alienated from their body due to disability, chronic illness, gender dysphoria, trauma, or eating disorders. It can be helpful to avoid implying the exercise should produce self-love. The facilitator can encourage participants to "explore a different relationship with the body", "practice curiosity and compassion", "move away from judgment".

Variations: The facilitator can skip reading of the letters in case there is time pressure. The plenary discussion can also be organized as a small group discussion, sharing the main take-aways from each small group in the big group afterward.

MODULE IV: Breaking the Stigma

About this module

Many of the beliefs we hold about bodies and body size are shaped by systems of weight stigma and size-based discrimination that operate across society. These systems are embedded in institutions such as media, education, healthcare, workplaces, and public spaces, where narrow body ideals are often normalized and reinforced through policies, environments, language, and everyday interactions

This module aims to introduce participants to the concepts of weight stigma and size discrimination and to explore approaches rooted in body liberation and radical self-acceptance. It encourages critical reflection on how systems and environments contribute to stigma, and supports participants in understanding that bodies are not problems to be fixed, but diverse expressions of human life that deserve respect, dignity, and equitable treatment.

This module contains one activity:

- **Activity I: Breaking the Stigma**
  Individual activity followed by a plenary discussion in order to give time for self-reflection and hearing others' perspectives. The activity focuses on the messages about bodies we receive from popular media.

Activity I: Breaking the Stigma

Duration: Around 45 minutes.

Preparation & Materials: Papers, pens, colorful pencils or markers, glue, magazines, scissors.

Instructions:

Participants are divided into small groups. Each group receives a short text "*Weight Stigma & Size Discrimination"* on one topic (e.g., weight stigma and size discrimination, media, healthcare, education and work, everyday life), see **Annex no. 3,** page 44. They are invited to identify key messages and present them visually in a poster format. Participants are encouraged to include not only information, but also reflections such as: who is affected, how it feels, and what could be changed.

Participants are asked to make a gallery out of their posters and present the main ideas and one key insight or question from their poster to the rest of the group.

After presentations the facilitator guides the plenary discussion and facilitates reflection on key learnings, emotional reactions, and connections between the different topics. The facilitator should encourage an atmosphere of openness and reflection while ensuring participants have the opportunity to share different perspectives if they wish.

During the plenary discussion, the facilitator might ask the following questions:

- How was the activity for you?
- What was surprising or stood out to you?
- What connections did you notice between the different topics?
- Where do you see weight stigma in your own environment?
- Which systems or spaces feel most exclusionary, and why?
- What surprised you about how widespread these experiences are?
- How does prejudice about body size affect opportunities and relationships?

After plenary discussion participants are invited to create an Action Poster and write one small action they could take to reduce weight stigma in their everyday environment (e.g., school, work, healthcare, media, or social life).

Facilitator note:

Participants may have different lived experiences with body size and stigma. The facilitator should ensure that discussion remains respectful, non-judgmental, and voluntary. Participants should not be required to share personal experiences.

Variations:

Instead of creating posters, groups can create a mind map or short role-play. Alternatively, each participant can read a text individually and contribute one key insight to a shared group poster.

MODULE V: Body Comes in Different Shapes and Sizes

About this module

No two bodies are the same. Bodies differ in shape, size, colour, ability, age, and so does the treatment they receive. Some bodies are celebrated, some are tolerated, some are scrutinised, and some are made invisible. This is not random. It is the result of overlapping social systems that decide which bodies are "acceptable" and which are not.

This Module aims to give participants the language and the framework to understand what is actually happening when bodies are treated unequally, and to give them practical tools to recognise harm and respond to it. The Module covers two pieces of knowledge that the research identified as missing in young women's daily lives: an understanding of intersectionality (how identities overlap to shape body-related experiences), and the ability to recognise and respond to triggering or aggressive comments and behaviours.

By the end of this Module, participants will be able to:

- Define intersectionality and explain why a single-identity lens is not enough when discussing bodies.
- Identify how at least four identity factors (gender, body size, race or ethnicity, ability, age, sexuality, class, religion) interact to shape someone's experience of body image and body-related treatment.
- Recognise common forms of body-related harm: direct comments, microaggressions, concern-trolling, medical bias, exclusion, online harassment.
- Use at least three response strategies (boundary-setting, redirection, exit) and adapt them to different relational contexts.
- Produce a short awareness output (post, poster, script) that translates a personal or witnessed harm into a shareable response.

This module contains two activities:

- **Activity I: When identities meet.**
  Input on intersectionality, followed by a case-study activity in small groups. Participants apply the framework to real-life scenarios and bring their analysis back to plenary.

- **Activity II: That comment landed.**
  Input on the spectrum of body-related harm and on response strategies, followed by an individual and group activity. Participants name the comments and behaviours that have felt triggering or aggressive, design responses to them, and produce short outputs that can be shared.

Activity I: When identities meet

Duration: Around 60 minutes (15 minutes input + 30 minutes group work + 15 minutes plenary).

Preparation & Materials: Printed handout "Intersectionality at a glance" (one per participant, **Annex no. 4**: Printout *"Intersectionality at a glance"*, see page 53). Printed case studies (3 to 4 short scenarios, one per small group, **Annex no. 5:** Printout *"Sample case studies"*, see page 55). Flipcharts, markers, posted notes, pens.

Instructions:

Divide the participants into small groups of three or four. Hand each group one case study. The case studies are short (one paragraph each) and describe young women whose experiences of body image are shaped by more than one identity factor at once. Sample case studies are provided in Annex no. 5..

In their groups, participants discuss the following five questions and capture answers on a flipchart. Give them 25 minutes.

- What identities does this person carry? List as many as you can identify, including those mentioned and those implied.
- Which of those identities are visible to the people around her, and which are not?
- How do these identities interact in the situation described? What harm is produced at the intersection that would not be produced by any single identity alone?
- What would the situation look like if one of her identities were different? Pick one and play it out.
- What support, realistically, can this person access? What support is missing?

Once the groups are ready, each group shares their case and conclusions in plenary. As facilitator, capture common threads on a shared flipchart: which identity factors come up in every case, which support gaps appear repeatedly, which assumptions the groups had to revise as they went.

During the plenary discussion, the facilitator might ask the following questions:

- Across all the cases, which identity factors showed up most often?
- Which identities did your group spot immediately, and which did you only see after re-reading?
- In which cases did the harm depend on more than one identity intersecting? Could you separate them out, or not?
- Did you find yourself making assumptions about each woman before you finished reading? What were they?
- Where, in each case, did support exist? Where did it fail?
- If we were designing a workshop for any of these women, what would we have to do differently for each one?

- What does this exercise tell us about the difference between asking "how do I support young women" and "how do I support this young woman"?

Variations

If the group has prior experience with intersectionality, ask participants to write their own case studies, anonymised, based on situations they have witnessed or experienced. Groups exchange case studies and analyse each other's. This deepens the work but takes more time.

If the group is small (under six), do the activity as a whole-group analysis with one case at a time, with the facilitator guiding.

If a participant resists the framework or argues that "everyone has it hard," do not get into a debate. Acknowledge that the framework does not say one person's experience erases another's. It says the patterns of treatment differ. Move on. The cases will do the work.

Input: What intersectionality is and why it matters

Before participants discuss anything, you give them a clear, plain-language input. The text that you can find in **Annex no. 3**: Printout "Intersectionality at a glance" is what you say, or hand out, or both. Adjust the examples to your group, but keep the definitions intact. Hand out or display the "Intersectionality at a glance" sheet for reference during the group work.

Activity II: That comment landed

Duration: Around 75 minutes (20 minutes input + 30 minutes group work + 25 minutes plenary and presentation).

Preparation & Materials: Annex no. 6: Printed handout: *"Forms of body-related harm"* and *"Three response strategies."*, page 57, post-it notes, A3 paper, coloured markers, flipcharts, pens. Optional: phones or laptops for groups producing digital content. A side wall or table to display the final outputs.

Input: Recognising the harm and learning to respond, see **Annex no. 6.** This input has two parts. The first names the kinds of harm participants will hear about and live through. The second gives them response strategies they can actually use. Hand out the response-strategies sheet for reference.

Instructions:

The activity has three phases.

Phase 1: Naming (10 minutes individual + 10 minutes grouping).

Ask participants to write down, on post-it notes, comments, behaviours or situations they consider triggering, dismissive or aggressive when it comes to bodies. One example per note.

They may include things they experienced, witnessed, or saw online. Make clear that they decide what they are comfortable sharing.

Once the time passes, collect the notes and group them on a flipchart by the categories from the input: direct comments, microaggressions, concern-trolling, medical bias, exclusion, online harassment, self-policing. Some notes will fit two categories. That is fine. Place them on the boundary.

Pause and let the group look at the wall for a moment. Do not rush this. Recognising the spectrum together is part of the point.

Phase 2: Designing the response (30 minutes).

Divide the participants into small groups. Each group picks one cluster from the wall, or one specific note within a cluster, and designs a short response output. The output must use one of the three strategies (or the education option) and must be in a form that can be shared. Options include:

- A short script: what you would say back, or what you would say to yourself.
- A social media post.
- A poster or visual.
- A one-line "if this happens, try this" tip card.
- A short dialogue showing the comment and a possible response.

The aim is not to produce a perfect awareness campaign. The aim is to translate a difficult moment into a response, using the strategies they just learned, in a way that exists on paper and can be carried forward.

Phase 3: Sharing (25 minutes).

Each group presents their output and explains: which form of harm did you address, which strategy did you use, and why this strategy in this case. Display the outputs on a side wall or table. Take a photo of the wall before participants leave.

During the plenary discussion, the facilitator might ask the following questions:

- When you wrote your individual notes, what did you notice? Was there a comment that came up faster than the others?
- When the wall was assembled, did you see your own experiences in someone else's note?
- Which category of harm was the fullest on the wall? Which was emptier? Why might that be?
- In your group, which response strategy did you choose, and why that one and not another?
- Was there a comment on the wall that you would not respond to, that you would only exit from? What does that tell you?

- Which of the responses you produced today do you think you could actually use this week?
- What stops us, in real life, from responding the way we just designed? Fear, energy, habit, power relations, safety. Name yours.
- What does it take to make these responses available in the moment, not just on paper? (Lead the group toward: practice, repetition, having the words ready, support from people around them.)

MODULE VI: Body Liberation through the Support System

About this module

Body shame is rarely something we carry alone. It is built in social settings: at home, at school, in clinics, in friendship groups, in feeds. And it is also unbuilt in social settings. Healing, change and resistance happen in relationships. The research behind this project confirmed it. When asked where they would turn for support, young women named friends and peers first, family and online communities second, and almost no one named professionals or organisations. One in five said they would not seek support at all.

That tells us two things at once. First, the people closest to a young woman are her primary support system, and they need to know how to actually be that. Second, the formal and community support that exists around her is either invisible to her, untrusted, or absent. Both are addressable. Both are the work of this Module.

This Module aims to give participants the language and the tools to do two specific pieces of work. First, to look at the stories told about bodies in media, social media, advertising and culture, and to learn how to rewrite them in ways that are accurate, dignified, and usable. Second, to map the actual landscape of support around them and beyond, so they leave the session knowing who is doing this work, where the gaps are, and where they themselves fit in.

By the end of this Module, participants will be able to:

- Identify how body-related narratives are constructed and circulated through media, social media, advertising, and algorithmic recommendation.
- Apply at least three rewriting techniques (reframing, accurate naming, removing the comparison) to existing media or social media content.
- Distinguish between four types of support actors (peer, community, professional, structural) and explain what each can and cannot do.
- Produce a usable map of body-liberation support actors in their context, including local, national, and international layers.
- Identify at least one gap in the support landscape and propose one concrete action to address it.

This module contains two activities:

- **Activity I: If we wrote it.**
  Input on how body-related narratives are constructed and on rewriting techniques, followed by a group activity. Participants take real media and social media content and produce alternative versions that hold dignity, accuracy and care.
- **Activity II: Who is in the room.**
  Input on the four types of support actors and how to evaluate them, followed by a community mapping activity. Participants identify, locate and connect the people, organisations and resources working on body-related issues, and consider how to use, contribute to and strengthen that map.

Activity I: If we wrote it

Duration: Around 60 minutes (15 minutes input + 30 minutes group work + 15 minutes plenary)

Preparation & Materials: Annex no. 7: Printed handout: "How body narratives are constructed" and "Three rewriting techniques." Printed examples of media and social media content (anonymised): a mix of news headlines, magazine covers, captions, advertisements, influencer posts, comment sections. Post-it notes, papers, pens, flipcharts, scissors, glue, coloured markers. Optional: blank social media post templates, phones or laptops if groups want to design digital outputs.

Input: Annex no. 7: Printed handout: *"How body narratives are constructed"* and *"Three rewriting techniques."* (see page 60). This input has two parts. The first explains how stories about bodies are produced and circulated. The second gives participants three concrete techniques for rewriting them.

Both are needed, because a person who can identify a harmful narrative but does not know how to rewrite it is left only with the criticism. We want them to leave with a tool. Hand out the techniques sheet for reference.

Instructions:

The activity has three phases.

<u>Phase 1:</u> Selection (5 minutes).

Lay out the printed examples on a table or wall. Participants walk around and read them without commenting yet. Once everyone has had a chance to look, ask each participant to choose one example that struck them, for any reason. They take it back to their seat. Examples to print (use 6 to 8 of these in the printed pile, depending on group size. Strip any identifying information from real examples before printing)

- **Headline:** "Bridal countdown: how to drop a dress size before your big day."
- **Magazine cover:** "Summer body in 6 weeks: the workout that finally works."

- **Influencer caption:** "I used to hate my body. Now look at me. If I can do it, you can too. (Discount code in bio.)"
- **Comment under a body-positive post:** "I support body positivity but obesity is a medical emergency."
- **Skincare ad:** "Goodbye, tired skin. Hello, the version of you you deserve to be."
- **Reality TV title:** "My 600-lb life: a journey to redemption."
- **Diet ad:** "It's not a diet, it's a lifestyle. Lose the weight, find yourself."
- **Influencer reel description:** "What I eat in a day as a 50kg girlie. Be consistent and you'll get there too."
- **News article opener:** "After years of struggling with her weight, she finally took control of her life."
- **Wedding vendor post:** "Bridal glow package: 6 sessions to get red-carpet ready for your day."

Phase 2: Analysis and rewrite in groups (25 minutes).

Participants form small groups of three or four. Each group puts their selected examples on the table and discusses:

- What is this piece actually saying about bodies?
- Which of the source types from the input is producing it (traditional media, advertising, social media, algorithm)?
- Which patterns from the "how to spot a harmful body narrative" list does it contain?
- Who does it serve? Who does it harm?
- What is missing from it that would change the story?

The group then picks one example and rewrites it. They must use at least one of the three techniques (reframe, name accurately, remove the comparison) and they must produce a version that someone could actually post or publish. The rewrite can be a new headline, a new caption, a new image idea, a new comment, a new ad copy.

Phase 3: Sharing (15 minutes).

Each group presents the original alongside their rewrite, names the technique they used, and explains the choice. Capture the rewrites on a shared flipchart or wall. Take a photo before participants leave.

During the plenary discussion, the facilitator might ask the following questions:

- What did you notice when you looked at the examples laid out together? Was there a pattern in what got written about bodies, and how?
- Which source produced most of the examples your group worked with: traditional media, advertising, social media, or the algorithm?
- What was the hardest part of rewriting? What was the easiest?
- Did you find yourself softening the rewrite to make it more "acceptable"? Why?
- Whose voices are usually missing from these stories? Whose voices appeared once you rewrote them?

- What would it take for the rewritten version to be the version we actually see in the world? What stops it?
- What can we, individually and together, do with the version we just produced? Post it. Send it. Use it in our own work.
- Which technique (reframe, name accurately, remove the comparison) felt most useful for your example? Which felt forced?

Variations

- If the group has time and is comfortable, ask participants to bring their own examples to the session in advance. This grounds the activity in content they personally encounter and makes the rewriting more directly useful. It also produces stronger material for the closing discussion.
- Groups can be invited to publish or share their rewrites. On a project channel, on a wall in the venue, or as a small post-session campaign. The work has more weight when it leaves the room.
- If time allows, end with a short reflection on the difference between criticising content and creating content. Both matter. They require different things from us. Criticism is fast. Creation is harder, slower, and more vulnerable. The fact that we can do both is the point.
- If a participant produces a rewrite that is itself a body comment in the opposite direction ("real women are not skinny"), do not let it pass. Walk them back through the "remove the comparison" technique. Body liberation does not work by replacing one ranking with another.

Activity II: Who is in the room

Duration: Around 75 minutes (15 minutes input + 35 minutes mapping + 25 minutes plenary and action)

Preparation & Materials: Large flipchart or roll of paper for the map (A1 minimum, or several A2 sheets joined). Markers in at least four colours, post-it notes in at least two colours, pens. Optional: phones or laptops to look up details during the mapping. Printed handout: **Annex no. 8** "Four types of support actors" for reference. Optional starter list: a printed sheet of national and international body-liberation organisations the facilitator has researched in advance, used only if the group runs dry.

Input: Annex no. 8 "The four types of support actors". (see page 63) Before participants start mapping, give them a framework for what they are mapping. Without it, the exercise produces a long list. With it, the exercise produces a usable map.

Support, in body-related work, comes from four kinds of actors. Each does something the others cannot. Each has limits the others compensate for. Knowing which is which lets a young woman match her need to the right resource, and lets us see the gaps in the system. Hand out the four-types sheet for reference during the mapping.

Instructions: The activity has three phases.

Phase 1: Set up the map (5 minutes).

Draw the outline of a simple map at the centre of the flipchart. Use three concentric circles labelled, from inside out: local, national, international. Across the circles, draw two crossing lines that divide the map into four quadrants, one for each type of support actor: peer, community, professional, structural. Label each quadrant.

You now have a map with twelve zones (three layers x four types). Every actor will sit somewhere on this map.

Phase 2: Populate the map (20 minutes).

Round 1, individual (8 minutes). Each participant writes on posted notes everyone they can think of who is part of the body-related support landscape. One actor per note. They place each note in the zone where it belongs (which type of actor, which layer). If they are not sure, they place it on a boundary line. That is information.

Round 2, group (12 minutes). Participants walk around the map, read each other's notes, and add what is missing. They use coloured markers to draw connections between actors that work together, share resources, or could be linked. They mark gaps where they expected to find someone but didn't. They use a different colour to circle areas that look empty.

Phase 3: Read the map and act on it (10 minutes).

Once the map feels complete, the facilitator opens the reading. The reading is not just descriptive. It is the bridge to action. Ask the group:

- Which zones are full? Which are empty?
- Which actor appears most often? Why?
- If a young woman walked into this room tomorrow looking for support, what would the map send her to first?
- What is one connection on this map that doesn't yet exist but should?
- What is one actor missing from this map that could be added by the end of the week?

Close by inviting each participant to commit to one concrete action: a contact they will make, a person they will introduce, a resource they will share, a gap they will fill. Write the commitments on a separate flipchart. This is what makes the map a tool and not just an exercise.

During the plenary discussion, the facilitator might ask the following questions:

- Which type of actor was easiest to populate? Which was hardest? Why?
- Did the layers (local, national, international) fill evenly, or is one layer dominant? What does that tell us?
- Were there actors you almost did not add because you were not sure they "counted"? What changed your mind?

- Did the mapping change your sense of how much support actually exists? In which direction?
- Which actor on this map are you, or could you be? Where do you fit in?
- If we could add only one actor to this map in the next year, what should it be?
- What does this map need to become useful to someone who was not in the room today?

Variations

- If participants are based in the same area, focus the map on local and national layers and skip international. Turn the output into a usable local resource: type it up, share it with participants, offer it to local youth organisations.
- If participants come from different places, keep all three layers. The international layer becomes the shared layer. The local layer becomes country-specific. Take photos of each layer separately and share them back to the country groups.
- If the group is dominated by people who already work in the field, run the activity from the perspective of a young woman who does not. Ask the group to map only what is visible to her. Compare that to what they know exists. The gap is the visibility problem this Module is trying to address.
- The facilitator should take a photo of the final map before the session ends and share it back with participants afterwards. The map is the tangible output of the Module. If it stays on a flipchart in a venue, it has done less than it could.
- If the group runs dry on names and you have prepared the optional starter list, bring it out only after Round 2 of the mapping. The point is for participants to surface what they know first. The starter list fills gaps, it does not lead.

Closing the Module

At the end of Activity II, take a few minutes to close the full Module. Two questions are enough:

- What is one thing you know now that you did not know at the start of this Module?
- What is one thing you will do differently this week as a result of being here?

5. Closing activities

This section provides a few short activities to close the working process and allow participants to take a moment to reflect.

1. Closing Reflection Circle

Participants are invited to take a moment for individual reflection. Sitting in a circle, they are encouraged to share their reflections by completing one or more of the following sentences:

- I feel that…
- At this moment, my body feels…
- These activities were for me…
- I will take with me…
- I will try to change…

2. Social Media Reflection

Participants are invited to reflect on the activity and summarise their key learning outcomes in the form of a short social media post addressed to their peers.
They write their posts and place them on a flipchart or wall. Once all posts are displayed, participants are encouraged to read each other's contributions.

3. Visualization Collage

Participants are invited to create a visual collage representing their key learning points, insights, and "aha" moments from the activity.
Once completed, all individual collages are combined into a collective group collage. The group is then invited to observe and reflect on the shared group work.

4. Letter to my future body

Participants are invited to write a letter to their future body and/or to their future self. The facilitator can set the future to be closer to one, e.g., three months after the training, or the letter might be addressed to the future set in a few years.

Once completed, the facilitator might collect the letters if it is possible to return them to the participants, e.g., the participants are part of regular youth activities that the facilitator delivers. If it is not possible, the participants keep their letters.
The main aim is to support participants in reflecting on how the training might impact their perceptions and future plans.

6. Additional resources

To expand your knowledge and understanding about themes in this educational material, we have curated a list of resources where you will be able to gather an in-depth perspective on particular issues.

Materials for youth work

Project "Body Liberation for Gender Equality":

- Report about experiences of young women
- Supporting materials for empowering young women

Project "Microlearning for Body Liberation":

- OWN IT: Body Liberation Manual for Youth
- Podcast and other educational content

Database of body liberation resources

Other publications and work of Body Liberation Network: bodyliberation.eu

Project BODYKind: www.bodykind.life

- Cards designed to spark meaningful conversations about body-related topics
- Podcast

Manuals and toolkits created by the SALTO network

An Introduction to Intersectional Practice in Youth Work by YouthLink Scotland.

Self-esteem resources for youth leaders by Dove

Addressing weight stigma and misconceptions about obesity: Building a youth-led response by World Obesity Federation

Blogs

Your Fat Friend by Aubrey Gordon. Writes about the social realities of living as a very fat person.

Weight and Healthcare by Ragen Chastain. One of the leading authors that debunks myths and educates about size inclusive healthcare.

Books

Fat Talk: Parenting in the Age of Diet Culture by Virginia Sole-Smith. A compelling reported look at how families can change the conversation around weight, health, and self-worth in an illuminating narrative on the daily onslaught of body shame that kids face from peers, school, diet culture, and parents themselves.

The Body Is Not an Apology: The Power of Radical Self-Love by Sonya Renee Taylor. A foundational text on radical self-love and collective liberation that extends beyond individual body image.

What We Don't Talk About When We Talk About Fat by Aubrey Gordon. Unearths the cultural attitudes and social systems that have led to people being denied basic needs because they are fat and calls for social justice movements to be inclusive of plus-sized people's experiences.

Fearing the Black Body: The Racial Origins of Fat Phobia by Sabrina Springs.

Fat Activism by Charlotte Cooper. This book explores a long-standing social movement, revealing complex relationships with feminism, class and capitalism and providing inspiring examples on ways to do such activism in your own surroundings.

Queering Fat Embodiment by Cat Pause, Jackie Wakes and Samantha Murray. This volume brings together the latest scholarship from various critical disciplines to challenge existing ideas of fat and fat embodiment. Shedding light on the ways in which fat embodiment is lived, experienced, regulated and (re)produced across a range of cultural sites and contexts.

Bodies by Susie Orbach. Feminist psychoanalyst Susie Orbach explores contemporary body issues within a global culture.

Movies and TV shows

Your Fat Friend - documentary about the rise of Aubrey Gordon, from anonymous blogger to best selling author. Her aim? A paradigm shift in the way that we view fatness. A film about fat, family, the complexities of change and the deep, messy feelings we hold about our bodies.

Shrill - a woman seeks out ways to change her life without changing her body.

Survival of Thickest - black, plus-size, and newly single, Mavis unexpectedly finds herself rebuilding her life after putting all her eggs in one man's basket, but she's determined to not only survive but thrive with support from her chosen family.

Podcasts

Maintenance Phase by Aubrey Gordon and Michael Hobbes. Wellness and weight loss, debunked and decoded.

Body Liberation for All by Dalia Kinsey. Created by a holistic registered dietitian, Body Liberation for All is a resource for QTBIPOC folks who are ready to become the happiest version of themselves, using healing tools tailored for BIPOC and LGBTQIA+ people.

Other useful knowledge - articles and research

- Inclusive language guide by American Psychological Association (APA).
- Resources for parents to support their children through weight bias and stigma by University of Wisconsin School of Medicine and Public Health.
- Article on Intersectional feminism: What it means and why it matters right now by UN Women
- Body liberation and public health project.
- History of body positivity movement by BBC and Tigress Osborn.
- National Association to Advance Fat Acceptance (NAAFA) - resources for self-advocacy and an example of size inclusive community events

7. Annexes

List of annexes

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BINGO

BODY LIBERATION

person who has already participated in an activity focused on body-related issues	person who can explain term: weight stigma	feels comfortable setting personal boundaries
can name someone who positively impacts his/her relationship towards body	person who can explain term: gender	can describe what a “safe space” means to them
can share a profile on social media, talking about body-related issues in a respectful and empowering way	can share one tip for building body confidence	believes that all bodies deserve respect, regardless of appearance
can explain the concept of non-formal education	enjoys activities that make them feel good in their body	has noticed how language can impact how people feel about their bodies

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D|R|M
DISABILITY REVIEW MAGAZINE
WINTER - 2020/21
DISABILITY NEWSBEAT
SHANI DHANDA:
A changemaker leading on disability, inclusion and diversity
MOTABILITY:
Tips on how to drive safe this winter
WE CAN ACCESS BUILDING COMMUNITY;
taking on the world
EVENBREAK:
Disability, Employment and Covid
Ever considered TRYING GOLF?
REAL STORIES:
A parent carer fighting for his daughter's rights
Author N.E.McMorran finding strength in Autism
Disability Rights UK
CONSIDER THIS!
Could you have a career in teaching?
INDEPENDENT LIVING
Thinking differently this Learning Disability Work Week
NEW ALBUM REVIEW
Boundaries by Harry Jay Steele


BRITISH VOGUE
MAY 2023
CORONATION SPECIAL
by NAOMI CAMPBELL
KATE MOSS
MUNROE BERGDORF
JOAN COLLINS
SUMMER ROMANCE:
GORGEOUS LOOKS FROM SIREN GOWNS TO SIZZLING PRINTS
ELLIE GOLDSTEIN
Reframing FASHION
DYNAMIC, DARING & DISABLED


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Reframing FASHION
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VOGUE
JUNE 2019
DOCTORS, ATHLETES, CEOS & CREATIVES
Arab women disrupt and take charge
HEMS DOWN
Summer dressing through the lens of modesty
STRONGER TOGETHER
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RUNNING guide
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STEP-BY-STEP PLANS FOR EVERY LEVEL!
12-WEEK CHALLENGE!
Realistic training programmes for a:
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RUN STRONG, STAY COOL!
3 REASONS YOUR WEIGHT DOESN'T MATTER
ASSAULTED ON CAMPUS
ONE RUNNER'S STORY OF SURVIVAL
PERFECT GEAR FOR EVERY BODY


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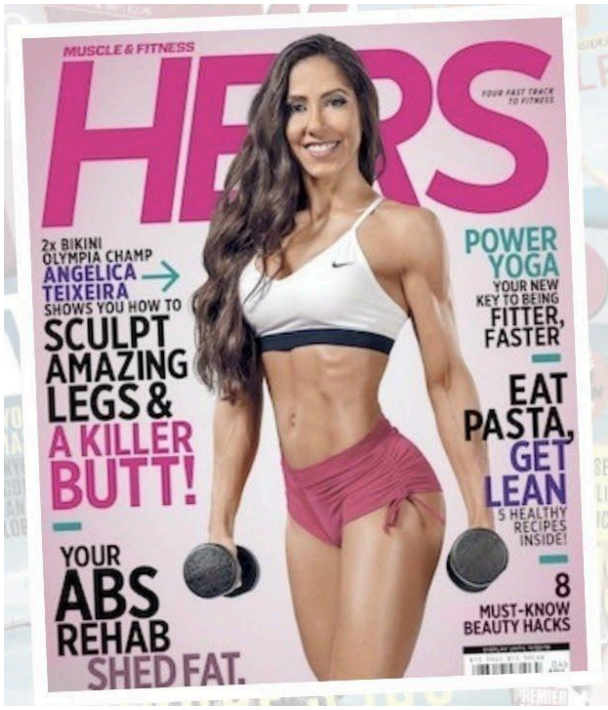
AUG
THEIR WAY
WOMEN PHOTOGRAPHERS GET CREATIVE WITH FASHION
PEOPLE EMPOWERED
WHY LEADERSHIP IS GOING LOCAL
SIMONE BILES
STANDING UP, SPEAKING OUT, AND SETTING HER SIGHTS ON OLYMPICS 2021


ANNE & ELLEN'S sudden, strange split
SEPTEMBER 4, 2000
People weekly
Anne Heche & Ellen DeGeneres
SPECIAL REPORT
Searching for the PERFECT BODY
How do women really feel about their shapes? And whose bodies do they admire most and least? A surprising PEOPLE poll
40% Think JENNIFER ANISTON is too thin
21% Say CINDY CRAWFORD has the world's best body
37% Identify with OPRAH'S diet ups and downs
31% Believe DREW BARRYMORE'S weight is just great


MUSCLE & FITNESS
HERS
YOUR FAST TRACK TO FITNESS
2x BIKINI OLYMPIA CHAMP ANGELICA TEIXEIRA SHOWS YOU HOW TO
SCULPT AMAZING LEGS & A KILLER BUTT!
POWER YOGA
YOUR NEW KEY TO BEING FITTER, FASTER
EAT PASTA, GET LEAN
5 HEALTHY RECIPES INSIDE!
YOUR ABS REHAB SHED FAT.
8 MUST-KNOW BEAUTY HACKS


HEALTH & HAPPINESS
HERS
YOUR OWN TRACK TO FITNESS
BELIEVES EVERY BODY IS A BEACH BODY
SIERRA SCHULTZZIE
SHOWS YOU HOW TO
LOVE YOUR AMAZING LEGS AND KILLER BUTT!!
POWER STANCE
YOUR NEW KEY TO BEING
STRONG & CONFIDENT
YOUR ABS DON'T NEED REHAB FAT OR MUSCLE
IT ALL LOOKS GREAT!
EAT PASTA ENJOY IT
5 YUMMY RECIPES INSIDE!


VOGUE
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BRAIN TRAINING Spark a New Health-Focused Start
WELLNESS REPORT
Optimize Your Body Clock to Sleep Better
30 Ways to Amp Up Your Protein
Hi ther


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This is
healthy!
11 WOMEN ON WHY WELLNESS DOESN'T HAVE TO BE ONE-SIZE-FITS-ALL
4


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'MY DISABILITY ISN'T SOMETHING I NEED TO OVERCOME'
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Material I: Weight Stigma & Size Discrimination

Weight stigma and size discrimination refer to the ways people are judged, treated unfairly, or excluded because of their body size or weight.

Weight stigma is the set of beliefs and assumptions that assign value to people based on body size. In many societies, larger bodies are often associated with negative traits such as laziness, lack of discipline, poor health, or low intelligence. These assumptions are not based on individual reality, but on cultural stereotypes that are repeated through media, institutions, policies, and everyday language.

Size discrimination is what happens when these beliefs turn into actions. It can appear in obvious or subtle ways across many areas of life: education, healthcare, workplaces, public spaces, clothing industries, and media representation. It includes being overlooked for jobs, receiving lower-quality healthcare, facing jokes or comments about body size, or being excluded from physical environments that are not designed for a range of bodies.

A key feature of weight stigma is that it is often seen as “acceptable” compared to other forms of discrimination. Because of this, it can be normalized and go unchallenged. People may not always recognize it as harm, even when it affects mental health, self-esteem, access to services, and everyday participation in society.

Size discrimination is not only about individual attitudes. It is also built into systems and environments. Chairs, uniforms, medical equipment, transportation, and social spaces are often designed around a narrow idea of what bodies “should” look like, which can exclude or inconvenience people in larger bodies.

Importantly, body size is influenced by many factors, including genetics, health conditions, disability, medication, stress, and social environment. However, weight stigma assumes that body size is always a simple matter of personal choice and discipline.

Weight stigma can affect anyone, but it disproportionately harms people in larger bodies by shaping how they are perceived and treated, often long before they have a chance to speak for themselves.

Understanding weight stigma and size discrimination means recognizing that body size is not a measure of a person’s worth, character, or abilities. It is a human variation, and all bodies deserve respect, dignity, and fair access to care, spaces, and opportunities.

—

Material II: Everyday Life

Kai always arrived early. Not because they were especially organized, but because moving through the world in a bigger body required preparation. Extra time to check whether there would be seats. Extra time to walk farther when certain spaces felt impossible to enter. Extra time to recover from the small moments that most people never noticed.

On Monday morning, Kai stopped at a café before work. The place was crowded, warm, and loud. Their friend waved from a table near the window, but Kai's stomach tightened when they saw the chairs — narrow wooden seats with metal armrests pressed tightly against each side.

Kai smiled anyway. They knew the routine. Pretend to adjust the chair. Pretend not to notice the discomfort. Sit carefully. Avoid shifting too much. Ignore the feeling of being watched.

Their friend noticed. "Do you want to move somewhere else?" they asked quietly.

Kai shrugged. "It's okay." But it wasn't really okay. It was exhausting.

A few days later, Kai went shopping for clothes for a friend's wedding. They walked through store after store, searching through racks only to realize the sizes stopped long before theirs. In one shop, the salesperson looked at Kai and immediately said, "We don't have anything for you here." Kai nodded as if they were used to it. Because they were.

In another store, they found one shirt in their size hidden in the back corner beside oversized bags and scarves, as if larger bodies were something that did not deserve to look beautiful and wear nice clothes. By the end of the afternoon, Kai no longer felt excited about the wedding. They just felt tired.

On Friday evening, Kai decided to try a new exercise class. They liked moving their body. They liked feeling strong and energized. But the experience quickly became uncomfortable. The instructor kept talking about "burning off weekend food" and becoming "beach body ready." Mirrors covered every wall. The equipment felt too small. When Kai paused to catch their breath, someone joked, "That's what happens when you skip the gym."

Kai stayed until the end of the class, but afterward they sat in the changing room for a long time before going home. What hurt most was not only the discomfort itself. It was the message repeated over and over again: this world was not built with bodies like theirs in mind.

Seats in waiting rooms. Tiny theater chairs. Clothing stores that stopped at certain sizes. Exercise spaces focused on shame instead of joy. Public transport seats. Comments disguised as concern. Strangers assume laziness, poor health, or lack of discipline. The discrimination was everywhere, woven into ordinary life so deeply that many people never questioned it.

But Kai began noticing something else too. One evening, their friends planned dinner together. Before choosing a restaurant, one friend checked online whether the seating was spacious and whether chairs without armrests were available. Nobody made it awkward or dramatic. They simply asked because they cared.

Another friend suggested a fat clothes swap and invited several friends in larger bodies to attend it. At the gym, one person challenged the instructor's comments about "earning food" and suggested focusing instead on strength, enjoyment, and wellbeing. When traveling together, Kai's friends asked, "What would help you feel comfortable?" instead of assuming.

These moments did not erase the stigma. But they changed something important. Kai no longer felt like the problem. They began to understand that accessibility is not only about ramps, elevators, or subtitles. Accessibility is also about designing spaces, clothing, furniture, policies, and attitudes that recognize human bodies come in many shapes and sizes.

The issue was never that Kai's body took up too much space. The issue was that the world had decided some bodies deserved space more than others. And once people begin noticing that, they can begin changing it.

—

Material III: Media

In most of the media Kai consumed growing up, bodies like theirs were either invisible or turned into a story problem.

In movies, the main characters were usually thin, toned, and neatly put together. When larger bodies appeared, they were often there for comic relief — the “funny friend,” the awkward sidekick, or the person whose size was treated as a punchline. In books, fat characters were frequently described through discomfort, shame, or transformation arcs: the story beginning with a “before” body that needed fixing and ending with a smaller body as a reward.

Kai noticed something else too: thinness was rarely explained. It was simply the default for heroes. It signaled discipline, attractiveness, success, and goodness without needing justification. Meanwhile, fat characters were often coded as: lazy, greedy, undisciplined, unattractive, morally flawed or even evil.

Even when the story wasn’t explicitly about weight, the patterns were consistent. The villain was more likely to have a larger or “unusual” body. The love interest was always thin. The “glow up” montage meant becoming smaller, more controlled, more socially acceptable.

Over time, these messages accumulate quietly. They don’t always announce themselves as prejudiced. They shape what people learn to associate with worth, beauty, intelligence, and even morality.

Kai began to notice how this affected real life too. Friends would casually say things like “I feel so fat” as a synonym for feeling bad. Social media feeds were filled with “what I eat in a day” videos, transformation content, and before-and-after weight loss journeys. Even wellness spaces often center thin bodies as the ideal outcome.

It wasn’t just absence. It was storytelling. And storytelling shapes imagination.

Kai realized that if certain bodies are always cast as villains, jokes, or problems, people begin to internalize those roles without realizing it — both those in larger bodies and those who are not.

But Kai also started noticing change, especially when they looked for it intentionally. Some creators on social media showed bodies of many sizes living ordinary, joyful, complicated lives — not as transformations, but as already valid.

Some films and books began including fat characters who were not jokes or moral lessons, but full people with friendships, desires, leadership roles, and love stories that were not about becoming smaller.

Kai began curating their own media space:

- following body-neutral and fat-positive creators,
- diversifying their social media feeds with different body types, ages, abilities, and genders,
- choosing books and films that avoided “body transformation as success” narratives,

- unfollowing accounts that relied on shame-based fitness or diet culture,
- and supporting creators who represented bodies without making them a problem to solve.

They also learned to ask new questions when engaging with media:

- Who gets to be the hero here?
- Whose body is considered “normal”?
- Who is missing from this story?
- What kinds of bodies are being shown as desirable, funny, or disposable?
- What would this story look like if every body were treated as fully human?

Kai didn’t expect the media to change overnight. But they understood something important: representation is not just about visibility. It is about whose lives are seen as complex, worthy, and central. And the more people intentionally expand what they watch, read, and follow, the harder it becomes for a single narrow body ideal to define what a “main character” is supposed to look like.

—

Material IV: Education and & Work Environment

Sam had learned early that people often made decisions about them before they even spoke.

At school, teachers described Sam as “capable but unmotivated.” When assignments were handed in late, classmates joked that Sam was lazy. During group projects, other students often assumed Sam should take simple tasks instead of leadership roles. In physical education classes, Sam became used to hearing comments disguised as encouragement: “You’d do better if you just tried harder.”

What nobody noticed was that being constantly judged made it difficult to participate confidently in class.Over time, Sam began speaking less.

At university, things became more subtle but not necessarily kinder. During presentations, Sam noticed how classmates reacted differently to thinner students who spoke confidently. Thin students were described as “disciplined,” “professional,” or “driven.” When Sam spoke assertively, people sometimes described them as intimidating or unfriendly.

During one seminar, a professor discussed “healthy lifestyles” and casually used larger bodies as examples of irresponsibility. Several students laughed quietly while Sam stared at the table, pretending not to hear.

By the time Sam entered the workforce, they had become skilled at anticipating judgment.

At job interviews, Sam carefully chose outfits that made them appear as “professional” as possible. They practiced speaking calmly and confidently, aware that people in bigger bodies are often stereotyped as lazy, lacking self-control, unintelligent, or unreliable.

At one workplace, coworkers regularly brought diet culture into conversations: “I’m being so bad eating this.”, “You’re lucky you don’t care what you eat.”, “I need to work this off later.” When snacks appeared in the office kitchen, people joked about calories while glancing at Sam.

In meetings, Sam’s ideas were sometimes ignored until repeated by someone else. A manager once described Sam as “not having leadership presence,” despite consistently strong results and positive feedback from clients.

The discrimination was rarely direct enough to report easily. It lived in assumptions that larger people are less disciplined, less competent, less ambitious, less healthy, less trustworthy.These stereotypes affected hiring decisions, promotions, classroom participation, social relationships, and confidence. Over time, they shaped how people were treated and how they learned to see themselves.

What hurt most was not only individual comments. It was the culture surrounding them. Workplace wellness programs centered around weight loss competitions. Team-building activities focused on dieting or fitness tracking. Dress codes designed around limited body sizes. Casual jokes that reinforced the idea that certain bodies were failures before they even entered the room.

But Sam also began noticing moments of change. One lecturer included discussions about weight stigma and body diversity when talking about discrimination and bias. A colleague interrupted a conversation making fun of fat people and said, “Body size has nothing to do with competence.” An employer replaced a workplace weight-loss challenge with wellbeing initiatives focused on rest, mental health, flexibility, and accessibility for everyone. After talking to Sam and HR, Sam’s managers began asking practical questions:

- Are workplace chairs accessible and comfortable for different body sizes?
- Are uniforms available in inclusive sizing?
- Are wellness programs inclusive and non-stigmatizing?
- Are stereotypes influencing hiring or promotion decisions?
- Is our workplace physically accessible for all bodies?

Sam also learned to advocate for themself:

- asking for seating without armrests,
- requesting inclusive uniform sizing,
- challenging harmful jokes,
- documenting discriminatory comments,
- and reminding themself that body size does not determine intelligence, work ethic, leadership, or worth.

Cultures can change when people are willing to question the assumptions they have been taught to accept.

—

Material V: Health Care

Robin had been putting off the appointment for months.Their knee had been hurting for a long time - first only after long walks, then while climbing stairs, and eventually even while getting out of bed. Friends encouraged Robin to see a doctor, but every time they thought about making the appointment, a familiar heaviness settled in their chest.

It was never just about the pain. It was about the waiting room chairs with armrests that pressed painfully into their hips. It was about wondering whether the blood pressure cuff would fit. It was about preparing themself to be looked at before being listened to.

When Robin finally arrived at the clinic, the nurse called them to the scale before anything else.

Robin quietly said, “I’d prefer not to be weighed today unless it’s medically necessary.”

The nurse looked surprised. “We weigh everyone,” she replied.

Robin felt heat rise in their face. Robin stepped onto the scale anyway and felt shame wash over them.

The doctor examined Robin’s knee for less than two minutes before leaning back in the chair. “You should really focus on weight loss,” he said. “That would probably solve the issue.”

Robin tried to explain that the pain had started after an injury months earlier, but the conversation kept returning to diets, calorie intake, and exercise. No scans were ordered. No questions were asked about the injury itself.

Robin left with a printout about weight management and no real answers.

On the way home, they wondered how many people stopped seeking medical care because of experiences like this. It was not only frustrating. It was dangerous.

Over time, Robin had learned to expect certain things during healthcare visits: assumptions about laziness, symptoms blamed on weight before proper examination, equipment that did not fit comfortably, lectures instead of conversations, and the constant feeling that their body was being judged rather than cared for. Even routine appointments could feel emotionally exhausting.

A year earlier, Robin had gone to another clinic with severe stomach pain. Before tests were done, a doctor suggested dieting. Weeks later, another physician discovered gallstones that had nothing to do with Robin’s size.

Experiences like these made healthcare feel unsafe instead of supportive.

But slowly, Robin also began learning that they had the right to advocate for themself. Before appointments, they started writing down their symptoms and questions so they would feel more grounded during conversations.

They practiced saying:

- “Could we focus on the specific problem I came in for today?”
- “What evidence suggests my weight is the cause of this symptom?”
- “Are there other possible explanations we should explore?”
- “I prefer not to discuss weight unless it is directly relevant to my care.”
- “I do not want to be weighed today unless it is medically necessary.”
- “Could this treatment recommendation apply to patients of all body sizes?”
- “I would like my concerns documented in my chart.”

Robin also began bringing a trusted friend to difficult appointments for support.

Some healthcare workers responded defensively. But others listened.

One doctor thanked Robin for speaking clearly about their needs. Another immediately offered a chair without armrests and asked for consent before discussing weight at all. A physiotherapist focused on reducing pain and improving mobility instead of changing body size.

These moments reminded Robin that respectful healthcare was possible. The problem was never that Robin’s body was undeserving of care. The problem was a healthcare culture that too often treated larger bodies as problems to fix instead of people to support. And the more people speak openly about weight stigma in healthcare, the harder it becomes to ignore.

—

Annex no. 4: Printout "Intersectionality at a glance"

Definition

Intersectionality is the recognition that every person carries more than one identity at the same time, and that those identities do not sit side by side. They overlap. The way the world responds to someone is shaped by the combination of their identities, not by any single one of them.

The term was introduced by Kimberlé Crenshaw, a legal scholar, in 1989. She used it to describe what happens when a Black woman experiences discrimination at work and the legal system asks her to choose: was this discrimination because you are Black, or because you are a woman? Crenshaw's point was that the discrimination cannot be split that way. It happens at the intersection. The concept has since been used widely in gender studies, public health, social work and youth work. It has also been misused, often reduced to a list of identity labels. Used properly, it is an analytical tool, not a label.

Why it matters for body image work

Body image is shaped by gender, but not only by gender. A 25-year-old white able-bodied thin woman in a city has a different relationship to the world's expectations of her body than a 25-year-old fat Black woman with a chronic illness in a rural area. Both are women. Both face gendered expectations. The expectations they face are not the same, the support they can access is not the same, and the responses they get when they speak up are not the same.

The GENDEQ research confirmed this. When asked whether their experiences of appearance-based judgement were influenced by other aspects of their identity, a significant share of respondents said yes, naming ethnicity, sexuality, disability, age, and socioeconomic status as factors that compounded the gendered pressure they were already under.

If we design support for "young women" as one undifferentiated group, we will reach the women whose other identities are closest to the dominant norm and miss the rest. Intersectionality is the discipline that stops us from doing that.

The identity factors most commonly involved in body-related experiences: Gender and gender expression. Body size and weight. Race and ethnicity. Disability and chronic illness. Age. Sexuality. Class and socioeconomic status. Religion. Migration status. Mental health status. Pregnancy and parenthood status.

(This list is not complete. It is a working starting point - what else would you add to the list?)

Three useful distinctions

- Visible and non-visible identities. Some identities are read off the body immediately (race, body size, perceived gender, age). Others are not (sexuality, religion, mental health, class background, disability in some cases). The visible ones tend to attract instant treatment. The non-visible ones tend to attract treatment once they are disclosed, often making disclosure itself a calculated decision.

- Privilege and oppression are not personal traits. They are the patterns of treatment a person receives based on the identities the world reads onto them. A person can hold privilege along one axis and oppression along another at the same time. Naming this is not an accusation. It is a description of how systems work.
- The system, not the individual. Intersectionality points to how systems treat people. It does not say "this person is more oppressed than that person." It says "these systems compound, and we need to design our work knowing that."

A short example to anchor the concept

Two women receive the comment "you'd be healthier if you lost weight" from a doctor.

Woman A is a 30-year-old white woman with private health insurance, a stable job, and a supportive partner. The comment is annoying. She can change doctors. She has a partner who will say "that doctor was out of line." Her self-worth is not tied to whether this doctor approves of her body.

Woman B is a 30-year-old Black woman, a single parent, on public health insurance, in a town with two doctors. The comment lands inside a lifetime of medical staff dismissing her pain (research consistently shows Black women's pain is undertreated). She cannot easily change doctors. She is also more likely to have heard, since childhood, that her body is "too much" in racialised ways. Her workplace, if she has one, may already penalise her body in ways Woman A's does not.
The comment is the same sentence. The harm is not the same harm. That is intersectionality.

Annex no. 5: Printout "Sample case studies"

Use 3 to 4 of these depending on group size. They are written to make the intersection visible without spelling everything out, so the analysis is real work.

Case 1.

Mariam is 19, a first-year nursing student in Nicosia. Her family came to Cyprus from Syria when she was eight. Last month her cousin tagged her in a TikTok of a family wedding, in a fitted dress, hair down. The comments started within an hour. Most were from people she did not know: "she's hot for a Muslim girl," "wait, you're allowed to wear that?", and one in Arabic she does not want to translate for her mother. Her aunt sent her a private message: "delete it before someone sees." Two days later, she got an Instagram ad for a hair-removal clinic that opens with "for girls who want to feel European." She has not posted anything since. Her group chat with her friends is full of body-check selfies she scrolls past without replying.

Case 2.

Lucie is 21, lives in Brno, has Crohn's disease. The disease is not visible. The weight changes from her medication are. Last year, she lost 14 kilos in three months on steroids and her colleagues at the cafe she works at told her she "looked amazing" and asked what her secret was. This year, she gained it back, and one of the same colleagues said, "What happened?" with a face. On Instagram, the algorithm has decided she is interested in weight-loss content, and she gets reels for shakes, gym programmes, and "what I eat in a day" videos pushed to her every time she opens the app. Her doctor recently told her, in front of a student doctor, that she would feel better if she "made more effort." Lucie has not told her boyfriend that she has Crohn's. They have been together for seven months.

Case 3.

Elena is 26, lives in Riga, getting married in seven months. The proposal video her fiancé posted got 12,000 views, which she did not ask for. Since then her Instagram and TikTok have decided she is a bride. The ads do not stop. Sweat-suit "shred programmes" promising she can "lose 10 kilos before the dress." Tea detoxes with a discount code if she follows three other accounts. A local injectables clinic is running a "bridal glow" package. A wedding planner whose entire feed is before-and-after photos of brides who "transformed" for their day. At her first dress fitting the consultant, kind, professional, said "we usually recommend brides come back closer to the date once they're at their goal weight, just so we don't have to take it in twice." Elena had not mentioned wanting to lose weight. Her mother, who came to the fitting, nodded.

Her group chat with her bridesmaids has a shared spreadsheet for "wedding prep" that one of them set up. It has columns for skincare, hair, gym, and "goal weight." Elena's column is the only one that is blank. She has not said she does not want to fill it in. She has said she will "get to it." Her fiancé, who loves her, told her last week she looks beautiful and asked why she has stopped eating dinner with him.

Case 4.

Tamar is 23, a primary school teaching assistant in a small town in Cyprus. She is bisexual and not out at work. She is also visibly fat. A parent of one of her pupils, who follows her on Instagram, recently screenshotted a photo of her at a Pride event in Limassol and sent it to other parents in a WhatsApp group. The screenshot was cropped to focus on her body. By Monday morning, three parents had asked the headteacher whether Tamar was "the right kind of role model." Tamar found out because one of the parents, who was not part of the group, sent her the screenshot. The headteacher has not said anything to her directly, but has stopped making eye contact in the corridor. Tamar has not slept properly in eight days. Her partner thinks she should resign. Her mother does not know any of this.

Annex no. 6: Printout "Forms of body-related harm and learning to respond." and "Three response strategies".

Input: Recognising the harm and learning to respond.

Part 1. The forms of body-related harm

Body-related harm is not only loud comments. It is a spectrum. Naming the spectrum is the first protective step, because what is named can be addressed, and what is unnamed tends to be accepted as normal.

- **Direct comments.** Statements made directly to a person about their body, weight, shape, appearance. They can be hostile ("you're fat"), framed as concern ("you'd feel better if you lost weight"), or framed as compliment ("you've lost weight, you look great", which is also a body comment, and which carries the message that the previous body was less acceptable).
- **Microaggressions.** Brief, often unintentional comments or behaviours that communicate hostile or dismissive messages about a person's body. Examples: a colleague repeatedly commenting on what someone is eating; a doctor weighing a patient who came in for an unrelated issue; a relative offering smaller portions to a larger person at the family table; clothing shop staff steering a customer toward "more flattering" sections. Each individual instance is small. The cumulative effect is not.
- **Concern-trolling.** Harm delivered under the cover of "I'm just worried about your health." This is one of the most common forms because it weaponises care. It is hard to push back on without looking ungrateful. It is still harm.
- **Medical bias.** Treatment by healthcare professionals where a person's body size or appearance leads to misdiagnosis, dismissal of symptoms, or treatment delays. The research is unambiguous on this: fat patients are routinely told to lose weight when presenting with conditions unrelated to weight, and are diagnosed later than thin patients with the same symptoms.
- **Exclusion.** Spaces, clothing, seating, equipment, activities designed in ways that signal that certain bodies do not belong. Airline seats, gym equipment, medical gowns, fashion sizing, dance studios with mirrored walls.
- **Online harassment.** Comments, messages, image-based abuse, body-shaming pile-ons, "before and after" exploitation, deepfake misuse.
- **Self-policing.** The internalised version of all of the above. The voice in a person's head that has absorbed years of comments and now delivers them from the inside. The research found that 43.2% of respondents said they themselves were the ones doing this to themselves.

This list is what participants will find in their own post-it notes once you ask them to write. Naming it now means they recognise themselves in it later.

Part 2. Three response strategies

There is no single right response to body-related harm. Different situations call for different strategies. Below are three response families, each with a purpose, and each adaptable to context.

Strategy 1. Boundary-setting.

Purpose: stop the behaviour from continuing.

This works when the relationship matters and you want it to continue, but the behaviour does not. It is also the strategy that requires the most practice, because it asks for clarity in a moment of discomfort.

Structure:

- Name what was said or done.
- State that it is not okay with you.
- State what you want instead.

Examples:

- "When you comment on what I am eating, I do not enjoy our meals together. Please stop."
- "I am not going to discuss my weight with you. If you bring it up again I will leave the room."
- "That comment about my body is not the kind of advice I want from you. I want us to talk about something else."

Note: a boundary is not a request for permission. It is a statement. The other person does not need to agree for the boundary to be valid.

Strategy 2. Redirection.

Purpose: defuse, change the topic, name the assumption, move on.

This works when you do not want to escalate, when you are not safe to escalate, or when the person is not someone you owe an explanation to.

Examples:

- "We are not talking about my body today."
- "Interesting that you went there. Anyway, what are you working on this week?"

- "That comment assumes thin equals healthy, which is not true. Did you see the football last night?"
- "Thanks for your concern. I have a doctor."

Note: redirection is not avoidance. It is a deliberate choice not to spend your energy on this exchange.

Strategy 3. Exit.

Purpose: protect yourself when staying is not safe or not worth it.

This works when the other person is hostile, drunk, in a position of power you cannot push back on, or when you have already tried the other strategies and they have not worked.

Examples:

- Standing up. "I am going to step away for a bit." Leaving the room.
- Closing a laptop. Hanging up.
- Blocking, muting, unfollowing.
- Not attending the next family dinner.

Note: exit is not failure. It is a decision that your time and your nervous system are not infinite resources to be spent on people who are harming you.

Strategy 4 (advanced): Education.

Some people, in some moments, can be educated. This requires energy, safety, and a relationship where it is plausible the other person will hear you. It is not your obligation. It is a choice. If you choose it, the structure is: name the harm, give the reason, suggest the alternative.

Example: "When you say 'real women have curves' you are putting down thin women. The reason that line is harmful is that it ranks women's bodies. The alternative is just saying you find your partner attractive without comparing her to anyone else."

Annex no. 7: Printout "How body narratives are constructed and how to rewrite them."

Input: How body narratives are constructed and how to rewrite them

Part 1. How body-related narratives are constructed

Stories about bodies do not appear out of nowhere. They are produced. Knowing who produces them, why, and how they reach us is the difference between feeling vaguely bad after scrolling and recognising a system at work.

The four sources to know:

- **Traditional media** (news, magazines, TV, film). Edited by humans, with editorial decisions about which bodies are shown, in what context, and described in what language. The "shocking weight loss" headline is an editorial choice. The cover photo is a styling choice. The "before and after" framing is a format choice. None of these are neutral.
- **Advertising and marketing.** Sells products by first creating the dissatisfaction the product claims to solve. The diet industry, the cosmetic surgery industry, the wellness industry, the fashion industry, the wedding industry. Each operates by establishing a body standard, then offering a paid path to it. The pattern is: name the problem you did not know you had, sell you the solution.
- **Social media** (creators, influencers, peers). Mixes personal expression with monetised performance. A "what I eat in a day" video is content. It is also, often, a brand deal. A "transformation" reel is a personal story. It is also a metric in a creator economy. The lines between authentic sharing, lifestyle aspiration, and paid promotion are intentionally blurred.
- **Algorithmic recommendation.** The fourth source is not human. It is the recommendation system that decides what each user sees. Algorithms are optimised for engagement, not wellbeing. Content that triggers strong emotional reactions (envy, anxiety, comparison) holds attention longer, so it is amplified. A young woman who pauses on one weight-loss reel will be served twenty more by the end of the week. She did not search for them. The system inferred her interest. This matters because what reaches her feed is not the average of available content. It is the content most likely to keep her looking. That is not the same thing.

How to spot a harmful body narrative.

- Not every story about a body is harmful. But the harmful ones share recognisable patterns. Train participants to look for these:
- The before and after structure. Implies one body was wrong and the other is right. Removes everything else from the person's life.
- The body as a moral measure. "She let herself go." "He earned that body." Bodies do not have morals. People do.

- Health as a stand-in for thinness. "Get healthy" framed visually as "get thin." The two are not the same and the research is clear about this.
- The single-cause story. "She lost the weight by drinking this tea." Bodies are not single-cause systems. This is marketing.
- The transformation arc with no aftermath. Coverage stops at the goal weight. We are not told what happened next. The research on weight regain is not in the article.
- The comparison frame. "Real women have curves." "Strong is the new skinny." Both rank women's bodies, just differently. Replacing one ranking with another is not liberation.
- Concern as cover. "We just care about her health." Often the speaker has no qualification, no relationship, and no information to make that claim. "Concern" is not neutral when it is unsolicited.

Once participants can name the pattern, they can name what is missing. That is the bridge to the rewriting work.

Part 2. Three rewriting techniques

Rewriting is not about being polite. It is about producing a version that is accurate, that does not cause harm, and that someone could actually publish or share. Below are three techniques. They can be used together.

Technique 1. Reframe.

Take the same situation and tell it from a different angle. Not the body. Not the transformation. Something else. For example:

Original headline: "How she lost 30 kilos for her wedding."

Reframe: "How she planned a wedding that fit her life." Or: "What she stopped doing to make space for her wedding." The story is allowed to be about something other than weight.

Technique 2. Name accurately.

Replace coded or moralising language with accurate description. For example:

Original caption: "Look how amazing she looks now." (Posted next to a photo of someone visibly thinner.)

Accurate version: "Look how thin she is now." It is the same observation. It is no longer dressed up as a compliment. The discomfort the rewrite creates is the point. It exposes that the original was a body comment, not a compliment.

Technique 3. Remove the comparison.

Take out the second body. Take out the ranking. For example:

Original: "Real women have curves."

Rewrite: "I love my partner's body." Or: "My body has curves." Or: "I find this beautiful." The statement is allowed to stand on its own without putting another woman down.

A note on tone: Some participants will want their rewrites to be polite, gentle, palatable. Push back gently. Politeness is not the goal. Accuracy and dignity are. A rewrite can be soft. It can also be sharp. What it should not be is sanitised to the point that it no longer says anything.

Annex no. 8: Printout "The four types of support actors."

Input: The four types of support actors.

Type 1. Peer support

What it is. Friends, peers, online communities, group chats, peer-led circles. Other people who have been there.

What it does well. Validates experience fast. Reduces isolation. Provides language ("oh, that happened to me too"). Available immediately, often free, often informal.

What it cannot do. Cannot provide clinical care. Cannot intervene in structural problems. Cannot always hold what is shared safely (peers are not trained, and some peer spaces become competitive or harmful).

What young women said in the research. Friends and peers were the first source they would turn to, by a wide margin. This is the strongest part of the existing support system. It is also the most overloaded.

Type 2. Community and activist organisations

What it is. NGOs, feminist collectives, body liberation networks, youth organisations, online community platforms with moderation, peer-led but organisationally hosted spaces.

What it does well. Holds collective experience. Provides spaces, programmes, campaigns. Translates individual experience into shared analysis. Connects people. Advocates upward (toward institutions) and outward (toward society).

What it cannot do. Often under-resourced. Frequently invisible to the people who would most benefit. Coverage is uneven across countries and across topics. Body liberation is a young field in Europe and the network is still being built.

What the research said. Only 14.1% of respondents would turn to community or activist groups. Not because these groups are not useful, but because young women do not know they exist or do not know what they actually offer. This is a visibility problem we can address.

Type 3. Professional services

What it is. Therapists and psychologists (especially those trained in trauma-informed and weight-inclusive practice), dietitians who work in non-diet frameworks (look for HAES, Health at Every Size), GPs and specialists who do not lead with weight, helplines for crisis or eating-disorder support, sexual health services, social workers.

What it does well. Provides clinical care, structured intervention, confidentiality, formal documentation when needed (sick notes, referrals, reports for legal cases). Trained to work with people in distress.

What it cannot do. Often expensive or hard to access. Quality varies dramatically. Many professionals are themselves trained inside weight-stigma frameworks and may cause harm. Finding a weight-inclusive professional is itself a skill, and the search costs energy that a person in distress may not have.

What the research said. Only 7.1% would turn to healthcare professionals. The reason was clear in the qualitative answers: previous experiences of being dismissed, weighed when not asked to be, told to lose weight when presenting with unrelated problems. Professional support is the most underused resource in the map, and the reasons are not mysterious.

Type 4. Structural and institutional actors

What it is. Schools, universities, employers, public health systems, regulators, policymakers, equality bodies, ombudsperson offices.

What it does well. Sets the rules everyone else operates inside. When it gets it right, it changes things at scale. Enforces anti-discrimination law. Funds prevention. Sets curriculum. Trains professionals.

What it cannot do. Slow. Often does not see body-related issues as within its remit. In most European countries, weight is not a protected characteristic in anti-discrimination law, which means structural redress is limited.

What the research said. Almost no respondent named structural actors as a place they would turn to. Yet many of their open-ended answers described the change they wanted as structural ("not receiving such comments at all," "a non-judgemental attitude from others," "schools should teach this"). The gap between where help is sought and where change is needed is itself information.

Why the four-type frame matters for the mapping

When participants map, they will instinctively list the actors they personally know. Most will be peer or community type. The frame above forces the question: where on this map are the professionals, and where are the structural actors? If the map is empty in those quadrants, that is not a failure of the mapping. It is the finding.

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In 6 modules this training curriculum serves as a beginner for discussions about body image, weight stigma and body liberation.

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