Weight-Based Bullying and Prevention Strategies

Emily S. Cutler

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Dr. Susan Haas

I. Introduction/Research Question

Bullying is a serious issue that affects many students. In the past few decades, there has been an increase in research on bullying as a social issue, the effects of bullying on both victims and bullies, and interventions to prevent bullying. However, one area that is still lacking in research is bullying based on specific risk factors such as ethnicity, religion, sexual orientation, gender identity, ability, and appearance. One risk factor that is especially lacking in research is body weight. No previous study has investigated the status of weight-based bullying. This paper will attempt to answer the following research question: to what extent is weight bias a factor in bullying, what types of interventions currently address this type of prejudice in schools, which of these interventions have been evaluated, and what are the results of these evaluations?

II. Literature Review

Bullying is defined as unwanted, aggressive behavior that is intended to harm or disturb another person, that occurs repeatedly over time, and that involves a real or perceived power imbalance (Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001). The types of bullying are physical bullying, such as hitting or punching, verbal bullying, such as name-calling and threats, and social bullying, such as spreading rumors and social exclusion. In a study conducted by Nansel, Overpeck, Pilla, Ruan, Simons-Morton, and Scheidt (2001), 29.9% of a sample of U.S. students in grades six through ten reported either moderate or frequent involvement in bullying, either as a bully, a victim, or both. In a more recent study conducted by Wang, Iannotti, and Nansel (2009), 20.8% of a sample of U.S. students in grades six through ten reported involvement in physical bullying, 53.6% reported involvement in verbal bullying, and 51.4% reported involvement in social bullying.

Numerous studies have linked bullying with serious consequences for both bullies and victims. Children who bully others are more likely to underachieve in schools and engage in substance abuse; as adults, childhood bullies are more likely to have criminal convictions and traffic violations, perform below their potential at work, display aggression toward their spouses, use severe physical punishment on their children, and have children who become bullies (Smokowski & Kopasz, 2005). Children who are victims of bullying are more likely to suffer from mental illnesses including anxiety, depression, and eating disorders. They are also more likely to experience greater difficulty making friends, have poorer social relationships, and experience feelings of loneliness, abandonment, and apprehension (Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001).

According to the U.S. Department of Health and Human Services ("Risk Factors"), children who are bullied generally have one or more risk factors. Risk factors include being perceived as different from one's peers, such as being overweight or underweight, wearing glasses or different clothing, not being able to afford what children consider "cool," or being new to a school; being perceived as weak and unable to defend oneself; having depression, anxiety, or a low self-esteem; being less popular than others and having few friends; and not getting along with others or being perceived as annoying. In addition, there are specific minority groups with an increased risk of experiencing bullying; for example, LGBT youth are more likely to be victims of bullying.

Recent research has shown body weight to be a primary risk factor in being a victim of bullying. In a study by Puhl, Luedicke, and Heuer (2011), researchers distributed questionnaires to students at two high schools in central Connecticut to gather self-report data on students' observations of bullying toward overweight students. One question asked what students

perceived to be the main reason that others are teased and bullied. “Being overweight” had the highest proportion of responses: 41% of students identified being overweight as the primary reason for being bullied, while 38% identified sexual orientation as the primary risk factor, 10% identified intelligence/ability, 6% identified race/ethnicity, 1% identified religion, and 1% identified low family income.

Several studies confirm the prevalence of weight-based bullying. In a study by Eisenberg, Neumark-Sztainer, and Story (2003), researchers analyzed survey data on eating patterns and weight concerns from 31 public middle schools and high schools in ethnically and socioeconomically diverse communities in the Minneapolis/St. Paul metropolitan area. They found that 30% of adolescent girls and 24.7% of adolescent boys reported being teased about their weight by their peers. In a more recent study, Lumeng, Forrest, Appugliese, Kaciroti, Corwyn, and Bradley (2010) studied a sample of 821 children, analyzing data from children’s self-reports of being bullied in addition to mothers’ and teachers’ reports of bullying. They found that obese 8-11-year-old children are more likely to be bullied than their non-overweight peers, independent of the child’s gender, race, socioeconomic status, school demographic profile, social skills, or academic achievement. Their study shows a correlation between obesity and bullying and eliminates potential confounding variables. In another study, Puhl, Peterson, and Luedicke (2013) surveyed 361 adolescents enrolled in two national weight loss camps about their experiences with bullying. They found that 64% of the sample had experienced weight-based bullying at their school. With increasing body weight, adolescents were more likely to report experiencing weight-based bullying; the likelihood of experiencing this type of bullying reached almost 100% for respondents with the highest BMI.

Research has shown that weight-based bullying has severe, potentially dangerous consequences. Like victims of other forms of bullying, victims of weight-based bullying are more likely to experience depression, anxiety, lower self-esteem, and social isolation (Robinson, 2006). They are also more likely to struggle with poor body image and have an increased risk of engaging in disordered eating behaviors such as binge eating (Puhl, 2011). Eisenberg, Neumark-Sztainer, and Story (2003) found that overweight children who are victims of weight-based teasing are more likely to have experienced suicidal thoughts or to have attempted suicide than overweight children who are not victims of bullying.

Due to the prevalence and seriousness of weight-based bullying, it is clear that interventions addressing this type of bullying are necessary. As of now, there are no school-wide anti-bullying programs devoted specifically to weight-based bullying, and existing resources on weight-based bullying for educators have not been scientifically evaluated. However, there is substantial evidence showing the effectiveness of interventions that address bullying in general without targeting types of bullying based on specific risk factors.

In the 1980s, Dan Olweus designed the world's first comprehensive whole-school anti-bullying intervention, the Olweus Bullying Prevention Program. The components of the program include establishing a school-wide bullying policy clearly stating consequences for bullying behavior, incorporating curricular activities that raise awareness about bullying and instill anti-bullying attitudes in students, and individualized interventions that respond to bullies and provide support to victims (Olweus, 1997). Olweus implemented this program nationally in Norway in 1983, and he evaluated a more intensive version of the program in Bergen in 1991. Olweus found that the program was extremely successful; the evaluation showed a decrease in bullying by almost 50% (Ttofi & Farrington, 2011).

Following the publication of the Bergen study of the Olweus Bullying Prevention Program, schools in many nations have adopted the program, and other schools have developed new programs incorporating components similar to those of the Olweus program. Meta-analyses of evaluations of these programs have shown that although no intervention has been nearly as successful as the Olweus intervention in Bergen, anti-bullying interventions have been relatively successful. For example, in their meta-analysis of 44 evaluation reports of the Olweus program and other similar anti-bullying programs, Ttofi and Farrington (2011) found that the average effect size was a decrease in students' self-reports of bullying others by 20-23% and a decrease in students' self-reports of being bullied by 17-20%. In another meta-analysis, Merrell, Gueldner, Ross, and Isava (2008) studied 16 evaluations of anti-bullying programs. They classified the independent variables of bullying interventions into several outcome variables, such as student self-reports of bullying others, being bullied, and witnessing bullying; teacher self-reports of witnessing bullying and intervening effectively in bullying; and school records of disciplinary actions taken against bullying. They calculated the average effect size for each outcome variable, finding meaningful average effect sizes for slightly more than one third of the outcome variables. The average effect size for students' self-reports of bullying others was a decrease by 4%, and the average effect size for students' self-reports of being bullied was a decrease by 27%.

Meta-analyses of anti-bullying program evaluations have also provided evidence for the effectiveness of specific components of the Olweus program and other anti-bullying programs. Ttofi and Farrington (2011) found that the most effective program components in preventing bullying are parent trainings and meetings, improved playground supervision, disciplinary methods, classroom management, teacher training, classroom rules, school-wide anti-bullying policies, school conferences, information for parents, and videos. In addition, they found a

positive correlation between the number of components in an intervention and the effectiveness of the intervention.

Further research is needed to evaluate the effectiveness of the Olweus Bullying Prevention Program and other anti-bullying programs, as well as the specific components of these programs, as weight-based bullying prevention strategies. Research has shown that these interventions are on the whole successful in reducing bullying in general. However, it is unknown whether these interventions can reduce weight-based bullying specifically. An important unanswered question is how these types of interventions can be modified to address weight-based bullying in addition to bullying in general, or whether new interventions should be designed to prevent weight-based bullying. Moreover, additional research is needed to evaluate existing resources for educators addressing weight bias. Although there are no school-wide interventions addressing weight-based bullying, organizations such as the Anti-Defamation League and Teaching Tolerance have designed classroom lesson plans about weight bias and size discrimination. It is currently unknown whether these lesson plans have helped reduce weight-based bullying; these resources should be evaluated in the future. In my meta-analysis, I will answer some of these questions by identifying potential prevention strategies for weight-based bullying.

III. Introduction to Research Site/Case Study

My internship organization is the Anti-Defamation League, a nonprofit advocacy organization that works to prevent anti-Semitism and all other forms of bigotry, protect the civil rights of all, and ensure equality. As an intern, I am highly involved with the Anti-Defamation League's education initiative No Place for Hate, an anti-bullying program. The No Place for

Hate initiative enables schools to be officially designated "No Place for Hate" after designing and completing three school-wide projects that foster respect and tolerance and prevent bullying.

No Place for Hate is the only anti-bullying program that addresses both bullying and bias. While some programs address issues related to bias such as racism and homophobia, and some programs mostly address bullying as a general construct regardless of factors such as ethnicity and sexual orientation, No Place for Hate presents bullying and bias as interrelated issues. As previously stated, one type of bias that is an especially significant cause of bullying is weight bias. The Anti-Defamation League of Philadelphia is currently exploring the issue of weight-based bullying. The No Place for Hate Project Director and Assistant Project Director are researching ways that their program could address this type of bullying. My meta-analysis will be valuable not only for the ADL, but for bullying researchers, program managers, and educators as well.

IV. Methodology

I conducted a meta-analysis of studies that examine the nature and consequences of bullying in general, the prevalence and seriousness of weight-based bullying specifically, and prevention strategies for both bullying in general and weight-based bullying. I examined two studies on the nature and consequences of bullying in general and three studies on the effectiveness of intervention strategies to prevent bullying in general. I also analyzed ten studies on the prevalence of and impact of weight-based bullying and weight stigma.

Moreover, I conducted three interviews with experts on the topic of weight-based bullying. I interviewed Dr. Rebecca Puhl, the Deputy Director at the Rudd Center for Food Policy & Obesity at Yale University, who is responsible for identifying and coordinating

research and policy efforts aimed at reducing weight bias. She has been studying weight bias for over a decade and is one of the leading experts in this field. In addition, I interviewed Dr. Julie Lumeng, a developmental and behavioral pediatrician at the University of Michigan Center for Human Growth and Development, whose research focuses on the prevention of childhood obesity. Her recent study in *Pediatrics* examines weight status as a risk factor of being bullied. I also interviewed Paige Lembeck, a sixth year doctoral student working under Dr. Sue Swearer and Dr. Shelley Hymel, co-directors of the Bullying Research Network at the University of Nebraska. She is currently writing her dissertation on bullying and obesity. I asked Dr. Puhl, Dr. Lumeng, and Ms. Lembeck whether any interventions have been designed to address weight-based bullying or whether any existing interventions that prevent bullying in general have been used to address weight-based bullying; what some of the biggest challenges are in preventing weight-based bullying; what their recommendations for weight-based bullying strategies are for teachers, school administrators, policy makers, and anti-bullying program staff; and what further research is needed on the subject of weight-based bullying.

Finally, I interviewed Ken Rigby, an Adjunct Professor at the University of South Australia who conducts research, funded by the Australian Department of Education, into the prevalence and effectiveness of anti-bullying approaches in Australian schools. His book *Bullying in Schools: How Successful Can Interventions Be?* provides an in-depth exploration of several bullying intervention projects that have been carried out by educators and researchers around the world. I asked Dr. Rigby whether any of these interventions have been or could be applied to weight-based bullying specifically.

V. Research Findings

Unfortunately, there is very little research on strategies to reduce weight-based bullying. No school-wide intervention has been designed specifically to address weight-based bullying, and there is no documentation of the use of any existing school-wide interventions to address weight-based bullying. Experts on this topic emphasize the need for researchers and interventionists to begin to decide how to effectively address weight-based bullying. In their report on the nature and extent of weight stigma in children and adolescents, Puhl and Latner (2007) urge research efforts to "move beyond the documentation of weight stigma to the identification and implementation of effective methods to eradicate bias toward obese youths in school and home settings."

As researchers begin to outline some preliminary recommendations for the prevention of weight-based bullying, they stress the importance of addressing weight-based bullying on multiple levels. Interventions should work within multiple systems, including the school environment, the family level, and society as a whole (P. Lembeck, personal communication, August 3, 2014). According to Ms. Lembeck and Dr. Puhl (personal communication, August 3, 2014; personal communication, August 6, 2014), one of the greatest challenges in addressing weight-based bullying is the societal stigma against obesity. "Weight bias is a very acceptable form of bias in our society," Dr. Puhl says. Many believe that weight-based bullying is justifiable due to their perception that overweight people are responsible for their condition. Because of this stigma, weight-based bullying is not just a problem amongst children but instead one that exists within entire communities; adults including parents, teachers, coaches, healthcare professionals, and even anti-bullying program staff may have their own negative biases against those who are overweight that serve to exacerbate the effects of weight-based bullying. Therefore, interventions should be aimed at all community members, not just school staff and students. "Unless we move

away from the misperception that bullying is a 'within child' problem, we won't make progress," says Ms. Lembeck.

One way to reduce the societal stigma against obesity is to alter media portrayals of individuals who are overweight or obese. Currently, the media promotes negative stereotypes about people who are overweight by often portraying these individuals as lazy, unsuccessful, or unpopular. There is also a large focus on ideal physical body types: both children and adults are bombarded with messages telling them to be as thin as possible. In her recent study on the effect of television exposure on weight stigma, body shape standards, and disordered eating, Harrison (2000) found that increased television exposure among boys in first through third grades correlated with an increased tendency to negatively stereotype overweight females. Both Dr. Puhl and Dr. Lumeng suggest that an effective way to change societal attitudes toward obesity is to increase body size diversity in the media, including overweight characters in television programming and advertising that challenge common weight-based stereotypes. Dr. Lumeng (personal communication, August 4, 2014) stresses the need for the media to show "obese children and adults doing healthy things and being successful—not just the stereotype of lying on the couch eating a bag of chips." Dr. Lumeng argues that changing the representation of overweight individuals in the media is an important first step in reducing weight-based bullying and weight stigma in general. "I think it is difficult to change public attitudes unless stigma is first reduced by the intense negative representation of obese individuals in the media," she says.

Another macro-level change that is likely to reduce weight-based bullying is reforming current anti-bullying laws. While almost every state has an anti-bullying law, only three states enumerate weight and physical appearance as protected classes along with other characteristics such as ethnicity, religion, sexual orientation, and ability. Not including weight as a protected

class could send a message that weight bias is not as serious as other forms of bias, further stigmatizing obesity and indicating that the stigma is justified. Dr. Puhl (personal communication, August 6, 2014) suggests that adding this protected class to anti-bullying laws will increase response and intervention. “Anti-bullying laws that include sexual orientation as a protected class have correlated with lower rates of bullying based on this factor,” she says. “So, while not listing a risk factor doesn’t mean it won’t be addressed, including it certainly means it is taken more seriously as a form of bullying.”

Smaller scale change is important as well to prevent weight-based bullying. Researchers have suggested a variety of ways to make schools safer, more inclusive environments for students who are overweight. According to Ms. Lembeck (personal communication, August 3, 2014), the most effective interventions “try to change the mindset of the school to create a caring, supportive community that reinforces nice behavior instead of bullying.” They should be interdisciplinary, involving “the support and input of school nurses, teachers, administration, community members, coaches, parents, and even local pediatricians.” An important first step is for adults in these positions to become more educated about weight bias and to challenge their own prejudice. Puhl and Latner (2007) cite several studies showing that a large percentage of school staff members believe common stereotypes about overweight students and harbor strong anti-overweight biases. For example, Neumark-Sztainer, Story, and Harris (1999) surveyed a sample of 115 science, health, home economics, and physical education teachers, school nurses, and school social workers, and they found that between 20% and 25% of respondents believed that obese students are more emotional, less tidy, and less likely to succeed at work. Therefore, weight-based bullying interventions should educate not only students but also adults about this form of bullying.

Another strategy to make the school environment safer for overweight students is to implement a school-wide bullying prevention program. Many researchers suggest that interventions designed to reduce bullying in general, such as the Olweus Bullying Prevention Program, could also be beneficial in reducing weight-based bullying. In her review of weight-based bullying for school nurses, Robinson (2006) mentions several general bullying interventions, including "Freeze," a strategy from Finland that involves role-playing in which students describe their feelings to the audience to increase awareness about the effects of bullying; "Befriending," a U.K. program that trains students to provide support for victims of bullying; and "Shared Concern," a counseling-based approach widely used in Sweden that encourages the bully to acknowledge the victim's suffering and to take steps to change his or her behavior. Although these interventions have not been used specifically with obese adolescents, Robinson argues that they "may be helpful in working with victims and perpetrators of weight-based victimization."

According to Dr. Puhl (personal communication, August 6, 2014), there is debate amongst researchers about whether it is more effective to use these types of interventions to address bullying in general or to identify vulnerable groups, such as students who identify as LGBT, students with disabilities, and students who are overweight, and address bullying based on specific risk factors. Dr. Puhl believes that it is more effective to address bullying based on specific risk factors. "The risk of not identifying vulnerable groups is that there tends to be less responsiveness on the part of teachers and students who intervene. So it is warranted to address weight-based bullying specifically as part of some of these general interventions," she says.

On the other hand, Ms. Lembeck (personal communication, August 3, 2014) and Dr. Rigby (personal communication, August 1, 2014) argue that it is not necessarily effective to

address weight-based bullying as part of general bullying interventions. “For incorporating weight-based bullying, I think this issue can be included as a sub-topic in these programs, but really if the interventions are working to create a climate that does not support bullying, it would not necessarily *need* to be a separate focus of the intervention,” says Ms. Lembeck. Dr. Rigby recommends using interventions to address bullying in general, without even mentioning weight as a risk factor. “Bear in mind that the reasons for the targeting of a person may be diverse—weight considerations being only part of it,” he says. “You may have noticed that some children with weight issues are not bullied at all. Hence I would not jump to conclusions about the reasons why the target is targeted.”

Strategies on the classroom level should be implemented as well. Dr. Puhl (personal communication, August 6, 2014) says that “there are a number of things teachers can do in their own classrooms to increase sensitivity.” First, they should ensure that they give examples of role models of diverse body sizes that students can look up to. They should send a clear message that a person does not need to be thin to be successful or talented and that a person’s body weight has nothing to do with his or her contributions to society. Teachers should also make sure that weight bias is addressed on par with other forms of bias in lesson plans that deal with issues of prejudice and discrimination. Puhl and Latner (2007) argue that “it may be important to implement promotion of weight tolerance through existing school-based curricula that address issues of diversity and bias.” The Anti-Defamation League recently published a lesson plan on weight bias that includes having students define terms related to weight bias and discrimination, discuss the effects of weight bias, watch a video and read an article about weight prejudice, and brainstorm ideas to help prevent this form of bias. This lesson plan could potentially serve the purpose of reducing weight-based bullying on the classroom level.

Finally, an important strategy that researchers recommend using in the prevention of weight-based bullying is education at all levels—school administrators, educators, parents, and students—about the complex genetic and environmental causes of obesity. According to Dr. Lumeng (personal communication, August 4, 2014), the greatest obstacle in addressing weight-based bullying is that "there is still a very strong public framing that being obese is under one's own control and is a moral issue or a failure of self-control." Dr. Lumeng points out the mixed messages students often receive:

> …on the one hand, students are told that they need to maintain "self control" and exercise more and eat less—but then on the other hand they are told not to bully, tease, or stigmatize children who are obese. There is a mixed message of "don't do this bad behavior" vs. "don't blame people for doing these bad behaviors." It might be better to frame it more like alcohol. I.e., young people are taught a great deal about the dangers of binge drinking and how certain people are at risk for alcoholism due to family history. However, I don't think the public frame is to consider alcoholics "immoral" people lacking in self-control or will power—I think there has been a shift in the last 30 years perhaps to really view it (correctly) as a brain-based addiction.

Along the same line, it is important to ensure that interventions aimed at reducing childhood obesity do not blame children who are overweight for their condition or stigmatize obesity. Puhl and Latner (2007) suggest that interventionists focus childhood obesity prevention programs on health and positive lifestyle choices rather than weight or appearance. They also suggest that these programs include a component about weight bias and that interventionists implement policies prohibiting weight-based bullying.

VI. Discussion

My study fills a gap where no previous study has investigated the status of weight-based bullying. My literature review provides an in-depth analysis of current research on the nature of and prevalence of weight-based bullying, as well as information about bullying in general and research on interventions that address bullying in general. This background information can be used as a foundation for helping interventionists decide how to address weight-based bullying. Moreover, the information can be used in grant proposals to help secure funding for programs that address weight-based bullying, as it clearly demonstrates a need for such programs.

The findings of my meta-analysis provide suggestions for the prevention of weight-based bullying. I have included suggestions that should be applied at the macro and societal level, the community level, the school level, and the classroom level. These recommendations can be used as a guide by researchers, school administrators and educators, and anti-bullying program staff who wish to implement interventions specifically addressing weight-based bullying.

VII. Suggestions for Further Research

As previously mentioned, intervention research is currently lacking and needs to be conducted. Future research should assess the effectiveness of the intervention strategies I listed in my Research Findings section. For example, researchers should investigate the effect of media portrayals of people who are overweight on weight-based bullying; whether including weight as a protected class in anti-bullying legislation serves to decrease the rate of weight-based bullying; the effect of educating adults such as teachers, coaches, healthcare professionals, and parents about weight bias on weight-based bullying among children; the effectiveness of classroom level interventions on weight-based bullying; and the impact of removing blame from those who are

overweight for their condition. Researchers should also investigate the question of whether it is more effective for school-wide intervention programs to only address bullying in general or to also address weight-based bullying specifically as a subtopic.

More research is also needed on the effects of weight-based bullying in comparison to bullying for other reasons. According to Ms. Lembeck (personal communication, August 3, 2014), "some interesting research suggests that being bullied due to one's weight can be worse in some instances than other types of bullying." Further research is needed as to why this may be the case. Puhl and Latner (2007) suggest that researchers more closely examine the effects of weight-based bullying on victims' physical health. The stress caused by weight-based bullying may lead to adverse physiological reactions. Current research suggests that "experiences of weight stigma may specifically exacerbate negative health outcomes through heightened blood pressure, cortisol reactivity, and risk for hypertension" (Puhl & Latner, 2007). Further research should examine the relationship between weight-based discrimination and cardiovascular health. Because obesity already puts children at a greater risk of negative cardiovascular health outcomes, perhaps this is one reason that weight-based bullying could be more severe than other forms of bullying.

Finally, Dr. Puhl (personal communication, August 6, 2014) suggests that future research investigate ways to encourage children who are overweight or obese to participate in physical activities. According to Dr. Puhl, research shows that overweight students often avoid physical activity due to weight-based bullying in gym class by both peers and physical education teachers. This avoidance of physical activity can lead to further negative health consequences. In the future, researchers should recommend and evaluate strategies to make physical activities such as gym class and sports programs more inclusive toward overweight students.

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