FAT BIAS AND WEIGHT-RELATED TEASING PREVENTION AMONG

ADOLESCENTS

by

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ABSTRACT

The purpose of this study was to implement a weight-related teasing prevention program and evaluate the effectiveness of the program among adolescents. One hundred forty-three students in 7th-grade in health classes at the middle school were asked to participate in the study. The weight-related teasing prevention program was implemented as part of health curriculum at a middle school in Utah. At pretest, 47% of participants admitted that they had experienced bullying in the past as victims. Specifically, verbal bullying (47%) was the most frequently reported form of bullying experienced among participants. Girls were more likely to experience physical bullying than boys. There were statistically significant differences in scores on weight-related teasing effect ($M = $ .30, 95% CI [0.46, 0.56], t (101.497) = 2.344, $p = $ .021), competency teasing ($M = $ 1.27, 95% CI [0.39, 2.18], t (117.546) = 2.784, $p = $ .01) and victimization of competency teasing ($M = $ .67, 95% CI [0.37, 0.97], t (116.916) = 4.471, $p = $ .00) between boys and girls. Interestingly, girls scored higher than boys on weight-related teasing, competency teasing and victimization of competency. On the other hand, male mean scores on body esteem and self-esteem were higher than female mean scores on those variables. Verbal bullying (e.g., teasing) was the most frequently reported form of bullying in this study. Girls' bullying involvement was significantly demonstrated by data. However, it is suggested to educate about bullying among both girls and boys.

After the program, the number of students who were bullied was reduced by 7% (From 42% to 35%). The prevalence rate of bullies was also decreased from 18% to 14%. Girls reported higher mean scores on victimizations of weight-related and competency teasing. On the other hand, girls' mean scores on IBSS decreased more than boys' after the intervention program suggesting that they experienced more improvement from the intervention. In conclusion, the intervention program effectively increased participants' body esteem and self-esteem. Although female participants tended to report more victimization from teasing (weight and competency), they showed a stronger positive effect by the end of the intervention program.

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CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

A rising concern in the United States is the commonly cited "obesity epidemic." The Centers for Disease Control and Prevention (2010) has revealed that not only one-third of adults (35.7%) but also approximately 17% of children and adolescents are obese in the United States (US). According to *Healthy People 2020,* childhood obesity is a primary focus that researchers in medical and health fields should address through a variety of interventions. Prevention efforts for childhood obesity are a top priority in multiple states.

A current challenge for health educators is to identify effective strategies to reduce obesity and overweightness among children and adolescents given that existing programs have been largely unsuccessful and obesity prevention efforts can be quite costly (Thomas, 2006). For example, in 2011, the state of Georgia spent approximately 25 million dollars for statewide campaign advertisements to stop childhood obesity. The primary prevention campaign concept was "Stop sugarcoating it, Georgia." One of the campaign advertisement posters displayed, *"IT'S HARD TO BE A LITTLE GIRL IF YOU'RE NOT."*

Was the expensive campaign effective? How would a girl who is overweight feel when she sees the campaign poster? The campaign organizers clearly attempted to use

shock value. They assumed that it was a better strategy to change residents' health behaviors in Georgia. However, many medical and health experts expressed concerns about the type of antifat message that could create shame and place blame on individuals who are overweight or obese.

Antifat approaches place a social stigma on individuals who are overweight or obese in American society. When we promote fat bias, the bias leads us to make negative assumptions towards people who are overweight or obese. Fat bias refers to discriminatory or prejudicial behavior toward individuals in a particular social category. Furthermore, fat bias involves stigmatization toward individuals based on size (Ata & Thompson, 2010; Bissell & Hays, 2011; Haines & Neumark-Sztainer, 2009; Puhl & Latner, 2007) and reinforces the stereotypes and common misperceptions that individuals who are overweight should be able to control their eating and exercise habits (Geier, Schwartz, & Brownell, 2003). Conversely, being thin is associated with being disciplined and other positive qualities without consideration for genetic or biological determinants of weight.

Surprisingly, fat bias develops early and preschool children have exhibited biases toward their overweight peers as early as 3 years old (Cramer & Steinwert, 1998). In a historical study, Richardson and colleagues (1961) examined biases towards individuals with different physical conditions among 10- and 11- year-old children. The children were shown drawings of a healthy child, an obese child, and children with different disabilities or disfigurements, and asked to rank them according to how well they liked each child. Participants ranked the obese child lowest on a likeability rating. Latner and Stunkard (2003) replicated this study among the same age group and found that

stigmatized attitudes toward obese individuals continued to be rampant. Interestingly, the more recent study showed that the distance between the average rankings of the highest and lowest ranked pictures had increased by 41 % since the original 1961 study (Puhl & Latner, 2007).

Haines and Neumark-Sztainer (2009) replicated these findings by revealing that 3- year-old children assigned negative characteristics, such as "lazy," "dirty," "stupid," "ugly," "liar," and "cheat" to their overweight peers. These findings are hard to swallow, but the results represent just how vulnerable children are to socialization messages that reinforce fat bias and weight-related discrimination in the form of the media, peers, family members, and teachers (Ata & Thompson, 2010; Bissell & Hays, 2011; Haines & Neumark-Sztainer, 2009; Puhl & Latner, 2007).

Furthermore, multiple researchers have discussed discriminatory attitudes and behaviors toward overweight individuals among educational, health and medical professionals (Greenleaf & Weiller, 2005; Klein, Najman, Kohrman, & Munro, 1982; Maroney & Golub, 1992; Schwartz, Chambliss, Brownell, Blair, & Billington, 2003). For instance, Greenleaf and Willer (2005) found that the study participants disturbingly showed negative attitudes toward individuals who are perceived as fat. It is unfortunate that adults who serve as role models for children and adolescents tend to show negative attitudes toward individuals who have a larger body type. More importantly, this explains how children learn discriminatory attitudes and behaviors in American society.

Media is another potential negative contributor to the fat bias attitudes in our society. Children age 8 to 18 years old spend an average of 4.5 hours watching television (Rideout, Foehr, & Roberts, 2010). Thus, they are inundated with media messages about

the importance of being thin and attractive (Ata & Thompson, 2010; Lawrie, Sullivan, Davies, & Hill, 2006; Roberts, Foehr, & Roberts, 2010). Klein and Shiffman (2006) argued that cartoons (e.g., Bugs Bunny, Mighty Mouse) were more likely to represent overweight characters as physically unattractive, less intelligent, less loving, and more unhealthy than underweight or normal weight characters. In a separate study, children's comedies on the Disney Channel, Nickelodeon, and Discovery Kids were found to portray characters that were above-average weight for their age as unattractive and unpopular (Robinson, Callister, & Jankoski, 2008). Fat bias may start subtly and then become more intense and pervasive as children get older (Puhl & Latner, 2007).

Weight-related Teasing

Weight stigmatization (weightism), discrimination about body weight and size as compared to race or sex discrimination, has been overlooked since weight is viewed as controllable (Neumark-Sztainer, 2005). Adolescents in one study described weight discrimination as more socially acceptable than race discrimination in our society (Neumark-Sztainer, Story, & Faibisch, 1998). Unfortunately, much of the population has made inappropriate comments about over-sized individuals without guilt. A subconscious agreement dictates that it is acceptable to criticize and tease individuals who are overweight or obese because that is what we see from society and media (Calgero, Herbozo, & Thompson, 2009). Many people including family members assume it is acceptable to tease or make negative comments about body weight and size among family members. The assumption is made that weight-related comments are somehow

helpful for those who are overweight or obese and might motivate those individuals to take action.

Hayden-Wade and colleagues (2005) conducted a study to investigate teasing experiences among children aged 10 to 14 years old in southern California and suburban New York City. They also compared data between overweight children and nonoverweight peers (non-OV) among the participants in the study. The results emerged with significantly higher responses of having been teased or criticized about some aspect of their appearance among the OV children (78%) than nonOV children (37.2%) (Hayden-Wade et al., 2005).

More importantly, of those children who were teased about their appearance, participants in the OV group were teased significantly more about weight related aspects of their appearance (89.1% vs. 31.3%; Hayden-Wade et al., 2005). As an example, participants in the OV group reported that they were called a variety of demeaning nicknames related to body fat (e.g., "fatso," "chubbs"), body parts (e.g., "lard legs," "blubber-butt," "fat-ass"), OV characters (e.g., Santa Claus, Porky), and large animals or objects (e.g., whale, Titanic). On the other hand, underweight children in non-OV group had experienced being called nicknames related to underweight status such as stickman.

Additionally, the results of Hayden-Wade et al. (2005) showed that weight-related teasing had a positive correlation with weight concerns, loneliness, and liking of sedentary/isolative activities, and a negative association with self-perception (only in the physical appearance domain) and liking of active/social activities among the participants in the OV group. Furthermore, the results revealed a higher prevalence of eating disorder

psychopathology, and a significant positive association between degree of teasing and bulimic behaviors in the OV group.

These findings are consistent with previous studies. For example, Neumark-Sztainer and colleagues (2002) pointed out that multiple studies have revealed adolescent girls who were teased about their weight were more likely to struggle with psychological, body image and/or eating disorders. Particularly, a 5-year longitudinal study concluded that weight teasing in male and female adolescents was a significant predictor of disordered eating behaviors (Haines et al., 2006).

Weight-related Teasing Versus Bullying

Underweight adolescents have also been targeted for teasing based on weight-related appearance and disordered eating behaviors. Because of the psychological concerns experienced from teasing, there is a debate about the difference between teasing and bullying. Some individuals may tease peers to make fun without thinking about how their peers feel after being teased. However, Keltner and colleagues (2001) pointed out that teasing represented the most psychologically harmful type of peer victimization. Keltner et al. also define teasing as a personal communication, directed by an agent toward a target, which combines elements of aggression, humor, and ambiguity. Although there is no definitive understanding between teasing and bullying, a certain type of teasing can be categorized under bullying behaviors.

Definition of Bullying

According to the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP), bullying is negatively repeated acts committed by one or more children against another. Bullying behaviors are intended to make the targeted person feel inadequate or focus on belittling someone else (Olweus, 1994). Examples of bullying behaviors include hitting, kicking, teasing, taunting, or may be other indirect actions such as manipulating friendships or purposely excluding other kids from activities (OJJDP; Limber & Nation, 1998). Bullying is usually referred to as the intention of bringing another person down. Different types of bullying include:

- *Physical Bullying*: This type of bullying is identified as the most obvious form of bullying. Instigators use physical violence to dominate another person. This usually includes kicking, punching and other physically harmful activities, designed to instill fear, and to possibly coerce another person to do something.

- *Verbal Bullying*: This type of bullying includes demeaning language to tear down another's self-image. Bullies excessively tease others, say belittling things and use a great deal of sarcasm with the intent to hurt the other person's feelings or humiliate the other person in front of others.

- *Emotional Bullying*: This type of bullying intentionally makes someone feel isolated and alone, and may prompt depression.

- *Cyber Bullying*: This type of bullying involves electronic methods such as instant messaging, cell phone text messages, e-mailing, and online social networks like Facebook and YouTube to humiliate and embarrass others.

These bullying behaviors are identified as part of youth violence (CDC, 2013; Nansel et al., 2001). More importantly, teasing is clearly included as a form of bullying behaviors in the definition.

Prevalence of Bullying

Although the association between bullying behaviors and youth violence has been a major concern in the United States for centuries, national data on the prevalence of bullying was not available until this decade (Nansel et al., 2001). Nansel and colleagues (2001) were the first to collect the initial national data on bullying behaviors in the U.S. According to the study, 29.9% of the sample ($N = 15,686$) reported that they were moderately or frequently involved in bullying, as a bully (13%), one who was bullied (10.6%), or both (6.3%). Males were more likely to be perpetrators and targets of bullying. Students between 6th and 8th grade showed a higher frequency of bullying compared to 9th and 10th grade students. The national data also revealed that perpetrating and experiencing bullying were associated with poorer psychosocial adjustment. However, the researchers argued that different patterns of association occurred among bullies, those bullied, and those who both bullied others and were bullied themselves (Nansel et al., 2001).

In another national study on bullying among US adolescents between 6th and 10th grade ($N = 7,182$), Wang, Iannotti, and Nansel (2009) examined four forms of school bullying behaviors and their association with sociodemographic characteristics, parental support, and friends. They found higher prevalence rates of verbal bullying incidents (53.6%) comparing to other forms of bullying such as physical (20.8%), social (51.4%),

and cyber (13.6). According to findings, boys were more involved in physical or verbal bullying and more likely to use a form of cyber bullying. On the other hand, girls were more involved in relational bullying and more likely to be cyber victims. This study also revealed that more bullying incidents (physical, verbal, or cyber) were reported among African American adolescents but less victimization (i.e., verbal or relational). From the study, a protective factor tends to be high involvement of parental support, which was determined to be a protective factor of bullying. Another interesting finding from the study conducted by Wang et al. (2009) was the association between having more friends and more bullying and less victimization for physical, verbal, and relational forms.

Although there is a paucity of studies on bullying prevalence, there is a consistent belief among researchers that bullying prevalence rates in school settings continue to increase. While none of the empirical studies across a diverse range of countries, including the U.S, reported that bullying in general has increased between 1990 and 2009, findings from Rigby and Smith (2011) showed that cyber bullying has increased.

As mentioned previously, studies have yielded equivocal findings about bullying. Additionally, Volois, Kerr, and Huebner (2012) reported that Caucasian girls were found to have higher peer victimization when compared to other racial groups or boys. This unexpected finding should be explored further and justifies the need for prevention programs with this target population.

Characteristics and Consequences Associated with Bullying

Studies (e.g., Hutzell & Payne, 2011; Nansel et al., 2011; Quick, McWilliams, & Byrd-Bredbenner, 2013; Rigby & Smith, 2011) investigating the characteristics of

bullying behaviors among youth have been consistent in their findings. Both bullies and individuals who have been bullied displayed poorer psychosocial functioning than their noninvolved peers (Nansel et al., 2001). Those who bully others tended to show higher levels of behavioral problems and dislike of school. On the other hand, bullied youth generally demonstrated higher levels of insecurity, anxiety, depression, loneliness, unhappiness, physical and mental symptoms, and low self-esteem (Bijttebier & Vertommen, 1998; Boulton & Underwood, 1992; Byme, 1994; Forero, McLellan, Rissel & Bauman, 1999; Kumpulainen, Rasanen, Henttonen et al., 1998; Nansel et al., 2001; Olweus, 1978; Rigby, 1999; Salmon, James, & Smith, 1998; Slee, 1995; Slee & Rigby, 1993).

Furthermore, victims of bullying tend to experience immediate mental and physical health consequences associated with bullying including anxiety, sadness, sleep difficulties, low self-esteem, headaches, stomach pain, and general tension (Houbre, Tarquinio, & Thuillier, 2006). There was also a tendency for victims to become more aggressive as a result of being bullied (Pellegrini, 1998; Pellegrini & Bartini, 1999). Moreover, Houbre and colleagues (2006) emerged interesting findings of health consequences among bullies, victims, bullies/victims, and witnesses. First, they found that bullies and victims showed the lowest self-concept compared to other groups. Second, a group of bullies/victims claimed that they had more psychosomatic symptoms. Last, victims who experienced aggressive acts tended to struggle with high levels of post-traumatic stress. In addition, results from Hutzell and Payne's (2012) study indicated that victims of bully tended to avoid locations in or around schools due to perceived or actual incidents of victimization.

As expected, studies have shown that the negative effects of bullying tend to linger into adulthood. Olweus (1992) discovered that former bullies had a four-fold increase in criminal behavior by age 24, with 60 % of former bullies having at least one criminal conviction, and 35% to 40% having three or more convictions. Conversely, bullied individuals struggled with higher levels of depression and poorer self-esteem at the age of 23 even though they were no longer being harassed or socially isolated in their adulthood (Olweus, 1994).

Strategies to Reduce Fat Bias in Schools

Many individuals, regardless of age or race, feel obligated and pressured to meet social expectations, and they tend to make unhealthy choices (e.g., cosmetic surgery, controlling food intake, overexercising) to compensate for personal dissatisfaction with the body (Reel, SooHoo, Summerhays, & Gill, 2008). This thin ideal is associated with fat bias, which contributes to discriminating behaviors such as social marginalization (Greenleaf et al., 2006). Unfortunately, these conditions occur among adults and adolescents.

Unfortunately, fat bias is rarely addressed in our society, especially in a school setting. Adolescence includes the development of one's individual sense of self-awareness and self-worth, and the formation of healthy social relationships (Bissell & Hays, 2011). Bullying prevention efforts have been initiated lately as an outcome of tragic recent events in schools. There is a particular bullying prevention program called Olweus Bullying Prevention Program that has been widely used to reduce incidents of bullying. Strategies need to be employed that realistically address the challenges

associated with living in a fat-biased society. The school setting is an ideal environment to increase awareness about fat bias. As educators, it is important to model self-acceptance and reject fat bias if we hope in order to amend the social norms that allow for fat based discrimination.

Furthermore, studies have shown that school-based bully prevention interventions help students develop protective factors of bullying in the United States (Black & Jackson, 2007; Black & Washington, 2008). The following program is one of the most well-known bullying prevention programs.

Olweus Bullying Prevention Program

The Olweus Bullying Prevention Program (OBPP) has been widely used in K-12 school settings as the most effective prevention program for bullying in the United States. The average reductions by 20 to 70% in student reports of being bullied and bullying others have been reported (Olweus, 1993). One important note regarding the report on the effectiveness of the OBPP is that there is a significant gap between each study. For example, Beuer and Rivara (2007) conducted a study to assess the effectiveness of the OBPP in 10 public middle schools (7 intervention and 3 control schools), and the results showed relational vicimization decreased by 28% and physical victimization decreased by 37% among White students but there were no program effects for minority students. The OBPP is one of respected bullying prevention program. However, it is not particularly focused on fat bias and weight related teasing. The following evidence-based program is one that has addresssed fat bias and weight related teasing as a form of bullying.

Full of Ourselves Program

Steiner-Adair and Sjostrom (2006) have conducted pilot studies in an a population of 500 girls who ranged from 8 to 14 years old in five states from all racial, ethnic and socioeconomic backgrounds. The program called Full of Ourselves (FOO) has been implemented in public schools, after-school programs, camps, libraries, churches and other community based settings. The FOO program (Steiner-Adair et al., 2002) is an evidence-based program that has shown effectiveness to increase self-esteem and reduce risks of eating disorder and disordered eating behaviors. In addition, the program lessons include skill training activities to improve persona, social and life skills. It was the first program of its kind to show sustained positive changes in knowledge [F (1, 409) = 47.8, $p <$, 0001], body satisfaction [F (1,367) = 5.15, $p < .05$], and body esteem [F (2, 804) = 3.85, $p < .05$], which are all important risk factors for the development of weight-related issues such as obesity and eating disorders (Steiner-Adair et al., 2002).

As the obesity epidemic has raised incredible attention in American society, prejudice or discrimination particularly towards individuals who are overweight or obese is becoming more socially acceptable at all age groups and in different settings. There is a simple fact that negative attitudes towards overweight or obese do not support those individuals to be motivated to make a lifestyle change. Educators need to remember that our attitudes can take a prominent role to provide a tremendous impact on student' attitudes and behaviors. One more meaningful thing that educators can do is to create a weight-bias free environment for students in school settings. As a first initiative, implementing an intervention program designed to address issues of weight bias and weight-related teasing may be a realistic approach to start.

Objectives of This Study

The purpose of the current project was to examine the efficacy of an intervention program designed to reduce fat bias and weight-related teasing, and to improve body image in adolescents. In order to achieve this goal, researchers in this project began by conducting a needs assessment to determine examples of fat bias and weight-related teasing among adolescents. Based on the findings from the needs assessment, researchers in this study tailored existing evidence-based program (i.e., Full of Ourselves) to the target population. The program was evaluated using quantitative data collection methodologies.

Theoretical Approach

Low self-esteem and feelings of insecurity are significant predictors regarding reasons why people tease, discriminate or judge others based on size and weight. If individuals have confidence in themselves, they are less likely to be teased, discriminated against or judged by others. As a theoretical framework to address these issues, Social Cognitive Theory (SCT) guided this study to develop program activities for phase 2 and analyze data from phase 1 and 2. The current project focused on the following concepts of SCT: (1) self-regulation (Bandura, 1997), (2) moral disengagement (Bandura, 1999), (3) observational learning (Bandura, 1986, 2002), and (4) self-efficacy belief (Bandura, 1997).

According to La Guardia (2009), the definition of "who we are" blossoms in early years around defined roles (e.g., class leader), initial competencies (e.g., academically performing well), and available opportunities to try on different interests and stretch these

capacities (e.g., both in terms of access to resources such as music, arts, and technology as well as social support to explore these). The program integrated the four concepts from the SCT to stretch the capacity of "who we are" among participants and assess how the level of perceptions of teasing, fat-bias, and self-esteem were changed after program implementation.

Study Design

In order to tailor the program activities to meet the needs and characteristics of the target population and to maximize the effectiveness of the program, this study included two phases; 1) needs assessment, and 2) outcome evaluation. Phase 1 included a cross-sectional design to understand the needs among the target population. First, the Perception of Teasing Scale (POTS; Thompson, Cattarin, Fowler, & Fisher, 1995) assessed the frequency and effects of weight-related teasing. The Body Esteem Scale for Children (BES-C: Mendelson & White, 1982) measured an individual's attitudes and satisfaction toward their body.

Phase 2 included a nonexperimental design to evaluate the efficacy of the program. Survey data were collected using POTS (Thompson et al., 1995), BES-C (Mendelson & White, 1982), the School Life Survey (SLS: Chan, Myron, & Crawshaw, 2005), the Ideal-Body Stereotype Scale-Revised (IBBS-R: Stice, Shaw, Burton, & Wade, 2006), and the Rosenberg Self-Esteem Scale (RSES: Rosenberg, 1965) among adolescents at pre- and post-test. Results from BES-C and IBBS-R showed how participants learn skills from the program to conceptualize the importance of protecting body image. Results from RSES determined whether participants in an experimental

group increase levels of self-esteem after participating in the program. For bullying behaviors, SLS assessed how much the program can reduce the frequency of bullying incidence among participants in an experimental group. Finally, POTS evaluated how the program might alleviate levels of victimization among participants in a treatment group who had been teased due to their body size or shape, as compared to the comparison group. The following study aims were addressed in this project:

Phase 1 [Needs Assessment]:

Aim #1a: To explore the prevalence and types of fat bias weight-related teasing among adolescents.

Research Question 1a: What is the prevalence and types of fat bias and weight-related teasing experienced by adolescents?

Hypothesis: There will be no hypothesis for this aim given the exploratory nature of this phase.

Research Question 1b: What are the sex differences on the prevalence and types of fat bias and weight-related teasing among adolescents?

Hypothesis: There will be no hypothesis for this aim given the exploratory nature of this phase.

Aim #1b: To assess the relationship between the perceptions of weight-related teasing and body esteem among adolescents.

Research Question: What is the relationship between the perceptions of weight-related teasing and body esteem among adolescents?

Hypothesis: Adolescents with higher levels of perceptions of weight-related teasing will have lower body esteem.

Phase 2 [Outcome Evaluation]:

Aim #2: To evaluate the effectiveness of the fat bias and weight-related teasing prevention program.

Research Question: Does the intervention program improve participants' body image, self-esteem, frequency of bullying, and perceptions of teasing after participating in the 8-week program?

Hypothesis: Participants in an experimental group will have more positive body image and self-esteem and lower frequency of bullying perceptions of teasing after the 8-week program period.

Participant Selection Criteria

For the first phase, a study site for the program was selected from middle schools in the Canyons School District. Once the PI received support for participant recruitment from the school district, schools and students in the school district were invited to participate in the study. Females and males between 10 and 14 years of age and English-speakers were included in this study.

In order to find an appropriate sample size for each phase, Fowler's (1988) sample size table for phase 1 and Lipsey's (1990) power analysis table for phase 2 were used. A total of 128 students (64 students in one group) were needed to achieve 80% power at two-sided 5% significance level. Based on the estimation and also the Canyons school district needs, we recruited 143 participants for the entire study.

Measures

For the first phase, POTS (Thompson et al., 1995) and BES-C (Mendelson &

White, 1982) were used to measure body esteem and weight-related teasing among

adolescents aged 10-14 years old. The principal investigator (PI) analyzed the data and

selected topics and activities for the intervention program based on the findings from this

phase. The POTS questionnaire (Thompson et al., 1995) was used to assess the

participants' perceptions of teasing. POTS was originally designed for respondents aged

17 and 24 years old. POTS has an 11-item scale using a 5-Likert format ranging from 1 =

never to 5 = very often. POTS includes two subscales that have demonstrated internal

consistency: (1) general weight teasing (α = .90), and (2) teasing about

abilities/competencies (α = .85) (Thompson et al., 1995).

BES-C (Mendelson & White, 1982), a 24-item questionnaire, was used to

measure body esteem of program participants before and after the intervention. BES-C

was developed for children from 7 to 17 years old and has been recognized as a valid

measure for the attitudinal component of body image (i.e., body esteem) in children

(Smolak & Levine, 2001). The BES-C examines how a child values his or her appearance

based on yes or no responses to 24 items such as "I wish I were thinner." Counting the

number of responses indicating high esteem will determine a final score. According to a

recent study that tested the reliability of BES-C (Duncan, Al-Nakeeb, & Neill, 2009),

correlation coefficients for 2-week test-retest reliability (r =. 81) among 8-year-old

participants were acceptable and internal consistency was supported (α = .89).

In phase 2, the following standardized measurements were used to evaluate study

outcomes of the proposed intervention program: the Perception of Teasing Scale (POTS),

the Body Esteem Scale for Children (BES-C), the School Life Survey (SLS), the Ideal-Body Stereotype Scale-Revised (IBSS-R), and the Rosenberg Self-Esteem Scale (RSS).

In addition to POTS, the School Life Survey (Chan, Myron, & Crawshaw, 2005) was used to identify the depth of bullying incidents among participants. SLS includes 24 items with two sections assessing the frequency of physical, verbal, and relational bullying as both the perpetrator and the victim. The first part of the SLS assesses whether one has bullied others and uses "Yes" or "No" scale. In the second part, participants was asked to mark if they were bullied in a certain situation with questions such as "This student told others not to be my friend" and answer who bullied and the bullies' grade. The 1-week test-retest reliability for bully perpetration items ($r = .84$) and the entire survey ($r = .94$) and the internal consistency for victimization items ($\alpha = .83$) have been tested for this survey.

A 6-item subscale (i.e., thin-ideal internalization) from the Ideal-Body Stereotype Scale – Revised (IBSS-R: Stice, Shaw, Burton, & Wade, 2006) assessed participants' thin-ideal internalization using a 5-point Likert response format ranging from 1 = strongly disagree to 5 = strongly disagree. The internal consistency ($\alpha = .91$) and test-retest reliability ($r = .80$) have been demonstrated for this subscale.

In order to determine levels of self-esteem before and after the program, the Rosenberg Self-Esteem Scale (RSES: Rosenberg, 1965) was selected. The RSES uses a 10-item scale with a 4-Likert format ranging from strongly agrees to strongly disagree. This scale has shown internal consistency ($\alpha = .77$ to $.88$) and test-retest reliability ($r = .82$-88) (Rosenberg, 1965).

Study Procedures

A convenience sampling recruitment strategy was employed in this study. Once the Institutional Review Board granted approval for the proposal, the PI contacted the Canyons School District and submitted the IRB approval letter from the University and the current IRB proposal to the school district. After approval from the school district, the school district assigned health classes to the PI for the current project. The PI and health teacher of the assigned health classes coordinated the time and date to conduct the needs assessment. Prior to data collection, students were asked to take a parental consent form to receive their parental permission. Once each parent agreed for their child to participate in the needs assessment, students signed an assent form. The students took approximately 25 minutes to complete questionnaires in the computer lab during the class period. Students who did not return a signed form were asked to work on homework in a regular health class while other students took questionnaires.

Participants attended weekly 45-minute sessions for 8 weeks. The lessons and activities were selected from an evidence-based program (i.e., FOO). Participants were taught how to develop self-esteem, problem-solving skills, and healthy coping strategies to manage and prevent fat bias and weight-related teasing. The interactive format of the program included discussing, modeling, and practicing healthy social and communication skills. Role-plays and craft activities (i.e., posters) were also included in the program. The PI and a program assistant volunteer(s) conducted data collection and facilitated the program.

Statistical Methods, Data Analysis and Interpretation

Before each data analysis began, the PI and program assistants ensured that all of the data materials (i.e., surveys) are coded by study numbers instead of using personal identifying information to protect confidentiality. Quantitative data collected from phase 1 and 2 were entered into SPSS version 20.0. for data analysis. For phase 1, descriptive statistics were calculated to determine the prevalence rate for each type of bullying, perceptions of teasing, and levels of body esteem and self-esteem among participants. A one-sample chi-square analysis evaluated the association between sex and the prevalence rate of bullying types. Pearson correlation revealed the association between perceptions of teasing and body esteem among participants. An independent *t*-test assessed how sex difference influenced the perceptions of teasing and body esteem.

In phase 2, an independent *t*-test was used at baseline to determine whether there were any statistically significant differences between the experimental and control groups or females and males at the start of the study. To examine the effects of the intervention, repeated measures analysis of variance (ANOVA) was conducted on all outcome measures (i.e., BES-C, IBBS-R, RSS, SLS, SLS, and POTS). By using univariate tests of within-group change scores, significant interaction effects were observed. The independent variable was the intervention program and the dependent variables were thin-ideal internalization, self-esteem, frequency of bullying, and perception of teasing.

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CHAPTER 2

COMBATING WEIGHT BIAS AMONG ADOLESCENTS IN

SCHOOL SETTINGS

Introduction

Much attention has been given to bullying and teasing at schools. Teasing often

targets another student's weight or appearance and has been shown to contribute to social

isolation, depression, low self-esteem, body dissatisfaction, eating disorders and suicide

(Haines & Neumark-Sztainer, 2009; Neumark-Sztainer, Story, & Faibisch, 1998; Phul &

Latner, 2007).

The need to increase awareness among bullies or parents about the harms of

teasing has been discussed; however, the teacher's role in teasing or inadvertently

promoting "weightism" or weight bias (i.e., bias toward individuals based on size, shape

or weight) has been ignored. The teacher can contribute to weight bias within the

classroom and in one instance a physical education teacher commented on a 14-year-old

student's physique in front of the PE class. He said, "Hey! Have you realized that your

thighs are too big to become a better sprinter?" Although Irene* is 32 years old now, she

still remembers the exact moment as if it were yesterday. In fact, Irene admitted that after

hearing this weight-related comment from her PE teacher, she began to ate her thighs and

lost confidence in her sprinting ability.

The lasting impact of weight bias has been underscored by Neumark-Sztainer and colleagues' (2002) discovery that teenage girls who were teased about their weight were more likely to struggle with other psychological issues (e.g., mood disorders), experience body image disturbances, and engage in disordered eating. Additionally, a 5-year longitudinal study that assessed how weight-related teasing influenced male and female adolescents concluded that weight-related teasing in adolescents was a significant predictor of disordered eating behaviors (Haines, Neumark-Sztainer, Eisenberg, Peter, & Hannan, 2006).

With the national attention associated with the obesity problem, weight-related teasing may not be viewed as seriously. However, according to the definition of bullying (Office of Juvenile Justice and Delinquency Prevention (OJJDP), 1998), weight-related teasing is a form of verbal bullying and includes using demeaning language, teasing about appearance or size, using belittling statements, and humiliating students publicly. In addition to verbal bullying, students may face physical bullying (e.g., pushing, hitting), emotional bullying, and cyber bullying (e.g., e-mail, text messages, Facebook™, Twitter™, and YouTube™) that enforces weightism.

What Is Weightism?

Similar to other "isms," weightism or weight bias refers to discriminatory or prejudicial behavior toward individuals in a particular social category. Weightism involves stigmatization toward individuals based on size (Ata & Thompson, 2010; Bissell & Hays, 2011; Haines & Neumark-Sztainer, 2009; Puhl & Latner, 2007) and reinforces the stereotype and common misperception that individuals who are overweight should be

able to control their eating and exercise habits (Geier, Schwartz, & Brownell, 2003). Conversely, being thin is associated with being disciplined and other positive qualities with no consideration for genetic or biological determinants of weight. Weight bias will exist until this weight-related stereotype is challenged (Bromfield, 2009).

Weightism develops early and preschool children have exhibited biases toward their overweight peers as early 3 years old (Cramer & Steinwert, 1998). In a historical study, Richardson and colleagues (1961) examined biases towards individuals with different physical conditions among 10- and 11-year-old children. The children were shown drawings of a healthy child, an obese child, and children with different disabilities or disfigurements and asked to rank them according to how well they liked each child. Participants ranked the obese child lowest on likeability rating. Latner and Stunkard (2003) replicated this study among the same age group and found unsurprisingly that stigmatized attitudes toward obese individuals continued to be rampant. Interestingly, the more recent study showed that the distance between the average rankings of the highest and lowest ranked pictures had increased by 41% since the original study conducted in 1961 (Puhl & Latner, 2007).

An another study 3-year-old children assigned negative characteristics, such as "lazy," "dirty," "stupid," "ugly," "liar," and "cheat" to their overweight peers (Haines & Neumark-Sztainer, 2009). Children are vulnerable to socialization messages that reinforce weight-related discrimination in the form of the media, peers, family members, and teachers (Ata & Thompson, 2010; Bissell & Hays, 2011; Haines & Neumark-Sztainer, 2009; Puhl & Latner, 2007).

Media and Weight Bias

Children and adolescents watch close to 6 hours of television daily which means they are inundated with media messages about the importance of being thin and attractive (Ata & Thompson, 2010; Lawrie, Sullivan, Davies, & Hill, 2006; Roberts, Rideout, & Foehr, 2005). Klein and Shiffman (2006) found that cartoons (e.g. Bugs Bunny, Mighty Mouse) were more likely to represent overweight characters as physically unattractive, less intelligent, loving and unhealthy than underweight or normal-weight characters. In a separate study, children's comedies on the Disney Channel, Nickelodeon, and Discovery Kids were found to portray characters who were above-average weight for their age as unattractive and unpopular (Robinson, Callister, & Jankoski, 2008). Weightism may start subtly and then become more intensive and pervasive as children get older (Puhl & Latner, 2007). Therefore, childhood and adolescence represent critical life stages to learn one's individual sense of self-awareness, self-worth and how to form healthy social relationships (Bissell & Hays, 2011). Strategies need to be employed that realistically address the challenges associated with living in a weight-biased society. The school setting is an ideal environment to increase awareness about weight bias.

Strategies to Reduce Weight Bias in Schools

As educators, it is important to model acceptance and reject weight bias if we hope to amend the social norms that allow for weight-related discrimination. Many individuals, regardless of age or race, feel obligated and pressured to meet social expectations, and they tend to make unhealthy choices (e.g., cosmetic surgery, controlling food intake, overexercising) to compensate their dissatisfaction towards body (Reel,

SooHoo, Summerhays, & Gill, 2008). Their emotions and feelings are based on their body weight and size. This thin ideal is associated with fat bias, which contributes to discriminating behaviors such as social marginalization (Greenleaf et al., 2006).

The following passages demonstrate how adolescents experience and internalize weight bias. "Sarah is 12 and going through puberty. Like many girls her age, she's spending more and more time in front of the mirror. While she's there, she talks to herself – "I look SO fat" – and makes faces, pinching the flesh on her newly rounded hips." "When Joe comes home from middle school, the first thing he does is telling his mother how much he hates his school because the kids are so mean about his weight. The second thing he does is grabbing some chips and soda pop and sit down in front of the TV" (Neumark-Sztainer, 2005, p. 3). As displayed in the above quotes, adolescents feel pressured to have the "perfect" body to feel accepted by peers, teachers, and parents. Neumark-Sztainer and colleagues (1998) studied race and weight bias experienced by African American females and found that the females reported that weight bias was more personally damaging than race-related bias. Since children and adolescents spend most of their time at schools, more efforts need to be made to stop weightism in school settings.

1. Identify our biases as educators

While teachers may generally treat individuals who are overweight or obese with fairness, a few studies have also found the negative attitudes toward overweight students among educators (Haines & Neumark-Sztainer, 2009; Phul & Latner, 2007). One study revealed stronger implicit antifat attitudes among 180 students training to become physical educators than ones in a matched sample of nonphysical education students (O'Brien, Hunter, & Banks, 2006). Bauer and colleagues (2004) also revealed that

overweight middle school students received negative comments about their athletic abilities from teachers, and they felt upset and avoided participating in PE classes.

This raises some concerns about the role of PE classes. Physical activity is important for students of all sizes, and caring attitudes are necessary to motivate students to enjoy physical activity in PE classes. However, PE teachers with strong implicit antifat attitudes towards overweight or obese students may view exercise as a tool of controlling body weight or appearance, rather than teaching about activity to improve one's quality of life (Greenleaf et al., 2006) Therefore, teachers should be trained about the impact of weight-stigmatization and strategies to reduce teasing at school are necessary (Haines, Neumark-Sztainer, Perry, Hannan, & Levine, 2006).

2. Modify School Policies

It is important to review school policies to evaluate whether the school is prepared to deal with all types of teasing incidents. For example, schools can implement specific explicit rules such as "no F-words" (i.e., Fat) (Haines & Neumark-Sztainer, 2009). When teasing incidents occur, teachers and school counselors should address the incident as a team with a therapeutic approach (i.e., discussing about hurting others based on appearance in class) instead of using negative reinforcement (e.g., punishing bullies).

3. Adopt School-wide Programs

Studies recommend a school-wide no-teasing campaign developed by students book of month, and theatre production (Haines et al., 2006). School-wide programs can also include campaigns such as promoting size acceptance (Haines & Neumark-Sztainer, 2009) and skill training to teach specific strategies for dealing with teasing (Haines, Neumark-Sztainer, & Thiel, 2007).

4. Individual Programs

After-school programs and student clubs such as theater program are effective ways to emphasize teaching specific skills to prevent weight stigmatization and also incorporating different health aspects of skill training including eating habits and physical activity (Haines et al., 2006). Activities such as self-examination of own weight-related attitudes and experiences growing up, dissemination of accurate facts about the harmful consequences of weight teasing among youth, and identification of ways to discuss and promote healthy weight-related behaviors in a sensitive manner are suggested (Haines & Neumark-Sztainer, 2009).

The V.I.K (Very Important Kids) program (Haines et al., 2006) has shown remarkable results to change social norms regarding weight-related teasing among adolescents effectively. Different levels of intervention components (e.g., after-school program, school based intervention, family-based intervention) were incorporated into the V.I.K program, and the level of teasing decreased from 30.2 to 20.6% in the intervention school. Especially, it was noted that students' involvement (e.g. campaign, theatre performance) empowered the entire school and also parents as well.

Conclusions

Weight bias represents a form of bullying and is psychologically damaging to children and adolescents. Although weightism is reinforced by the media, family, and in schools, educators can play an important role in changing the climate in the classroom setting. By addressing individual biases related to weight and size, creating school

policies against weight bias and implementing antiweightism programs, schools can

combat weight bias effectively.

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CHAPTER 3

EXPLORING ASSOCIATIONS BETWEEN TEASING INFLUENCE AS A FORM OF

BULLYING, BODY ESTEEM AND SELF-ESTEEM

AMONG MIDDLE SCHOOL STUDENTS

Abstract

This present study conducted a survey study to reveal a bullying trend among

middle school students. A cross-sectional survey method was used. One hundred forty-

three students in 7th-grade in health classes at the middle school were asked to participate

in the study. Participants were asked to complete three questionnaires that included

general demographic information and descriptive questions on bullying experiences. The

total number of 7th-grade participants who completed surveys was 126 which represented

a 89% return rate. More participants were girls ($N = 73$, 58%) than boys ($N = 53$, 42%).

Overall, 47% of participants admitted that they had experienced bullying in the past as

victims. Specifically, verbal bullying (47%) was the most frequently reported form of

bullying experienced among participants. Girls were more likely to experienced physical

bullying than boys. There were statistically significant differences in scores on weight-

related teasing effect ($M = .30$, 95% CI [0.46, 0.56], $t(101.497) = 2.344$, $p = .021$),

competency teasing ($M = 1.27$, 95% CI [0.39, 2.18], $t(117.546) = 2.784$, $p = .01$) and

victimization of competency teasing (M = .67, 95% CI [0.37, 0.97], t (116.916) = 4.471, p = 00) between boys and girls. Interestingly, girls scored higher than boys on weight-related teasing, competency teasing and victimization of competency. On the other hand, male mean scores on body esteem and self-esteem were higher than female mean scores on those variables. Verbal bullying (e.g., teasing) was the most frequently reported form of bullying in this study. Girls' bullying involvement was significantly demonstrated by data.

Introduction

Bullying which can lead to mental health conditions (e.g., depression, anxiety, suicide) has become an alarming public health issue in the United States (Hutzell & Payne, 2012; Nansel et al., 2001). Both bullies and victims of bullying displayed poorer psychosocial functioning than their noninvolved peers (Nansel et al. 2001). Those who bully others tended to show higher levels of behavioral problems and dislike of school. On the other hand, bullied youth generally demonstrated higher levels of insecurity, anxiety, depression, loneliness, unhappiness, physical and mental symptoms, and low self-esteem (Boulton & Underwood, 1992; Forero, McLellan, Rissel & Bauman, 1999; Kumpulainen, Rasanen, Henttonen et al., 1998; Nansel et al., 2001; Olweus, 1978; Rigby, 1999; Salmon, James, & Smith, 1998; Slee, 1995; Slee & Rigby, 1993). Furthermore, victims of bullying tended to experience immediate mental and physical health consequences associated with bullying including anxiety, sadness, sleep difficulties, low self-esteem, headaches, stomach pain, and general tension (Houbre, Tarquinio, Thuillier & Hergott, 2006). Victims may also become more aggressive as a result of being bullied

(Pellegrini, 1998; Pellegrini & Bartini, 1999) or avoid attending school (Hutzell & Payne, 2012), which can adversely influence academic achievement and the decision to drop out of school (Nansel et al., 2001).

Moreover, Houbre et al. (2006) found a variety of health consequences among bullies, victims, bystanders, and bullies-victims (individuals who had experienced bullying others and also being bullied). First, they found that bullies and victims showed the lowest self-concept compared to other groups. Secondly, a group of bullies-victims claimed that they both had more psychosomatic symptoms. Lastly, victims who had experienced aggressive acts tended to struggle with high levels of post-traumatic stress. Other studies (Olweus, 1992, 1994; Quick, McWilliams, & Byrd-Bredbenner, 2013) have shown negative effects of bullying experiences into adulthood. Olweus (1992) discovered that former bullies had a four-fold increase in criminal behavior by age 24, with 60% of former bullies having at least one criminal conviction, and 35% to 40% having three or more convictions. Conversely, individuals who were bullied struggled with higher levels of depression and poorer self-esteem at the age of 23 even though as adults they were no longer being harassed or socially isolated (Olweus, 1994) which demonstrates the lasting negative impacts of bullying.

History of Bullying Research

The association between bullying behaviors and mental health has been a major concern in our society. There was a paucity of research about bullying in the United States, Canada, and the majority of European countries prior to 2008 (Rigby & Smith, 2011). Michaurd (2009) researched on the history of bullying and found only eight

articles on bullying through MEDLINE between 1991 and 1993, while about 80 articles were published in 2008 alone. Fortunately, studies on bullying have been increasingly undertaken in the U.S and other countries in recent years (Michaurd, 2009; Rigby & Smith, 2011).

Nansel and colleagues (2001) were the first to collect national data on bullying behaviors in the U.S. According to their study, 29.9% of the participants (*N*=15,686) reported that they were moderately or frequently involved in bullying, as a bully (13%), one who was bullied (10.6%), or both (6.3%). Males were more likely to be perpetrators and targets of bullying. Students between 6th and 8th grade showed a higher frequency of bullying compared to 9th- and 10th-grade students (Nansel et al., 2001).

As a second national datapoint on bullying among U.S. adolescents between 6th and 10th grade (*N* = 7,182), Wang, Iannotti, and Nansel (2009) examined four forms of school bullying behaviors and their association with sociodemographic characteristics, parental support, and friends. The results showed higher prevalence rate on verbal bullying (53.6%) compared to other forms of bullying such as social (51.4%), physical (20.8%) and cyber (13.6) bullying. According to the results, boys were more involved in physical or verbal bullying and more likely to use a form of cyber bullying. On the other hand, girls were more involved in relational bullying and more likely to be victims of cyber bullying. The data also revealed that more bullying incidents (physical, verbal, or cyber) were reported among African American adolescents but less victimization (verbal or relational). Additionally, Wang et al. (2009) reported that a high degree of parental support tends to be a protective factor against bullying.

The two national studies above suggest that bullying incidents had increased in the U.S between 2001 and 2008. However, Rigby and Smith (2011) insisted that none of the empirical studies in a wide range of countries, including the U.S., reported that bullying in general has increased between 1990 and 2009. Their findings showed that only cyber bullying, as opposed to other forms of bullying, had increased. The inconsistent findings in the previous national data on bullying as discussed above demonstrates the need for further studies to qualify the depth and nature of bullying, especially in the grades. Perceptions among researchers may also influence studies on bullying but it is important to note that more evidence on bullying is needed for further discussion.

Therefore, the purpose of the present study was to understand bullying behaviors occurred at a middle school in Utah. This study was conducted as a needs assessment prior to a bullying prevention program at the middle school. The primary aim was to examine what form of bullying behaviors were more prevalent and how body esteem and self-esteem were associated with verbal bullying (teasing) among participants.

Methodology

Site and Study Population

The present study was conducted in October 2012 in the state of Utah after approval from the Institutional Review Board of the University of Utah and a School District in Utah. 7th-graders at a middle school located in a suburban area of Utah were selected by the school district for the study. One hundred forty-three students in health classes at the middle school were asked to participate in the study. Prior to data

collection, school counselors sent a letter to students' parents to explain the study purpose and request assent and consent forms. Students who returned signed assent and parental consent forms participated in the study. Those students who requested to opt out of the study were asked to do homework during data collection in the classroom. No incentive was given to participate in the study.

Measures

Participants were asked to complete three questionnaires that included general demographic information and descriptive questions on bullying experiences. First, we asked participants about sex, race/ethnicity and bullying experience in the demographic information section. To measure bullying experiences, participants were asked if they had ever been bullied in the following format(s): (a) physical bullying (i.e., trying to hurt you by hitting, kicking, or punching), (b) Verbal Bullying (i.e., name-calling, making offensive comments, joking about religion, gender, ethnicity, socioeconomic status or appearance), (c) Emotional Bullying (i.e., isolating you, being excluded from games, lunchroom, or other group activities, Spreading lies and rumors in order to ostracize you), (d) Cyber Bullying (i.e., sending mean messages, pictures, or information through emails, instant message, text messaging, Facebook™, Twitter™, and YouTube™) or (e) never.

Perception of Teasing Scale (POTS) (Thompson et al., 1995): POTS was originally designed for youth between 17 and 24 years old. However, it has been used for adolescents in middle school. POTS has an 11-item scale using a 5-Likert format ranging from 1 = never to 5 = very often. POTS includes two subscales that have demonstrated internal consistency: (a) general weight teasing ($\alpha = .90$), and (b) competency teasing

(teasing about abilities/competencies) ($\alpha = .85$). In addition, each subscale includes a category that scales the effect of each teasing form.

Body Esteem Scale for Children (Mendelson & White, 1982): BES-C is a 20-item questionnaire and was developed for children from 7 to 17 years old and has been recognized as a valid measure for the attitudinal component of body image (i.e., body esteem) in children (Smolak & Levine, 2001). The BES-C examines how a child values his or her appearance based on yes or no responses to 20 items such as "I wish I were thinner." Counting the number of responses indicating high esteem determined a final score. According to a recent study that tested the reliability of BES-C (Duncan, Al-Nakeeb, & Neill, 2009), correlation coefficients for 2-week test-retest reliability ($r = .81$) among 8-year-old participants were acceptable and internal consistency was supported ($\alpha = .89$).

Rosenberg Self-Esteem Scale (Rosenberg, 1965): The RSS measures one's level of self-esteem and uses a 10-item scale with a 4-Likert format ranging from strongly agree to strongly disagree. This scale has shown internal consistency ($\alpha = .77$ to .88) and test-retest reliability ($r = .82$ to 88) (Rosenberg, 1965).

Data Analysis

Statistical analyses were conducted using SPSS 20.0 for Windows (SPSS Inc., Chicago, IL). Descriptive statistics were calculated to determine the prevalence rate of bullying types, perceptions of teasing and levels of body esteem and self-esteem among participants. A one-sample chi-square analysis evaluated the association between sex and the prevalence rate of bullying types. Pearson correlation revealed the association

between perceptions of teasing and body esteem among participants. A *T*-test assessed how sex difference influenced the perceptions of teasing and body esteem.

Results

The total number of 7th-grade participants was 126 which represented an 89% return rate. More participants were girls ($N = 73$, 58%) than boys ($N = 53$, 42%). The majority of participants were Caucasian (78.7%), with the others being Latino/Hispanic (13.4%), Asian (3.1%), African American (2.4%), Native Hawaiian (1.6%) and American Indian (0.8%).

Bullying Prevalence Rate

Participants could mark multiple items on forms of bullying if they had been bullied in different ways. Overall, 47% of participants admitted that they had experienced being bullied in the past. Specifically, verbal bullying (46.5%) was the most frequent form of bullying experienced among participants. Twenty-eight percent of participants had experienced emotional bullying such as being isolated or excluded from games, lunch tables, or other group activities or/and being spread rumors in order to be ostracized whereas 12% of participants reported physical and 11% of participants reported cyber bullying. Table 1 shows the summary of bullying prevalence rate among participants.

A one-sample chi-square analysis test was conducted to assess whether sex played a significant role to determine the bullying forms experienced among the participants. The results showed that there were statistically significant between sex and the

Table 1. Different Forms of Bullying Experience

	Percent (%)
Physical Bullying	11.8%
Verbal Bullying	46.5%
Emotional Bullying	27.6%
Cyber Bullying	11%
Never	47.2%

prevalence rate of bullying types; girls were more likely to experience physical bullying

than boys (Table 2). Conversely, there were no statistically significant results for verbal

bullying and "never" (bullied) between girls and boys (Table 2).

Correlations

A Pearson product-moment correlation coefficient was computed to assess the

relationships between POTS, BES and RSS. There was a positive correlation between

scores on BES and those on RSS ($r = .679$, $p < .01$). POTS had 4 subscales: weight-

related teasing, weight-related teasing effect, competency teasing and competency teasing

effect. Weight-related teasing was significantly associated with weight-related teasing

effect ($r = .816$, $p < .01$), competency teasing ($r = .440$, $p < .01$) and competency teasing

Table 2. Sex and Forms of Bullying Experience

	Physical	Emotional	Cyber	Verbal	Never
Female					
Chi-Square	41.438	6.041	41.438	.342	3.082
df	1	1	1	1	1
Asymp. Sig.	.000	.000	.000	.558	.079
Male					
Chi-Square	31.717	23.113	34.887	3.189	.925
df	1	1	1	1	1
Asymp. Sig.	.000	.000	.000	.074	.336

*$p < .05$ **$p < .01$

effect ($r = .311$, $p < .01$). Interestingly, weight-related teasing and the effect of weight-related teasing ($r = .816$, $p < .01$) showed stronger correlation than competency teasing and the effect of competency teasing ($r = .688$, $p < .01$).

On the other hand, both weight-related teasing and competency teasing showed a negative correlation with the body esteem measure and self-esteem scale (Table 3). Additionally, both weight-related teasing and competency teasing effect also had negative associations with body esteem scale and self-esteem measure (Table 3).

Independent-samples *t*-Test

An independent-samples *t*-test was conducted to evaluate the different values on each variable between boys and girls. Table 4 show that the assumptions of homogeneity of variances for all variables (i.e., perceptions of teasing, body esteem, and self-esteem) were violated, as assessed by Levene's Test for Equality of Variances.

Female mean scores on all subscales from POTS were higher than male mean scores on those variables. There were statistically significant differences in scores on weight-related teasing effect ($M = .30$, 95% CI [0.46, 0.56], $t (101.497) = 2.344$, $p = .021$), competency teasing ($M = 1.27$, 95% CI [0.39, 2.18], $t (117.546) = 2.784$, $p = .01$)

Table 3. Relationships Between Teasing, Body Esteem and Self-esteem

	Weight-related Teasing	Weight-related Teasing Effect	Competency Teasing	Competency Teasing Effect
Body Esteem	-.534**	-.484**	-445**	-.346**
Self-esteem	-.349**	-.278**	-.366**	-.300**

* $p < .05$ ** $p < .01$

Table 4. Mean Comparison (*t*-test) of Teasing, Body Esteem and Self-esteem by Sex

	Sex			
	Males	Females	*t*	*df*
Weight-related Teasing	6.47 (1.03)	6.77 (2.04)	1.07	112
Weight-related Teasing Effect	1.09 (.41)	1.40 (.99)	2.34*	101
Competency Teasing	7.30 (1.84)	8.58 (3.26)	2.78**	118
Competency Teasing Effect	1.40 (.61)	2.07 (1.05)	4.47***	117
Body Esteem	17.16 (3.25)	15.79 (4.83)	-1.87	121
Self-esteem	21.23 (3.68)	19.41 (4.95)	-2.33*	121

Note. * = p < .05, ** = p < .01, *** = p < .001

and competency teasing effect (M = .67, 95% CI [0.37, 0.97], t (116.916) = 4.471, p = .00) between boys and girls, with girls scoring higher than boys. On the other hand, male mean scores on BES and RSS were higher than female mean scores on those variables. There was statistically significant difference in RSS scores between boys and girls, with boys scoring higher than girls, M = -1.81, 95% CI [-3.35, -.27], t (120.975) = -2.329, p = .022. Table 4 shows the summary of mean comparisons of teasing, victimizations of teasing, body esteem and self-esteem by sex.

Discussion

This study was conducted to examine the prevalence of bullying, what forms of bullying were occurring most frequently and how teasing influenced one's body esteem and self-esteem among participants. Similar to a study conducted by Wang et al. (2009) reported, our results also revealed that verbal bullying registered as the most frequent

form of bullying among participants in this study. Verbal bullying was defined as name-calling, making offensive comments, joking about religion, gender, ethnicity, socioeconomic status, or the way you look. In other words, the definition was identified as a teasing by participants. Therefore, teasing is considered equivalent to verbal bullying in the study. More importantly, data from this study presented teasing as the most prevalent form of bullying.

In this study, weight-related and competency teasing were negatively associated with body esteem and self-esteem. In other words, the more participants experienced weight-related teasing and/or competency teasing, the less confident they were about their body and/or themselves. As a key finding, participants who were teased about body weight had the strongest association with body esteem. Since body esteem and self-esteem have a reciprocal relationship, it is clear that weight-related teasing influences one's self-esteem as well. Furthermore, results from correlational analysis in the study also found that participants who were teased about their body weight had lower body esteem than those who experienced competency teasing.

Sex differences also played an interesting role in our study. Physical, emotional and cyber bullying were reported more often among girls than boys. Girls experienced more competency teasing, the effect from weight-related teasing and competency teasing than did boys. Interestingly, weight-related teasing between boys and girls showed no statistically significant difference. Additionally, boys had higher self-esteem than did girls in this study. Although girls may have more general teasing experiences that negatively influence their self-esteem and possibly body esteem than boys, the results did not reveal which sex played a role as an instigator in verbal bullying or emotional

bullying. Therefore, further research needs to examine whether girls are more likely to become victims of verbal bullying (teasing).

Limitations

There were several limitations to this study. First, the cross-sectional nature of the measurements limited the generalizability of the conclusions. Longitudinal studies are needed to confirm the predictive influences of teasing and body esteem and self-esteem. Second, all of the measures required self-report responses from the students. It was reported by participants that some questions were hard for them to answer. For example, answering options for BES were "Yes" or "No." Some participants expressed difficulty in choosing one answer because their confidence level for body might change depending on a day. In addition, questions in the weight-related teasing subscale on POTS were designed on the assumption that individuals who are overweight or obese will be targeted for weight-related teasing. In order to include individuals who are underweight, future studies may consider modifying the way to ask questions on POTS. More importantly, testing information from multiple sources is recommended for future studies. Third, we did not examine the frequency of each form of bullying, the length of bullied experience(s) and detailed information on bullies. Last, 78.9% of participants were White. Future studies must examine a more diverse population on bullying in order to assess the relationship between race and bullying.

Conclusion

The results of this study revealed that teasing is a prevalent form of bullying and strongly associated with one's negative body esteem and self-esteem among participants. Although the results of this study demonstrated less impact of teasing on boys' body esteem and self-esteem, this issue needs to be addressed among both girls and boys due to the fact that instigators of teasing could be both boys and girls. It is necessary to educate students that teasing is actually a form of bullying. We must also realize that while physical bullying tends to be more noticeable by others, teasing can leave invisible emotional scars. Again, as the second national data on bullying indicates (Wang, Iannotti, & Nansel, 2009), verbal and emotional bullying are more prevalent than physical or cyber bullying, as quantified by this study. This conclusion, along with the demonstrated effects of teasing on body esteem and self-esteem, should motivate school administrators, teachers and parents to make more effort to implement a bullying prevention program and educate adolescents about all forms of bullying including teasing.

Funding

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CHAPTER 4

A BULLYING PREVENTION PROGRAM: FAT BIAS AND

WEIGHT-RELATED TEASING AMONG ADOLESCENTS

Abstract

The purpose of this study is to implement a weight-related teasing prevention program and evaluate the effectiveness of the program among adolescents. One hundred forty-three students in 7th-grade in health classes at the middle school were asked to participate in the study. The weight-related teasing prevention program was implemented as part of health curriculum at a middle school in Utah. Participants who took pre- and posttest surveys before the program beginning date were implemented and after the 8-week program was completed. Overall, at pretest, 48% of participants reported being bullied in the past. The findings revealed that verbal bullying (47%) was the most frequent form of bullying experienced among participants compared to other types of bullying. After the program, the number of students who were bullied was reduced by 7% (From 42% to 35%). The prevalence rate of bullies was also decreased from 18% to 14%. Girls reported higher mean scores on victimizations of weight-related and competency teasing. On the other hand, girls' mean scores on IBSS decreased more than boys' after the intervention program suggesting that they experienced more improvement from the intervention. In conclusion, the intervention program effectively increased participants' body esteem and self-esteem. Although female participants tended to report more

victimization from teasing (weight and competency), they showed a stronger positive effect by the end of the intervention program.

Introduction

Similar to other "isms," weightism or fat bias refers to a discriminatory or prejudicial behavior toward individuals in a particular social category (Miyairi & Reel, 2011). Weightism involves stigmatization toward individuals based on size, shape and appearance (Ata & Thompson, 2010; Bisell & Hays, 2011; Haines & Neumark-Sztainer, 2009; Puhl & Latner, 2007) and reinforces the stereotypes and common misperceptions that individuals who are overweight or obese can simply control their eating and exercise habits to "fix the problem" (Geier, Schwartz, & Brownell, 2003). By contrast, being thin is often associated with being disciplined and other positive qualities with no consideration given for genetic or biological determinants of weight and size. Fat bias will exist until this weight-related stereotype is challenged (Bromfield, 2009). In reality one's size is determined by numerous factors, both genetic and behavioral, which makes these black-and-white associations inadequate to explain body weight (Reel & Stuart, 2012).

Attitudes of weightism can develop early and preschool children have been shown to exhibit biased attitudes toward their overweight peers as early 3 years old (Cramer & Steinwert, 1998). In a historical study, Richardson and colleagues (1961) examined biases towards individuals with different physical conditions among 10- and 11-year-old children. The children were shown drawings of a healthy child, an obese child, and children with different disabilities or disfigurements and asked to rank them according to how well they liked each child. Participants ranked the obese child lowest on likeability

rating. Latner and Stunkard (2001) replicated this study among the same age group and found unsurprisingly that stigmatized attitudes toward obese individuals continued to be rampant. Interestingly, the more recent study showed that the distance between the average rankings of the highest and lowest ranked pictures had increased by 41% since the original study conducted in 1961 (Puhl & Latner, 2007).

A separate study reported that 3-year-old children associated negative characteristics, such as "lazy," "dirty," "stupid," "ugly," "liar," and "cheat" with their overweight peers (Haines & Neumark-Sztainer, 2009). Children are vulnerable to socialization messages that reinforce weight-related discrimination in the form of the media, peers, family members, and teachers (Ata & Thompson, 2010; Bisell & Hays, 2011; Haines & Neumark-Sztainer, 2009; Puhl & Latner, 2007).

Media and Weight Bias

It has been reported that children and adolescents watch close to 6 hours of television daily, which means they are inundated with distorted media messages about the importance of being thin and attractive (Ata & Thompson, 2010; Lawrie et al., 2006; Roberts, Rideout, & Foehr, 2005). Klein and Shiffman (2006) found that cartoons (e.g., Bugs Bunny, Mighty Mouse) were more likely to represent overweight characters as physically unattractive, less intelligent, loving and unhealthy than underweight or normal-weight characters. In a separate study, children's comedies on the Disney Channel, Nickelodeon, and Discovery Kids were found to portray characters that were above-average weight for their age as unattractive and unpopular (Robinson, Callister, & Jankoski, 2008). Weightism may start subtly and then become more intensive and

pervasive as children get older (Puhl & Latner, 2007). Therefore, childhood and adolescence represent critical life stages to learn one's individual sense of self-awareness, self-worth and how to form healthy social relationships (Bisell & Hays, 2011).

Weight-related Teasing Versus Bullying

Some adults and children may tease others based on their appearance or body size, and the degree of teasing can step a line of "just a joke" like TV shows. As a form of bullying, people may intentionally hurt others by teasing with demeaning languages (Olweus, 1993). In fact, being teased about one's weight, body size, or appearance, is also very common, and is reported by 26% female and 22% male adolescents (Neumark-Sztainer et al., 2002).

One of the most frequent targets is toward overweight or obese individuals, who continue to be marginalized in society (Neumark-Sztainer, 2005). Bullying overweight individuals tends to be ignored, especially during the current "obesity epidemic" (Quick, McWilliams, & Byrd-Bredbenner, 2013). It is unfortunate that media and society make a joke about one's appearance, especially overweight or obese body. The greater the concerns about obesity, the harder it is to accept different or larger body sizes in American society.

Significance of the Problem

Victims of bullying tend to experience immediate mental and physical health consequences such as anxiety, sadness, sleep difficulties, low self-esteem, headaches, stomach pain, and general tension (Houbre, Tarquinio, & Thuillier, 2006). At the same

time, victims may become more aggressive in response to being bullied (Pellegrini, 1998; Pellegrini & Bartini, 1999). Houbre and her colleagues (2006) revealed a variety of health consequences among bullies, victims, bullies/victims, and witness. First, they found that bullies and victims showed the lowest self-concept comparing to other groups. Secondly, a group of bullies/victims claimed that they had more psychosomatic symptoms. Lastly, victims who experienced aggressive act tended to struggle with high level of post-traumatic stress.

In addition, studies have shown that these negative effects linger into adulthood. Olweus (1992) discovered that former bullies had four-fold increase in criminal behavior at the age of 24 years, with 60 % of former bullies having at least one conviction and 35% to 40% having three or more convictions. Conversely, bullied individuals struggled with higher levels of depression and poorer self-esteem at the age of 23 years even though they were no longer harassed or socially isolated in their adulthood (Olweus, 1994).

Bullying Prevention Approach

Bullying prevention programs have become popular as schools attempt to address bullying and suicide risk among teens in our society. The Olweus Bullying Prevention Program (OBPP) has been widely used as one of the most effective prevention program for bullying. The average reductions by 20 to 70 % in student reports of being bullied and bullying others have been reported (Olweus, 1993). A helpful supplement to OBPP, Full of Ourselves (FOO) includes lessons about issues of fat bias and weight-related teasing.

Sjostrom and Steiner-Adair (2006) implemented FOO with 500 girls aged 8-14 years of age across five states from diverse racial, ethnic and socioeconomic backgrounds. FOO has been implemented in public schools, after-school programs, camps, libraries, churches and other community based settings. FOO program (Steiner-Adair, Sjostrom, & Franko, 2002) is an evidence-based program that has shown effectiveness to increase self-esteem and reduce risks of eating disorder behaviors. It was the first program of its kind to showed sustained positive changes in knowledge about health, nutrition, weightism and puberty [F (1, 409) = 47.8, p < ,0001] , body satisfaction [F (1,367) = 5.15, p < .05], and body esteem [F (2, 804) = 3.85, p < .05], which are all important risk factors for the development of weight-related issues such as obesity and eating disorders (Steiner-Adair, Sjostrom, & Franko, 2002). The FOO program also addresses the associations of weightism, weight-related teasing, and bullying among adolescent girls.

As the obesity epidemic has raised awareness about size in American society, prejudice or discrimination particularly towards individuals who are overweight or obese is becoming more socially acceptable at all age groups and in different settings. There is a simple fact that negative attitudes towards overweight or obese do not support those individuals to be motivated to make a lifestyle change. Educators need to remember that our attitudes can take a prominent role to provide a tremendous impact on student' attitudes and behaviors. One more meaningful thing that educators can do is to create a weight-bias free environment for students in school settings. As a first initiative, implementing an intervention program designed to address issues of weight bias and weight-related teasing may be a realistic approach to start.

Therefore, the purpose of the current project is to examine the efficacy of an intervention program designed to reduce fat bias and weight-related teasing, and to improve body image in adolescents. In order to achieve this goal, researchers in this project began by conducting a needs assessment to determine examples of fat bias and weight-related teasing among adolescents. Based on the findings from the needs assessment, researchers in this study will tailor an existing evidence-based program (i.e., Full of Ourselves) to the target population.

Theoretical Approach

Low self-esteem and feelings of insecurity are common characteristics among individuals who tease, discriminate and judge others based on size and weight (Haines & Neumark-Sztainer, 2009; Puhl & Latner, 2007). As a theoretical framework to address these issues, Social Cognitive Theory (SCT) (Bandura, 1997) guided this study to develop program activities for phase 2 and analyzed data from phase 1 and 2. The current project focused on the following concepts of SCT: (1) self-regulation (Bandura, 1997), (2) moral disengagement (Bandura, 1999), (3) observational learning (Bandura, 1986, 2002), and (4) self-efficacy belief (Bandura, 1997).

According to La Guardia (2009), the definition of "who we are" blossoms in early years around defined roles (e.g., class leader), initial competencies (e.g., academically performing well), and available opportunities to try on different interests and stretch these capacities (e.g., both in terms of access to resources such as music, arts, and technology as well as social support to explore these). The current program integrated the four concepts from the SCT to stretch the capacity of "who we are" among participants and

assess how perceptions of teasing, fat-bias, and self-esteem change after program implementation.

Methodology

Study Design

In order to tailor the program activities to meet the needs and characteristics of the target population and to maximize the effectiveness of the current intervention program, this study included two phases; 1) needs assessment, and 2) outcome evaluation. This paper will discuss our outcome evaluation after conducting the intervention. Survey data were collected using Perception of Teasing Scale (Thompson et al., 1995), Body Eeteem Scale-Children (Mendelson & White, 1982), Ideal-Body Stereotype Scale-Revised (IBBS-R: Stice, Shaw, Burton, & Wade, 2006), Rosenberg Self-Esteem Scale (RSES: Rosenberg, 1965), and School Life Survey (Chan, Myron, & Crawshaw, 2005) among adolescents at pre- and post-test.

Measures

Perception of Teasing Scale (POTS) (Thompson et al., 1995) assessed perception of teasing and was originally designed for youth between 17 and 24 years old. POTS has an 11-item scale using a 5-Likert format ranging from 1 = never to 5 = very often. POTS includes two subscales that have demonstrated internal consistency: (1) general weight teasing (α = .90), and (2) teasing about abilities/competencies (α = .85) (Thompson et al., 1995).

Body Esteem Scale for Children (BES-C) (Mendelson & White, 1982), a 20-item

questionnaire, measures body esteem of program participants before and after the intervention. BES-C was developed for children from 7 to 17 years old and has been recognized as a valid measure for the attitudinal component of body image (i.e., body esteem) in children (Smolak & Levine, 2001). The BES-C examines how a child values his or her appearance based on yes or no responses to 20 items such as "I wish I were thinner." Counting the number of responses indicating high esteem will determine a final score. According to a recent study that tested the reliability of BES-C (Duncan, Al-Nakeeb, & Neill, 2009), correlation coefficients for 2-week test-retest reliability ($r = .81$) among 8-year-old participants were acceptable and internal consistency was supported ($\alpha = .89$).

A 6-item subscale (i.e., thin-ideal internalization) from the Ideal-Body Stereotype Scale – Revised (IBSS-R: Stice, Shaw, Burton, & Wade, 2006) assessed participants' thin-ideal internalization using a 5-point Likert response format ranging from 1 = strongly disagree to 5 = strongly disagree. The internal consistency ($\alpha = .91$) and test-retest reliability ($r = .80$) have been demonstrated for this subscale.

In order to determine levels of self-esteem before and after the program, the Rosenberg Self-Esteem Scale (RSES: Rosenberg, 1965) was selected. The RSS uses a 10-item scale with a 4-likert format ranging from strongly agree to strongly disagree. This scale has shown internal consistency ($\alpha = .77$ to $.88$) and test-retest reliability ($r = .82\text{-}88$) (Rosenberg, 1965).

Lastly, the School Life Survey (SLS: Chan, Myron, & Crawshaw, 2005) was used to identify the depth of bullying incidents among participants. SLS includes 24-item with two sections assessing the frequency of physical, verbal, and relational bullying as both

the perpetrator and the victim. The first part of the SLS assesses whether one has bullied others and uses "Yes" or "No" scale. In the second part, participants marked if they were bullied in a certain situation with questions such as "This student told others not to be my friend". The 1-week test-retest reliability for bully perpetration items ($r = .84$) and the entire survey ($r = .94$) and the internal consistency for victimization items ($\alpha = .83$) have been tested for this survey.

Study Procedures

The present study was conducted from October 2012 to December 2012 in the state of Utah after approval from the Institutional Review Board of the University of Utah and a School District in Utah. 7th-graders at a middle school located in a suburban area of Utah were selected by the school district for the study. One hundred forty-three students in 7th-grade in health classes at the middle school were asked to participate in the study. Prior to data collection (pretest), school counselors sent a letter to students' parents to explain the study purpose and request assent and consent forms. Students who returned signed assent and parental consent forms participated in the study. Those who requested to opt out of the study were asked to do homework during data collection at pre- and posttest in the classroom. However, all students enrolled for the health classes participated in the current program. No incentive was given to participate in the study.

Participants in the study attended weekly 45-minute sessions for 8 weeks. The lessons and accompanying activities were selected from an evidence-based program (i.e., FOO). FOO program was originally designed to target female participants. However, the current study explored the program to use for both genders. Participants were taught how

to develop self-esteem; problem-solving skills were important components of the program (Table 5). The study included the principal investigator and one undergraduate assistant who assisted with data collection help co-facilitated the program, and conducted with fidelity checks for each session.

Statistical Methods, Data Analysis and Interpretation

An independent *t*-test was used at baseline to determine whether there are any statistically significant differences between females and males at the start of the study. To examine the effects of the intervention, repeated measures analysis of variance (ANOVA) was conducted on all outcome measures (i.e., BES-C, IBBS-R, RSS, SLS, and POTS) except for SLS. By using univariate tests of within-group change scores, significant interaction effects were observed.

Results

The total number of 7th-graders who participated in the program was 118 (83% return rate). More participants were girls ($N = 70$, 59%) than boys ($N = 48$, 41%). The majority of participants were Caucasian (79.7%), with the others being Latino/Hispanic

Table 5. Program Lessons

Week	Program Topics
Week 1	Introduction/Ground Rules
Week 2	Claiming Our Strengths (core values)
Week 3	Countering the Media Culture (Media Literacy)
Week 4 & 5	Standing Our Ground (Assertiveness Training)
Week 6 & 7	The Power of Healthy Relationships (Role-play)
Week 8	Making antibullying posters

(13.6%), Asian (2.5%), African-American (1.7%), Native Hawaiian (1.7%) and

American Indian (0.8%).

Pretest

      In the demographic section, participants responded to what forms of bullying they

had experienced in the past. They were allowed to mark multiple bullying forms if they

had been bullied in different ways. Overall, 48% of participants had experienced being

bullied in the past. The findings revealed that verbal bullying (47%) was the most

frequent form of bullying experienced among participants compared to other types of

bullying. Twenty-seven percent of participants had experienced emotional bullying such

as being isolated or excluded from games, lunch tables, or other group activities or/and

being spread rumors in order to be ostracized. Least bullying types reported among the

participants were physical (12%) and cyber (11%) bullying. Table 6 shows prevalence

rate on bullying among participants.

      An independent-samples t-test was conducted to evaluate the different values on

each variable between boys and girls at baseline. Table 7 shows that the assumptions of

homogeneity of variances for all variables (i.e., perceptions of teasing, body esteem, ideal

body stereotype and self-esteem) were violated, as assessed by Levene's Test for

Table 6: Different Forms of Bullying Experience

	Percent (%)
Physical Bullying	11.8%
Verbal Bullying	46.5%
Emotional Bullying	27.6%
Cyber Bullying	11%
Never	47.2%

Table 7. Mean Comparison (*t*-test) of Teasing, Body Esteem and Self-esteem
by Sex at Pretest

	Sex			
	Males	Females	*t*	*df*
Weight-related Teasing	6.42 (1.01)	6.77 (2.08)	1.33	106
Weight-related Teasing Effect	1.06 (.32)	1.40 (1.01)	2.71**	88
Competency Teasing	7.38 (2.06)	8.58 (3.22)	2.49*	116
Competency Teasing Effect	1.41 (.64)	2.07 (1.06)	4.18***	113
Body Esteem	17.17 (3.26)	15.79 (4.85)	-1.59	113
IBSS	3.07 (.50)	2.65 (.75)	-3.64***	116
Self-esteem	21.44 (3.83)	19.39 (4.83)	-2.53*	112

Note. * = *p* < .05, ** = *p* < .01, *** = *p* < .001

Equality of Variances. Female mean scores on all subscales from POTS were higher than

male mean scores on those variables. There were statistically significant differences in

scores on weight-related teasing effect (*M* = .35, 95% CI [0.09, 0.61], *t* (87.955) = 2.713,

p= .008), competency teasing (*M* = 1.21, 95% CI [0.25, 2.17], *t* (115.505) = 2.488, *p* =

.014), and competency teasing effect (*M* = .66, 95% CI [0.35, 0.98], *t* (112.609) = 4.184,

p = .000) between boys and girls, with girls scoring higher than boys.

On the other hand, male mean scores on BES and RSS were higher than female

mean scores on those variables. There was statistically significant difference in IBSS and

RSS scores between boys and girls, with boys scoring higher than girls, *M* = -.42, 95% CI

[-0.65, -0.19], *t* (115.873) = -3.641, *p* = .000 and *M* = -2.05, 95% CI [-3.65, -0.45], *t*

(111.775) = -2.534, *p* = .013, respectively.

Posttest

The School Life Scale was used to assess incidents of bullying as a bully and also victim in the past 4 weeks. From the result, the number of students who were bullied was reduced by 7% (From 42% to 35%) after the intervention program. Numbers of bullies were also decreased from 18% to 14%. The second subscale of the SLS assessed whether participants were bullied others in the past 4 weeks (at pretest) or 8 weeks (at posttest). Fifteen questions identified three different bullying forms (physical, verbal, and relational), and participants marked items that they experienced as a victim. According to the findings, victims of bully tended to be verbally bullied (39.2% to 48%) more than physically (27% to 27%) or relationally (34% to 24%) bullied at both pretest and posttest.

Repeated measures analysis of variance was conducted to evaluate the effect of the intervention program. Sex was also evaluated to examine the effect to the program outcome. The Time (the intervention time period) main effect and Sex x Time interaction effect were tested using the multivariate criterion of Wilks's lambda (Λ).

The Time main effect was significant, $\Lambda = .65$, $F(7, 98) = 9.14$, $p < .01$, as well as the Sex main effect, $\Lambda = .75$, $F(7, 98) = 4.74$, $p < .01$. Sex x Time interaction effect was nonsignificant, $\Lambda = .95$, $F(7, 98) = 0.69$, $p = .68$. The univariate test associated with Time indicated that body esteem and self-esteem were significant. The sex main effect revealed that mean scores on weight teasing effect, competency teasing and its victimization were statistically significant. Girls reported higher mean scores on competency teasing and victimizations of weigh-related and competency teasing. On the other hand, although there was no statistically significant, boys' mean scores on IBSS

decreased more than girls' after the intervention program suggesting that they experienced more improvement from the intervention.

Discussion

The purpose of this study was to examine the effectiveness of the bullying and weight-related teasing prevention program. Overall, the bullying incidents were reduced by 7% after the 8-week intervention program. This finding suggests a positive influence of the program in promoting protective factors against bullying in the school setting.

Data from pretest guided us to focus on the most prevalent form of bullying. Like the second national data on bullying (Wang, Iannotti, & Nansel, 2009), these study participants also experienced more verbal and emotional bullying than physical bullying or cyber bullying. Therefore, for the current intervention program we emphasized verbal and emotional bullying behaviors more than physical and cyber bullying. Overall, the intervention program was effective to increase participants' level of body esteem and self-esteem. Although female participants tended to report more victimization from teasing (weight and competency), they showed a more positive effect by the end of the intervention program.

Self-esteem plays a significant role in bullying prevention (Houbre, Tarquinio, & Thuillier, 2006). As Michaud (2009) pointed out, bullying prevention programs tend to focus on victims even though studies have shown a significant percentage of individuals involved in bullying are both perpetrators as a bully and victims. From the perspective, this study successfully targeted all spectrum of bullying by approaching bullies, victims, and bystanders. Especially, all participants had opportunities to experience each position

from role-plays during the lesson activities in the intervention program. These experiences were eye-opening moments among participants. At the same time, participants learned a wiser way to manage bullying situations instead of acting out or ignoring.

It is easy to tell students to stop bullying. However, a significant point in bullying prevention is how we teach students how to cope with bullying incidents. Therefore, role-plays meaning skill training activities are significantly important in bullying prevention programs. In the current study, participants spent two sessions for role-plays. In each session, 3 to 4 participants in each group were handed a bullying "scenario" and performed their solutions of the scenario and other classmates evaluated their solution. Participants openly expressed their thoughts, feelings and emotions to reflect on their own or other's role-plays. The exchange of nonjudgmental discussion also helped students become more confident to express own opinions in front of their classmates.

Interestingly, mean posttest scores on perceptions of teasing were slightly higher. One possible explanation could be that participants felt more aware of teasing and more comfortable to express feelings about teasing incidents instead of emotionally being denial compared to the pretest.

The FOO program was originally designed to target female participants to prevent eating disorders, promote positive body image, health, and girls' leadership. However, the investigators modified the lesson activities to reach both genders to provide opportunities for learning about fat bias and weight-related teasing. Participants did not complain about discussing sensitive topics with the opposite gender. Rather, they openly exchanged different opinions in front of classmates. Therefore, this study demonstrated

that selected lessons from the FOO program may be promising to use for both genders to promote antibullying messages in health classes.

Limitations

There were several limitations to this study. Longitudinal studies are needed to confirm the predictive influences of this program and conducted follow-up tests to determine whether changes have been sustained. Second, all of the measures required self-reported responses from the students. It was reported by participants that some questions were difficult for them to answer. For example, the response format for the BES was "Yes" or "No" choices. Some participants expressed difficulty to choose one answer because their confidence level for body might change depending on a day. In addition, questions in the weight-related teasing subscale on POTS were designed on the assumption that individuals who are overweight or obese will be targeted for weight-related teasing. In order to include individuals who are underweight, future studies may consider modifying the way to ask questions on POTS. More importantly, testing information from multiple sources is recommended for future studies. Third, there was a significant difference on numbers of students between each class. The largest class had 35 students. On the other hand, 18 students were in another class. For a program facilitator, it was harder to have participants engage in the program discussion in the larger class size. It is ideal that the school is more mindful to balance the number of students in each class. Last, 79.7% of participants were White. Future studies must examine a greater diverse population on bullying in order to assess the relationship between race/ethnicity and bullying.

Future Studies

One participant in the study shared her story about her father who told her to hit back if a bully hits her. This statement was an example of how parents teach their own children about how to handle situations of bullying in different ways. In order to send consistent messages about bullying to students, adults surrounded by them must have the same messages as ones that students receive in a school setting. Therefore, future bullying prevention efforts should necessarily include parents, school administrators and teachers in addition to the students.

Funding

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CHAPTER 5

SUMMARY

Verbal bullying (e.g., teasing) has been identified as a harmful form of bullying; however, teasing someone about appearance, body or size is often seen as acceptable behavior in families and within friendship circles. Unfortunately, this teasing behavior further underscores the widely spread societal belief that "thinness is better" and "fat is unacceptable."

A meta-analysis conducted by Farrington and Ttofi (2009) found 14 studies out of 44 studies as effective bullying prevention programs that significantly reduced peer victimization among school children. The meta-analysis concluded that school based antibullying programs were often effective and programs modeled by the Olweus Bullying Prevention (OBP) program were highly valued. However, one significant barrier of using the OBP program is the cost of the program. The program materials usually cost between $1,500 and $3,200. It is recommended to use Olweus's questionnaire package, which costs $250 per school. Additionally, a 2-day training workshop for program facilitators costs $3,000 and another $1,500 is for annual telephone consultation fee.

These expenses may note be often available to all schools. As the previously discussed meta-analysis concluded, school-based antibullying programs are usually

effective. Therefore, an affordable evidence-based program such as FOO (Steiner-Adair & Sjostrom, 2006) that includes issues of fat bias, weight-related teasing and other forms and issues of bullying was selected as a bullying prevention program for the current study.

One hundred eighteen 7th-grade students at a middle school in Utah participated in the bullying prevention program called Healthy Body-image, Empowerment and Leadership (H-BEL). A school district gave permission to offer this program through the health curriculum at the middle school. The H-BEL program was held for 45 minutes weekly for 8 weeks and primarily guided by FOO (Steiner-Adair & Sjostrom, 2006). FOO was originally designed for female adolescents. Therefore, lesson activities and contents were modified to adjust for both genders. Like a previous study used FOO program (Reel, Ashcraft, Lacy, Bucciere, SooHoo, Richards, & Mihalopoulos, 2010), the current study cost was also minimum (< $300).

Body image and bullying are sensitive discussion topics within adolescent peer groups. Each lesson focused on social issues linked to bullying and improve personal, social and communication skills in the school setting. However, many participants started expressing themselves more openly after the 2nd week. Also, lesson materials included more visual aids (i.e., videos) and interactive activities (i.e., magazine analysis) from Week 3. Participants particularly engaged more in discussions on media literacy because the content seemed familiar to participants.

On the other hand, it seemed challenging for participants to grasp concepts of assertiveness and healthy relationships. Participants were encouraged to ask questions when concepts were unclear. As predicted, role-play activities seemed to be the most effective way to get core involvement among the participants. At the beginning of week

6, some participants were too shy to perform in front of their classmates. However, once they saw a few groups of classmates who entered eagerly into own role-play activities and performed well, they started showing more involvement. This was an example of how a few leaders in a classroom could positively change the entire class dynamic. Lastly, participants truly enjoyed making antibullying posters as a group. They were excited that their posters were going to be displayed in the common area at the school.

Limitations

Like other research studies, some limitations existed in the current research study. The most significant limitation in this study was the lack of a control group, which limits the generalizability of the study conclusions. Originally, the school district planned to select another school as a control group. However, the desire of the school was to offer a program to more students rather than to have a control group. The positive outcome of this decision was that more students were reached as a result. Second, the original plan was to collect a needs assessment data several months in advance of the program implementation. However, due to the tight school academic schedule and the need to finish the program before the students were into the school holiday, the program was implemented following the initial data collection. Therefore, data from Chapter 3 were used from pretest data for the program implementation phase (phase 2). This condition limited the current study to tailor the existing evidence-based program for participants based on data from questionnaires.

Third, all of the measures required self-reported responses from the students. It was reported by participants that some questions were difficult for them to answer. For

example, the response format for the BES was "Yes" or "No" choices. Some participants expressed difficulty to choose one answer because their confident level for body might change depending on a day. In addition, questions in the weight-related teasing subscale on POTS were designed on the assumption that individuals who are overweight or obese will be targeted for weight-related teasing. In order to include individuals who are underweight, future studies may consider modifying the way to ask questions on POTS. More importantly, testing information from multiple sources is recommended for future studies.

Fourth, numbers of students in each class was varied. The largest class had 35 students. On the other hand, 18 students were in another class. For a program facilitator, it was harder to have participants engage in the program discussion in the larger class size. It is ideal that school is more mindful to balance the number of students in each class. Also, 79.7% of participants were Caucasians. Future studies must examine a greater diverse population on bullying in order to assess the relationship between race/ethnicity and bullying.

Last, teachers', school administrators' and parents' involvement in this current project was minimal compared to existing bullying prevention programs (Farrington & Ttofi, 2009), which has showed higher reduction rate on bullying compared to the current program outcome. Farrington and Ttofi's (2009) meta-analysis concluded that average bullying incident reduction rate in those programs was approximately 20%. In conclusion, the current study, which had 7% reduction rate on bullying incidents at the posttest period, has more room to be modified and improved as a bullying prevention program. Furthermore, the H-BEL program implementation duration was only 8 weeks.

In order to predict better program outcome, it may be suggested to extend the program duration. Longitudinal studies are also needed to confirm the predictive influences of the effectiveness of the H-BEL program.

Conclusion

This study explored the weight-related teasing and self-esteem of adolescents before and after participating in a bullying prevention program at their middle school. Regardless of a small reduction rate (7%) of bullying incidents reported at the post-test period, the majority of participants expressed satisfactions with the program and said that it would be beneficial to other students at the end of the program implementation.

At the beginning of the program implementation, there were no data on bullying in the school setting and teachers at the middle school expressed different attitudes and concerns about bullying among their students. From this project, it is clear that bullying is a significant concern at the middle school. Successfully, the current research study accomplished two goals: 1) results showed the bullying trends in the school setting and 2) the H-BEL program could be more effective if the program duration is much longer. Based on these preliminary data, a future study maintaining fat bias and weight-related teasing prevention as a topic should involve more teachers, school administrators and parents in order to maximize the outcome.

The H-BEL program was part of health curriculum in the school setting with permission from the school district. Participants had no complaints for changing the curriculum by adding the H-BEL program. Additionally, results from this project were promising data to prove that a bullying prevention program can be part of health

curriculum in K-12. More importantly, as Roland's (2011) study suggests, to stop bullying completely, a bullying prevention program needs to be sustained in the school settings in a long period of time each year instead of discontinuing it after implemented once.

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APPENDIX A

MEASURES

Please answer the following questions:

1. Study ID Number: _____

2. Mark one_ Sex: Female _____   Male _____

3. Please select the racial category or categories with which you most closely identify

    ___ Hispanic

    ___ Black or African American

    ___ Asian

    ___ White

    ___ Pacific Islander/Polynesian

    ___ Native American

    ___ Other (please specify: _____)

4. Have you ever been bullied in the following format? Please mark if you have experienced ANY form(s) of bullying before.

    ___ Physical Bullying (Trying to hurt you by hitting, kicking, or punching)

    ___ Verbal Bullying (Name-calling, making offensive comments, joking about your religion, gender, ethnicity, socioeconomic status, or the way you look)

    ___ Emotional Bullying (Isolating you, excluding you from games, lunchroom, or other group activities, Spreading lies and rumors in order to ostracize you)

    ___ Cyber Bullying (sending mean messages, pictures, or information through emails, instant message, text messaging, Facebook™, Twitter™, and YouTube™)

    ___ Never

1. The Perception of Teasing Scale (Thompson, Cattarin, Fowler, & Fisher, 1995)

Instruction: We are interested in whether you have been teased <u>at school</u> and how this affected you.

First, for each question rate <u>how often</u> you think you were teased (using the scale provided, "never" (1) to "always" (5).

Never 1	2	Sometimes 3	4	Always 5

Second, unless you responded "never" to the question, rate <u>how upset</u> you were by the teasing "not upset" (1) to "very upset" (5).

Not upset 1	2	Somewhat upset 3	4	Very upset 5

1.	People made fun of you because you were heavy.	1	2	3	4	5
1a	How upset were you?	1	2	3	4	5
2.	People made jokes about you being heavy.	1	2	3	4	5
2a	How upset were you?	1	2	3	4	5
3.	People laughed at you for trying out for sports because you were heavy.	1	2	3	4	5
3a	How upset were you?	1	2	3	4	5
4.	People called you names like "fatso."	1	2	3	4	5
4a	How upset were you?	1	2	3	4	5
5.	People pointed at you because you were overweight.	1	2	3	4	5
5a	How upset were you?	1	2	3	4	5
6.	People snickered about your heaviness when you walked into a room alone.	1	2	3	4	5
6a	How upset were you?	1	2	3	4	5
7.	People made fun of you by repeating something you said because they thought it was dumb.	1	2	3	4	5
7a	How upset were you?	1	2	3	4	5
8.	People made fun of you because you were afraid to do something.	1	2	3	4	5
8a	How upset were you?	1	2	3	4	5
9.	People said you acted dumb.	1	2	3	4	5
9a	How upset were you?	1	2	3	4	5
10.	People laughed at you because you didn't understand something.	1	2	3	4	5
10a	How upset were you?	1	2	3	4	5

11.	People teased you because you didn't get a joke.	1	2	3	4	5
11a	How upset were you?	1	2	3	4	5

2. The Body Esteem Scale for Children (Mendelson & White, 1982)

Instruction: Below is a list of statements dealing with your general feelings about your body. If you agree with the statement, circle "Yes". If you disagree with the statement, circle "No".

1.	I like what I look like in pictures	Yes	No
2.	Kids my own age like my looks	Yes	No
3.	I'm pretty happy about the way I look	Yes	No
4.	Most people have a nicer body than I do	Yes	No
5.	My weight makes me unhappy	Yes	No
6.	I like what I see when I look in the mirror	Yes	No
7.	I wish I were thinner	Yes	No
8.	There are lots of things I'd change about my looks if I could	Yes	No
9.	I'm proud of my body	Yes	No
10.	I really like what I weigh	Yes	No
11.	I wish I looked better	Yes	No
12.	I often feel ashamed of how I look	Yes	No
13.	Other people make fun of the way I look	Yes	No
14.	I think I have a good body	Yes	No
15.	I'm looking as nice as I'd like to	Yes	No
16.	I often wish I looked like someone else	Yes	No
17.	My looks upset me	Yes	No
18.	I'm as nice looking as most people	Yes	No
19.	My parents like my looks	Yes	No
20.	I worry about the way I look	Yes	No

3. The Ideal-Body Stereotype Scale – Revised: Subscale – Thin-ideal Internalization
 (Stice, Shaw, Burton, & Wade, 2006)

Instruction: How much do you agree with these statements:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Slender women are more attractive.	1	2	3	4	5
2	Women who are in shape are more attractive.	1	2	3	4	5
3	Tall women are more attractive.	1	2	3	4	5
4	Women with toned (lean) bodies are more attractive.	1	2	3	4	5
5	Shapely women are more attractive.	1	2	3	4	5
6	Women with long legs are more attractive.	1	2	3	4	5

4.   The Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. if you disagree, circle D. if you strongly disagree, circle SD.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	On the whole, I am satisfied with myself.	SA	A	D	SD
2	At times, I think I am no good at all.	SA	A	D	SD
3	I feel that I have a number of good qualities.	SA	A	D	SD
4	I am able to do things as well as most other people.	SA	A	D	SD
5	I feel I do not have much to be proud of.	SA	A	D	SD
6	I certainly feel useless at times.	SA	A	D	SD
7	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8	I wish I could have more respect for myself.	SA	A	D	SD
9	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10	I take a positive attitude toward myself.	SA	A	D	SD

5. School Life Survey (Chan, Myron, & Crawshaw, 2005)

Instructions: We are interested in your personal experiences related bullying. We will not be able to identify you after you complete this survey. More importantly, <u>we will not share your answers with your teacher, parent(s), or individuals who bullied you</u>. Please read each question carefully and choose answer.

Part I:

These questions are about *yourself,* during the past four weeks in school:	YES	NO
1. I hit or beat up other students and hurt them.		
2. I teased other students and made cruel jokes about them.		
3. I kept those I didn't like from joining in play time or group activities.		
4. I took things from other students and did not give them back.		
5. I told other students that I would hurt them.		
6. I told lies and stories about other students to make them look bad.		
7. I pushed other students, made them fall and get hurt.		
8. I said mean things about other students and called them bad names.		
9. I kept other students from being friends with people I didn't like.		

Part II:
Did this happen to you, during the past four weeks in school? (Leave the item blank if it did not happen to you). ***Read the items below and put a check mark in the box for the ones that are true for you. For each item you have checked, write down:***

- The number of times it took place during the past four weeks
- The person who did it to you – you can write a name more than once
  <u>NOTE: Please indicate if it was your friend, classmate, teacher, or family member.</u>

These questions are about *yourself,* during the past four weeks in school:	Number of times in the past 4 weeks
1. This student hurt me by hitting or beating me up.	
2. This student said s/he would harm me or do bad things to me.	
3. This student set me up to make others blame me.	
4. This student took my things and did not give them back to me.	
5. This student teased me and made fun of me in a mean	

	way.	
	6. This student told lies and stories about me to make others dislike me.	
	7. This student broke my things on purpose.	
	8. This student called me bad names or made cruel jokes about me.	
	9. This student told others not to be my friend.	
	10. This student pushed me on purpose, made me fall and get hurt.	
	11. This student phoned me to give me a hard time.	
	12. This student said s/he would not be my friend if I didn't do what s/he said.	
	13. This student locked me up in a room or closed space.	
	14. This student made mean jokes, noises, or faces at me when I walked by.	
	15. This student made others leave me out of things.	

APPENDIX B

ASSENT AND CONSENT FORM

Assent to Participate in a Study

Purpose of the Research
We are trying to learn about a relationship with yourself and how safely you communicate with peers at school. This will help us and your teachers understand better about how we can help you enjoy school life everyday. To find that out, we would like you to complete 2 surveys.

Procedure/Intervention/Method
If you agree to be in this study, you will be asked to answer online survey questions. Survey questions will ask you about your thoughts and feelings about a relationship with yourself and peer relations at school.

Risks
Some survey questions may make you feel upset.

Benefits
Being in this study will help us and your teachers understand how we can help you become a healthier person and provide a safer school environment.

Alternative Procedures and Voluntary Participation
It is absolutely ok if you don't want to be in this study. Please remember that it is up to you if you want to complete 2 surveys or not and no one will be upset if you don't want to participate. You also have a right to stop answering survey questions when you feel uncomfortable during taking the surveys. If you don't want to complete the surveys, you will participate in a recreational activity in a classroom.

Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say "yes" you can still decide not to do this.

Confidentiality
All of your records about this research study will be stored in our locked online system so no one else can see them. We will never tell anyone (e.g., teachers, parents) what your answers were or what your body measurements were.

Person to Contact
You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can ask your parent or teacher to contact me (Maya Miyairi, 801-231-5438).

Consent

Signing my name at the bottom means that I agree to be in this study. My parents and I will be given a copy of this form after I have signed it.

Printed Name of Child

Signature of Child   Date

Printed Name of Person Obtaining Assent

Signature of Person Obtaining Assent   Date

Parental Permission Document

BACKGROUND

Your child is being asked to take part in a research study about bullying. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Please contact us if there is anything that is not clear or if you would like more information.

The purpose of the current project is to examine the efficacy of an intervention program (i.e., The Healthy Body-image, Empowerment and Leadership (H-BEL) Program) designed to reduce fat bias and weight-related teasing and improve body image of adolescent girls. In order to achieve this goal, researchers in this project will begin by conducting a needs assessment to determine examples of fat bias and weight-related teasing among adolescent girls. Based on the findings from the needs assessment, researchers in this study will tailor existing evidence-based programs (i.e., FOO and OBPP) to the target population. The H-BEL program will be evaluated using quantitative data collection methodologies.

STUDY PROCEDURE

As part of this study, your child will be asked to complete 2 different online surveys in the computer lab at school. It will take your child approximately 10-15 minutes to complete this study at school. Your child will be asked to complete surveys that include questions about body esteem and perceptions of teasing. The researchers conducting this study will answer any questions or concerns that your child may have on any of the surveys at school.

RISKS

The risks of this study are minimal. Your child may feel upset thinking about or talking about personal information related to their experiences of body image or/and bullying. These risks are similar to those experienced when discussing personal information with others. If your child feels upset from this experience, you or your child can contact us, teacher, or/and school counselor. We will provide a proper support and resources for you and your child.

BENEFITS

Data from this needs assessment will help researchers develop culturally tailored intervention program for your child at school. Also, results from this needs assessment will help teachers and staff at school understand about this particular issue of bullying. We hope to provide beneficial information to teachers and staff at school so that they can provide a better education and safe environment at school.

CONFIDENTIALITY

Your child's data stored in our online system will be kept confidential. You child will not be asked type in her/his name. Data and records will be stored in our online system or and a password protected computer located in an office dedicated to this study. Only the researcher and members of the study team will have access to this information. Your child's records will not be released to others. The information gathered will be used for scientific purposes only. Your child will never be identified by name in relation to any of her/his answers.

PERSON TO CONTACT

If you have questions, complaints or concerns about this study, you can contact Maya Miyairi, M.S., the lead researcher of this study, by phone at 801-231-5438 or by email at maya.miyairi@hsc.utah.edu.

Institutional Review Board: Contact the Institutional Review Board (IRB) if you have questions regarding your child's rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

Research Participant Advocate: You may also contact the Research Participant Advocate (RPA) by phone at (801) 581-3803 or by email at participant.advocate@hsc.utah.edu.

VOLUNTARY PARTICIPATION

It is up to you to decide whether to allow your child to take part in this study. Refusal to allow your child to participate or the decision to withdraw your child from this research will involve no penalty or loss of benefits to which your child is otherwise entitled. This will not affect your or your child's relationship with the school. If your child opts not to participate in the study, he or she will participate in a recreational activity that our research team provides in a classroom while other students are taking the online questionnaires in a computer lab.

COSTS AND COMPENSATION TO PARTICIPANTS

There are no costs and/or compensation to you or your child if you choose to allow your child to take part in this study.

CONSENT

By signing this consent form, I confirm I have read the information in this parental permission form and have had the opportunity to ask questions. I will be given a signed copy of this parental permission form. I voluntarily agree to allow my child to take part in this study.

_____
Child's Name

_____
Parent/Guardian's Name

_____   _____
Parent/Guardian's Signature   Date

Assent to Participate in a Study

Purpose of the Research

We are trying to learn about how safely you communicate with peers at school. During your health class, we would like you to participate in our program including discussions and fun activities related to health. At the beginning and end of 8-week period of health class sessions, we would like you to complete surveys to make sure the health class sessions help you become a healthier person and create a safer school environment.

Procedure/Intervention/Method

If you agree to be in this study, you will be asked to participate in the health classes and answer online survey questions at the beginning and end of 8-week health class sessions. Survey questions will ask you about your thoughts and feelings about your body and peer relations at school.

Risks

You may feel uncomfortable when we discuss or/and engage in activities during the health class. Some survey questions may make you feel upset.

Benefits

Being in this study will help us and your teachers understand how we can help you become a healthier person and provide a safer school environment.

Alternative Procedures and Voluntary Participation

It is absolutely ok if you don't want to be in this study. Please remember that it is up to you if you want to complete the 8-week health class sessions and surveys or not and no one will be upset if you don't want to participate. You also have a right to stop participating in the health class sessions and answering survey questions when you feel uncomfortable during the health class or taking the surveys. If you decide not to participate in this study, you will attend a regular health class.

Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say "yes" you can still decide not to do this.

Confidentiality

All of your records about this research study will be stored in our locked online system so no one else can see them. We will never tell anyone (e.g., teachers, parents) what your answers were or what your body measurements were.

Person to Contact
You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can ask your parent or teacher to contact me (Maya Miyairi, 801-231-5438).

Consent
Signing my name at the bottom means that I agree to be in this study. My parents and I will be given a copy of this form after I have signed it.

Printed Name of Child

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Parental Permission Document

BACKGROUND

Your child is being asked to take part in a research study about bullying. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Please contact us if there is anything that is not clear or if you would like more information.

The purpose of the current project is to examine the efficacy of an intervention program (i.e., The Healthy Body-image, Empowerment and Leadership (H-BEL) Program) designed to reduce fat bias and weight-related teasing and improve body image of adolescent girls. In order to achieve this goal, researchers in this project have begun by conducting a needs assessment to determine examples of fat bias and weight-related teasing among adolescent girls. Based on the findings from the needs assessment, researchers in this study currently implement and tailor existing evidence-based program (i.e., FOO and OBPP) in your child's class at school.

STUDY PROCEDURE

Your child is being asked to participate in this proposed program and take surveys at the beginning and end of the program. Your child will be asked to complete 5 different online surveys in the computer lab at school at the beginning and end of the program period. It will take your child approximately 20-25 minutes to complete online surveys at school. Your child will be asked to complete surveys that include questions about bullying experiences and body image. The researchers conducting this study will answer any questions or concerns that your child may have on any of the questionnaires at school.

RISKS

The risks of this study are minimal. Your child may feel upset thinking about or talking about personal information related to their experiences of body image or/and bullying. These risks are similar to those experienced when discussing personal information with others. If your child feels upset from this experience, you or your child can contact us, teacher, or/and school counselor. We will provide a proper support and resources for you and your child.

BENEFITS

This proposed program is designed to increase self-efficacy to protect your child from bullying incidents and also unhealthy behaviors such as dieting and food restrictions. Through program lessons, your child will learn healthy life, social, and coping skills.

CONFIDENTIALITY

Your child's data stored in our online system will be kept confidential. Your child will not be asked her/his name. Data and records will be stored in our online system or and a password protected computer located in an office dedicated to this study. Only the researcher and members of the study team will have access to this information. Your child's records will not be released to others (e.g., teachers). The information gathered will be used for scientific purposes only. Your child will never be identified by name in relation to any of her/his answers.

PERSON TO CONTACT

If you have questions, complaints or concerns about this study, you can contact Maya Miyairi, M.S., the lead researcher of this study, by phone at 801-231-5438 or by email at maya.miyairi@hsc.utah.edu.

Institutional Review Board: Contact the Institutional Review Board (IRB) if you have questions regarding your child's rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns, which you do not feel you, can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

Research Participant Advocate: You may also contact the Research Participant Advocate (RPA) by phone at (801) 581-3803 or by email at participant.advocate@hsc.utah.edu.

VOLUNTARY PARTICIPATION

It is up to you to decide whether to allow your child to take part in this study. Refusal to allow your child to participate or the decision to withdraw your child from this research will involve no penalty or loss of benefits to which your child is otherwise entitled. This will not affect your or your child's relationship with the school. If your child opts not to participate in the study, he or she will participate in a regular health class.

COSTS AND COMPENSATION TO PARTICIPANTS

There are no costs and/or compensation to you or your child if you choose to allow your child to take part in this study.

CONSENT
By signing this consent form, I confirm I have read the information in this parental permission form and have had the opportunity to ask questions. I will be given a signed copy of this parental permission form. I voluntarily agree to allow my child to take part in this study.

_____
Child's Name

_____
Parent/Guardian's Name

_____   _____
Parent/Guardian's Signature   Date

APPENDIX C

PROGRAM LESSONS

Week 1	Introduction/Ground Rules
Week 2	Claiming Our Strengths (core values)
Week 3	Countering the Media Culture (Media Literacy)
Week 4 & 5	Standing Our Ground (Assertiveness Training)
Week 6 & 7	The Power of Healthy Relationships (Role-play)
Week 8	Making antibullying posters

Lesson 1

Program Introduction

1. This is a group about power, health, and leadership. In this group we're going to explore what it takes to be confident, healthy and a leader in our individual lives, with our friends and family, and in the wider world.
2. We're going to do lots of fun activities together and take time to talk about all sorts of topics related to power, health, and leadership.
3. This group is about action. The way to make a difference in the world is to put what we're learning into practice. So every group will end with a "call to action."
4. We're in this together. We have a lot to learn from each other- and from all the things that make us different. Some of you may not know each other very well, and you might not all be best friends outside the group. But here, every one of you matters and all of your experiences count.
5. You are training to be leaders. At the end of these sessions, you'll have the chance to design and lead sessions with younger girls. So you are here for yourself and for the next generation of students who look up to you to lead the way.

Personal Introductions

Model the introductions with Esther.

Closing comment (Slide)

Ground Rules

As you can already tell, sometimes we'll be talking about personal things here. So this needs to be a safe space for every one of us to talk and be ourselves. Here are some guidelines.

1. Everyone is welcome: are some of you closer friends than others? What can we do to make sure everyone feels welcome and part of the group?
2. Confidentiality: Is it okay to talk about what happens in the group with people outside of the group? What about your parents? Is it okay to tell them particulars?
3. Respect: what does this word mean, exactly? (Respect of each other's bodies, clothes, feelings, opinions, cultural backgrounds, etc.) What about put-downs? Flip remarks? Judgment and criticism? What about joking? Is there such a thing as a "joke" about someone's body or the way she looks?

4. Self-expression: What if you notice that someone hasn't spoken for a long while? What if someone starts feeling nervous during a session or conversation – how could she or he let us know?
5. No names: is it okay to talk about people who aren't in the group by name? Is it okay to use your name when someone refers to something you said in a previous session?
6. Disagreement's okay, not judgment: what's the difference between disagreeing and judging? Suggest the use of "I" statements: e.g., "In my opinion," "I think," "I feel," and so on. Is it okay for someone to give you feedback if you don't request it?

Full of Ourselves

A goal of this program is finding "Full of Ourselves". Let's figure out what it means to us. When you think about a person who is 'full of himself/herself', what words come to mind?

Make a list first.

Activity 1:

1. Ask one-half of the students to stand up and show the group without speaking what the negative take on this phrase looks like:

In other words, let us see you look 'haughty' and 'stuck-up'."

2. Ask the remaining girls to stand up and to show with their faces and bodies what the positive take on this phrase looks like:

Show us without speaking that you are self-confident and that you take yourself seriously.

You are al on target. In mainstream society, the phrase 'full of yourself' does have a negative meaning. But when we talk here about being 'full of yourself,' this doesn't mean being selfish or a snob or a bully. It doesn't mean that you know everything, that you always get your way, or that your life is perfect.

It does mean living powerfully and healthyfully. It does mean being a leader. It does mean knowing that you can make a positive difference in the world in your own unique way – without stepping on others. You see, being 'full of yourself doesn't mean being only for yourself. Instead, it means that you have a strong sense of who you are so you can be a more genuine friend, family member, and all-around citizen.

Handout 1: Read as a group.

1. Check the statements that are true for you today

2. Which of these are true for you?
3. Which ones are not?
   Tell us about that.

   Is it acceptable in this school for girls to be full of themselves in this new way-powerful, confident, and strong?

   How about boys?

   What kinds of things can make it hard to be strong and self-confident?

Confidence and Power

Take two or three minutes to complete this sentence from your own experience. Be clear and honest. Write as much as you want and give details. You won't be handing this in.

2-3 volunteers. How did you feel at that moment? How did you feel in your body? Point out that these are all examples of what it means to be "full of yourself" in the best sense of the phrase.

Lesson 2

1. Quick Ground-Rule Review
   a. Slide
2. Action Check-in
   a. Tell us about reading the proclamation every day. How did it sound to you over time? Can anyone recite in from memory?
   b. Did checking in with your body make a difference in your day?
   c. Tell us about your first interview, who did you talk to? When did she feel confident and powerful? What was your favorite part of the interview?
   d. Tell us about a time you spoke your mind this week. How did it feel to stand up for yourself? Was it hard? How did you feel afterward? Were there any times you didn't speak up but wish you had?

"This is a big deal! It's great that you all tried to put new ideas into practice. You took initiative. You exhibited leadership. This is how we change for the better – and change the world for the better – by taking simple steps every day. Over time, these add up to major breakthroughs."

3. Learning to walk: Power of the Positive

"A little girl, an infant, is learning how to walk for the very first time. You are in the room with her, and she keeps falling down. Have any of you ever watched an infant do this? She lets go of a table leg and takes one or two steps – then boom!- down she goes."

Q1. What do you say to her?

Q2. Why don't you criticize her: "You are so stupid and uncoordinated! You can't do anything right!"
Q3. Which works better to help someone learn and grow: criticism or encouragement? How come?

"Our minds are extremely powerful. Just like it hurts when someone else says something mean to us, it hurts when we think or say negative things to ourselves. The opposite is true, too. Just like that little girl leaning to walk, we change and grow when we feel validated and supported. Support can come from others, and it can also come from us. A great skill for getting through life is to learn the power of positive thinking.

1) Everyone close your eyes and take a deep breath. Now consider this question: What's an area in your life where you could use some encouragement? Think about a goal you want to reach in the next few days or weeks. Maybe you want to make a new friend, or land a babysitting job, or do better on your next math test. Scan your life and pinpoint something specific you'd like to achieve.
2) Open your eyes and write down your goal on a page in your note.
3) Underneath, write some words of encouragement to yourself. Try addressing yourself by name. "You can win that race, Rachel, I know you can. I am your biggest fan. Keep training!"
4) Now, write down three specific things you can do to move toward your goal.

   "Keep in mind that little girl trying to walk. We all need encouragement to grow and to take positive action. As often as possible during the next few days, talk to yourself in the voice of a kind and supportive friend. In other words, try to be one of your own best friends!"

4. Tree of Strength: Hand out (Leaf)

   "Another way to claim our own strengths is by looking to others for inspiration."

   "Write down the names of five women and men you admire, women and men who are special to you and who have somehow had an impact on your life. They don't have to be 'famous' in the traditional sense of the world."

NOTE: No movie starts.

   a. Next to each women's or men's name, write down one or two traits that you admire in that woman and man and hope to emulate.

5. Measuring Up: A Self-Assessment Hand out (Leaf)

Divide students into 4 different groups

Write down answers:

1. What do you really like about yourself?
    a. Are you a good sister or brother?
    b. Do you help friends through rough times?
    c. Do you have a great singing voice?
    d. Do you take your spiritual side seriously?
2. What would you like other people to appreciate about you more often?
3. Share what they got in a group.
4. Ask the experience.
5. Body Appreciation Statement
6. Call to Action

Lesson 3

1. Ground –rule review
2. Personal Values (Handout: Value Squares)
    a. Hand one page of "values Squares" and a pair of scissors to each student.
    b. Ask each student to read over the page and check "the 10 things that you value most about yourself and in your life."
    c. Ask students to rank the items in ascending order of importance, with the most important item on the bottom.
    d. Discussion questions:
        i. Do certain squares appear near the bottom of all the lists?
        ii. Which squares made your "final 10"? Which didn't and why not?
        iii. What can make it hard to live according to our own values?
    e. Transitional Question:
        i. Now what do you see in media? Do you see your values in media?
3. Media Culture
    a. Barbie Dolls
    b. Superman Figures
    c. Fashion Models
        i. Photoshopped Images
    d. Discussion question: Your values vs. Media values
        i. How are women portrayed in media?
        ii. Do we perceive stereotyped images about men and women from media?
        iii. Do we have to have one particular body size or/and type?
    e. Group activity:
        i. Magazines: What's up?
            1. Each group gets a teen magazine and analyzes messages that each magazine sends to readers.
            2. Each group presents their findings to peers in the class.
        ii. Julia Bluhm's story
4. Closing comments
    a. Remember what you value and believe all the time

b. Do not let media and society decide who and how you should be like.
c. Remember! It is ok to be different.
    i. Different = uniqueness
    ii. Respect friends' uniqueness
d. Be kind to yourself first. Positive self-talk! Then be kind to your friends and family.

5. Call to Action
    a. Reinforce the importance of action: "Let's take what we've learned out into the world- to change the world!"

Lesson 4

1. Ground-rule review
2. Imagine that woman: A discussion
    a. Introduce the discussion:
    "People tend to have a lot of different opinions about bodies – especially about bodies of different shapes and sizes. Many of these opinions are stereotypes. Can somebody explain what's stereotyping is?
        We are going to take an up-close and personal look at a stereotype we all live with, although we are not always aware of the ways it affects and limits us. I am going to describe two people, and I want you to imagine them in your minds. I am going to ask what you might think about these two people based just on what I tell you about them.
        I would like us all to be honest – even though we might feel pretty uncomfortable about some of the things we think."
    b. Give students permission to use whatever language they want; decide beforehand whether or not profanity is permissible.
    c. Write the heading "Woman 1" on top of a sheet of newsprint and the heading "Woman 2" on top of a second sheet. Then lead off a discussion by describing the following hypothetical situation. Write down the students' answers, documenting "positive" associations on the left-hand side of the page, "negative" ones on the right.
    "Imagine that you see a woman walking down the street who is really beautiful by society's standards. She has a great body, she is stylishly dressed- whatever that looks like to you. What do you think her life is like? Just by looking at her, what might you assume?"
    d. Pose the following questions in quick succession. Probe for negative assumptions as well as positive ones. Encourage the girls to be honest and spontaneous: "You can say whatever you want- what you really think. We don't all have to agree."
        • Does she have friends?
        • What kind of job do you think she might have?
        • Do you think she is in a relationship?
        • Does she have children?

- Is she educated?
- Is she happy?

e. Pose a second hypothetical question about Woman 2 and record the students' answers in a similar manner on the second sheet of newsprint. "In your mind, imagine a woman who looks like the opposite of Woman 1. She is unattractive by society's standards, perhaps she has a bigger body- whatever that looks like to you. What do you think or assume about her- what is she like, and what is her life like?"

f. Again pull for a range of assumptions, both negative and positive. Assure students that they can have different opinions. Encourage honesty: "Pretend you are right there seeing her walk down. What would you really think?"

g. Segue into discussion:

"Look at all the assumptions all of us make. Wow! How did we get here?! Isn't it weird how easy this was for us to do?"

h. Discussion questions:
1. Where do we get these ideas? It's not by accident that most people make judgments based on body size and shape. From an early age, we're bombarded with messages that teach us how to make snap judgments.
2. Can someone explain what racism is?
3. Who can explain what sexism is?
4. Now, who can guess what weightism is?

i. Write the term "Weightism" on the board. This scrip introduces a key program concept. Do not skip!

"We all know how cruel racism is- it's really serious, unfair, and hurtful to judge someone because of the color of his or her body. It's also really serious, unfair, and hurtful to judge a person based on the shape or size of his or her body. This is called 'weightism.' Weightism is a form of prejudice, just like racism. It's a set of beliefs and attitudes that says someone is better or smarter or more beautiful just because of the shape and size of her or his body.

In mainstream White culture here in America, weightism says that thinness is ideal and that chubby bodies and weight gain are bad. In other cultures, rounder and fuller bodies are considered ideal.

Either way, whether a girl or boy is put down or put up on a pedestal just because she or he is heavy or just because she or he is thin, it is unfair. Judgments are being made based on what she or he looks like on the outside without knowing who she or he is inside: her or his personality; her or his spirit; her or his talents; her or his interest; what she or he thinks about, cares about, worries about, dreams about; and how she or he makes the world a better place.

Have you ever noticed weightism in your own lives?"

3. Video clip: A story about a bullied anchor
4. Group Pledge

5. Call to action

Lesson 5

1. Ground Rules
2. Action Check-in
3. Body comments: A story about Jennifer Lawrence
4. Review of "Weightism"
6. Assertiveness Training:
      a. A story about Rosa Park: Video clip
      b. Practice activities:
          I.   "Comeback 1: Shoes"
              i.   One person in each pair takes off one of her or his shoes and holds it in her or his hand. She or he is the target. (Roles switch later.)
              ii.   The harasser walks up to the target, grabs for the shoe, and aggressively reads her or his line: "I want that shoe! Give it to me!"
              iii.   The target responds with her or his "comeback" in a strong assertive voice. Point out that this doesn't necessarily mean a loud voice. It does mean a confident voice that comes from "the gut" and is grounded in the body.
              iv.   Group demonstrations.
          II.   "Comeback 2: Eyes"
              i.   Choose one partner to be the harasser, one to be the target. (Roles switch later.)
              ii.   The harasser walks up to the target, looks her or his straight in the eyes, and says in a mean voice, "Your eyes are blue/brown [Whichever is untrue]."
              iii.   The target responds with the first "comeback" with assertive language and body language.
              iv.   Ask two students for a volunteer demonstration and solicit feedback from the group. Prompts, if needed: Would you take the target seriously? What could she or he do to make her or him comeback even stronger? Write the following pointers on the board, review, and then ask volunteers for a repeat performance.

- Make eye contact: This signals you are not scared.
- Enunciate: Don't mumble.
- Talk in a firm tone of voice: Say it like you mean it.
- Be strong in your body.
- Negate false Statements and state the truth.

Lesson 6

1. Review of Lesson 4
2. Assertiveness training (Role-play): The cafeteria: Bullies and Bystanders
   a. Ask for a volunteer to read "The Cafeteria" to the group.
   b. Point out that the characters in this scene each play distinct roles. On the board, write down and review the three primary roles a person can adopt in a bullying incident:
      i. A bully or instigator. Each of us can dish out weightism toward others. We can think, say, or do mean and unfair things based on someone's body size or shape.
      ii. A target. Each of us can be the recipient of someone else's weightist comments or actions. Someone can say, think, or do unfair things to us because of the shape or size of our bodies.
      iii. A bystander. We can witness or overhear something unfair or mean being said or done to someone else because of her or his body size or shape.
      iv. Ask the students to describe the role played by each character in "The Cafeteria."
         • Who is the instigator?
         • Who is the target?
         • Who is the bystander?
      v. Add two new definitions to the list:
         1. A follower. Peter begins as a bystander. He becomes a follower by colluding in Sam's harassment. A follower is someone who "falls in line" behind someone else and doesn't necessarily think for him- or herself.
         2. An activist. No one, at this point in the scene, has assumed the courageous role of activist- someone who intervenes to stop the bullying by speaking up or taking action.
      vi. Group practice: Each group uses the same script but come up with own idea to solve the bullying incident. Each group presents in a form of role-play in front of classmates.
      vii. Ask each student to put herself in Hayley's shoes: If you were a bystander who overheard this interaction, what could you do? What are your options? What might an activist do in this situation? Write the students' suggestions under the "Activist" heading.

Lesson 7

1. Review of Lesson 6
2. Assertiveness Training (Role-play): The wall
   i. Guidelines:
      a. Actors and narrator have 5 minutes to rehearse.
      b. Audience members play the role of activists, students who are confident leaders. You are all self-possessed and have the guts to stand up for each other and what you believe in.

    c. Actors perform their role play. At the end, the narrator commands "FREEZE," and all actors freeze in place. At that point, one audience member can jump in and join the scene. She can join as a brand-new character, or she can tap one of the original actors on the shoulder and take her place. The narrator says "UNFREEZE" and the scene continues with actors improvising in their roles.

    d. Other audience members can command, "FREEZE" at any point and step into the scene as a new character or in the place of an old character.

    e. Ask the remaining students to review the assertiveness skills they learned in the earlier "Comeback" Kid" scenes: eye contact, a clear and firm tone of voice, and so on. Encourage them to put these skills to use in this scene.

    f. Actors perform.

    g. Debriefing questions:

        1. Was the intervention a success? Why or why not?

        2. What worked best in getting the harassers to stop?

        3. Did any words or actions escalate the situation?

        4. What else could you do or say to help your friend without making the situation worse? Point out the power in simple, direct language: "Stop it, that's cruel!" "C'mon, Lauren, let's go." "I can't believe you just said that!" "That's really mean." "You are really mean."

3. The power of healthy relationships: Core connections
4. Making Antibullying posters

Lesson 8

1. Completing antibullying posters
2. Closing comment