

Weight Stigmatization Toward Youth: A Significant Problem in Need of Societal Solutions

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Abstract

Overweight and obese youth face frequent stigmatization because of their excess weight, most often in the form of teasing and bullying. Weight stigmatization in youth begins early in childhood and is prevalent in the school setting by adolescence. Not only are obese youth vulnerable to stigmatization from peers, but increasing studies also indicate that educators and even parents are sources of weight bias. This has concerning implications for children's health, because research over the past decade has consistently demonstrated links between weight-based stigmatization and negative outcomes for psychological, social, and physical well-being. To reduce weight-based stigmatization and protect obese youth from the deleterious effects of victimization, efforts are needed to identify and evaluate successful methods to reduce bias toward obese youths, implement effective school-based policies that prohibit weight-based victimization, and ensure that initiatives to address childhood obesity do not impose further stigmatization on overweight and obese youth. These efforts will require increased vigilance by educators, parents, schools, public health initiatives, antibullying campaigns, and policy makers.

The Nature and Extent of Weight Bias Toward Youth

In recent years, there has been increasing attention by researchers, policy makers, and the general public to bullying and victimization in youth. Public concern is warranted, as almost half of youth are vulnerable to frequent bullying from peers during adolescence.¹ Children who are overweight or obese are especially vulnerable to frequent victimization (*e.g.*, teasing and bullying) because of their excess weight,^{2,3} and are more likely to be victims of teasing and bullying compared to their average-weight peers.⁴⁻⁶ Longitudinal research demonstrates that weight status significantly predicts likelihood of future victimization in youth,⁷ with the heaviest youth at highest risk for future stigmatization.

The school setting is a particularly salient environment where weight-based victimization occurs.^{8,9} Recent research suggests that adolescents report weight-based teasing to be one of the most common forms of teasing observed and experienced at school,⁸ and that obese youth are targets of bullying regardless of their gender, race, social skills, or scholastic achievement.¹⁰ Multiple forms of verbal, relational, and physical teasing and bullying toward obese youth have been documented.^{3,6,8}

A recent study surveyed 1555 adolescents about their perceptions of weight-based victimization toward overweight and obese peers at school, and found that high percentages of students reported witnessing overweight/obese peers being made fun of (92%), being called names (91%), teased in a mean way (88%), teased during physical activities (85%), ignored or avoided (76%), excluded from activities (67%), verbally threatened (57%), and physically harassed (54%).⁸ These concerning findings suggest that overweight and obese youth are vulnerable to frequent and multiple forms of peer victimization in the school setting. Unfortunately, the same study found that whereas the majority of students reported willingness to help an overweight peer who was the target of teasing, approximately half of the students typically remain a passive bystander.

Most research to date has examined weight stigmatization toward youth in the context of peer relationships³; however, emerging studies have documented educators and even parents as additional sources of weight stigma toward obese youth. Teachers' perceptions and expectations of their students are influenced by youth's body weight.¹¹⁻¹⁴ Educators report lower expectations of overweight students compared to normal-weight youth across a range of abilities and performance

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domains¹⁵ and endorse negative weight-related beliefs and stereotypes toward obese individuals.^{12,16–21} Recent work has highlighted these negative attitudes among physical education (PE) teachers in particular.^{15,21} For example, students training to become physical educators endorse stronger and more consistent bias toward overweight and obese youth than students training in other disciplines,¹⁷ which is evident across both explicit and implicit measures of weight bias²⁰ and may worsen throughout the duration of their training.²⁰ These findings are concerning, especially in light of the importance of school PE as a setting for promotion of physical activity and obesity prevention.^{22,23}

Unfortunately, the home environment may be equally challenging for some youth who struggle with their weight. Self-report studies indicate high percentages (ranging from 23% to 58%) of overweight and obese youth who report weight-based teasing from their parents.^{24–26} Parental weight-based teasing has been reported by overweight youth across different racial groups²⁷ and is consistently associated with negative outcomes, including poor psychological health (e.g., depression, anxiety, low self-esteem, body dissatisfaction),^{24,28–30} and maladaptive eating and weight control behaviors, such as binge eating.^{26,31} Weight-based teasing from parents during adolescence predicts hurtful weight-related comments reported later in young adulthood,³² and overweight/obese adults recall family members to be among the most frequent sources of weight stigmatization in their lives.³³ Recent research suggests that an authoritarian parenting style and beliefs that people are personally responsible for their weight may contribute to antifat attitudes reported by parents.³⁴

Consequences for Psychological, Social, and Physical Well-Being

Weight-based victimization and bullying places millions of youth at risk for negative psychosocial, physical health, and academic outcomes.^{3,5,35,36} Overweight and obese children and adolescents who are teased or bullied because of their weight have heightened vulnerability to depression, anxiety, lower self-esteem, and poor body image.^{25,30,37–39} This research has been demonstrated in both clinical and nonclinical samples of obese youth, and importantly, these findings remain consistent even after controlling for variables such as BMI,^{24,37,40,41} suggesting that negative psychological consequences are associated with experiences of weight stigmatization, rather than body weight *per se*. Of particular concern, obese youth who are victimized by their peers are two to three times more likely to engage in suicidal thoughts and behaviors than overweight peers who are not victimized.^{25,37}

Weight bias also poses consequences for children's social relationships and school functioning. Overweight and obese children are rejected more often by their peers

than non-overweight students, are more likely to be socially isolated, and are less likely to be nominated by their peers as friends than non-overweight students.^{39,42–44} Research shows that negative attitudes toward obese children begin as early as preschool age, in children 3–5 years old,⁴⁵ who ascribe overweight peers as mean, stupid, lazy, sloppy, and less desirable playmates compared to non-overweight children.^{45,46} As children enter elementary and middle school, attitudes become worse, with children reporting that obese peers are ugly, selfish, lazy, stupid, dishonest, have few friends, and are socially isolated.^{47,48} Unfortunately, peer rejection and teasing toward obese youth often occur in the classroom and school cafeteria, settings that students confront on a daily basis and are not easily avoided.⁴⁹ Perhaps not surprisingly, the pervasiveness of weight-based teasing in the school setting has potentially concerning implications for academic functioning. A number of studies have documented worse school performance among overweight youth compared to thinner peers (see review in ref. 50). Recent research shows a mediating effect of weight-based teasing on the relationship between body weight and school performance⁵¹ and that youth report their grades are harmed because of weight-based teasing.⁴⁹

Finally, weight stigmatization can lead to impairments in children's physical health. Overweight and obese youth who are teased or bullied about their weight have increased risk of engaging in maladaptive and disordered eating behaviors, including binge eating, unhealthy weight control practices, and eating disordered patterns compared to overweight peers who are not teased.^{2,30,52} In addition, emerging evidence indicates that obese youth are less likely to engage in physical activity because of weight stigmatization. Weight-related teasing and criticism during physical activity may decrease youth participation in physical activity^{5,53} and lead youth to avoid further weight-related victimization by avoiding or skipping physical education and school-based physical activities.⁵⁴ Recent research with adolescents ($N = 1555$) found that 84% of students reported observing overweight peers being teased because of their weight specifically during physical activity,⁸ and that youth who report experiencing weight-based teasing during gym class cope by avoiding future gym classes.⁴⁹ Thus, weight bias can create significant challenges for obese youth to engage in physical activity and healthy eating behaviors and may instead reinforce behaviors that promote weight gain and obesity.

How Do We Reduce Weight Stigmatization and Protect Youth?

Despite substantial evidence documenting frequent stigmatization toward overweight and obese youth, little research has examined strategies to reduce this form

of stigma, and existing work has been fragmented with limited success in attempts to improve attitudes.^{3,55} The paucity of work in this area is concerning, and research is clearly needed to identify and evaluate effective methods to reduce weight bias, both in school and home settings.

Given the prevalence of weight-based teasing and bullying in the school setting, there is a particular need for increased awareness of and responsiveness to weight-based victimization by educators, guidance counselors, and school psychologists in efforts to protect overweight and obese students. Although many states and school districts have general antibullying policies in place, there appears to be little awareness or mention of body weight as a common reason for student victimization, and some research suggests that overweight students report that school rules are not enforced despite policies prohibiting teasing and harassment.⁵⁴ Thus, it is critical to determine whether existing school-based policies that prohibit victimization are being implemented effectively and protecting overweight and obese students. Schools can play an important role in these efforts by addressing weight-based victimization as a legitimate form of bullying (e.g., on par with efforts to improve student tolerance of race, religion, and sexual orientation), and implementing clear antibullying policies that ensure all students, regardless of their body weight, can experience a safe climate in their classrooms and schools.

In addition, as obesity prevention and intervention programs are increasingly implemented in schools and communities, we must ensure that efforts to improve health in youth do not impose further stigmatization on overweight and obese youth.^{3,56} A 2005 report issued by the Institute of Medicine called for increased awareness of weight stigmatization in youth-focused obesity intervention and recommended that prevention efforts promote health behaviors rather than physical appearance.⁵⁷ Similar recommendations were put forth by the Society for Nutrition Education, who called for school-based obesity prevention programs to include policies to prohibit weight-based bullying and efforts to promote weight tolerance.⁵⁸ For these efforts to be successful, careful consideration must be given to how messages are framed to address childhood obesity. Messages that focus on improved health as the primary incentive and outcome of interventions, rather than thinness or appearance-based messages, will be important. Attention to specific language used in messaging is also key, so that well-intentioned efforts do not inadvertently stigmatize obese children or their families. For example, a 2011 childhood obesity campaign by the Georgia Children's Health Alliance publicized images of obese children on billboards and websites with captions such as "*Big bones didn't make me this way, big meals did*" and "*Fat kids become fat adults*", which resulted in public criticism for promoting stigmatization of obese children and their families.^{59,60} Messages that instead offer support and feasible strategies to improve health behav-

iors should be prioritized in childhood obesity campaigns, rather than messages that use shaming or blameful tactics that do little else than perpetuate prejudice.

Finally, reducing weight stigmatization toward youth will likely require large-scale efforts to help shift societal attitudes and implement effective protections against weight-based victimization. Efforts to improve portrayals of obese youth in the media, challenge stereotypes that promote weight stigmatization, and educate the public about the complex causes and solutions for obesity are several examples of societal strategies to combat weight bias. Broader policy solutions could be very useful, and perhaps necessary, in these efforts. Although there has been considerable media attention and increasing public campaigns to address bullying in youth,⁶¹⁻⁶³ as well as efforts by the White House to engage the public and discuss effective policies to prevent bullying,⁶⁴ body weight and victimization of obese children have been noticeably absent in the national discourse on bullying toward youth. To effectively protect overweight and obese children from the devastating consequences of stigma and victimization, we must prioritize discussions of weight stigma in national discussions of obesity, public health, and bullying.

Conclusion

As we continue to focus state and national efforts on strategies to prevent and treat childhood obesity, we must not ignore the devastating consequences of stigma and victimization that these children face, often on a daily basis. Weight-based victimization and bullying is prevalent in the school setting where peers are the most common perpetrators, but educators and parents are not immune to weight bias and may be additional sources of stigma toward obese children. In addition to physical health risks that children face from obesity and its complications, stigma places obese children at increased vulnerability for numerous consequences to their emotional and physical well-being. To eradicate stigmatization toward overweight and obese youth, increased vigilance is needed by educators, parents, schools, public health initiatives, antibullying campaigns, and policy makers to ensure that all children, regardless of their body weight, are protected from harmful victimization and have opportunities to improve their health in a positive and safe environment.

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References

1. Pepler D, Craig WM, Jiang D, et al. Developmental trajectories of bullying and associated factors. *Child Dev* 2008;79:325–338.
2. Haines J, Neumark-Sztainer DR, Hannan PJ, et al. Longitudinal and secular trends in weight-related teasing during adolescence. *Obesity* 2008;16(Suppl 2):S18–S23.
3. Puhl RM, Latner JD. Stigma, obesity, and the health of the nation's children. *Psychol Bull* 2007;133:557–580.
4. Fox CL, Farrow CV. Global and physical self-esteem and body dissatisfaction as mediators of the relationship between weight status and being a victim of bullying. *J Adolesc* 2009;32:1287–1301.
5. Hayden-Wade HA, Stein RI, et al. Prevalence, characteristics, and correlates of teasing experiences among overweight children vs. non-overweight peers. *Obesity* 2005;13:1381–1392.
6. Janssen I, Craig WM, Boyce WF, et al. Associations between overweight and obesity and bullying behaviors in school-aged children. *Pediatrics* 2004;113:1187–1193.
7. Griffiths LJ, Wolke D, Page AS, et al. Obesity and bullying: Different effects for boys and girls. *Arch Dis Child* 2006;91:121–125.
8. Puhl RM, Luedicke J, Heuer C. Weight-based victimization toward overweight and obese adolescents: Observations and reactions of peers. *J Sch Health* (in press).
9. Taylor NL. Guys, she's humongous!: Gender and weight-based teasing in adolescence. *J Adolesc Res* 2011;26:179–199.
10. Lumeng JC, Forrest P, Appugliese DP, et al. Weight status as a predictor of being bullied in third through sixth grades. *Pediatrics* 2010;125:e1301–e1307.
11. Li W, Rukavina PB. A review on coping mechanisms against obesity bias in physical activity/education settings. *Obes Rev* 2009;10:87–95.
12. Neumark-Sztainer DR, Story MT, Harris T. Beliefs and attitudes about obesity among teachers and school health care providers working with adolescents. *J Nutr Educ* 1999;31:3–9.
13. Rukavina PB, Li W. School physical activity interventions: Do not forget about obesity bias. *Obes Rev* 2008;9:67–75.
14. Schwartz MB, Puhl RM. Childhood obesity: A societal problem to solve. *Obes Rev* 2003;4:57–71.
15. Greenleaf C, Weiller K. Perceptions of youth obesity among physical educators. *Soc Psychol Educ* 2005;8:407–423.
16. Chambliss HO, Finley CE, Blair SN. Attitudes toward obese individuals among exercise science students. *Med Sci Sports Exerc* 2004;36:468–474.
17. Greenleaf C, Martin SB, Rhea D. Fighting fat: How do fat stereotypes influence beliefs about physical education? *Obesity* 2008;16(Suppl. 2):53–59.
18. Horn TS. Expectancy effects in the interscholastic athletic setting: Methodological considerations. *J Sport Exerc Psychol* 1984;6:60–76.
19. Horn TS. Coaches' feedback and changes in children's perceptions of their physical competence. *J Educ Psychol* 1985;77:174–186.
20. O'Brien KS, Hunter JA, Banks M. Implicit anti-fat bias in physical educators: Physical attributes, ideology, and socialization. *Int J Obes*. 2007;31:308–314.
21. Peters DM, Jones RJ. Future sport, exercise and physical education professionals' perceptions of the physical self of obese children. *Kinesiology* 2010;42:36–43.
22. Price, JH. Elementary physical education teachers' perceptions of childhood obesity. *Health Educ* 1990;21:26–32.
23. Savage MP. Perceptions of childhood obesity of undergraduate students in physical education. *Psychol Rep* 1995;76:1251–1259.
24. Keery H, Boutelle K, van den Berg P, et al. The impact of appearance-related teasing by family members. *J Adolesc Health* 2005;37:120–127.
25. Neumark-Sztainer DR, Falkner N, Story MT, et al. Weight-teasing among adolescents: Correlations with weight status and disordered eating behaviors. *Int J Obes* 2002;26:123–131.
26. Neumark-Sztainer DR, Bauer KW, Friend S, et al. Family weight talk and dieting: How much do they matter for body dissatisfaction and disordered eating behaviors in adolescent girls? *J Adolesc Health* 2010;47:270–276.
27. van den Berg P, Neumark-Sztainer DR, Eisenberg ME, et al. Racial/ethnic differences in weight-related teasing in adolescents. *Obesity* 16(Suppl. 2):S3–S10.
28. Ata RN, Ludden AB, Lally MM. The effects of gender and family, friend, and media influences on eating behaviors and body image during adolescence. *J Youth Adolesc* 2007;36:1024–1037.
29. Fulkerson JA, Strauss J, Neumark-Sztainer DR, et al. Correlates of psychosocial well-being among overweight adolescents: The role of the family. *J Consult Clin Psychol* 2007;75:181–186.
30. Libbey, HP, Story MT, Neumark-Sztainer DR, et al. Teasing, disordered eating behaviors, and psychological morbidities among overweight adolescents. *Obesity* 2008;16(Suppl. 2):S24–S29.
31. Haines J, Kleinman KP, Rifas-Shiman SL, et al. Examination of shared risk and protective factors for overweight and disordered eating among adolescents. *Arch Pediatr Adolesc Med* 2010;164:336–343.
32. Eisenberg ME, Berge JM, Fulkerson JA, et al. Weight comments by family and significant others in young adulthood. *Body Image* 2011;8:12–19.
33. Puhl RM, Brownell KD. Confronting and coping with weight stigma: An investigation of overweight and obese adults. *Obesity* 2006;14:1802–1815.
34. Holub SC, Tan CC, Patel SL. Factors associated with mothers' obesity stigma and young children's weight stereotypes. *J Appl Dev Psychol* 2011;32:118–126.
35. Storch EA, Milsom VA, DeBraganza N, et al. Peer victimization, psychosocial adjustment, and physical activity in overweight and at-risk-for-overweight youth. *J Pediatr Psychol* 2007;32:80–89.
36. Menzel JE, Schaefer LM, Burke NL, et al. Appearance-related teasing, body dissatisfaction, and disordered eating: A meta-analysis. *Body Image* 2010;7:261–270.
37. Eisenberg ME, Neumark-Sztainer DR, Story MT. Associations of weight-based teasing and emotional well-being among adolescents. *Arch Pediatr Adolesc Med* 2003;157:733–738.
38. Griffiths LJ, Page AS. The impact of weight-related victimization on peer relationships: The female adolescent perspective. *Obesity* 2008;16(Suppl. 2):S39–S45.
39. Strauss RS, Pollack HA. Social marginalization of overweight children. *Arch Pediatr Adolesc Med* 2003;157:746–752.
40. Thompson JK, Coovert MD, Richards KJ, et al. Development of body image, eating disturbance, and general psychological functioning in female adolescents: Covariance structure modeling and longitudinal investigations. *Int J Eat Disord* 1995;18:221–236.
41. Davison KK, Birch LL. Processes linking weight status and self-concept among girls from ages 5 to 7 years. *Dev Psychol* 2002;38:735–748.
42. Falkner NH, Neumark-Sztainer DR, Story MT, et al. Social, educational, and psychological correlates of weight status in adolescents. *Obesity* 2001;9:32–42.
43. Pearce MJ, Boergers J, Prinstein MJ. Adolescent obesity, overt and relational peer victimization, and romantic relationships. *Obesity* 2002;10:386–393.
44. Pierce JW, Wardle J. Cause and effect beliefs and self-esteem of overweight children. *J Child Psychol Psychiatry* 1997;38:645–650.

45. Cramer P, Steinwert T. Thin is good, fat is bad: How early does it begin? *J Appl Dev Psycho* 1998;19:429–451.
46. Brylinski JA, Moore JC. The identification of body build stereotypes in young children. *J Res Pers* 1994;28:170–181.
47. Tiggemann M, Wilson-Barrett E. Children's figure ratings: Relationship to self-esteem and negative stereotyping. *Int J Eat Disord* 1998;23:83–88.
48. Wardle J, Volz C, Golding C. Social variation in attitudes to obesity in children. *Int J Obes* 19:562–569.
49. Puhl RM, Lucdicke J. Weight-based victimization among adolescents in the school setting: Emotional reactions and coping behaviors. *Journal of Youth and Adolescence* DOI 10.1007/s10964-011-9713-z.
50. Taras H, Potts-Datema W. Obesity and student performance at school. *J Sch Health* 2005;75:291–295.
51. Krukowski RA, West DS, Perez AP, et al. Overweight children, weight-based teasing and academic performance. *Int J Pediatr Obes* 2009;4:274–280.
52. Haines J, Neumark-Sztainer DR, Wall M, et al. Personal, behavioral and environmental risk and protective factors for adolescent overweight. *Obesity* 2007;15:2748–2760.
53. Faith MS, Leone MA, Ayers TS, et al. criticism during physical activity, coping skills, and reported physical activity in children. *Pediatrics* 2002;110:e23–e31.
54. Bauer KW, Yang YW, Austin SB. “How can we stay healthy when you're throwing all this in front of us?” Findings from focus groups and interviews in middle schools on environmental influences on nutrition and physical activity. *Health Educ Behav* 2004;31:34–46.
55. Daniëlsdóttir S, O'Brien KS, Ciao A. Anti-fat prejudice reduction: A review of published studies. *Obes Facts* 2010;3:47–58.
56. Puhl RM, Heuer, CA. Obesity stigma: Important considerations for public health. *Am J Public Health* 2010;100:1019–1028.
57. Koplan JP, Liverman CT, Kraak VI, eds. *Preventing Childhood Obesity: Health in the Balance*. Washington, DC: The National Academies Press, 2005.
58. Berg F, Buechner J, Parham E. Weight Realities Division of the Society for Nutrition Education. Guidelines for childhood obesity prevention programs: Promoting healthy weight in children. *J Nutr Educ Behav* 2003;35:1–4.
59. Stop Childhood Obesity. Georgia Children's Health Alliance Web Site. Available at www.stopchildhoodobesity.com/, published 2011. Last accessed July 28, 2011.
60. Crary D. Amid 'war on obesity,' skeptics warn of stigma. Updated May 2, 2011. Available at www.msnbc.msn.com/id/42770308/ns/health-diet_and_nutrition/t/amid-war-obesity-skeptics-warn-stigma/. Last accessed July 28, 2011.
61. Bauder D. Nickelodeon adds voice to address cyberbullying. The Globe and Mail. March 28, 2011. Available at www.theglobeandmail.com/news/technology/tech-news/nickelodeon-adds-voice-to-address-cyberbullying/article1959703/. Last accessed July 28, 2011.
62. Thomas G. Public campaign will reach out to young people suffering homophobic bullying, June 22, 2011. Available at http://articles.philly.com/2011-06-22/news/29690013_1_lgbt-tyler-clementi-videos/2. Last accessed July 28, 2011.
63. Murdoch K. Law puts bullying in the spotlight, June 29, 2011. Available at www.heraldnet.com/article/20110629/TWH01/706299964/-1/TWH01. Last accessed July 28, 2011.
64. White House conference on bullying; March 10, 2011; Washington DC. Available at www.whitehouse.gov/the-press-office/2011/03/10/background-white-house-conference-bullying-prevention. Last accessed July 28, 2011.

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