Pediatric Obesity and Bullying: Implications for Patients, Providers and Clinical Practice

Rebecca M. Puhl, PhD
Rudd Center for Food Policy & Obesity
Yale University
Objectives

• Nature and extent of weight-based victimization

• Impact on psychological and physical health

• How to reduce weight bias in clinical practice
The Science on Weight Bias

Substantial Evidence of Weight Bias in:

- Employment
- Education
- The Media
- Interpersonal Relationships
- Health care
- Youth

Puhl & Brownell (2001); Puhl & Heuer (2009)
Why is weight bias a priority?

- Millions affected by stigma and bullying
- Serious psychological consequences
- Pervasive social/economic inequalities
- Adverse effects on physical health
- Reduces quality of life
- Hinders policy and treatment
Fat is the new ugly on the playground

By Katia Hetter, Special to CNN
updated 12:25 PM EDT, Fri March 16, 2012
Stigma of Overweight & Obese Youth

Multiple forms: Verbal, Physical, Relational, Cyber

Multiple sources: Peers, Teachers, Parents

Multiple consequences: Emotional, Social, Physical

Puhl & Latner, 2007
National Education Association (1994)

“For fat students, the school experience is one of ongoing prejudice, unnoticed discrimination, and almost constant harassment”

“From nursery school through college, fat students experience ostracism, discouragement, and sometimes violence”
Figure 5. Percentage of Staff Who Reported that Bullying Behaviors Were a Moderate/Major Problem
Weight bias is expressed as early as age 3.

Compared to average weight youth, overweight peers are:

- Viewed as mean, ugly, stupid, undesirable playmates
- Less often selected as best friend or playmate

Elementary school

Compared to non-overweight peers, obese youth face:

- Less peer acceptance
- Fewer friend nominations
- Perceptions of being less athletic, unattractive
- Stereotypes of being lazy, unfriendly, dishonest
- No differences according to gender, race, or grade

Victimization of Obese Youth

Obese children in grades 3 through 6 are more likely to be bullied by their classmates than thinner peers, regardless of their gender, race, social skills, or academic achievement.

Likelihood of being bullied is 63% higher for an obese child compared to a healthy weight peer.

Among heaviest youth, at least 60% report victimization.

BMI predicts future victimization.

Eisenberg et al., 2003; Griffiths et al., 2006; Lumeng et al., 2010; Janssen et al., 2004; Neumark-Stzainer et al., 2002; Storch et al., 2006
Middle School

Teasing is more prevalent, upsetting, frequent, and longer lasting for overweight children compared to peers.

Weight-related teasing elicits most negative emotional reactions compared to teasing for other reasons.

Girls and heaviest youth report weight teasing/criticism is more common, and respond with more negative emotions.

Teasing and Bullying in Adolescence

Adolescent reports of why peers are teased/bullied, and observed frequency (N = 1555)

<table>
<thead>
<tr>
<th>Reason for teasing</th>
<th>Primary reason students are teased</th>
<th>Observed sometimes, often, very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being overweight</td>
<td>40.8%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Gay/lesbian</td>
<td>37.8%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Ability at school</td>
<td>9.6%</td>
<td>61.2%</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>6.5%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Physical disability</td>
<td>3.3%</td>
<td>35.8%</td>
</tr>
<tr>
<td>Religion</td>
<td>1.2%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Low income/status</td>
<td>0.8%</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

Types of Weight-Based Victimization Observed Toward Overweight and Obese Adolescents (N = 1555)

<table>
<thead>
<tr>
<th>Types of weight-based victimization</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>made fun of</td>
<td>92</td>
</tr>
<tr>
<td>called names</td>
<td>91</td>
</tr>
<tr>
<td>teased in a mean way</td>
<td>88</td>
</tr>
<tr>
<td>teased during physical activity</td>
<td>85</td>
</tr>
<tr>
<td>ignored or avoided</td>
<td>76</td>
</tr>
<tr>
<td>teased in the cafeteria</td>
<td>71</td>
</tr>
<tr>
<td>excluded from activities</td>
<td>67</td>
</tr>
<tr>
<td>target of negative rumors</td>
<td>68</td>
</tr>
<tr>
<td>verbally threatened</td>
<td>57</td>
</tr>
<tr>
<td>physically harassed</td>
<td>54</td>
</tr>
</tbody>
</table>

Weight-loss Treatment-Seeking Youth

- 361 adolescents enrolled in weight-loss camps
- 71% Caucasian, 18% African American, 6% Hispanic
- 64% overweight or obese
- 64% reported experiencing weight-based victimization

Perpetrators:

- Peers – 90%
- Friends – 70%
- PE teachers/coaches – 42%
- Parents – 37%
- Classroom teachers – 27%

Types of teasing/bullying

- Verbal teasing – 75-88%
- Relational – 74-82%
- Cyber-bullying – 60%
- Physical aggression – 33-61%

Treatment-seeking Youth

- 71% reported WBV during the past year
- 4/5 students > 1 year
- More than 1/3 > 5 years
- Over half reported being cyber-bullied

*Adolescents who reached a healthy weight were still at risk for WBV

*WBV may be present for youth of diverse body weights and not just for those who are overweight or obese

Puhl, Peterson, Luedicke, Pediatrics, 2012
Weight Bias by Teachers

• Beliefs that obesity is due to lack of willpower/discipline

• Lower expectations of overweight students (physical, social, and academic abilities)

• Stereotypes about overweight students’ personality, hygiene, family life

• Can affect student academic outcomes, performance, self-perceptions, and be transmitted to students

de Boer, Bosker, & van der Werf (2010); Greenleaf & Weiller (2005); Khoury-Kassabri (2011); Neumark-Sztainer et al. (1999); Peterson, Puhl, & Luedicke (2012), Puhl & Brownell, 2006.
Parental Concerns about Weight-Based Victimization (WBV)

National sample of 918 parents with a child between age 2-18, living at home

- “Being overweight’ was perceived to be the most common reason that youth are bullied, regardless of parental or child weight status.

- Parents both with and without overweight children endorsed similar levels of general concern about WBV and its psychological and behavioral consequences for youth.

- Parents with overweight or obese children expressed higher levels of concern about WBV affecting their own children.

Puhl & Luedicke (under review)
Parental Concerns about Psychological Consequences of Weight-based Victimization

<table>
<thead>
<tr>
<th>Psychological Consequences of WBV</th>
<th>Parents of Overweight or Obese Children (N = 471)</th>
<th>Parents with no Overweight or Obese Children (N = 447)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>78</td>
<td>79</td>
</tr>
<tr>
<td>Poor Body Esteem</td>
<td>84</td>
<td>78</td>
</tr>
<tr>
<td>Low Self-Esteem</td>
<td>84</td>
<td>80</td>
</tr>
<tr>
<td>Obsession with Weight</td>
<td>72</td>
<td>74</td>
</tr>
<tr>
<td>Suicidal Thoughts</td>
<td>69</td>
<td>76</td>
</tr>
<tr>
<td>Impaired Academic Achievement</td>
<td>67</td>
<td>76</td>
</tr>
</tbody>
</table>

Puhl & Luedicke (under review)
Parental Concerns about Behavioral Consequences of Weight-based Victimization

<table>
<thead>
<tr>
<th>Behavioral Consequences of WBV</th>
<th>Parents of Overweight or Obese Children (N = 471)</th>
<th>Parents with no Overweight or Obese Children (N = 447)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance of Physical Activities</td>
<td>71</td>
<td>68</td>
</tr>
<tr>
<td>Avoidance of Social Activities</td>
<td>72</td>
<td>69</td>
</tr>
<tr>
<td>Skipping class or school</td>
<td>60</td>
<td>63</td>
</tr>
<tr>
<td>Increased food consumption</td>
<td>81</td>
<td>71</td>
</tr>
<tr>
<td>Unhealthy Weight Loss Behaviors</td>
<td>67</td>
<td>72</td>
</tr>
<tr>
<td>Avoidance of Exercise</td>
<td>67</td>
<td>61</td>
</tr>
</tbody>
</table>

Puhl & Luedicke (under review)
Parental weight bias

47% of overweight girls, 34% of overweight boys report weight victimization from family members.

Overweight children feel stigmatized by parents; report negative parental comments about their weight.

Parents communicate weight stereotypes to their children.

Parental teasing predictive of sibling teasing.

Adams et al., 1988; Bacardi-Gascon et al., 2007; Crandall, 1991; 1995; Davison & Birch, 2004; Eisenberg et al., 2003; Holub et al., 2011; Keery et al., 2005; Lindelof et al., 2011; Musher-Eizenman et al., 2003; Neumark-Sztainer et al., 2002; 2010; van den Berg et al., 2008
Weight Stereotypes in Children’s Media
Decided to burn lots of calories today, so I set a fat kid on fire.
“Habit Heroes” Exhibit on childhood obesity
Disney shuts down, retools obesity exhibit after critics complain

By CBS News Staff    Topics Health Care, News, Kids and family

17 Comments    Email Story    Share This    Tweet This    More
Have Your Say    Send to a Friend    Tell Your Friends    Tweet This    Share It

(CBS/AP) Walt Disney World calls itself the "happiest place on earth." But its latest Epcot exhibit, Habit Heroes, could have made obese children unhappy, critics say. After receiving complaints about the exhibit shortly after its unofficial opening in February, the park closed it down and is retooling the attraction.

PICTURES: Busted! 11 photos obesity docs don't want you to see

Habit Heroes featured animated fitness superheroes "Will Power" and "Callie Stenics" and super-sized villains "Snacker" and "Lead Bottom", who eat junk food and watch too much television. Critics said these characters are insensitive and reinforce stereotypes that obese children are lazy and have poor eating habits.

Obesity can sometimes be attributed to genetics and certain medications, and food can be used as a coping mechanism, doctors say.

"We're appalled to learn that Disney, a traditional hallmark of childhood happiness and joy, has fallen under the shadow of negativity and discrimination," the National Association to Advance Fat Acceptance said in a statement.
Consequences of Weight Bias

- Social
- Psychological
- Physical
Social Relationships

Less social interaction
- Have fewer friends
- Loneliness
- Negatively stereotyped and less liked by peers
- More likely to be socially isolated
- Less likely to date (adolescents)

Poorer friendship quality
- Spend less time with friends
- Fewer close social relationships
- More likely to be unhappy with relationships

Ali et al., 2011; Cawley et al., 2006; Cheng & Landale, 2011; Chalker & O'Dea, 2009; Eisenberg et al., 2003; Falkner et al., 2001; Puhl et al., 2011; Strauss & Pollak, 2003.
Academic Consequences

Because of weight-based teasing:

- Students report their grades are harmed
- Students report avoiding school
- The odds of these reports increased by 5% per teasing incident

(Even after controlling for gender, age, race, grades, and weight status)

- Weight-based teasing mediates relationship between BMI and poor school performance

Krukowski et al., 2009; Puhl, Luedicke, Heuer, 2011 J Youth Adol.
Weight Bias

Vulnerability for

Depression  Anxiety  Low Self-Esteem  Poor Body Image  Suicidality

(See review by Puhl & Latner, Psychological Bulletin, 2007)
Tragic Consequences

Slumber party suicide pact: Mother discovers of bodies of girls, 14, who hanged themselves to 'escape bullying'

By DAVID GARDNER
UPDATED: 14:50 EST, 21 April 2011

‘She was made fun of for being overweight, her red hair. She posted on my Facebook wall that she really wanted to come back, that the people were mean and cruel and she didn’t fit in.’

The teen was so conscious about her size she rarely ate in public at school, said her aunt.

Mom: Bullying drove my 10-year-old girl to suicide

Classmates taunted honor roll student, calling her ‘fat,’ ‘ugly’ and ‘slut’

But the day before, Ashlynn had come home from school particularly upset after classmates called her “fat”, “ugly,” and “a slut.” Stacy Conner told NBC News she didn’t address the “slut” slur because “she was 10 years old; she’s too young to know this stuff.”

Her mother asked her if she had told an adult at school she was being harassed. “She went to three different teachers, and they told her, ‘Ashlynn, you need to go sit down and stop tattling,’ ” Conner said.
Consequences for Eating Behaviors

Weight teasing increases risk of:

- Chronic dieting
- Unhealthy weight control behaviors
- Eating disorders
- Binge eating
- Increased food consumption

Those with more negative affect in response to weight bullying are more likely to binge eat, and eat more

Eisenberg, Berge, Fulkerson, & Neumark-Sztainer (2011); Haines, Neumark-Sztainer, Eisenberg, & Hannan (2006); Haines, Neumark-Sztainer, Wall, & Story (2007), Puhl et al., (2011)
Consequences for Physical Activity

Weight teasing increases risk of:

- Lower physical activity
- Less motivation for exercise
- Avoidance of physical activity
- Skipping physical education classes
- Those who are teased in gym class are more likely to cope by avoiding physical activity

Faith et al., 2002; Haines et al., 2006; Hayden-Wade et al., 2005; Puhl, Peterson, Luedicke, 2011; Storch et al., 2007
What Can Pediatric Providers Do to Support Overweight or Obese Youth?
With overweight and obese youth…

Look for signs of weight-based teasing and bullying

Look for symptoms of associated psychological distress

Identify whether there is a support system in place

Share concerns with parents

Assist in efforts to obtain mental health services if needed

*WBV occurs at a diverse range of body sizes
Identify personal attitudes

Ask yourself:

• How do I feel when I work with patients of different body sizes?

• Do I make assumptions regarding a person’s character, intelligence, abilities, health status, or behaviors based only on their weight?

• What stereotypes do I have about persons with obesity?

• How do my patients (and families) feel when they leave my office?
Use supportive communication / language

*Talking to patients:*

- Emphasize lifestyle change and health improvement
- Emphasize achievable behavior goals rather than weight
- Avoid language that places blame on patients or parents
(Reuters) - British Public Health Minister has urged doctors to call overweight patients 'fat' rather than ‘obese.’

“Doctors and health workers are too worried about using the term ‘fat’”, said the health minister, “but doing so will motivate people to take personal responsibility for their lifestyles.”

“Calling them ‘obese’ does not provide sufficient motivation. Just call them fat: Plain-speaking doctors will jolt people into losing weight.”
Two National Studies
Adults (N = 1064) and Parents (N = 445)
Perceptions of language used by doctors

Least Stigmatizing/Blaming
weight
unhealthy weight
high BMI

Most Stigmatizing/Blaming
fat
morbidly obese

Most Motivating
unhealthy weight
overweight

Least Motivating
fat
morbidly obese
chubby

If your doctor referred to your child’s weight in a way that was stigmatizing, how would you react?

- Feel upset/embarrassed: 42%
- Seek a new doctor: 35%
- Avoid medical appointments: 24%

N = 445 Parents

*Findings were consistent across the population

Talking to patients about weight

- Use neutral terms such as weight and BMI

- Avoid language that places blame on patients

Consider this language in discussions about weight:

“Could we talk about your weight today?”

“How do you feel about your weight?”

“What words would you like me to use when we talk about your weight?”
Talking to Parents

- Avoid blaming parents for their child’s weight

- Educate parents about weight bias and how it can affect their children

- Offer parents strategies to address their child’s weight supportively and sensitively

- Promote adaptive coping strategies – positive self-talk, social support, problem-focused coping to help children cope with bullying
Sensitive Weighing Procedures

*Use appropriate weighing procedures*

*Patients avoid health care to avoid getting on the scale*

Weigh in private location

Record weight silently, free of judgment or commentary

Ask patients for permission to weigh
Pediatricians: How to discuss weight with parents of overweight children

When treating an overweight or obese child, it is important to engage in conversations with the child’s parents, to equip them with knowledge and to address the topic of weight bias. As part of these efforts, it is important to provide them with accurate information and to address the topic of weight bias. Consider the following:

1. Many parents do not have an accurate perception of their child’s weight. As a provider, it is important to explain the associated health risks and the impact of weight on overall health.

2. Many parents also feel blamed by physicians and other healthcare providers for causing their child to gain weight. This can lead to a stigma towards parents of overweight children, and may negatively impact the child’s self-esteem and mental health. It needs to be communicated clearly that weight gain is often the result of a combination of genetic, environmental, and lifestyle factors, and that parents are not solely responsible.

Weight bias: Important information for parents

You may not be surprised to learn that many overweight children and adolescents are teased and made fun of by peers at school. This has damaging effects on children’s emotional and physical well-being. But, did you know that parents can also be a source of weight bias?

Research studies show that as many as 47% of overweight girls and 34% of overweight boys report that they are teased and victimized by family members. Other research indicates that family members are frequent sources of weight bias – even more common than peers or classmates of overweight children. In a study that examined experiences of weight bias among 2,400 overweight women, family members were the most frequently reported source of weight stigma, with 72% of adults reporting that they had experienced weight bias from family members, and 62% reporting that family members had stigmatized them about their weight on multiple occasions.

Free online clinician tool kit: www.yaleruddcenter.org, click on “weight bias”
Efforts to Address Obesity

Include weight bias on the agenda:

- Increase attention to weight bias and its consequences
- Use respectful language
- Avoid approaches that shame and blame
- Focus on specific health behaviors
- Remove stigma from existing efforts
- Fight obesity, not obese persons
Thank you

Rudd Center for Food Policy & Obesity
www.YaleRuddCenter.org