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Bullying and negative appearance feedback among adolescents: Is it objective or misperceived weight that matters?

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ABSTRACT

This study investigated (1) whether involvement in bullying as a bully, victim or bully-victim was associated with objectively measured overweight or underweight, or whether it was related to weight misperception (i.e., inaccurate perceptions), and (2) whether appearance-specific feedback mediated the relationship between bullying and weight misperception. In Stage 1, 2782 adolescents aged 11–16 years from British secondary schools were screened for peer bullying and victimisation. In Stage 2, 411 adolescents with weight and height data (objective $n = 319$, self-report $n = 92$) also self-reported on their weight perception and appearance-specific feedback. Neither bullying nor victimisation were related to objective underweight or overweight. Victims were at increased odds of overweight misperception, while bully-victims were at increased odds of underweight misperception. Additionally, there was an indirect effect of appearance feedback on overweight misperception in bully-victims. Both victims and bully-victims are at increased risk of weight misperception, posing further detrimental effects to their health and wellbeing.

1. Background

Overweight and obesity are increasingly prevalent among children and adolescents and have well known adverse consequences on physical and psychological health, as well as educational and social outcomes (Bell et al., 2007; Falkner et al., 2001; Mustillo et al., 2003). These associations may be direct, mediated or moderated by additional factors, and bullying is one of these potential factors. Bullying is the repeated, intentional harm caused by peers that involves a real or perceived power imbalance (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014). There is convincing evidence that being bullied has extensive adverse effects on physical and psychological health, as well as on social and educational outcomes (Copeland et al., 2014; Gini & Pozzoli, 2009; Moore, Norman, Suetani, Thomas, Sly, & Scott., 2017; Takizawa, Maughan, & Arseneault, 2014; Winsper, Lereya, Zandarini, & Wolke, 2012; Wolke, Copeland, Angold, & Costello, 2013), and has been described as a major public health issue (Feder, 2007).

Cross-sectional and longitudinal research, as well as a recent meta-analysis, suggest that overweight and obese adolescents are at increased risk of being victimised by peers (Kukaswadia, Craig, Janssen, & Pickett, 2011; Mikolajczyk & Richter, 2008; Pearce, Boergers, & Prinstein, 2002; Reulbach et al., 2013; van Geel, Vedder, & Tanihon, 2014), though the relationship tends to vary by sex and bullying type (e.g., physical, verbal) (Griffiths, Wolke, Page, & Horwood, 2006; Kukaswadia et al., 2011; Mikolajczyk & Richter, 2008; Pearce et al., 2002; Wang, Iannotti, & Luk, 2010). However, other cross-sectional and longitudinal studies have found that the association between overweight and victimisation disappears once factors like body dissatisfaction have been accounted for (Farrow

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& Fox, 2011; Giletta, Scholte, Engels, & Larsen, 2010; Sutter, Nishina, & Adams, 2015).

Some of the inconsistencies in the victimisation and weight literature may be explained by methodological factors. Important covariates that have a clear relationship with overweight, like pubertal stage and parent education (a proxy for socioeconomic status) (Austin, Haines, & Veugelers, 2009; Janssen, Craig, Boyce, & Pickett, 2004; Lenhart, Daly, & Eichen, 2011; Schuster et al., 2014), have often been overlooked. Pubertal stage can influence a variety of social outcomes (Waylen & Wolke, 2004) and as bullying tends to peak during this developmental period (Nansel et al., 2001), pubertal stage may be a particularly important covariate in the victimisation and weight relationship. Another potential issue is the use of self-reported height and weight, the reliability of which is arguable (Gorber, Tremblay, Moher, & Gorber, 2007). Further, when self-reports of height, weight and victimisation are gathered contemporaneously, responses may be biased due to negative affectivity, i.e., a depressive response style (Giletta et al., 2010; Watson & Pennebaker, 1989) or common method variance, i.e., systematic bias (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). As such, effect sizes may be overstated because of missing covariates or negative affectivity, or underestimated because of reporting bias in height and weight (Cattelino, Bina, Skanjeti, & Calandri, 2015). To further elucidate how bullying and overweight are related, studies that use objectively measured height and weight and include relevant covariates are needed.

Other than methodological factors, a key possibility that could explain inconsistent findings in the peer victimisation and overweight literature is that victimisation might be related to perceived weight rather than objective weight. Several studies have found a perception of overweight or underweight to be associated with increased victimisation (Frisén, Lunde, & Hwang, 2009; Holubcikova, Kolarcik, Geckova, Van Dijk, & Reijneveld, 2015; Reulbach et al., 2013) or that body satisfaction mediates the relationship between overweight and being bullied (Brixval, Rayce, Rasmussen, Holstein, & Due, 2012). A limitation of the extant literature, however, is that the accuracy of weight perceptions has generally not been assessed, meaning it could indeed be those who are objectively overweight and know it that are more likely to be victimised. Because bullying commonly targets aspects of the victim's appearance (Crozier & Dimmock, 1999), such comments may well be internalised and lead to distorted weight perceptions. Presently, little research has investigated whether peer victimisation is associated with inaccurate weight perceptions.

Weight misperception (i.e., an inaccurate perception) is common in underweight, average weight and overweight children and adolescents, but the emotional and physical consequences differ depending on the direction of the misperception and by sex. For example, while girls are more likely to perceive themselves to be overweight (O'Dea & Caputi, 2001; Talamayan, Springer, Kelder, Goro, & Joye, 2006) boys are more likely to perceive themselves to be underweight (O'Dea & Caputi, 2001; Wilson, Viswanathan, Rousson, & Bovet, 2013). Underweight misperception in boys has been associated with depressive symptoms (Byeon, 2015) and lower quality of life (Hayward, Millar, Petersen, Swinburn, & Lewis, 2014), while average weight misperception in underweight boys is associated with decreased depressive symptoms (Byeon, 2015). Average weight misperception in overweight adolescents can exert protective effects against victimisation (Lenhart et al., 2011) and future increases in BMI (Sonnevile et al., 2015). Thus, an average weight misperception may be protective against victimisation. Understanding whether victimisation is related to weight misperception and whether the direction of the misperception is maladaptive or protective means future interventions could be better targeted.

If victimisation is related to weight misperception, is the association likely to be direct or mediated by another factor? It is well documented that appearance-teasing is associated with negative perceptions about the body (Lunde, Frisén, & Hwang, 2006; Menzel et al., 2010), but general victimisation, which includes acts like hitting, kicking and social exclusion, has similarly been associated with poor body image (Lereya, Eryigit-Madzwamuse, Patra, Smith, & Wolke, 2014; Lunde et al., 2006). If victimisation leads to weight misperception via appearance-specific feedback, it may be important to not only consider the frequency of appearance feedback but also the perceived impact (i.e., the level of distress it causes) (Lunde et al., 2006; Thompson, Cattarin, Fowler, & Fisher, 1995). Understanding whether appearance-feedback is the mechanism by which victimisation leads to weight misperception could similarly have important implications for where to direct interventions.

In contrast to the ample, albeit conflicting, research on victimisation and overweight, few studies have explored the association between victimisation and underweight (van Geel et al., 2014). Boys in particular who are smaller and weaker may be at elevated risk of being victimised by bigger and stronger peers (Olweus, 1978). Some researchers have found underweight boys and girls to be at greater risk of victimisation (Wang et al., 2010), others have found underweight boys to be at lower risk of victimisation (Griffiths et al., 2006), while two more studies have found no association (Mikolajczyk & Richter, 2008; Reulbach et al., 2013). Again, these studies have tended to use contemporaneous self-reports of both height, weight and bullying, which may be liable to bias (Podsakoff et al., 2003; Watson & Pennebaker, 1989). There are thus several gaps in the literature pertaining to the risk of peer victimisation in adolescents who belong to a weight category that deviates from average in any direction.

As well as a focus on overweight in comparison to underweight, the extant literature on bullying and weight (real and perceived) has mainly focussed on victims, but there may be important associations for other bullying roles. Several studies have found that bullies are more likely to be obese or overweight (Griffiths et al., 2006; Janssen et al., 2004; Kukaswadia et al., 2011) and that bullying perpetration is associated with underweight perception (Holubcikova et al., 2015; Reulbach et al., 2013). However, most studies have not differentiated between pure perpetrators (i.e., bullies) and those who bully but also get victimised (i.e., bully-victims). This is problematic because bullies and bully-victims are quite distinct. When researchers distinguish between bullies, victims and bully-victims, it is often bully-victims that are at the highest risk of poor health and social outcomes (Haynie et al., 2001; Juvonen, Graham, & Schuster, 2003; Wolke et al., 2013). Due to the low prevalence of self-reported bullies (2–5%) (Copeland, Wolke, Angold, & Costello, 2013; Wolke, Woods, Stanford, & Schulz, 2001) large samples need to be screened, meaning research may have been hampered. In contrast, prevalence rates of peer nominated bullies are as high as 13–14% (Boulton & Smith, 1994; Pellegrini et al., 2011). Consequently, a combination of self-reports and peer nominations may more reliably generate a large enough sample of bullies for further investigation (Branson & Cornell, 2009) and enable effects for bullies and bully-victims to be differentiated.

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