

Victimization of Obese Adolescents

Sabrina Robinson, RN, MS

ABSTRACT: Peer victimization of obese adolescents has been associated with low self-esteem, body dissatisfaction, social isolation, marginalization, poor psychosocial adjustment, depression, eating disorders, and suicidal ideation and attempts, not to mention poor academic performance. Weight-based peer victimization is defined as unsolicited bullying and teasing as a result of being overweight or obese. The victimization may be overt or relational. Obese adolescents are at risk of victimization, because their peers view them as different and undesirable. Although peer victimization occurs commonly among adolescents, obese adolescents are more susceptible than their average-weight peers. Because school nurses are often the first line of defense for obese adolescents, they are in an excellent position to identify forms of peer victimization and be prepared to intervene with the victims. School nurses can potentially preserve the psychosocial integrity of obese adolescents by promoting healthy peer interactions and experiences.

KEY WORDS: adolescent, bullying, obesity, teasing, weight-based peer victimization

INTRODUCTION

In the United States today, obesity in children and adolescents is increasingly prevalent, and some say that among adolescents it has reached epidemic proportions (Levin, Lowry, Brown, & Dietz, 2003). In 2002, Ogden, Flegal, Carroll, and Johnson reported that among 6- to 11-year-olds, 15.3% were overweight; among 12- to 19-year-olds, 15.5% were overweight. Of all U.S. children, 8.6 million are at risk for obesity, and almost 14 million are already obese (Georgetown University, 2002). The sudden increase in adolescent obesity is worsened by the increasing social isolation caused by constant attacks on adolescents' developing and fragile psychosocial health (Rimm & Rimm, 2004). Peers perceive obese adolescents to be grossly rotund, as well as self-indulgent and lazy. Such perceptions place overweight and obese youth at risk for peer victimization.

Because the incidence of obesity increases during adolescence and tends to persist into adulthood, the preteen and teen years are periods of heightened concern about the effects of obesity (Gordon-Larsen, 2001). Obesity in adolescence has immediate detrimental effects on the psychosocial development and

well-being of youth, and it can lead to long-term psychosocial consequences—even reduced earning power as adults (Gortmaker, Must, Perrin, Sobol, & Dietz, 1993). Although both perpetrators and victims are affected by victimization, this article will focus on victims of weight-based victimization. The purpose of this article is to educate school nurses about identifying and intervening in weight-based peer victimization among obese adolescents.

REVIEW OF LITERATURE

There are many forms of peer victimization that occur in adolescence. Among these are social marginalization, social isolation, bullying, and teasing. Peer victimization has been defined as unsolicited teasing or bullying by peers (Pearce, Boergers, & Prinstein, 2002), which are two common forms of peer victimization. Besides teasing and bullying, peer victimization has been classified into two types—overt and relational. *Overt victimization* refers to physical acts of aggression: teasing, bullying, pushing, and hitting. *Relational victimization* uses interpersonal connections as a way of inflicting harm on another (e.g., exclusion from social activities; Prinstein, Boergers, & Vernberg, 2001), often resulting in social marginalization. All types of peer victimization are prevalent among adolescents. Pearce and colleagues report that obese girls reported higher rates of relational victimization than

Sabrina Robinson, RN, MS, is a graduate student at the University of South Florida, Tampa, FL.

normal-weight girls, suggesting that girls experience victimization within social networks in the form of exclusion from social activities. Although obese adolescents experienced more overt victimization than adolescents who are merely overweight, researchers found that obese boys reported more overt victimization than obese girls.

. . . obese girls reported higher rates of relational victimization than normal-weight girls, suggesting that girls experience victimization within social networks in the form of exclusion from social activities.

The term *social marginalization* means that adolescents view some of their peers as different and undesirable and exclude them. Being different can be attributed to height, weight, ethnicity, or sexual orientation. In addition, adolescents with physical disabilities, developmental delays, and craniofacial abnormalities are at increased risk of social marginalization (Selekman & Vessey, 2004). In the case of weight, Strauss and Pollack (2003) found that obese adolescents experienced social marginalization through partial inclusion or complete exclusion from social activities and networks. In addition, obese adolescents did not receive as many friendship nominations and were external to their social networks.

Teasing. Eisenberg, Neumark-Sztainer, and Story (2003) reported that teasing was a common experience for boys and girls, with 54.7% reporting being teased by their peers. Neumark-Sztainer, Story, Hannan, Perry, and Irving (2002) found that as weight increased, so did the risk of being teased. When children and adolescents are teased, most adults brush off the teasing as a normal occurrence and pay little or no attention to young people's complaints. Although teasing may be a widespread behavior, it is defined as verbal and/or nonverbal humorous taunts intended to frighten the recipient (Gregory & Vessey, 2004). Studies have shown that teasing can adversely affect developmental outcomes in adolescents (Vessey, Duffy, O'Sullivan, & Swanson, 2003). Teasing predicts low body satisfaction, low self-esteem, increased depressive symptoms, and suicidal ideation and attempts, with girls who were more pressured than boys by society's emphasis on appearance expressing the most distress from being teased (Eisenberg et al., 2003; Neumark-Sztainer, Falkner et al., 2002).

Bullying. Like teasing, bullying is common among children and adolescents. Approximately 30% of children in grades 6–10 are bullied by their peers (Nansel et al., 2001). Selekman and Vessey (2004) estimate that 3 out of 10 students are either perpetrators or victims of bullying. Bullying is thought to be a common rite of passage among adolescents. However, bullying be-

havior peaks in middle school or during early adolescence and tapers off as adolescence progresses (Eisenberg & Aalsma, 2005). Boys are more likely to be perpetrators, victims, or both (Weir, 2001). Bullying is a form of aggression in which the behavior is intended to harm, occurs repeatedly over time, and manifests a power imbalance, with the more powerful individual attacking the less powerful individual (Nansel et al., 2001).

Although weight-based bullying and teasing occurs in the home environment, weight-based stigmatization most commonly occurs at school, with peers playing the most important role. (Neumark-Sztainer, Story, & Faibisch, 1998). Adolescents spend most of their time at school, and for most, school is the only place they participate in large-group social interactions with peers. Therefore, schools are an ideal place to address weight-based victimization.

Peer influence and experiences of obese adolescents

Adolescents rely on peers in forming integral bonds needed for psychosocial development. For adolescents, peers are the most influential group, relied upon to form self-identity, self-esteem, social support, and essential social skills (Pearce et al., 2002). At the same time, the transition into puberty is critical for developing body image, thus placing most adolescents at risk for concerns with shape and weight. Adolescents are more sensitive to weight-based teasing than are small children or adults, because identity development is a primary task during this developmental stage, and body image and self-esteem are intertwined with identity formation (Neumark-Sztainer et al., 2002). The social and emotional aspects of obesity are immediate and have a negative impact on adolescent well-being, whereas the more serious medical consequences of overweight do not present until the adult years (Strauss & Pollack, 2003). Therefore the most common and immediate consequences of being overweight are psychosocial (Rudolf, 2004).

Therefore the most common and immediate consequences of being overweight are psychosocial.

Obese adolescents experiencing peer rejection manifest devastating effects associated with psychological instability—low self-esteem, depressive symptoms, loneliness, anxiety, poor adjustment, and disruptive disorders (Prinstein et al., 2001; Storch & Masis-Warner, 2004). Material long-term consequences that are negatively associated with overweight during adolescence in adulthood are decreased earning potential, high rates of poverty, and greater likelihood remaining single (Gortmaker et al., 1993).

Teasing or negative verbal feedback is a risk factor for the development of body dissatisfaction and eating disturbances such as bulimia, anorexia, and binge eating disorder (Lunner et al., 2000). Furthermore, teasing has been shown to be a risk factor in the development of psychopathology (Neumark-Sztainer, Falkner et al., 2002). Most importantly, suicidal ideation and attempts associated with weight-based teasing were two to three times higher among those teased than their nont teased peers (Eisenberg et al., 2003).

Teasing or negative verbal feedback is a risk factor for the development of body dissatisfaction and eating disturbances such as bulimia, anorexia, and binge eating disorder.

The harmful effects of school bullying on obese adolescents have been documented recently. Janssen, Craig, Boyce, and Pickett (2004) found the incidence of bully-perpetrators increased with increasing body mass index in girls. In other words, the more overweight or obese an individual is, the more likely he or she is to both experience bullying by peers and in turn, bully others. Despite many studies reporting that bullying declines after middle school, Janssen and colleagues found that overweight and obese 15- to 16-year-olds were more likely to perpetrate bullying than their normal weight peers. Contrary to what was previously believed, overweight and obese girls are more likely to be both victims and perpetrators of bullying.

. . . the more overweight or obese an individual is, the more likely he or she is to both experience bullying by peers and in turn, bully others.

Risk factors and consequences

For all adolescents, consequences of peer victimization include poor psychosocial adjustment, difficulty making friends, emotional distress, and loneliness (Nansel et al., 2001; Spivak, 2003). Nurses should be aware of the additional sequelae of victimization in the school environment, which include poor academic performance, decreased concentration, and absenteeism or truancy (Selekman & Vessey, 2004).

To develop effective interventions for peer victimization, the school nurse and school community must be aware of the factors that predict susceptibility, and more importantly, that some risk factors become consequences. An example is low self-esteem. An obese adolescent with poor self-esteem is at risk for being bullied; when bullied by peers, self-esteem drops fur-

ther. School nurses may observe indications of adolescents' overall vulnerability: low social status among classmates (Juvonen, Graham, & Schuster, 2003); immaturity, prematurity, and/or physical and visual defects (Horwood, Waylen, Herrick, Williams, & Wolke, 2005; Nadeau, Tessier, Lefebvre, & Robaey, 2004); being physically weaker than peers; insecurity; poor social skills; and high intelligence (Cavendish & Salomone, 2001).

Warning signs of weight-based peer victimization

According to Raskauskas and Stoltz (2004), the first warning sign of weight-based victimization is frequent reporting of somatic complaints or vague physical symptoms, most frequently headaches, stomachaches, and nausea. Students may use these complaints to avoid coming to school. This leads to the second warning sign of increased or prolonged absenteeism. Frequent absences may signal attempts to avoid peer victimization, including teasing and bullying encounters. When school nurses can identify warning signs of victimization, they are more likely to be able to assist adolescent victims, regardless of their weight status. Thus, these warning signs may signal that a student is experiencing peer victimization.

Frequent absences may signal attempts to avoid peer victimization, including teasing and bullying encounters.

INTERVENTIONS

Interventions fall into two categories: (a) those that enhance peer-support systems through peer-led strategies involving victims, potential victims, perpetrators, and bystanders in combating peer victimization at school; and (b) those that must be implemented by school nurses or other trained personnel. Most of the interventions were first developed abroad and have been adapted for use in the United States. In the United States, attention has been given to victimization—specifically bullying—in recent years in response to the rash of school shootings. The interventions to follow have not been used specifically with obese adolescents; however, they have been implemented with victimized adolescents.

Peer-led interventions

An informational strategy used in Finland is raising awareness by providing students with information about peer victimization and the various roles and group mechanisms involved (Salmivalli, 1999). Introducing the different roles that allow victimization illustrates the problem and makes it easier for students

to understand how their behavior might encourage victimization—even if they did not intend to do so. Another strategy from Finland, called “Freeze,” is a form of role-playing in which students describe their feelings directly to the audience to increase awareness about the incidence and effects of victimization.

Similar to Finland’s general awareness raising, a program developed in the U.K. implements “Circle Time,” where students address relationship issues such as bullying and teasing, and reflect on their own behavior in victimization situations. A “Circle of Friends” provides a support team of peers to work with vulnerable students (Smith, Ananiadou, & Cowie, 2003). Another U.K. program, “Befriending,” trains students to provide caring support for victimized peers in the hope of easing their distress and enabling them to resist future victimization (Boulton, Trueman, Chau, Whitehead, & Amatya, 1999). Students with mutual friends at the beginning of the study and 6 months later experienced less victimization than did students who lacked friends at both points. This finding suggests that friends buffer the effects of victimization by decreasing its occurrence. Another strategy, assertiveness training, is recommended to help victims or potential victims of peer victimization cope in nonpassive and nonaggressive ways, with role-playing exercises to complement the training (Smith, Ananiadou, & Cowie).

A similar approach to assertiveness training is the method of “Shared Concern,” widely used in Sweden. “Shared Concern” is a counseling-based approach specifically designed for situations involving a group of victimized pupils. In this peer-led strategy, victims feel obliged to share their experiences, and the approach encourages the perpetrator to acknowledge the suffering of the victim and to take steps to change his or her behavior (Salmivalli, 1999). Finally, Wong (2004) describes a comprehensive antibullying strategy used in Hong Kong, China. It tackles factors conducive to bullying by involving multiple parties and promoting a peaceful learning environment. This strategy mobilizes resources to support those victimized and to change the attitudes and behaviors of the perpetrators.

School-based interventions

DeRosier (2004) evaluated a social skills group intervention (S.S. GRIN) on children’s peer acceptance and school adjustment. S.S. GRIN is a generic social skills training intervention, targeting skills that both promote and impede social interactions. This intervention needs to be implemented by trained school nurses or other educational professionals. It was designed to help students with peer problems learn basic social and cognitive skills with the goal of improving social relationships, behavior, and self-confidence (DeRosier & Marcus, 2005). Participants in S.S. GRIN

were liked more by their peers and showed improvement in self-esteem, social self-efficacy, and anxiety levels. Longitudinal findings support long-term efficacy in enhancing students’ cognitive, social, and behavioral functioning. Although this study did not test the effectiveness of S.S. GRIN among obese adolescents, this intervention may be helpful in working with victims and perpetrators of weight-based victimization.

IMPLICATIONS FOR SCHOOL NURSING PRACTICE

The psychosocial consequences associated with adolescent obesity mandate the need for school nurses and the school community to develop effective interventions for preventing and responding to negative peer experiences of obese adolescents. In an issue brief on bullying in school, the National Association of School Nurses (NASN, 2003) calls on school nurses to identify and to intervene with adolescents who are being bullied. This call to action is congruent with the school nurse role to promote health and a healthy school environment (NASN, 2002) by decreasing conditions that lead to bullying and violence. School nurses can help break the cycle of bullying and can help students recover from bullying without psychological harm. Action by the school nurse can help ensure students’ success in the learning environment by identifying and intervening early in the victimization of obese adolescents.

Assessment

Before school nurses can intervene effectively in situations of peer victimization, they must be able to identify peer-victimized students. Overall assessment data should include developmental stage, age, gender, coping abilities, temperament, safety concerns, risk factors or vulnerable characteristics, social support, impact on school performance, and parental involvement. School nurses should assess every student reporting chronic somatic complaints. Adolescents also may present to the nurse’s office for injuries. The nurse should inquire how the injury occurred to determine if the student has been physically victimized. The nurse also must reassure the student that confidentiality will be maintained. School nurses should elicit information from each student who frequently visits the nurse’s office about school experiences, using indirect questions such as:

- What is it like riding the bus to and from school or walking to and from school?
- What is it like walking to classes or lunch?
- How do you normally spend your lunch period?
- How did your last class go?
- What activities do you participate in at school?
- How do your classmates treat you?
- How do you feel about school in general? (Cavendish & Salomone, 2001)

School nurses should elicit information from each student who frequently visits the nurse's office about school experiences . . .

Prevention and early intervention strategies

To lead the way in prevention and intervention efforts, school nurses need a variety of strategies and open communication not only with students but with administrative personnel, faculty support staff, and parents. Table 1 presents various strategies to address weight-based peer victimization. The Child Adolescent Teasing in Schools (CATS) Web-based program asks children to review books on peer victimization and describe what they learned from the stories (<http://www.bc.edu/cats>). Prevention is the most effective approach to reducing or eradicating peer victimization. Additional resources are available at: <http://www.stopbullyingnow.hrsa.gov/indexadult.asp?Area=preventiontips>

CONCLUSION

Despite a lack of studies specific to overweight and obesity, the negative impact of peer victimization on the lives of adolescents has been well documented. Those victimized are more passive, quiet, sensitive, and obese (Janssen et al., 2004). Additionally, they

have low self-esteem and physical or psychological abnormalities, putting them at increased risk for victimization, resulting in poor psychosocial adjustment, depression, and suicidal ideation.

Those victimized are more passive, quiet, sensitive, and obese. Additionally, they have low self-esteem and physical or psychological abnormalities, putting them at increased risk for victimization, resulting in poor psychosocial adjustment, depression, and suicidal ideation.

Negative peer experiences inhibit adolescents from developing a healthy self-image and adult identity. It is therefore imperative that the psychosocial well-being of adolescents be protected from the damaging sequelae of peer victimization. School nurses have the potential to curtail aggressive acts of weight-based victimization by implementing appropriate interventions. Rimm and Rimm (2004) call on school nurses to be crusaders in protecting and "rescuing the emotional lives" of obese adolescents. A multitude of programs exist for intervening in victimization of obese adolescents, however, there is little evaluation of the effectiveness of these interventions on the lives of the victims or perpetrators. There is a need for more research on not only identifying victims, but also on

Table 1. Strategies for Addressing Weight-Based Peer Victimization

School Nurse Strategies	Strategies Targeting Administration & Faculty	Strategies Targeting Parents
Listen actively to student reports of victimization.	Solicit support for interventions and prevention.	Encourage to listen to children.
Let victims know you want to help.	Request identification of students with increased or prolonged absenteeism.	
Promote trust by ensuring confidentiality.		
Initiate inquiries with victims and other students.		
Role-play with victims.		
Use bibliotherapy with victims.		
Use contracting with known bullies to encourage acceptable behavior.	Request adequate supervision of activities.	Provide anticipatory guidance.
Conduct prevalence survey.		
Offer workshops in assertiveness training, anger management, and conflict resolution.	Conduct workshops on risk factors, warning signs, and consequences.	Participate in workshops on risk factors, warning signs, and consequences.
Use dramas or skits to educate students.		
Provide nonthreatening forum for students to discuss victimization.	Request help creating an environment intolerant of peer victimization.	Request help creating an environment intolerant of peer victimization.
Set up peer counseling.		
In the office, display signs about respecting individuals.	Display signs about respecting individuals.	Teach and encourage respect of others.
Keep records of victimization and supporting documents.	Report acts of victimization.	Report acts of victimization.

Sources: Cavendish and Salomone, 2001; Gregory and Vessey, 2004; Raskauskas and Stoltz, 2004; Selekmán and Vessey, 2004; Weir, 2001.

developing effective interventions that preserve the psychosocial health of obese adolescents.

REFERENCES

- Boulton, M. J., Trueman, M., Chau, C., Whitehead, C., & Amatya, K. (1999). Concurrent and longitudinal links between friendship and peer victimization: Implications for befriending interventions. *Journal of Adolescence, 22*, 461–466.
- Cavendish, R., & Salomone, C. (2001). Bullying and sexual harassment in the school setting. *Journal of School Nursing, 17*(1), 25–31.
- DeRosier, M. E. (2004). Building relationships and combating bullying: Effectiveness of a school-based social skills group intervention. *Journal of Clinical Child and Adolescent Psychology, 33*(1), 196–201.
- DeRosier, M. E., & Marcus, S. R. (2005). Building friendships and combating bullying: Effectiveness of S.S. GRIN at one-year follow-up. *Journal of Clinical Child and Adolescent Psychology, 34*(1), 140–150.
- Eisenberg, M. E., & Aalsma, M. C. (2005). Bullying and peer victimization: Position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health, 36*, 88–91.
- Eisenberg, M. E., Neumark-Sztainer, D., & Story, M. (2003). Associations of weight-based teasing and emotional well-being among adolescents. *Archives of Pediatrics & Adolescent Medicine, 157*, 733–738.
- Georgetown University, Institute for Healthcare Research and Policy. (2002, March). *Childhood obesity: A lifelong threat to health*. Retrieved April 1, 2004, from the Center on an Aging Society Website: <http://ihcrp.georgetown.edu/agingsociety/puhtml/obesity/obesity.html>
- Gordon-Larsen, P. (2001). Obesity-related knowledge, attitudes, and behaviors in obese and non-obese urban Philadelphia female adolescents. *Obesity Research, 9*, 112–118.
- Gortmaker, S. L., Must, A., Perrin, J. M., Sobol, A. M., & Dietz, W. H. (1993). Social and economic consequences of overweight in adolescence and young adulthood. *New England Journal of Medicine, 329*(14), 1008–1012.
- Gregory, K. E., & Vessey, J. A. (2004). Bibliotherapy: A strategy to help students with bullying. *Journal of School Nursing, 20*, 127–133.
- Horwood, J., Waylen, A., Herrick, D., Williams, C., & Wolke, D. (2005). Common visual defects and peer victimization in children. *Investigative Ophthalmology & Visual Science, 46*, 1177–1181.
- Janssen, I., Craig, W. M., Boyce, W. F., & Pickett, W. (2004). Associations between overweight and obesity with bullying behaviors in school-aged children. *Pediatrics, 113*, 1187–1194.
- Juvonen, J., Graham, S., & Schuster, M. A. (2003). Bullying among young adolescents: The strong, the weak, and the troubled. *Pediatrics, 112*, 1231–1237.
- Levin, S., Lowry, R., Brown, D. R., & Dietz, W. H. (2003). Physical activity and body mass index among U.S. adolescents. *Archives of Pediatrics & Adolescent Medicine, 157*, 816–820.
- Lunner, K., Werthem, E. H., Thompson, J. K., Paxton, S. J., McDonald, E., & Halvaarson, K. S. (2000). A cross-cultural examination of weight-related teasing, body image, and eating disturbance in Swedish and Australian samples. *International Journal of Eating Disorders, 28*, 430–435.
- Nadeau, L., Tessier, R., Lefebvre, F., & Robaey, P. (2004). Victimization: A newly recognized outcome of prematurity. *Developmental Medicine & Child Neurology, 46*, 508–513.
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, J. W., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among U.S. youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association, 285*, 2094–2100.
- National Association of School Nurses (NASN). (2002). *Issue brief. Role of the school nurse*. Retrieved July 2, 2005, from <http://www.nasn.org/Default.aspx?tabid=279>
- National Association of School Nurses (NASN). (2003). *Issue brief. Peer bullying*. Retrieved July 2, 2005, from <http://www.nasn.org/Default.aspx?tabid=266>
- Neumark-Sztainer, D., Falkner, N., Story, M., Perry, C., Hannan, P. J., & Mulert, S. (2002). Weight-teasing among adolescents: Correlations with weight status and disordered eating behaviors. *International Journal of Obesity, 26*, 123–131.
- Neumark-Sztainer, D., Story, M., & Faibisch, L. (1998). Perceived stigmatization among overweight African-American and Caucasian adolescent girls. *Journal of Adolescent Health, 23*, 264–270.
- Neumark-Sztainer, D., Story, M., Hannan, P. J., Perry, C. L., & Irving, L. M. (2002). Weight-related concerns and behaviors among overweight and nonoverweight adolescents: Implications for preventing weight-related disorders. *Archives of Pediatrics & Adolescent Medicine, 156*, 171–178.
- Ogden, C. L., Flegal, K. M., Carroll, M. D., & Johnson, C. L. (2002). Prevalence and trends in overweight among U.S. children and adolescents, 1999–2000. *Journal of the American Medical Association, 288*, 1728–1732.
- Pearce, M. J., Boergers, J., & Prinstein, M. J. (2002). Adolescent obesity, overt and relational peer victimization, and romantic relationships. *Obesity Research, 10*, 386–393.
- Prinstein, M. J., Boergers, J., & Vernberg, E. M. (2001). Overt and relational aggression in adolescents: Social-psychological adjustment of aggressors and victims. *Journal of Clinical Child Psychology, 30*, 479–491.
- Raskauskas, J., & Stoltz, A. D. (2004). Identifying and intervening in relational aggression. *Journal of School Nursing, 20*, 209–215.
- Rimm, S., & Rimm, E. (2004). *Rescuing the emotional lives of overweight children*. Emmaus, PA: Rodale Publishing.
- Rudolf, M. C. J. (2004). The obese child. *British Medical Journal, 329*(7393), ep57–ep62.
- Salmivalli, C. (1999). Participant role approach to school bullying: Implications for interventions. *Journal of Adolescence, 22*, 453–459.
- Selekman, J., & Vessey, J. A. (2004). Bullying: It isn't what it used to be. *Pediatric Nursing, 30*, 246–249.
- Smith, P. K., Ananiadou, K., & Cowie, H. (2003). Interventions to reduce school bullying. *Canadian Journal of Psychiatry, 48*, 591–599.
- Spivak, H. (2003). Bullying: Why all the fuss? *Pediatrics, 112*, 1421–1422.
- Storch, E. A., & Masis-Warner, C. (2004). The relationship of peer victimization to social anxiety and loneliness in adolescent females. *Journal of Adolescence, 27*, 351–362.
- Strauss, R. S., & Pollack, H. A. (2003). Social marginalization of overweight children. *Archives of Pediatrics & Adolescent Medicine, 157*, 746–752.
- Vessey, J. A., Duffy, M., O'Sullivan, P., & Swanson, M. (2003). Assessing teasing in school-age youth. *Issues in Comprehensive Pediatric Nursing, 26*, 1–11.
- Weir, E. (2001). The health impact of bullying. *Canadian Medical Association Journal, 165*, 1249.
- Wong, D. S. W. (2004). School bullying and tackling strategies in Hong Kong. *International Journal of Offender Therapy and Comparative Criminology, 48*, 537–553.