Policy Actions to Address Weight-Based Bullying and Eating Disorders in Schools: Views of Teachers and School Administrators*

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ABSTRACT

BACKGROUND: Weight-related bullying is prevalent among youth and associated with adverse health consequences, including increased risk for body dissatisfaction and disordered eating behaviors, which are risk factors for eating disorders. Although concerns about these problems have stimulated calls for broader intervention efforts in schools, actions thus far have been limited. This study examined educators’ perspectives about potential policy actions to address these issues in schools.

METHODS: Educators (N = 240) completed an online questionnaire assessing their support for 11 potential school-based policy actions to address weight-related bullying and eating disorders. Participants also rated policies according to their feasibility and potential for positive impact.

RESULTS: Forty-eight percent of participants observed weight-related bullying in their school and 99% expressed the importance of intervening in such incidents. A large majority (75%-94%) supported 8 of the 11 policies, especially actions requiring school-based health curriculum to include content on eating disorder prevention (94%), and addressing weight-bullying through antibullying policies (92%), staff training (89%), and school curriculum (89%). Strongly supported policies were viewed by participants as being the most impactful and feasible to implement.

CONCLUSIONS: Educators recognize weight-related bullying and eating disorders as problems in their schools that warrant improved prevention and intervention efforts at the policy level.

Keywords: policy; weight; bullying; eating disorders.


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Today’s youth face a complex and challenging social environment that can have harmful consequences for their body image and body weight. Peer relationships during childhood and adolescence can contribute to weight-related teasing and bullying (or “weight-based victimization”), a well-documented and persistent problem experienced by overweight youth.1-3

Recent studies indicate that students, parents, and teachers perceive weight-related bullying as the most common form of school-based harassment that youth experience.3-6 Weight-related bullying is associated with a range of negative outcomes including depression, social isolation, low self-esteem, poor body image, suicidal ideation, and poorer school performance, as...
well as avoidance of physical activity and engaging in maladaptive eating behaviors.\textsuperscript{7-13}

The damaging physical and psychological correlates of weight-related bullying may increase youths’ risk of developing eating disorders, especially when they are exposed to peer weight-related bullying in conjunction with other risk factors for eating disorders. Research has documented the influence of weight-related victimization on youth’s increased risk for body dissatisfaction, disordered eating behaviors, and potentially for eating disorders.\textsuperscript{8,14-17} This risk is of particular concern given that disordered eating behaviors and eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorder not otherwise specified) have a high rate of onset among school-age youth, and can lead to numerous adverse medical and psychological consequences.\textsuperscript{18-20} As childhood and adolescence are periods during which peer acceptance has heightened importance,\textsuperscript{21} research suggests that peers may contribute to youths’ dieting, weight control, and disordered eating behaviors.\textsuperscript{22}

Given that both weight-related bullying and disordered eating behaviors affect a significant portion of school-aged youth, schools have been identified as an important setting for interventions to address weight-related bullying and eating disorders.\textsuperscript{23-26} Although different types of prevention and intervention programs to address these problems have been studied, implementation of such opportunities remains absent in most schools, and teachers and school personnel have little (or no) knowledge and training to address these issues with students.\textsuperscript{27-29} In addition, there has been little action to implement policy-level changes that could have a broader impact on addressing these problems in schools. For example, only 1 state (Virginia)\textsuperscript{30} requires schools to promote screening of eating disorders, and only 3 states (New York, New Hampshire, and Maine) have antibullying laws that enumerate body weight or physical appearance as a characteristic that places students at risk for bullying.\textsuperscript{31}

These challenges have led to increasing calls for broader remedies to prevent and reduce eating disorders and weight-related bullying more systematically in schools through policy actions that can impact large populations of youth. Proposals for new policy actions include addressing these topics in school-based health curriculum, implementing school-based screening for eating disorders, requiring training for teachers and sports coaches on prevention and early identification of eating disorders and weight-related bullying,\textsuperscript{24,27} modifying elementary physical education to be more supportive of overweight students,\textsuperscript{32} improving school-based antibullying policies and state antibullying laws to protect students from being bullied about their weight,\textsuperscript{26,33} and introducing new legal measures to combat unfair treatment of overweight students.\textsuperscript{34}

In a national study, we found considerable support for these types of school-based policy actions among both the American general public and health professionals who specialize in eating disorders.\textsuperscript{26} These findings provided needed data on public perspectives that can inform policy efforts on weight stigma and eating disorders. However, little research to date has examined views about these kinds of policy initiatives among educators, despite calls for broader actions to address weight-related bullying and eating disorders specifically in the school setting.\textsuperscript{35-37} Examining perspectives of educators is key, as successful implementation of these broad policy and school-based initiatives requires their involvement and participation.\textsuperscript{23} In addition, educators are in a pertinent position to consider the feasibility of implementing school-wide policies and the potential impact that such measures could have on the well-being of students in their school environment. Furthermore, perspectives of educators on these issues can help to inform and prioritize an agenda for school-based policy interventions, and help to motivate political will that is necessary for policymakers to champion these issues.\textsuperscript{38} Building upon our recent research examining these issues in the general public and among professionals who specialize in eating disorders, we aimed to assess educators’ support for potential policy actions to address weight-related victimization and eating disorders in schools, and to identify what types of policy actions educators perceive to be most feasible to implement and have the highest potential impact to help address these problems. As secondary aims, we also assessed educators’ perspectives of weight-related bullying and eating disorders as problems in their school more generally, including their perceptions about (1) the frequency of different types of bullying at their school, (2) intervening in instances of weight-related bullying, (3) the types of policies and training that their school provides to address weight-related bullying, and (4) the seriousness of eating disorder symptoms on the health of students.

\textbf{METHODS}

\textbf{Participants}

Participants were recruited between August and October of 2014 through Market Data Retrieval (MDR). Market Data Retrieval is a Dun & Bradstreet (D&B) company, which is the leading US provider of marketing information and services for the K-12, higher education, library, early childhood, and related education market.\textsuperscript{39} For the current study, MDR advertised our online survey to a random sample of 10,000 middle, junior high, and senior high school teachers, and 5000 principals and secondary principals from their database of 388,386 teachers and 7426 principals. Consistent with the typical 2%-2.5%
response rate for surveys deployed through MDR, the click rate (ie, opening the e-mail and clicking on the link) for this study was 2.2%.

Of the 260 participants who completed the survey, participants were excluded if they did not provide consent (N = 13) or if they were missing data on policy support-related variables (N = 7), resulting in a final sample of 240 educators. Of the total sample, 53.3% were women and the mean age was 45.7 years (SD = 10.9). College degrees were held by 18.6% of participants and the remaining 81.4% of participants achieved postgraduate degrees.

Procedure

All participants completed an identical, online, anonymous survey containing the measures described below. The survey was hosted by the survey company Qualtrics (www.qualtrics.com). The study was described to participants as an opinion survey for educators about potential strategies to address eating disorders and bullying experienced by students in schools. Invitations to participate were e-mailed to this sample of 15,000 educators once in August and a second time in September 2014. One week following each of the email deployments, panelists who opened the email received follow-up invitations. Participants were required to be at least 18 years old, and only after consenting could they proceed to the survey.

Instrumentation

Demographic and body weight information. Participants self-reported their sex, age, race/ethnicity, highest educational degree obtained, household income, political affiliation, and current height and weight. Body mass index (BMI; kg/m²) was calculated and stratified using clinical guidelines produced by the Centers for Disease Control and Prevention: underweight (BMI < 18.5), normal weight (BMI 18.5-24.9), overweight (BMI 25.0-29.9), and obese (BMI ≥ 30). Finally, 3 questions with binary response options (yes/no) were used to assess participants’ personal experiences of weight bias, which asked participants if they had ever been teased, treated unfairly, or discriminated against because of their weight. These items were combined into one measure of weight-based victimization (WBV), coded 1 if any of the items was answered with “yes,” and 0 if not. These questions were developed and tested in previous studies by the authors.

Support for policy actions. Participants were asked to indicate the extent of their support (on a 5-point Likert rating scale, ranging from 1 = definitely oppose to 5 = definitely support) for each of 11 potential policy actions related to eating disorders and weight stigmatization in the school setting. Table 2 shows the exact wording of items. Policy actions focused on 3 content areas: (1) eating disorders (eg, “Schools should conduct screening for eating disorders”); (2) weight-related bullying (eg, “Schools should have antibullying policies that protect students from being bullied about their weight”); and (3) BMI measurement (eg, “Schools should measure students’ height and weight to monitor population changes over time, without reporting this information to families”). These latter items were included because of recent policies requiring school-based measurement of students’ body weight for the assessment of overweight and obesity, and resulting public debate about whether such initiatives may have harmful consequences such as weight-related bullying. Scale items were later recoded into binary items to assess the percentage of participants who either “somewhat” or “definitely” supported each policy action (reflecting a “4” or “5” on the 5-point Likert rating scale).

After indicating their level of support for each policy action, participants were asked to choose the 3 policy actions from the list of all 11 policies that they believed would have the most positive impact on school-based efforts to address weight-related bullying and eating disorders. Participants were then asked to select the 3 policy actions from the full list of 11 policies that they believed would be the most feasible to implement. We previously developed and tested these survey items in a diverse general population sample of adults.

Perspectives of weight-related bullying and student eating behaviors in the school setting. Participants were asked a series of questions regarding their perspectives about the problems of bullying and eating disorders in the school setting. First, participants were asked their opinions of how much bullying is a problem at their school, and the reason that youth are most often teased and bullied (including being overweight, sexual orientation, race/ethnicity, religion, academic ability, family income, physical disability, or other). Questions also asked whether participants had witnessed or overheard weight-related bullying at their school, how important they believe it is for them to intervene such instances, whether they feel comfortable doing so, and whether they feel that they have effective strategies for handling situations of weight-related bullying at school. Participants were additionally asked whether their school district has an antibullying policy, whether weight-related bullying is included in this policy, if (and how recently) they received training on how to implement their school’s antibullying policy, and whether or not they feel they could benefit from additional training on when and how to intervene with negative weight-related comments made by students. Finally, participants were asked to what extent different groups can play a role in protecting youth from weight-related bullying at school (including school administrators, teachers, school counselors, school nurses, sports coaches, students, parents, and the government).
With respect to eating behaviors of students, participants were asked to rate how serious (on a 4-point scale, ranging from 1 = Not at all serious to 4 = Very serious) a variety of eating disorder symptoms would be for the health of a child or adolescent who engaged in them. Items included weighing oneself multiple times per day, skipping meals, fasting for a day, binge eating, diuretic/water pill abuse, diet pills, laxative abuse, and self-induced vomiting. Ratings of a “3” or “4” on the scale reflected perceptions that the symptoms were viewed to be serious for the health of a student who engaged in them.

Data Analysis
Descriptive statistics (frequencies or means) were calculated for all questions. Cochran-Armitage trend tests were conducted for differences by income and age group. All analyses were performed using SAS version 9.3. Two-tailed p-values are reported with significance level of .05.

RESULTS
Sample Characteristics
Table 1 summarizes sample characteristics. Most participants were white (82%), 53% were women, and the average age was 45.7 years. As expected, all had a college degree and 81% had a postgraduate degree. Utilizing suggested cut-off points for defining weight status from the US Centers for Disease Control and Prevention, the weight distribution of this sample included 1.4% who were underweight, 26.8% who were normal weight, 36.4% participants with overweight, and 35.4% participants with obesity; this distribution is comparable to that of the general US population. Twenty-five percent of participants reported a personal history of being either bullied, treated unfairly, or discriminated against because of their weight.

Support for Policy Actions
Table 2 shows the percentage of participants who expressed support for the 11 policy actions. Percentages reflect participants who “somewhat” or “definitely” supported each policy action, as indicated by a rating of 4 or 5 on the 5-point ratings scale. Overall, a large majority of participants (75%-94%) expressed support for 8 of the 11 policy actions. Those actions generating the highest support were policies requiring school-based health curriculum to include content on eating disorder prevention (94%), and policies to address weight-related bullying through school-based actions including antibullying policies (92%), staff training (89%), school curriculum (89%), and promoted awareness of weight-related bullying (88%). Approximately three fourths of participants supported policies requiring teachers to receive training about prevention of eating disorders (77%) and strengthening existing state antibullying laws to include protections against weight-related bullying (75%). Policies that received moderate to low support included screening for eating disorders in the school setting (45%), followed by measuring students and height and weight either for the purpose of reporting to families (36%) or for monitoring population changes over time (29%).

Perceived Impact and Feasibility of Policy Actions
Table 3 displays the percentage of participants who selected each policy among the top 3 policy actions they viewed as being (1) most likely to have the highest impact on reducing eating disorders and weight-related bullying, and (2) the most feasible to implement. The top 3 policy actions selected to have the highest impact included: (1) “School-based health curriculum should include content aimed at preventing eating disorders” (selected by 62% of participants); (2) “Schools should promote awareness about weight-related teasing and bullying” (51%); and (3) “Schools
Schools should promote awareness about weight-related teasing and bullying. (51%); and (3) “Teachers should receive training about the prevention and early identification of eating disorders.” (34%). The policy action of improving antibullying policies to protect students from being bullied about their weight was selected as the fourth most feasible action to implement. Thus, there was considerable overlap in the top 3 policies selected for highest impact and feasibility. The remaining policy actions were selected by a minority of participants (7%-27%) as being most impactful or feasible.

### Views About Weight-Related Bullying in School

Of the total sample, 41% of educators viewed bullying to be a moderate or major problem at their school. Being overweight was reported to be the reason that students were most often teased or bullied (21%), followed by sexual orientation (16%), academic ability (11%), race/ethnicity (10%), family income (8%), and physical disability (2%). Thirty-two percent of participants selected “other” reasons that students are bullied, offering their own suggestions.

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Table 2. Educators’ Support for Policy Actions to Address Eating Disorders and Weight-Related Bullying in the School Setting

<table>
<thead>
<tr>
<th>Policy Action</th>
<th>N</th>
<th>% of Participants Who Support Policy*</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based health curriculum should include content aimed at preventing eating disorders.</td>
<td>224</td>
<td>94.1</td>
</tr>
<tr>
<td>Schools should have antibullying policies that protect students from being bullied about their weight.</td>
<td>211</td>
<td>92.1</td>
</tr>
<tr>
<td>School staff should receive training on how to address weight-related bullying at school.</td>
<td>210</td>
<td>89.7</td>
</tr>
<tr>
<td>School-based curriculum should include content aimed at reducing weight-related bullying.</td>
<td>214</td>
<td>89.5</td>
</tr>
<tr>
<td>Schools should promote awareness about weight-related teasing and bullying.</td>
<td>213</td>
<td>88.8</td>
</tr>
<tr>
<td>School sports coaches should receive training about the prevention and early identification of eating disorders.</td>
<td>199</td>
<td>85.4</td>
</tr>
<tr>
<td>Teachers should receive training about the prevention and early identification of eating disorders.</td>
<td>181</td>
<td>77.7</td>
</tr>
<tr>
<td>Existing state antibullying laws should be modified to include protections for youth who are bullied about their weight.</td>
<td>174</td>
<td>75.7</td>
</tr>
<tr>
<td>Schools should conduct screening for eating disorders.</td>
<td>108</td>
<td>45.2</td>
</tr>
<tr>
<td>Schools should measure students height and weight for the purpose of reporting to families their child’s weight status.</td>
<td>84</td>
<td>36.5</td>
</tr>
<tr>
<td>Schools should measure student’s height and weight to monitor population changes over time (without reporting this information to families).</td>
<td>68</td>
<td>29.6</td>
</tr>
</tbody>
</table>

*Percentages indicate participants who “somewhat supported” or “definitely supported” each policy action (a 4 or 5 on the 5-point Likert rating scale).

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Table 3. Educators’ Perceptions of Impact and Feasibility of Policy Actions to Address Weight-Related Bullying and Eating Disorders

<table>
<thead>
<tr>
<th>Policy Action</th>
<th>% of Participants Who Selected Policy Among Top 3 Actions With Highest Impact</th>
<th>% of Participants Who Selected Policy Among Top 3 Actions Most Feasible to Implement</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based health curriculum should include content aimed at preventing eating disorders.</td>
<td>62.6</td>
<td>60.8</td>
</tr>
<tr>
<td>Schools should promote awareness about weight-related teasing and bullying.</td>
<td>51.8</td>
<td>51.6</td>
</tr>
<tr>
<td>Schools should have antibullying policies that protect students from being bullied about their weight.</td>
<td>34.2</td>
<td>28.1</td>
</tr>
<tr>
<td>School staff should receive training on how to address weight-related bullying at school.</td>
<td>27.0</td>
<td>23.5</td>
</tr>
<tr>
<td>Teachers should receive training about the prevention and early identification of eating disorders.</td>
<td>24.3</td>
<td>31.3</td>
</tr>
<tr>
<td>School-based curriculum should include content aimed at reducing weight-related bullying.</td>
<td>24.8</td>
<td>27.2</td>
</tr>
<tr>
<td>School sports coaches should receive training about the prevention and early identification of eating disorders.</td>
<td>24.3</td>
<td>26.3</td>
</tr>
<tr>
<td>Existing state antibullying laws should be modified to include protections for youth who are bullied about their weight.</td>
<td>20.3</td>
<td>15.2</td>
</tr>
<tr>
<td>Schools should measure students height and weight for the purpose of reporting to families their child’s weight status.</td>
<td>12.6</td>
<td>13.8</td>
</tr>
<tr>
<td>Schools should conduct screening for eating disorders.</td>
<td>9.5</td>
<td>10.6</td>
</tr>
<tr>
<td>Schools should measure student’s height and weight to monitor population changes over time (without reporting this information to families).</td>
<td>7.7</td>
<td>9.2</td>
</tr>
</tbody>
</table>
which ranged from personality traits, poor hygiene, being shy or weak, to “anything that makes a student slightly different.” Just under half of the participants (48%) reported that they had witnessed or overheard weight-related bullying at their school.

With respect to intervening in these situations, 99% of respondents reported that they feel it is important for them to intervene in instances of weight-related bullying or negative remarks made to overweight students, and 85% indicated that they feel comfortable doing so. In general, 81% reported that they feel they have effective strategies for handling situations of weight-related bullying in school, but 64% indicated that they could benefit from additional training on when and how to intervene with negative weight-related comments made by students. Almost every participant (98%) stated that their school district had an antibullying policy, but only 37% indicated that weight-related bullying was included in this policy (26% said weight-related bullying was not included, and 36% did not know if it was included or not).

Most participants (77%) had received training on how to implement their school’s antibullying policy (70% received this training in the past year, 29% in the past 2-5 years, and 1% more than 5 years ago). Finally, participants were asked to what extent they believe different groups can play a major or minor role in protecting youth from weight-related bullying at school. Groups that were viewed to play a major role included teachers (89%), students (87%), school counselors (82%), school administrators (78%), sports coaches (78%), parents (76%), and school nurses (57%). Forty-six percent of respondents additionally viewed the government as playing a minor role in protecting youth from weight-related bullying at school.

Views About Eating Disorder Symptoms in Students

A high percentage of educators (68%-97%) viewed a variety of eating disorder symptoms to be serious for the health of students who engaged in them. Ninety-seven percent of educators viewed self-induced vomiting as having serious health implications for students, followed by diuretic/water pill abuse (95%), laxative abuse (94%), binge eating (92%), taking diet pills (89%), fasting for a day (74%), weighing oneself multiple times per day (71%), and skipping meals (69%).

DISCUSSION

This study is among the first to assess educators’ perspectives on policy actions to address weight-related bullying and eating disorders in the school setting. Overall, findings indicate substantial support for a number of policy actions to address both of these problems in the student population. In particular, high support (85%-94% of participants) was expressed for policies that would include content on preventing eating disorders and reducing weight-related bullying in school-based curriculum, improve antibullying policies to protect students from weight-related bullying, train school staff how to address weight-related bullying and school coaches on the prevention and early identification of eating disorders, and broaden school-based efforts to promote awareness about weight-related bullying. The high level of support for these policies suggests there is recognition that both eating disorders and weight-related bullying are legitimate problems in the school setting that require broad remedies. Indeed, participants in this study viewed weight-related bullying as the most frequent reason that students are bullied in the school setting, and almost half (48%) reported that they had witnessed or overheard weight-related bullying at their school.

Overall, our findings are similar to our recent evidence documenting considerable support among the general public and professionals from the eating disorders field for these types of school-based policies.26 Participants viewed the same several policies to have the highest potential for both positive impact and feasibility. These included policies to include content on eating disorder prevention in school health curriculum (selected by 60% of participants), promote awareness about weight-related bullying (51%), and strengthen antibullying policies to protect students from being bullied about their weight (28%-34%). Thirty-one percent of participants also felt that requiring training for teachers on the prevention and early identification for eating disorders would be most feasible to implement, although only 24% rated this action to be most impactful. It will be important to replicate these findings with larger and more diverse samples of educators to determine whether these views are shared more broadly among educators. If so, it may be warranted for these types of policy actions to be prioritized among school-based initiatives and interventions to address weight-related bullying and eating disorders. With increased national attention to youth bullying in recent years,45 as well as national initiatives to improve school-based nutrition and wellness policies,46 there may be increased possibilities to pursue these policy actions more systematically.

It is interesting to note that although participants supported policies to train school personnel on the prevention and early identification of eating disorders, and to include content about eating disorders in health curriculum, less than half (45%) agreed with policies that schools should conduct screening for eating disorders. This lower support of school-based screening for eating disorders may reflect questions that educators have about whether and how screening could be carried out without excess burden on school personnel. Advocates seeking to advance eating disorders screening in schools may need better...
understanding of educators’ perspectives on how screening programs may impact school operations.

Policy actions that generated the least support and were viewed has having the lowest impact were those that would measure students heights and weights in the school setting either for the purpose of reporting this information to students’ families or for population monitoring. This parallels recent evidence of low public support for such measures. In recent years, there has been considerable debate about BMI reporting in schools with fears that sending students home with BMI “report cards” will contribute to teasing and bullying. These concerns have led some states to stop these school-based practices, although there continues to be assessment of students’ height and weight for monitoring population health over time.

There was clear consensus in the present sample for the need to include multiple groups in efforts to address weight-related bullying in the school setting. Teachers, school counselors, school administrators, sports coaches, school nurses, parents, and students were viewed (by 57%-89% of educators) to play a major role in initiatives to address weight-related bullying. It will be important for ongoing work in this area to identify specific ways for these groups to be involved in antibullying initiatives. Although the government was viewed as having a minor, rather than major, role to play in these efforts, it is noteworthy that 75% of participants expressed support for government measures to address weight-related bullying by strengthening provisions in existing antistate bullying laws. This suggests that while participants may view the roles of school staff, parents, and teachers as playing a larger role than the government, there is nonetheless strong support for government measures that would engage broader policymakers and legislators on specific initiatives to help protect students from weight-related bullying on a broader scale. These findings also support recent studies documenting high levels of support among parents and the general public adding provisions to existing state antibullying laws to protect against weight-related bullying.

For future work, the findings of our study highlight the importance of extending this research to larger samples of educators to better understand patterns of policy support across sample characteristics, such as different racial and ethnic groups. It would be additionally informative to examine policy support among educators in communities and states with high levels of childhood obesity where issues of bullying, BMI reporting, and disordered eating may be heightened among youth.

**IMPLICATIONS FOR SCHOOL HEALTH**

Findings of our study indicate substantial support among educators for school-based policy actions to help prevent weight-related bullying and eating disorders in students. Given that educators and school personnel are involved in the day-to-day implementation of school-based policies, it will be important to continue to include their perspectives and engage their participation in discussions about policies that affect the health of their student populations. Engaging educators in discussions about the perceived challenges of implementing different policy actions to address weight-related bullying and eating disorders could provide valuable insights about what efforts are needed to maximize the effectiveness of these school-wide initiatives. Similarly, our findings suggest the importance of providing training to educators and other school personnel on strategies to identify and approach weight-related bullying and eating disorders in students so that educators are adequately equipped and prepared to carry out school-based policy actions to address these problems.

Finally, perspectives of educators suggest that parents and students should play key roles in broad initiatives to address weight-related bullying in schools. These views are in line with previous research evidencing the effectiveness of comprehensive whole school approaches to address bullying. Thus, it may be useful for school personnel to identify ways to promote parental and student involvement in implementation of school-wide policy actions, such as encouraging parent-teacher dialogue about students’ well-being, and educating students about their roles as bystanders and reporters of bullying incidents in antibullying policies.

**Human Subjects Approval Statement**

Treatment of participants in this study was reviewed and approved by the Yale University institutional review board (IRB Protocol #1407014338).

**REFERENCES**