

The Nature and Impact of Appearance-Related Peer Victimisation: A Systematic Review

Katelynn Wilson & Dr Nathalie Noret
University Of York, Department Of Education

INTRODUCTION

- Appearance-related peer-victimisation (ARPV) is a frequent experience for many young people. It is aggressive behaviour that occurs in the peer group,
- ARPV focuses on any aspect of appearance. This can include weight/shape, general appearance, prominent features, dental appearance, skin conditions, and genital appearance.
- Like peer-victimisation more broadly, ARPV is associated with negative outcomes.
- Recent reviews found that general and weight-related teasing are associated with disordered eating and body image (Day et al., 2022) and poorer body satisfaction and disordered eating (Menzel et al. 2010).
- Appearance-related cyberbullying in adolescence can lead to girls having lower self-esteem and depressive symptomology (Berne et al., 2014).
- Mixed findings have been reported relating to moderating and mediating effects, for example, some studies show that BMI has a moderating effect between ARPV and poor mental health, whereas others find no association. (e.g., Klinck et al., 2020).

RESEARCH OBJECTIVES

Research in this area uses a variety of terms (e.g., teasing, bullying, and victimisation), employing a range of methodologies and different outcomes. Therefore, the aim of this review is to synthesise existing research on the impact of appearance-related peer-victimisation. Specifically, the review will examine:

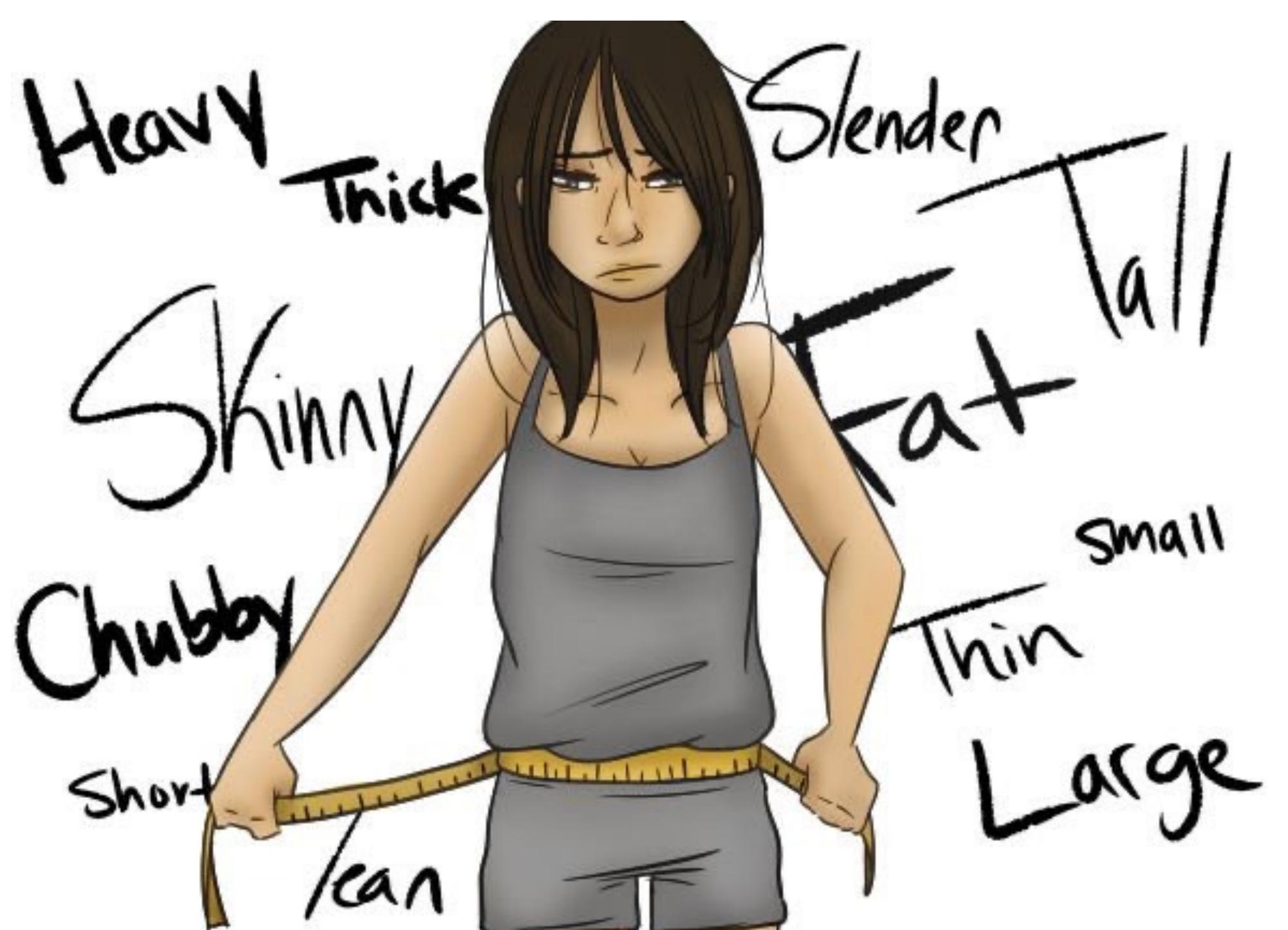
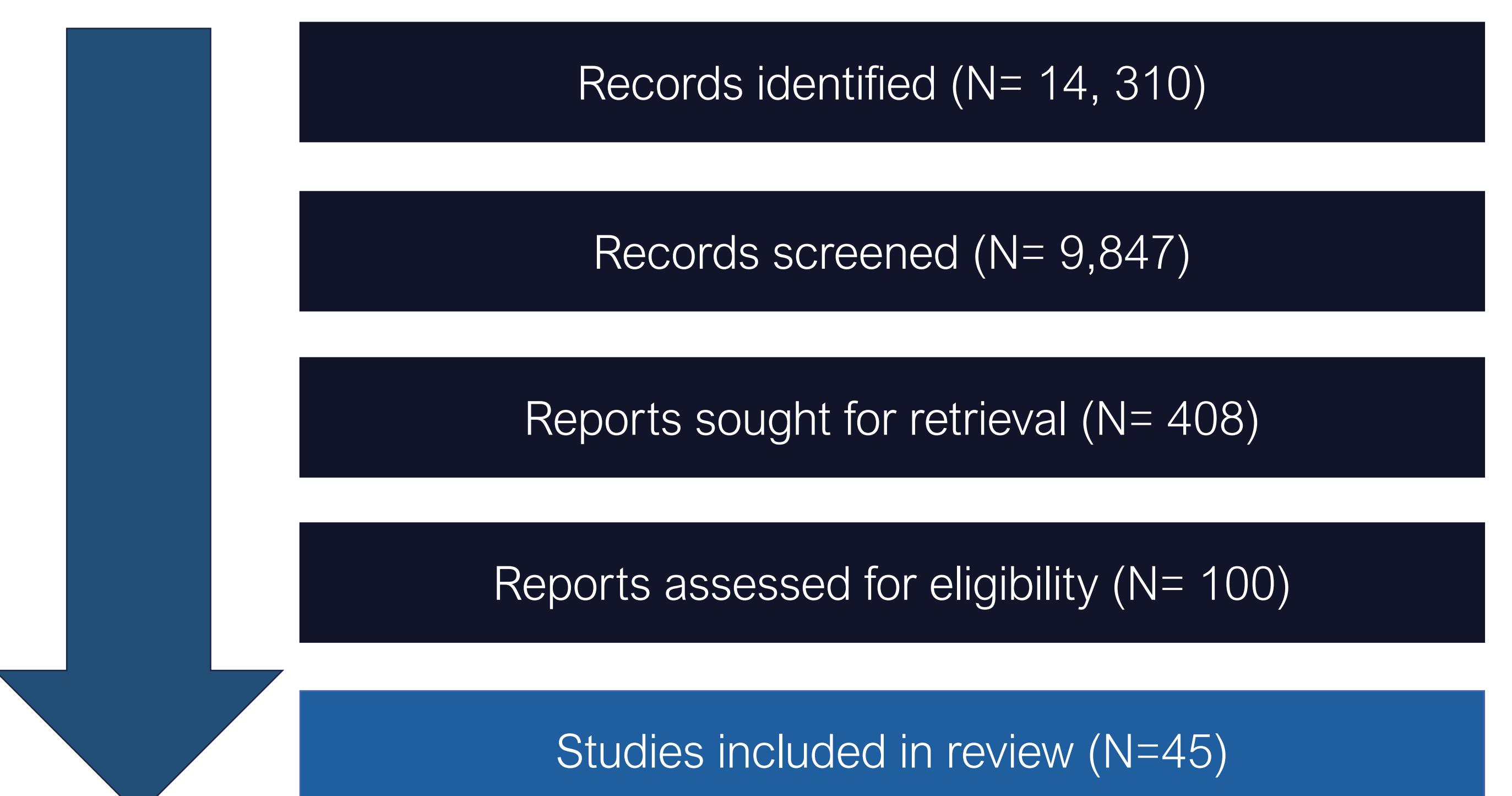
- How is ARPV defined in the literature?
- If ARPV is associated with poor mental health?
- Are there any moderating/mediating factors that play a role in the relationship between ARPV and poor mental health outcomes?

METHOD

- The review was registered with the Prospero Register of Systematic reviews and followed the PRISMA reporting guidelines (PRISMA group, 2009), see Figure 1.
- Four main databases were searched: OVID (PsychInfo, PsychArticles & PubMed), EBSCOhost (British Education Index, CINAHL Ultimate & ERIC), Science Direct and Medline.
- Searches were conducted using a combination of terms related to ARPV (e.g., appearance bullying/teasing) and poor mental health outcomes (e.g., depression, anxiety)
- Papers were included if they contained 1) a sample of children/adolescents from nine to eighteen years old, 2) a measure of ARPV (victimization, bullying, teasing), 3) a measure of poor mental health.
- Paper quality was assessed using the Munn et al., (2015) Joanna Briggs Institute critical appraisal tool for reporting prevalence data.

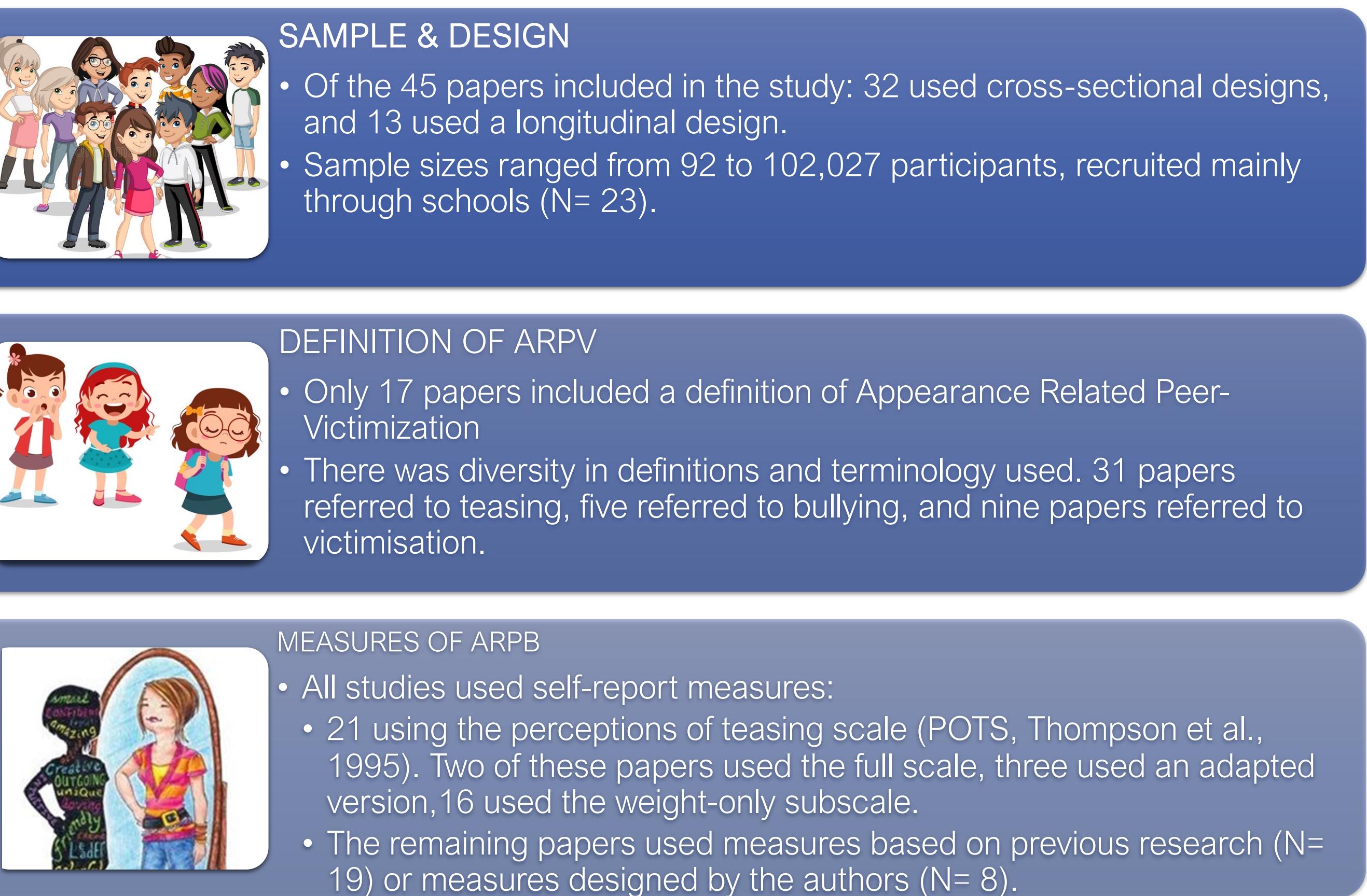
METHOD

Figure 1: Simplified PRISMA Diagram



RESULTS

Figure 2: Study Characteristics



RESULTS

KEY FINDINGS

- ARPV was found to be related to negative outcomes in 38 papers. This included an association with:
 - Negative eating and weight-control behaviours (e.g., eating disorder symptomology, restrictive eating) (N= 17).
 - Psychological morbidities (e.g., depression, self-esteem, anxiety) (N= 26).
 - Body related outcomes (e.g., body dissatisfaction, body esteem, weight/muscularity concern) (N= 15).
- Eight papers found no significant association between ARPV and poor mental health outcomes. All the studies that reported no association employed a longitudinal design.
- Factors that moderate or mediate the relationship between ARPV and negative outcomes were examined in 19 papers. The following significant effects were found:
 - A drive for muscularity (N=1), BMI, Appearance-rejection sensitivity (N=1) and mindfulness (N=1) were found to significantly moderate the relationship.
 - Self-esteem (N=1), body satisfaction (N=2) and dissatisfaction (N=2), drive for thinness (N=1), appearance related social comparison (N=1), fear of negative evaluation (N=1) and negative effect (N=1) were found to significantly mediate the relationship.
 - Avoidant coping and appearance-based rejection sensitivity (N=1), fear of negative evaluation and body surveillance (N=1), depressive symptoms, self-esteem(N=1) and teasing upset (N=1) were found to partially mediate the relationship between ARPV and poor mental health outcomes.

DISCUSSION

- Overall, the findings from most studies show that ARPV is associated with a variety of poor mental health outcomes including eating behaviours (e.g., eating disorder symptomology), body related outcomes (e.g., poor body esteem, body dissatisfaction) and a range of psychological morbidities ranging from psychosomatic symptoms, poor self-esteem and depression and anxiety symptomology.
- The majority of significant findings were reported in cross-sectional studies, whereas all the non-significant associations were reported in longitudinal designs. This requires further investigation.
- There was substantial variation in the measures used, with the majority of papers reporting using measures designed for the study. Further, there was diversity in whether studies measured, bullying, teasing, or peer-victimisation, making it difficult to synthesise findings from such papers.
- Several different moderating and mediating effects have been examined, with mixed results.
- The majority of studies employed cross-sectional designs and focused predominantly on weight. Future research should employ greater use of longitudinal designs and examine other aspects of appearance.

