MNCHP Network Bulletin

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by/par health nexus santé

The MNCHP Bulletin is a monthly electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and child health field. Our primary focus is the province of Ontario, Canada but the bulletin also includes news and resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin, click here. To manage your subscription, unsubscribe from the listserv and access the list archives, click here.

January 9, 2015
The next bulletin will be released February 6, 2015.

This special bulletin contains some recent information related to bullying. To continue the discussion about this important topic, we invite you to share other information relevant to bullying on this listserv.

In this week's special issue on bullying:

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I. NEWS & VIEWS

1. Why some victims become bullies: Q& A with bullying expert Tracy Vaillancourt

This interview (Laucius, 2014) with University of Ottawa researcher and bullying expert Tracy Vaillancourt highlights the major differences between the strategies of popular bullies, those who have power within their peer group to influence the perception of others, and victim-bullies, who are often bullied themselves. Vaillancourt, the Canada Research Chair in children's mental health and violence prevention, shares findings from a recent study measuring the bullying experiences of 695 southern Ontario children. She highlights that bully-victims are more vulnerable to mental health issues. While "most bullies hold power and are a mixture of nice and mean," bully-victims often have difficulty reading social cues. Vaillancourt recommends that schools employ different strategies when dealing with different types of bullies, yet emphasizes that the key to stopping bullies is a lack of encouragement for their behaviour. "Simply put," she says, "bullying stops when bystanders act."
http://ottawacitizen.com/news/local-news/why-some-victims-become-bullies-qa-with-bullying-expert-tracy-vaillancourt
Related report:
- **Joint trajectories of bullying and peer victimization across elementary and middle school and associations with symptoms or psychopathology**:
  http://psycnet.apa.org/journals/dev/50/11/2426/

2. Healthy Canadians: Bullying

Bullying is defined as "wilful, repeated aggressive behaviour with negative intent used by a child to maintain power over another child." The Healthy Canadians website contains information on bullying, bullying prevention and suggestions for parents.
http://healthycanadians.gc.ca/kids-enfants/bullying-intimidation/index-eng.php

3. Do anti-bullying programs work?

During this segment of the CBC program *All in a Day* (2014, May 2), Danielle Quigley and Giacomo Panico discuss bullying, the effects of anti-bullying programs and the need for research-based anti-bullying programs.

http://www.cbc.ca/player/AudioMobile/All%2Bin%2Ba%2BDay/ID/2454039693/

II. RECENT REPORTS AND RESEARCH

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* indicates journal subscription required for full text access

4. Bullying – We can all help stop it: A guide for parents of elementary and secondary school students

Ministry of Education. (2013). *Bullying – We can all help stop it: A guide for parents of elementary and secondary school students*. Ottawa, ON: Author. Retrieved from http://www.edu.gov.on.ca/eng/multi/english/BullyingEN.pdf

EXCERPT:

How serious a problem is bullying?
Bullying is never acceptable. It should not be considered just "part of growing up". Research and experience consistently show that bullying is a serious issue, with far-reaching consequences for the students involved, their families and peers, and the community around them. Those children who are victimized, bully other children, or both, are at risk for many emotional, behavioural, and relationship problems. They will require support from adults to help them develop healthy relationships, not only in school but throughout their lives.

Students who are bullied often experience social anxiety, loneliness, withdrawal, physical illnesses and low self-esteem. They can also develop phobias, take on aggressive behaviour or slide into depression. Some students miss school, see their marks drop or even leave school altogether because they have been bullied.

Children and teens who learn to use power and aggression to distress others may stop caring about the difference between right and wrong in general. Eventually, they may become abusive adults. Therefore, it is important to help them to stop bullying as early as possible
http://www.edu.gov.on.ca/eng/multi/english/BullyingEN.pdf

5. Impact of bullying in childhood on adult health, wealth, crime, and social outcomes*

Wolke, D., Copeland, W. E., Angold, A., & Costello, E.J. (2013). Impact of bullying in childhood on adult health, wealth, crime, and social outcomes. *Psychological Science, 24*(10), 1958-70. doi:10.1177/0956797613481608

ABSTRACT:

Bullying is a serious problem for schools, parents, and public-policymakers alike. Bullying creates risks of health and social problems in childhood, but it is unclear if such

risks extend into adulthood. A large cohort of children was assessed for bullying involvement in childhood and then followed up in young adulthood in an assessment of health, risky or illegal behavior, wealth, and social relationships. Victims of childhood bullying, including those that bullied others (bully-victims), were at increased risk of poor health, wealth, and social-relationship outcomes in adulthood even after we controlled for family hardship and childhood psychiatric disorders. In contrast, pure bullies were not at increased risk of poor outcomes in adulthood once other family and childhood risk factors were taken into account. Being bullied is not a harmless rite of passage but throws a long shadow over affected people's lives. Interventions in childhood are likely to reduce long-term health and social costs.
http://www.ncbi.nlm.nih.gov/pubmed/23959952

6. Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence

Copeland, W. E., Wolke, D., Angold, A., & Costello, E. J. (2013). Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence. *JAMA Psychiatry, 70*(4), 419-426. doi:10.1001/jamapsychiatry.2013.504

ABSTRACT:

IMPORTANCE: Both bullies and victims of bullying are at risk for psychiatric problems in childhood, but it is unclear if this elevated risk extends into early adulthood.

OBJECTIVE: To test whether bullying and/or being bullied in childhood predicts psychiatric problems and suicidality in young adulthood after accounting for childhood psychiatric problems and family hardships.

DESIGN: Prospective, population-based study.
SETTING: Community sample from 11 counties in Western North Carolina.

PARTICIPANTS: A total of 1420 participants who had being bullied and bullying assessed 4 to 6 times between the ages of 9 and 16 years. Participants were categorized as bullies only, victims only, bullies and victims (hereafter referred to as bullies/victims), or neither.

MAIN OUTCOME MEASURE: Psychiatric outcomes, which included depression, anxiety, antisocial personality disorder, substance use disorders, and suicidality (including recurrent thoughts of death, suicidal ideation, or a suicide attempt), were assessed in young adulthood (19, 21, and 24-26 years) by use of structured diagnostic interviews.

RESULTS: Victims and bullies/victims had elevated rates of young adult psychiatric disorders, but also elevated rates of childhood psychiatric disorders and family hardships. After controlling for childhood psychiatric problems or family hardships, we found that victims continued to have a higher prevalence of agoraphobia (odds ratio [OR], 4.6 [95% CI, 1.7-12.5]; P < .01), generalized anxiety (OR, 2.7 [95% CI, 1.1-6.3]; P < .001), and panic disorder (OR, 3.1 [95% CI, 1.5-6.5]; P < .01) and that bullies/victims were at increased risk of young adult depression (OR, 4.8 [95% CI, 1.2-19.4]; P < .05),

panic disorder (OR, 14.5 [95% CI, 5.7-36.6]; P < .001), agoraphobia (females only; OR, 26.7 [95% CI, 4.3-52.5]; P < .001), and suicidality (males only; OR, 18.5 [95% CI, 6.2-55.1]; P < .001). Bullies were at risk for antisocial personality disorder only (OR, 4.1 [95% CI, 1.1-15.8]; P < .04).

CONCLUSIONS AND RELEVANCE: The effects of being bullied are direct, pleiotropic, and long-lasting, with the worst effects for those who are both victims and bullies.
http://archpsyc.jamanetwork.com/article.aspx?articleid=1654916

7. Bullying and suicidal ideation and behaviors: A meta-analysis*

ABSTRACT

BACKGROUND AND OBJECTIVES: Over the last decade there has been increased attention to the association between bullying involvement (as a victim, perpetrator, or bully-victim) and suicidal ideation/behaviors. We conducted a meta-analysis to estimate the association between bullying involvement and suicidal ideation and behaviors.

METHODS: We searched multiple online databases and reviewed reference sections of articles derived from searches to identify cross-sectional studies published through July 2013. Using search terms associated with bullying, suicide, and youth, 47 studies (38.3% from the United States, 61.7% in non-US samples) met inclusion criteria. Seven observers independently coded studies and met in pairs to reach consensus.

RESULTS: Six different meta-analyses were conducted by using 3 predictors (bullying victimization, bullying perpetration, and bully/victim status) and 2 outcomes (suicidal ideation and suicidal behaviors). A total of 280 effect sizes were extracted and multilevel, random effects meta-analyses were performed. Results indicated that each of the predictors were associated with risk for suicidal ideation and behavior (range, 2.12 [95% confidence interval (CI), 1.67–2.69] to 4.02 [95% CI, 2.39–6.76]). Significant heterogeneity remained across each analysis. The bullying perpetration and suicidal behavior effect sizes were moderated by the study's country of origin; the bully/victim status and suicidal ideation results were moderated by bullying assessment method.

CONCLUSIONS: Findings demonstrated that involvement in bullying in any capacity is associated with suicidal ideation and behavior. Future research should address mental health implications of bullying involvement to prevent suicidal ideation/behavior.
http://pediatrics.aappublications.org/content/early/2015/01/01/peds.2014-1864.abstract

III. CURRENT INITIATIVES

8. PREVNet

PREVNet is a national network of leading researchers and organizations, working together to stop bullying in Canada. Through education, research, training and policy change, PREVNet aims to stop the violence caused by bullying - so every child can grow up happy, healthy and safe.
http://www.prevnet.ca/

9. Preventing Violence: Canadian Best Practices Portal

The Canadian Best Practices Portal (2014) provides health professionals and the general public with links to resources and solutions to plan programs for promoting health and preventing diseases for populations and communities. The portal features a specific category page that provides links to programs and initiatives aiming to prevent violence and reduce the long-term effects associated with it. Violence prevention includes the prevention of bullying and aggression.
http://cbpp-pcpe.phac-aspc.gc.ca/category/behaviour-related-risk/preventing-violence/

IV. UPCOMING EVENTS

10. Triple P Group Courses

In a Triple P group course parents will learn about: effective parenting strategies, how to promote their child's development, how to manage common child behaviour problems and principles to help them deal with almost any situation that might arise. Group courses are available in the North, Southwest, East and Central regions of Ontario.
http://www.triplepontario.ca/en/about_triple_p/Triple_P_Group_Courses/For_Parents_of_Children_3_10_years.aspx

11. Bullying Awareness Week
November 15-21, 2015

Bullying awareness week is an opportunity for people in communities around the world to work together to prevent bullying through education and awareness. Bullying awareness week has grown in support and is increasingly recognized by schools, individuals, organizations and communities as a time to celebrate and promote solutions to the problems of bullying.
http://www.bullyingawarenessweek.org/

V. RESOURCES

12. Bullying: Support for Parents

This tip sheet written by the National Aboriginal Health Organization (2012) provides information for Aboriginal parents on how to support children who are being bullied and how to stop children who are bullying others. Strategies to support children who are being bullied include talking to Elders, talking to community leaders and getting children involved in positive activities with positive role models.
http://www.kidshelpdev.org/khp-org/bullying_awareness/NAHO-Aboriginal-Bullying_Parents.pdf

13. Beyond the Hurt: Preventing Bullying Harassment

Beyond the Hurt is an online course developed by the Canadian Red Cross which teaches participants how to promote safe and healthy environments for children and youth, which are free from bullying and harassment.
http://online.learning.redcross.ca/moodle/course/index.php?categoryid=9

14. Creating an Anti-Bullying Environment for Young Children

This booklet created by the Oklahoma Department of Human Services serves as a go-to guide for teachers and childcare providers when addressing issues related to bullying. Bullying has been observed in children as young as 3, and childcare providers should be equipped with strategies for handling instances of bullying. In clear language, the booklet concisely outlines common characteristics of both bullies and victims, and evidence-based practices for developing a bully-free child care setting.
http://www.okdhs.org/NR/rdonlyres/D4DFC4FA-179D-4C38-A83F-1E714187F31D/0/0529_CreatingAnAntibullyingEnviron_occs_112011.pdf

15. Acting Out: Understanding and Reducing Aggressive Behaviour in Children and Youth

This book (Wolfe, 2007) is a valuable tool for anyone who works with young people, including teachers, school administrators, day-care and recreation centre workers, youth shelter workers, social service workers, sports coaches, youth leaders, and camp counsellors and directors. *Acting Out* explains various types of aggressive behaviour exhibited by young people, identifying factors related to aggressive behavior and emphasizing a distinction between normal aggression and aggression that is of greater concern. The book gives practical advice on how to address aggression in children and youth, highlighting proven prevention and intervention strategies, indicating strategies to avoid and discussing the assessment and diagnosis of more serious aggressive behaviour in young people.
http://www.camh.ca/en/education/teachers_school_programs/resources_for_teachers_and_schools/acting_out_understanding_and_reducing_aggressive_behaviour_in_children_and_youth/Pages/acting_out_understanding_and_reducing_aggressive_behaviour_in_children_and_youth.aspx

16. Childhood Aggression: Where does it come from? How can it be managed?

This guide prepared by the North Carolina Cooperative Extension Service provides parents, caregivers and other people working with children with information on childhood aggression, and ways to teach coping skills to children. Strategies to help children control aggression include: limiting access to aggressive toys and watching and guiding children's play to ensure that interaction stays nonaggressive. When meeting new friends, children should be told what kind of behaviour is expected of them. Parents and caregivers should serve as models of controlled behavior and avoid angry outbursts and violence.
http://www.ces.ncsu.edu/depts/fcs/pdfs/fcs_504.pdf

VI. FEATURED BEST START RESOURCES

17. Learning to Play and Playing to Learn: What Families Can Do

This booklet helps parents and all who care for children support play-based learning at home, in child care and preschool settings and Kindergarten. Particular attention is given to attachment, self-regulation and play. This booklet uses language that is used in Kindergarten and will be familiar to parents and the Kindergarten team. Checklists relating to growth, development, health, nutrition, routines and self-help, including the revised Nipissing District Development Screens are included in the booklet. The literacy level of this booklet has been assessed at a reading level of about grade 6-7.
http://www.beststart.org/resources/hlthy_chld_dev/school_readiness_ENG_Nov2013_blur.pdf

18. Putting Health Promotion into Action: A Resource for Early Learning and Child Care Settings

This resource provides an introduction to health promotion and its significance to the early learning and child care sector. Programs in Ontario that are successfully implementing health promotion are highlighted.
http://www.beststart.org/resources/hlthy_chld_dev/pdf/hpaction.pdf

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The free weekly **Ontario Health Promotion E-mail bulletin (OHPE)** offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion.

Click4HP is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion.

The Maternal Newborn and Child Health Promotion (MNCHP) Network - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.

Health Promotion Today - 0ur blog keeps you informed of news and topics related to health promotion.

Follow us on **Twitter** to stay up to date on all things related to health promotion.

View our video resources on **YouTube** and **Vimeo**

The Best Start Aboriginal Sharing Circle (BSASC) Network is a distribution list designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network is a forum to share news, ideas, questions and best practices.

We encourage you visit the website of our new **3M Health Leadership Award to** find out how you can support community health leadership and honour your own community leader by nominating them for this national award.

En français:

Restez branché!

Le bulletin francophone **Le Bloc-Notes** est un outil indispensable pour les intervenants professionnels qui aiment être à l'affût des nouveautés dans le domaine de la promotion de la santé.

Le **Bulletin de santé maternelle et infantile** est un bulletin électronique mensuel à l'intention des fournisseurs de services œuvrant dans le domaine de la promotion de la santé maternelle et infantile.

Promotion de la santé aujourd'hui– Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

Suivez-nous sur **Twitter** pour demeurer au fait de tout ce qui concerne la promotion de la santé.

Visionner nos ressources vidéo sur **YouTube** et **Vimeo**

Nous vous encourageons à visiter le site Web de notre nouveau **Prix 3M de leadership en santé** pour découvrir de quelle façon vous pouvez appuyer le leadership en santé communautaire et honorer un chef de file de votre milieu en présentant sa candidature à ce prix national.