

## Impact case study (REF3)

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| <b>Institution:</b> Kingston University                                                                                                    |                                         |                                                                 |
| <b>Unit of Assessment:</b> 4 – Psychology, Psychiatry and Neuroscience                                                                     |                                         |                                                                 |
| <b>Title of case study:</b> Implementing anti-bullying policies and guidance to protect children in the Arab sector of Israel and in Qatar |                                         |                                                                 |
| <b>Period when the underpinning research was undertaken:</b> 2010 – 2020                                                                   |                                         |                                                                 |
| <b>Details of staff conducting the underpinning research from the submitting unit:</b>                                                     |                                         |                                                                 |
| <b>Name:</b><br>Muthanna Samara                                                                                                            | <b>Role:</b><br>Professor of Psychology | <b>Period employed by submitting HEI:</b><br>Mar 2010 – present |
| <b>Period when the claimed impact occurred:</b> Aug 2013 – 2020                                                                            |                                         |                                                                 |
| <b>Is this case study continued from a case study submitted in 2014?</b> N                                                                 |                                         |                                                                 |

### 1. Summary of the impact

Research into bullying and cyberbullying, led by Prof Muthanna Samara of Kingston University, has had a significant impact on anti-bullying policy and practice in Qatar and the Arab sector in Israel. Impacts include:

- implementation of research-informed anti-bullying policies and resources by over 200 schools;
- changed practices of psychologists in schools and paediatricians in hospitals, with improved identification of and therapy for cases of traditional and cyber-bullying;
- improved guidance for legal professionals when dealing with cases of family violence, child abuse and neglect, helping to protect children and their development.

### 2. Underpinning research

Bullying is a phenomenon that has been widely researched in western societies. Prior to Samara's research, however, little work had empirically described bullying in certain contexts of the Middle East. Additional complexities include different cultural interpretations of what constitutes bullying and inadequate translations of key vocabulary.

In 2009, Samara began to lead a comparative study of bullying in the United Kingdom and in Qatar, focusing on bullying's precursors, health impacts, and solutions. In 2012, Samara secured a grant (approximately \$1m) from the Qatar National Research Fund (QNRF) to support further research on the causes of bullying and its implications for policy. The project finished in 2017.

#### Anti-bullying Policies

One project strand investigated bullying-related health diagnostics and evaluated anti-bullying interventions and policies used by UK schools. A 31-item scoring scheme, based on available anti-bullying guidance and previous policy content analyses, had been established by Samara and others in a 2008 study of school's anti-bullying documentation. These items are crucial to a successful anti-bullying policy. As a six-year follow-up study, the researchers analysed 217 English schools, using an expanded 34-item scoring scheme to assess internal documents for anti-bullying policies [R1]. The researchers found that most policies included definitions of bullying, some discussion of sanctions and an account of the responsibilities of teaching staff, parents and bystanders, as well as advice on what bully/victims should do. However, there were gaps, particularly concerning how incidents were followed up or prevented, and specific variants of bullying (e.g. cyberbullying, homophobia).

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The project also reviewed the existing legislation in Qatar and the UK that could protect children against bullying behaviour. Findings indicated that, although both countries are yet to introduce an explicit bullying-related law, the UK is more advanced as it requires schools to protect children against bullying. In Qatar, there was no anti-bullying policy in schools [R2]. Qualitative interviews with psychological and legal professionals emphasised the importance of clear definitions, the inclusion of bullying-related questions in psychological risk assessments, and possible interventions through education. The project showed that better knowledge and revisions to psychological practices and legal policies could lead to fairer legal outcomes and fewer incidences of bullying [R3, R4].

### Bullying Precursors and Parenting Behaviour

The other project strand studied bullying precursors and thus groups with high risks of being bullied. In 2012, Samara and his team carried out a meta-analysis on parenting behaviour and the subsequent risks of becoming a victim or a bully. Conducting a systematic review of over 40 years of literature, they found that abusive, neglectful, or overprotective parenting behaviours are related to a moderate risk increase for becoming a bully. Positive parenting (e.g. providing support or supervision) could therefore protect against victimisation. They concluded that intervention programmes should extend beyond schools to include families, and that parental training programmes might be necessary to strengthen positive parenting [R5].

Samara devised a comparative longitudinal study of bullying amongst children and adolescents (11-16 years) in Qatar and the UK. The project adopted a mixed methods approach including self-reporting questionnaires, semi-structured interviews, focus groups and children's diaries. Additionally, there were a variety of informant groups: children, adolescents, parents, teachers, and medical practitioners. The study mapped the prevalence of bullying and its relationship to various mental health problems, and investigated the awareness of bullying-related problems among children, parents and medical practitioners in the two countries.

The findings made it clear that bullying behaviour was prevalent in both Qatar and the UK, with cyberbullying being reported more often in Qatar and traditional bullying being slightly more common in the UK. Another finding was that children more often indicated bullying behaviours were prevalent when compared to parents or teachers.

Both bullying and victimisation were positively correlated with mental health problems and behavioural problems, such as problematic internet use. There was evidence of depression and anxiety symptoms in all groups, especially bullies/victims. Later work used questionnaires to study a sample of 1,814 UK school children's internet use; path analysis showed that this behaviour is associated with conduct problems, hyperactivity and depressive symptoms [R6]. This also validated the questionnaires as a tool to assess mental health problems and behaviours.

Qualitative tools, such as focus groups and diaries, demonstrated less awareness of bullying and understanding of its impacts by children in Qatar, compared to children in the UK. A foundational issue in Qatar was the difficulty of identifying bullying behaviour, especially in terms of repetition and the imbalance of power. Medical practitioners in Qatar were also found to be less informed and aware of the risks of bullying behaviours than their U.K. counterparts.

Based on these findings, recommendations were made to policymakers in Qatar to introduce school anti-bullying policies, anti-bullying education for children, educators, and medical practitioners, and revisions to legal practice.

### 3. References to the research

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**R1** – Smith, P., Kupferburg, A., Mora-Merchan, J. A., **Samara, M.**, Bosley S., & Osborn, R. (2012). A content analysis of school anti-bullying policies: a follow-up after six years. *Educational Psychology in Practice*, 28 (1), 47-70. DOI: [10.1080/02667363.2011.639344](https://doi.org/10.1080/02667363.2011.639344)

**R2** – Foody, M., **Samara, M.**, El Asam, A., Morsi, H. & Khattab, A. (2017). A Review of Cyberbullying Legislation in Qatar: Considerations for Policy Makers and Educators. *International Journal of Law and Psychiatry*, 50, 45-51. DOI: [10.1016/j.ijlp.2016.10.013](https://doi.org/10.1016/j.ijlp.2016.10.013)

**R3** – **Samara, M.**; Burbidge, V.; El Asam, A.; Foody, M.; Smith, P.K.; Morsi, H. (2017). Bullying and Cyberbullying: Their Legal Status and Use in Psychological Assessment. *International Journal of Environmental Research and Public Health*, 14(12), 1449. DOI: [10.3390/ijerph14121449](https://doi.org/10.3390/ijerph14121449)

**R4** – El Asam, A., & **Samara, M.** (2016). Cyberbullying and the law: A review of psychological and legal challenges. *Computers in Human Behaviour*, 65, 127-141. DOI: [10.1016/j.chb.2016.08.012](https://doi.org/10.1016/j.chb.2016.08.012)

**R5** – Lereya, S., **Samara, M.**, & Wolke, D. (2013) Parenting behaviour and the risk of becoming a victim and a bully/victim: a meta-analysis study victimisation at school. *Child Abuse & Neglect*. S0145-2134(13)00073-2. DOI: [10.1016/j.chiabu.2013.03.001](https://doi.org/10.1016/j.chiabu.2013.03.001)

**R6** – El Asam, A., & **Samara, M.** & Terry, P. (2019). Problematic Internet Use and Mental Health among British Children and Adolescents. *Addictive Behaviors*, 90, 428-436. DOI: [10.1016/j.addbeh.2018.09.007](https://doi.org/10.1016/j.addbeh.2018.09.007) REF2ID: 04-04-1990

#### Research grants:

This work was supported by a grant from the Qatar National Research Fund (QNRF): NPRP 5-1134-3-240, of \$952,430.00. Samara was PI on the project: Comparative study of cyberbullying in Qatar and the UK: risk factors, impact on health and solutions.

An additional grant (\$11,000) from QNRF was for a government-hosted workshop 'Cyberbullying, Bullying and School Safety: What we know and what we can do about it?'. The workshop was led by Samara and used to support the dissemination of the project's findings.

### 4. Details of the impact

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Samara's research has introduced anti-bullying policies and resources to schools, improved recognition of and response to bullying behaviours by medical practitioners, and developed guidance for legal practice across Qatar and the Arab Sector of Israel **[S1]**.

#### Arab Sector, Israel

Samara worked with the Head of ATEED, a private education network which runs schools throughout Israel (with 22,000 students in 38 education institutions) to implement anti-bullying policies in their schools and colleges. Samara worked with ATEED and the Education Department of Al Tira, Israel, to pilot introducing anti-bullying procedures, implementing these policies in two of their schools (with a total of 1350 students and 200 members of staff) in 2012. The anti-bullying policies have been rolled out to and formally adopted by the remaining 11 schools in the city (nearly 5000 students total) and other ATEED institutions. Samara provided updates, which reflected the findings of his 2017 research - especially regarding cyberbullying and the dangers of problematic internet use – to these policies. This has led to changes in school rules and documentation, as exemplified by the Ibrahim Qasem Secondary School (850 students and 100 members of staff) constitution **[S2]**.

Psychologists in the city councils benefitted from training in intervention strategies as well as increased awareness of the consequences of bullying. From 2014, Samara engaged with teachers, school psychologists, social workers and paediatricians across four cities (Al Tira,

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Taybah, Kofr Asem, Kofr Bara) through four workshops, and gave in-school presentations to 1200 pupils. Psychologists are now using the guidelines, psychological assessments, and therapeutic methods from the workshops. As a result of the workshops, children, who would have previously been mis-diagnosed, will be correctly identified as victims of bullying.

The Sharia courts in Israel changed their approach in judging cases. Sharia courts have jurisdiction for some matters of Islamic family law in Israel: including cases of divorce, child custody and prevention of domestic violence. In 2016, Samara shared the results of his research with family lawyers, a group of qadis (judges) from the nine regional Sharia courts and appeals court, and the President of the Sharia Courts. The President explained that they *'learnt, for the first time, that 'violence' was more than the physical'* - it also included emotional abuse, verbal abuse, or neglect- and *'changed our approach to dealing with victimisation related to abuse'*. This expanded what the qadis viewed as abuse (and proof of abuse) in cases of family violence. Additionally, the qadis were informed about the consequences of parental behaviour upon child development and children's mental health. They *'now consider these matters when giving legal decisions and thus make fairer, better judgements'* and *'are more able to protect children'*. Additionally, lawyers ensure parents *'are advised to focus on the factors that will help their child develop in a healthy way and ...protect their mental health'* [S3].

### Qatar

In December 2016, Samara presented his findings to 141 participants at a workshop hosted by the Ministry for Education and Higher Education in Doha, Qatar. Samara equipped the policymakers, psychologists, social workers, paediatricians, teachers with the conceptual tools to identify and reduce bullying. A survey showed the workshop improved all participants' awareness of bullying (including the prevalence, causes, and consequences). This new awareness resulted in the adoption of new assessment methods for 84% of participants, new preventative strategies for 89%, and new victim-support practices for 95%. These initiatives led to a reduction in the prevalence of bullying cases, according to 89% of the participants [S4].

As a result of this workshop, the Ministry produced a pack containing policy advice, questionnaires, and therapy modules related to anti-bullying. The pack [S5] was distributed to every government-run school in Qatar for the 2017/18 academic year (199 schools, 13,841 teachers, and 117,926 students) [S6]. The pack emerged from a discussion-based workshop session led by Samara, and drew heavily on his project's research. The pack equips psychologists with preventive, developmental, and therapeutic strategies, as well as five behavioural measurement tools. One therapy module dealing with violent behaviour, provides methods for non-violent conflict, preventative educational methods for teachers and parents, and early intervention and treatment methods for in-school psychologists. Another module identified problematic internet misuse as an addictive behaviour correlated with bullying; the module provided a student-specific behaviour questionnaire, guidance for therapeutic sessions, and a preventative programme.

Qatari schools have adopted this pack, and psychologists and social workers have implemented the instructions within the modules [S7]. The Consultant for Student Psychologists reported that more new workshops and meeting have started since 2016, continuing the focus on both traditional and cyber- bullying. She explained that now *'bullying is taken in account in our practices and diagnosis'*, resulting in more thorough investigations. She has also shared the study results with the Ministry of Interior, which maintains security and public morals [S7]. In 2020, the Ministry released a behavioural policy for students learning online to prevent cyberbullying during the coronavirus pandemic. It raises awareness of internet misuse and provides procedures to deal with cases of online bullying, in collaboration with social workers [S8].

Hospital paediatricians have implemented Samara's approaches in the Hamad Medical Corporation's services. Previously, bullying was not considered a cause of physical trauma, psychosomatic issues or mental health problems. The paediatricians now have, as described by the Senior Consultant in Paediatric Rehabilitation at HMC hospital, Qatar, *'deep insights into*

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*identifying victims of bullying*, *'have integrated questions into diagnostic tools so that they can identify cases of bullying'*, and *'are able to provide targeted and successful strategies'* [S9]. The Lead of Quality of Life and Transitional Care at the HMC hospital also integrated the workshop's recommendations into his clinics, which supports cancer patients. The Senior Consultant works at the Child Rehabilitation Centre, which receives 5,000 annual patient visits to its clinics. He added that, from the bullying workshop, many schools *'have adopted new policies'* such as support groups which consist of teachers, students, psychologists, and families [S9].

A trauma-focused workshop which promoted therapies, including mindfulness and CBT, led to further integration of Samara's research in psychologists' practice, particularly at the Family Consulting Centre (FCC). Qatari courts often send families (in cases of child custody or parent-child abuse) to the FCC to try to solve the disputes. The FCC has adapted Samara's findings to create new policies and has integrated Samara's recommendations into their guidelines and protocols. The FCC psychologists and counsellors now utilise Samara's interventions and therapies, similar to those in the school pack. The lead psychologist described how they *'are now able to identify children who have been bullied'* and are more aware of different forms of trauma as well as modern psychiatric therapies for bullying. He also explained how *'the workshop supplied staff with more understanding about the importance of a family's role'*, sometimes as bullies, but also in early detection of bullying and in providing safety. *'This can help in early diagnosis and recognition of bullying'*, with a well-established procedure now in place to send the child *'to a specialized center that can help him/her prevent bullying'* [S10].

### 5. Sources to corroborate the impact

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- S1** – Final Project Report 30th May 2017, NPRP No.: 5 - 1134 - 3 – 240 ('Comparative study of cyberbullying in Qatar and the UK: risk factors, impact on health and solutions', Samara, M., El Asam, A., Smith, P., Khattab, A., Davidson, J.).
- S2** – School Constitution from an Al-Tira Secondary School (in Arabic)
- S3** – Testimonial from the Islamic Family High Courts
- S4** – Preliminary Results from Workshop Survey.
- S5** – Ministry of Education and Higher Education Pack in Arabic: 'The guide for psychologists 2017-2018' (in Arabic)
- S6** – Annual Statistics of Education in the State of Qatar 2017-2018 (in Arabic)
- S7** – Testimonial from the former Consultant for Student Psychologists
- S8** – Behavioural Policy for Students Learning Online, 2020 (in Arabic)
- S9** – Testimonial from a paediatrician at a HMC hospital in Qatar
- S10** – Testimonial from the Family Consulting Centre