



## **Thematic Paper**

# **Practitioners' perceptions, attitudes, and challenges around bullying and cyberbullying**

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Practitioners' perceptions and understanding of bullying in schools is vital and can help to tackle bullying. The aim of this study is to investigate perceptions, attitudes, and challenges towards bullying amongst 135 practitioners (psychologists, social-workers, and medical professionals) (56.9% women; mostly aged 26-50 years) in Qatar. The practitioners answered self-report questionnaires on the definition, causes, and consequences of bullying as well as the presence of bullying and anti-bullying policies at their workplace. The findings revealed that practitioners have a clear understanding of the definition, causes, and consequences of bullying and recognise bullying and cyberbullying as a problem in Qatari students. Higher bullying knowledge and experience were related to higher perception of bullying as a problematic behaviour, better identification of bullying characteristics, more support of anti-bullying laws, and more bullying guidelines in their workplace. There is a great need for practitioner training in issues concerning bullying and to design suitable anti-bullying policies and interventions in schools.

**Keywords:** bullying, cyberbullying, schools, practitioners, intervention, psychopathology, law.

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## **Introduction**

Bullying can be defined as a systematic abuse of power in which repetitive actions are taken by one person with the intention of hurting another, involving an imbalance of power (Olweus, 1999). The prevalence of face-to-face bullying is substantially higher than that of cyberbullying, but the prevalence of the latter is still alarming. For example, across 80 studies, Modecki et al. (2014) found that amongst adolescents the prevalence for traditional bullying involvement was 35%, whereas the prevalence rate of cyberbullying was 15%.

Like many countries worldwide, bullying is a significant social problem in Qatar, particularly for children and adolescents (Foody et al., 2017). The Global School-based Student Health Survey (GSHS; WHO, 2019) in Qatari schools, found that 48% of boys and 35% of girls aged 13–15 years were bullied on one-or-more occasions in the previous month. These findings are relatively higher than those of other nations at all income levels (Modecki et al., 2014). Despite the alarming prevalence of bullying in Qatar, it has been sparsely researched (Samara & El Asam, 2021). Research is needed to fill the knowledge gaps and provide evidence for planning effective bullying intervention programmes in Qatar.

Victimization was also found to be related to mental health problems. Two meta-analyses studies found strong associations between victimization and mental health problems including depression, anxiety, poor general health, suicidal ideation and behaviour (Moore et al., 2017). However, these findings may vary cross-culturally (Yuchang et al., 2019) as countries differ in beliefs, attitudes, values, and language (Samara et al., 2019; Scheithauer et al., 2016).

It is thus evident that public awareness of the consequences of bullying has increased worldwide in recent years, and more attention has been given to interventions aiming at preventing and combating bullying (e.g., UNESCO recommendations<sup>i</sup>). Anti-bullying intervention programmes in schools have shown some success in reducing victimization and perpetration. However, effectiveness varies according to the type of intervention programme and the country in which the programme is being carried out (Gaffney et al., 2019). Kyriakides et al. (2014) investigated the effectiveness of the dynamic approach to school improvement (DASI) across different European countries and found that the effectiveness of the programme was higher in some countries (e.g., Cyprus and Greece) than others (e.g., England).

Another important factor for the success of anti-bullying programmes is the level of training of the practitioner (e.g., psychologists, social-workers, teachers) responsible for delivering the intervention. For example, recent studies have suggested that practitioner-delivered programmes are superior to teacher-delivered mental health and anti-bullying programmes (Franklin et al., 2017; Morgan-Lopez et al., 2020), which may reflect different levels of training and knowledge about the issues. Although the importance of practitioners' knowledge and understanding of bullying for the effectiveness of anti-bullying intervention programmes seems evident, limited to no attention has been given to practitioner's perceptions of bullying. Studies exploring how practitioners perceived bullying are virtually absent in Qatar, where the literature on

bullying and cyberbullying is limited (Foody et al., 2017). Given these limitations, the current study aims to understand practitioners'ii perceptions and challenges towards bullying in Qatar.

### *Anti-bullying intervention programmes and the role of practitioners*

Although previous studies have not given much attention to practitioners' perceptions about bullying, a substantial number of studies have explored teacher's perceptions and understanding of bullying, which may shed some light on the role that professionals working directly with children plays in preventing and handling bullying. For example, a study (Dake et al., 2003) amongst schoolteachers in the USA and found that while most teachers reported having had serious talks about bullying, with the bully and the victim, only a minority reported having set aside time for discussions about bullying in the classroom or got students involved in creating rules about bullying in the classroom. A systematic review of 20 studies on teacher's perceptions and responses towards cyberbullying found that teachers recognised cyberbullying as a problem in the school environment (Macaulay et al., 2018). In terms of bullying prevention, teachers reported post-bullying activities as the most effect strategies followed by improved student supervision, and environmental bullying preventive activities. However, teachers' perspective on effective strategies to address cyberbullying was inconsistent and they were not confident in their ability to identify and manage it, expressing a desire for additional training in this area.

A study in Turkey with pre-service teachers indicated that the teachers also recognised cyberbullying as a problem in Turkish schools and understood its negative consequences for the students as well as the need for strategies within the school to prevent it. They also pointed out the need for more cyberbullying training (Yilmaz, 2010). Expanding on these findings, a study in the US examined teachers' and counsellors' practices regarding bullying in the school environment. Few used evidence-based bullying interventions or were involved in the selection of interventions for their school; although most reported receiving some training in bullying assessment or intervention, this mainly occurred during in-service training or at professional conferences, suggesting that it may have been limited in intensity and duration (Lund et al., 2012).

Although teachers are generally the first point of contact for students who are victims of bullying, teachers may not have all the tools to recognise bullying and offer the necessary support for students involved in bullying. As such, teacher's perceptions of bullying may not offer a complete picture of this phenomenon. Investigating practitioners' perceptions about bullying may also provide important insights on effective ways to prevent and combat bullying.

Another factor of interest is the presence of clear anti-bullying policies in schools. Despite the importance of anti-bullying policies, they are still limited in Western countries. For example, an early study in England (Smith et al., 2008) found that, in their policies, many schools referred to improving school climate, defined different types of traditional bullying, and included a statement regarding protocol for contacting parents when bullying incidents occur. However, important aspects such as coverage of responsibilities beyond teaching staff, following up of incidents, management of records, and preventative strategies such as

playground work and peer support were not fully covered. A follow-up study after six-years found a modest improvement in their anti-bullying policies, but there was still low coverage of homophobic bullying, cyberbullying, bullying based on disabilities and faith (Smith et al., 2012). This is of concern, as the presence of comprehensive anti-bullying policies is important in providing parents and educators with clear guidelines on bullying and protecting the well-being of children (Goryl et al., 2013). Practitioners can play a pivotal role in ensuring the development and implementation of anti-bullying policies and interventions in the school environment due to their direct involvement with children and their understanding of the consequences of bullying.

### *The situation in Qatar*

In Qatar, the proportion of schools that employ anti-bullying policies is undocumented. Currently, the Ministry of Education has designed a behavioural policy for all public schools in Qatar to adhere to, which includes brief definitions of different behaviours covering bullying and cyberbullying and a list of preventative measures and sanctions. However, this behavioural policy does not cover the roles of the parents and their children in the implementation of this policy and the follow-up measures. Little is known about the impact of this policy on offline or online bullying and/or victimization rates in Qatar (Samara & El Asam, 2021). Research on bullying and on the effectiveness of the national behavioural policy in Qatari schools is lacking. This may have implications on how effectively practitioners identify, manage, and prevent bullying cases and thus tailoring practitioners' training accordingly.

Consequently, studies exploring the perceptions of practitioners and what schools do to tackle bullying are necessary. This study aims to explore and understand practitioners' awareness and perceptions of the concepts, characteristics, prevalence, causes, consequences, interventions in the school environment, and legal implications of bullying and cyberbullying. The aim is also to look at differences amongst professional role (psychologists, social-workers, medical).

## **Method**

### *Participants*

A hundred and thirty-five practitioners that work with children as part of their practice in Qatar took part in this study. Most participants were female (56.9%; 5 did not indicate their gender); their age categories were 18-25 years: 3.8%; 26-30 years: 22.3%; 31-35 years: 21.5%; 36-40 years: 23.8%; 41-45 years: 13.8%; 46-50 years: 9.2%; >50 years: 5.4%. Most (81.7%) were of non-Qatari nationality: Egyptian (40.7%), British (9.6%), Jordanian (8.1%), Syrian (4.4%), and from other nationalities (e.g., Saudi Arabian, Tunisian, Indian, etc. 37.2%). Participants were psychologists (39.3%), social-workers (36.3%), medical professionals (8.9%), education professionals (11.1%), management professionals (1.5%) and 4 participants did not report their profession (3%). Most worked in schools (84%), others in hospitals (12.2%), mental health institutions (2.3%), charities (0.8%) and private clinics working directly with children (0.8%). Years of experience were reported

as less than a year (3.1%), between 2 to 5 years (31.3%), 6-10 years (17.6%), 11-15 years (25.2%), 16-20 years (10.7%), and more than 20 years (12.2%). Most practitioners reported holding a bachelor's degree (66.9%), followed by postgraduate course (23.9%), and diploma (9.2%).

### *Materials*

*Bullying scenarios.* Nine different scenarios were designed to measure whether practitioners differentiated between bullying and cyberbullying behaviours and random aggressive acts (which did not involve criteria for bullying such as repetition and power imbalance). There were 5 bullying and/or cyberbullying scenarios: e.g., “a girl receives abusive messages on Facebook on a daily basis from her friends”, and 4 aggressive but non-bullying scenarios: e.g., “a boy reported that he was verbally abused once by a group of children because he did not play with them”. Participants were required to judge whether each scenario referred to face to face bullying (1), cyberbullying (2), or neither (3). Correct items (1) and incorrect items (0) were added up together to create a general score of how accurate practitioners' perceptions of bullying was.

*Definition of bullying.* This questionnaire listed 11 potential bullying characteristics regarding the definition of bullying (6 items, e.g., “it involves an intention to harm”) and the setting in which bullying may occur (5 items; e.g. “happens at home only”). Participants were required to judge whether each item was correct (1) or incorrect (0) and were added up to create a general score of how accurate practitioners' knowledge of bullying was.

*Attitudes towards bullying.* This section consisted of 17 items that measured participants' perception of *bullying as a normal behaviour* among children (11 items, e.g., “bullying is a normal behaviour among children and adolescents”) (McDonald's  $\omega = .70$ ) or *bullying as a problem* that needs attention (6 items, e.g., “I am concerned about bullying among children”) (McDonald's  $\omega = .45$ ). Participants stated their agreement with each item in relation to bullying and cyberbullying, using a five-point scale of response (1 = Strongly disagree; 5 = Strongly agree).

*Causes, consequences and characteristics of bullying.* A list of 9 potential causes of bullying and cyberbullying (e.g., disability, physical looks) (Table II), nine potential characteristics of bullies (e.g., has emotional problems, has little empathy) (Table II), and ten items describing potential consequences of bullying and victimisation (e.g., depression symptoms, low confidence) (Table III) were presented. Participants stated their agreement with each item, using a five-point scale of response (1 = Strongly disagree; 5 = Strongly agree) and the scales represented participants' perceptions of the causes and consequences of bullying.

*Perception of laws on bullying and cyberbullying.* Seven items were used to measure knowledge of anti-bullying laws including attitudes in support (3 items; e.g., bullying should be made illegal) (bullying: McDonald's  $\omega = .46$ ; cyberbullying: McDonald's  $\omega = .52$ ) and attitudes against (5 items; e.g., it is immoral to prosecute children for bullying) (bullying: McDonald's  $\omega = .39$ ; cyberbullying: McDonald's  $\omega = .31$ ) bullying laws. Participants stated their agreement with each item, using a five-point scale of response (1 = Strongly disagree; 5 = Strongly agree).

*Knowledge of and experience with bullying and cyberbullying.* Twenty items were used to assess practitioner's knowledge of bullying and cyberbullying (8 items; e.g., I have attended workshops/training regarding this topic) (bullying: McDonald's  $\omega = .62$ ; cyberbullying: McDonald's  $\omega = .70$ ) and practical experience with bullying and cyberbullying (12 items; e.g., bullied children are easily identified in my practice) (bullying: McDonald's  $\omega = .67$ ; cyberbullying: McDonald's  $\omega = .67$ ). Participants stated their agreement with each item regarding their knowledge of and experience with bullying and cyberbullying, using a five-point scale of response (1 = Strongly disagree; 5 = Strongly agree).

*Bullying policies and guidelines in the workplace.* Eight items were used to assess whether there were clear bullying guidelines in practitioner's workplace and whether these guidelines were implemented (e.g., To my knowledge, schools/hospitals I work with or I know have anti-bullying policies) (McDonald's  $\omega = .80$ ). Participants stated their agreement with each item using a five-point scale of response (1 = Strongly disagree; 5 = Strongly agree).

*Parties that play a role in limiting bullying, who should be held responsible for bullying, and effective interventions.* Practitioners were asked about whether parties play a role in limiting bullying and cyberbullying (6 items: e.g., teacher, parents), who should be held responsible for bullying behaviours (5 items: e.g., schools, parents) (Table III), and effective interventions to combat bullying (8 items: e.g., psychological interventions, medical interventions) (Table IV). Participants stated their agreement with each item using a five-point scale of response (1 = Strongly disagree; 5 = Strongly agree).

*Practitioners' direct experience with face-to-face and cyber bullying.* Participants were asked how many face-to-face bullying and cyberbullying cases they deal with weekly (never to more than 10 times a week). The percentage of each answer scale is reported for each type and the correlation for the total of both types together.

### *Validity of Measurements*

Four academics in the field of bullying and psychopathology carefully assessed the measures used and their relevance to the main aims and objectives of the study. The questionnaire achieved *face and content validity* after carefully addressing cultural sensitivities, and minor language and design concerns. Furthermore, *convergent validity* was calculated using Pearson's *r* correlations coefficients between each single item and the total score for each scale and subscale of the above measures. Each correlation coefficient was compared to the Pearson's correlation critical values for two-tail tests ( $p < 0.05$ ) according to the degrees of freedom ( $N - 2$ ). All correlations coefficients were greater than the critical value from the table, thus the null hypothesis that there is no correlation was rejected indicating high correlations between each item and the total score and high convergent validity for each measure.

Questionnaires were initially developed in English and then were translated to Arabic and back translated to English for comparability.

### *Procedure*

Participants were recruited in partnership with the Ministry of Education and Higher Education during a workshop on anti-bullying interventions in Qatar in December 2016. All participants who participated in the workshop were asked to fill a questionnaire before the start of the workshop. Participants were briefed about the study, given a consent sheet to sign and then 30 minutes to fill in the questionnaires. They were assured of their confidentiality and anonymity and the option to withdraw at any point during the study. None of the participants refused to take part. The research team were available for any questions or enquiries. Ethical approval was granted from the ethical committee at Kingston University London.

### *Data Analysis*

The analyses were performed using SPSS version 26. Some items in some scales were recoded to indicate positive or negative score accordingly. ANOVAs were used to compare differences in practitioners' knowledge, perceptions and experience with bullying and cyberbullying according to professional roles. All interval variables were judged as normally distributed according to Kurtosis and Skewness statistics (within the range of  $\pm 2$ ). Therefore, ANOVA was deemed as an appropriate test, which is also robust to normality violations (Blanca et al., 2017). We did not include management (N=2) or uncategorised (N=4) professionals in the ANOVA but were included in the correlation analysis. Dependent t-tests were carried out to compare participants' perceptions of bullying consequences and to compare their perceptions of bullying as a normal or problematic behaviour. Correlation analysis was carried out between practitioners' knowledge, experience and attitudes towards bullying and perception of anti-bullying laws.

## **Results**

### *Practitioners' experiences and perceptions of bullying*

*Bullying scenarios.* The mean of correct answers out of nine scenarios was moderate. Practitioners were better at identifying the bullying scenarios correctly (out of 5 scenarios), than the non-bullying scenarios (out of 4 scenarios; Table I). An ANOVA indicated no differences between roles,  $F(3,119)=0.48, p=0.69$ .

*Bullying definition and characteristics.* Most practitioners were able to correctly identify the main characteristics of bullying. They most accurately identified the definition of bullying and the settings where bullying occurs (Table I). An ANOVA indicated no differences between roles,  $F(3,117)=0.35, p=0.78$ .

Table I. Knowledge and perception of bullying by professional role (Mean, SD)

	Psychologist N = 53	Social-Worker N = 49	Medical Professional N = 12	Education Professional N = 15	Management N = 2	Uncategorised N = 4	Total N = 135
Bullying Scenarios*	3.64(0.59)	3.53(0.71)	3.67(0.49)	3.80(0.41)	3.50(0.70)	3.25(0.95)	3.61(0.62)
Non-bullying Scenarios*	1.91(1.04)	1.67(1.11)	1.83(0.72)	1.73(1.16)	2.50(2.12)	1.25(1.25)	1.79(1.07)
Total score*	5.55(1.18)	5.20(1.20)	5.50(0.90)	5.53(1.18)	6(2.82)	4.50(1.73)	5.39(1.21)
Definition†	5.13(0.87)	4.86(1.00)	5.08(0.99)	5.13(1.12)	5(0)	5(1.41)	5.02(0.95)
Setting†	4.62(0.48)	4.63(0.52)	4.42(1.16)	4.87(0.35)	4.50(0.71)	5(0)	4.64(0.58)
Total score†	10.11(0.93)	9.80(1.09)	9.75(1.65)	10.13(1.12)	10(0)	9.50(0.70)	9.95(1.08)
Bullying as normal‡	1.99(0.47)	2.26(0.61)	1.98(0.66)	1.82(0.50)	2.18(0.38)	1.68(0.61)	2.07(0.56)
Bullying as problematic‡	3.47(0.51)	3.50(0.68)	3.41(0.53)	3.42(0.53)	3.25(0.11)	3.89(0.78)	3.48(0.58)
Cyberbullying as normal‡	2.22(0.48)	2.37(0.79)	2.00(0.77)	1.80(0.52)	2.18(0.25)	3.08(1.28)	2.22(0.68)
Cyberbullying as problematic‡	3.53(0.60)	3.63(0.62)	3.49(0.57)	3.40(0.64)	3.42(0.35)	2.75(1.06)	3.52(0.61)
Knowledge of bullying‡	3.82(0.61)	3.82(0.57)	3.89(0.81)	3.95(0.67)	4.13(0.53)	3.75(0.70)	3.85(0.62)
Experience with bullying‡	3.63(0.40)	3.61(0.46)	3.43(0.51)	3.59(0.54)	3.93(0.84)	3.75(0.57)	3.60(0.45)
Knowledge of cyberbullying‡	3.73(0.67)	3.88(0.66)	3.75(0.97)	3.96(0.73)	4.38(0.53)	4.25(0)	3.82(0.70)
Experience with cyberbullying‡	3.56(0.42)	3.54(0.44)	3.48(0.75)	3.52(0.59)	3.90(0.89)	3.33(0)	3.54(0.49)
Support bullying laws‡	3.56(0.74)	3.61(0.63)	3.49(0.62)	3.62(0.55)	3.17(0.24)	3.44(0.19)	3.58(0.64)
Against bullying laws‡	2.97(0.75)	2.91(0.63)	2.95(0.59)	3.10(0.72)	2.75(0.00)	3.33(0.52)	2.97(0.68)
Support cyberbullying laws‡	3.58(0.64)	3.69(0.78)	3.30(0.60)	3.42(0.45)	3.17(0.23)	4.00(0.94)	3.58(0.67)
Against cyberbullying laws‡	2.81(0.75)	2.62(0.57)	2.91(0.55)	3.29(0.63)	2.50(0.70)	2.63(0.17)	2.80(0.67)
*The total for correct answers (0-9) combining the bullying (0-4) and non-bullying scenarios (0-5).							
†Total score for correct answers (0-11) combined the definition (0-6) and setting items (0-5).							
‡Mean of 1 (Strongly disagree) to 5 (Strongly agree).							



*Knowledge and experience.* Regarding participants' knowledge of and experience with bullying and cyberbullying, most reported having substantial knowledge of face-face-bullying, experience with face-face-bullying, knowledge of cyberbullying and experience of cyberbullying (Table I). An ANOVA indicated no differences between roles; all  $F < 0.65$ ; all  $p > 0.58$ .

*Attitudes towards bullying.* Practitioners were more likely to endorse that bullying is a problem that needs attention than the view of bullying as a normal behaviour among children,  $t(127) = 20.22$ ,  $p < .001$ . Similarly, practitioners also tended to perceive cyberbullying as a problem rather than as a normal behaviour among children,  $t(90) = 13.36$ ,  $p < .001$  (Table I). An ANOVA indicated no differences between roles (All  $F < 2.4$ ; all  $p > 0.07$ ).

*Perceptions of bullying and cyberbullying laws.* Practitioners tend to have knowledge of and endorse the establishment of anti-bullying laws;  $t(126) = 7.23$ ,  $p < .001$  and cyberbullying laws;  $t(107) = 8.10$ ,  $p < .001$  more likely than endorsing attitudes against anti-bullying laws and cyberbullying laws (Table I). An ANOVA indicated no differences between roles, all  $F < 1.3$ ; all  $p > 0.25$ .

*Causes attributes and consequences of bullying.* Regarding the causes of bullying, most participants attributed the causes of traditional bullying mainly to jealousy, ethnicity/nationality, and tribalism, and least to academic achievement, gender, and disability (Table II). On the other hand, the main causes of cyberbullying were reported as jealousy, popularity, and ethnicity/nationality, with academic achievement, disability, and general behaviour perceived as the least.

Participants also perceived that bullies have unstable/problematic family circumstances, emotional problems, as academically underperforming, similar age or older than the victim, and to have ADHD symptoms (Table II).

Regarding the consequences of bullying and victimisation, participants overall perceived that victims face more severe consequences than bullies;  $t(103) = 5.8$ ,  $p < .001$ . Additionally, they perceived that victims are more vulnerable to internalising problems than bullies;  $t(103) = 7.13$ ,  $p < .001$  but the difference was not significant for externalising problems;  $t(103) = 0.38$ ,  $p = 0.70$  (Table III).

*Parties that can play a role in reducing bullying, responsibility, and interventions for bullying.* Practitioners rated most of the parties as playing a role in reducing bullying and cyberbullying, and that different parties should be held responsible for bullying and cyberbullying including the bully, the parents and schools (Table IV).

In terms of interventions for bullying, practitioners believed that parental interventions to raise parents' awareness, school interventions with teachers, social and educational and holistic interventions are the highest rated ways of preventing bullying. In turn, medical interventions are perceived as less useful in comparison to other interventions (Table IV).

Table II. Causes of bullying perceptions (Mean, SD)\*

	Bullying	Cyberbullying
Disability	3.51(1.32)	3.01(1.32)
Physical Looks	4.01(.97)	3.47(1.33)
Ethnicity/nationality	4.15(.92)	3.77(1.22)
Tribalism	4.10(.90)	3.76(1.12)
Gender	3.43(1.13)	3.57(1.14)
Academic achievement	3.26(1.18)	2.99(1.21)
General behaviour	3.59(1.03)	3.32(1.17)
Jealousy	4.21(0.77)	4.00(1.05)
Popularity	3.94(1.07)	3.94(1.10)
Characteristics of the bully		
Older than the victim		3.65(1.02)
Similar age as the victim		3.47(0.85)
Has symptoms of ADHD		3.47(0.99)
Has unstable/problematic family circumstances		4.37(0.71)
Academically underperforming		3.90(0.85)
Popular among peers (sociable)		3.65(1.00)
Has emotional problems		4.21(0.70)
Has little empathy		3.65(0.88)
Involved in anti-social behaviour		3.74(0.85)
*Mean of 1 (Strongly disagree) to 5 (Strongly agree).		

Table III. Consequences of bullying (Mean, SD)\*

Consequences	Victim	Bully
Poor Self-esteem (how they value themselves)	4.50(0.78)	3.73(1.36)
Low Confidence	4.46(0.73)	3.57(1.39)
Depression symptoms	4.10(0.99)	3.78(1.11)
Anxiety symptoms	4.21(0.87)	3.76(1.15)
Physical health problems	4.05(0.94)	3.45(1.21)
Psychosomatic problems	4.19(0.82)	3.61(1.18)
<b>Internalising problems (Total)</b>	<b>4.25(0.72)</b>	<b>3.65(1.02)</b>
Affects educational achievement	4.02(0.94)	3.93(1.14)
Affects relationship with peers	4.05(0.96)	3.76(1.14)
Affects relationship with family	4.09(0.88)	3.95(1.03)
Anti-Social behaviour	3.96(1.03)	4.16(0.98)
ADHD	3.43(1.16)	3.44(1.12)
<b>Externalising problems (Total)</b>	<b>3.91(0.72)</b>	<b>3.84(0.71)</b>
<b>Overall difficulties (Total)</b>	<b>4.09(0.64)</b>	<b>3.74(0.75)</b>
*Mean of 1 (Strongly disagree) to 5 (Strongly agree).		

Table IV. Parties that should be held responsible or play a role in reducing bullying, and bullying interventions (Mean and SD)\*

	Bullying	Cyberbullying
<b>Who should be held responsible</b>		
Parents	4.32(0.83)	4.40(0.79)
Schools	4.15(0.87)	3.94(1.04)
The bully/perpetrator	4.44(0.77)	4.46(0.68)
The victim/target	3.45(1.29)	3.50(1.29)
The bystander	3.64(1.07)	3.53(1.13)
<b>Parties that play a role in reducing bullying</b>		
Education ministry	4.59(0.62)	4.36(0.90)
Headmaster	4.48(0.64)	4.27(0.93)
Teacher	4.35(0.82)	4.17(0.97)
Parents	4.53(0.72)	4.56(0.75)
Community	4.42(0.72)	4.34(0.76)
The child him/herself	4.39(0.86)	4.38(0.88)
<b>Interventions for bullying</b>		
Psychological interventions (psychological help)		4.48(0.86)
Parental interventions (increasing parents' awareness)		4.55(0.74)
Social interventions (promoting friendships and acceptance)		4.45(0.77)
Educational interventions (increasing awareness through sessions)		4.45(0.81)
Medical interventions (through GP)		3.81(0.98)
School/teacher's intervention (increasing awareness on how to tackle bullying)		4.53(0.73)
Governmental (establishing anti-bullying laws)		4.39(0.82)
Holistic intervention (involving multiple parties)		4.49(0.83)
*Mean of 1 (Strongly disagree) to 5 (Strongly agree).		

*Practitioners direct experience with bullying.* Most participants reported that they deal with face-to-face bullying at least once a week (36.4%; 2-4-times-a-week: 34.1%; 5-7-times-a-week: 8.3%; more than 10-times-a-week 7.6%), while only 8.3% and 5.3% stated that they never dealt with bullying cases or dealt with it less than once a week respectively. On the other hand, 31.6% of practitioners had to deal with cyberbullying cases once a week (2-4-times-a-week: 19.5%; 5-7-times-a-week: 6.8%; 8-10-times-a-week: 0.8%; more than 10-times-a-week: 2.3%), while 36.1% and 3% stated that they never dealt with cyberbullying cases or dealt with it less than once a week respectively. Participants in the educational profession were significantly more likely to deal with face-to-face bullying ( $M = 3.20$ ,  $SD = 1.74$ ) than medical professionals ( $M = 2.08$ ,  $SD = 1.68$ ) ( $p < .05$ ).

#### *Correlations between knowledge, perception and practical experience with bullying*

Practitioners that were able to identify more bullying characteristics and scenarios (i.e., showed more knowledge regarding bullying) were less likely to perceive bullying ( $r = -.25$ ,  $p = .002$ ;  $r = -.29$ ,  $p < .001$ , respectively) and cyberbullying ( $r = -.33$ ,  $p < .001$ ;  $r = -.31$ ,  $p < .001$ , respectively) as a normal behaviour. Those

that rated their bullying knowledge as higher were also less likely to perceive bullying and cyberbullying as a normal behaviour ( $r=-.26, p<.001$ ;  $r=-.21, p=.02$ , respectively).

Practitioners perceiving bullying as a normal behaviour were less likely to support bullying ( $r=-.19, p=.01$ ) and cyberbullying ( $r=-.24, p=.007$ ) laws. Conversely, practitioners perceiving bullying as problematic were more likely to support bullying laws ( $r=.18, p=.03$ ), less likely to be against cyberbullying laws ( $r=-.18, p=.02$ ), and rated themselves as having more knowledge about bullying ( $r=.18, p=.04$ ). Additionally, practitioners that had more direct practical experience with bullying were also more likely to see bullying ( $r=.24, p=.003$ ) and cyberbullying ( $r=.20, p<.01$ ) as problematic. Similarly, practitioners that rated themselves as having more knowledge on bullying ( $r=.22, p=.02$ ) and cyberbullying ( $r=.18, p=.02$ ) as well as more experience dealing with bullying cases ( $r=.19, p=.03$ ) were more likely to support bullying laws.

Practitioners that reported having bullying guidelines in their workplace had more knowledge of bullying ( $r=.32, p<.001$ ) and cyberbullying ( $r=.29, p<.001$ ), more experience in bullying ( $r=.47, p<.001$ ) and cyberbullying ( $r=.41, p<.001$ ), were more supportive of bullying laws ( $r=.20, p=.01$ ), and were less likely to see bullying as problematic ( $r=-.23, p=.006$ ) (Table V).

Table V. Correlations between different factors in relation to practitioners' knowledge, perceptions and experiences.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Characteristics of bullying															
2. Total bullying scenarios	.10														
3. Bullying as normal	-.25**	-.29**													
4. Bullying as problematic	.11	-.04	.03												
5. Cyberbullying as normal	-.33**	-.31**	.53**	.05											
6. Cyberbullying as problematic	-.18*	.11	-.06	.43**	.01										
7. Support bullying laws	.09	.10	-.19*	-.05	-.24*	-.05									
8. Against bullying laws	-.03	-.12	.15	.02	.06	-.01	.01								
9. Support cyberbullying laws	.08	.02	-.24*	.18*	-.09	.02	.67**	-.02							
10. Against cyberbullying laws	-.07	-.01	.22*	-.18*	.05	-.10	.11	.77**	.07						
11. Bullying knowledge	.22*	.15*	-.26**	.18*	-.21**	.01	.22*	-.14	.18*	-.19*					
12. Bullying experience	.23**	.14	-.08	-.03	-.10	-.15	.12	-.14	.19*	-.09	.54**				
13. Cyberbullying knowledge	.34**	.10	-.15	.18*	-.14	-.03	.18*	-.12	.12	-.10	.90**	.61**			
14. Cyberbullying experience	.04	.06	.04	-.02	-.11	-.15	.11	-.06	.15	-.01	.50**	.76**	.57**		
15. Direct experience with bullying	.11	.01	-.13	.24**	-.04	.20*	-.02	.09	.11	.07	.28**	.16*	.25*	.18*	
16. School bullying guidelines	-.03	.12	-.02	-.23*	-.14	-.05	.20*	.07	.12	.09	.32**	.47**	.29**	.41**	.01

Note. \*\* $p < 0.01$ , \* $p < 0.05$

## **Discussion**

Bullying in Qatar, similar to other countries, is a significant social problem. However, the number of studies exploring bullying in Qatar are limited (Foody et al., 2017). To minimise the consequences of bullying, it is important to examine bullying practitioners' knowledge and perceptions of bullying. Therefore, this study sought to understand the awareness and perceptions of the concepts, characteristics, prevalence, causes, consequences, and legal implications of bullying and cyberbullying, and the presence of anti-bullying policies at their workplace amongst practitioners working with children and adolescents in Qatari schools.

Overall, we observed that practitioners in Qatar have good knowledge of bullying and cyberbullying, although this did not seem to vary according to their professional role. Furthermore, practitioners with more knowledge of and experience with bullying tended to see bullying as more problematic, and they were more likely to endorse bullying laws.

The descriptive data showed that practitioners are aware of the characteristics of bullying, including both its definition and where bullying may occur. In turn, while practitioners were quite good at identifying bullying scenarios, many confused random aggressive acts with bullying, which may reflect the lack of clear consensus regarding the definition of bullying in the literature (Volk et al., 2017). The findings suggest that, for some practitioners, the factor "repetition" is not essential for bullying as they may perceive that a single act may be sufficient to negatively impact a victim, a view that is also supported by some researchers (e.g., Hong & Espelage, 2012), especially for cyberbullying (Slonje et al., 2013). Therefore, clear definitions of bullying and cyberbullying are essential not only to guide bullying research but also for anti-bullying interventions (Samara & El Asam, 2021).

In relation to the consequences of bullying, the descriptive data showed that participants perceived victims as more vulnerable to the consequences of bullying than bullies, especially internalising problems. This is consistent with previous research demonstrating that internalising problems such as anxiety and mood disorders have been mainly observed among bullying victims (e.g., Moore et al., 2017; Foody, et al., 2020); indicating good knowledge of the consequences of victimization amongst practitioners.

Practitioners also reported that multiple parties play a role in reducing bullying and cyberbullying, particularly the Ministry of Education and parents, and that bullies and parents should be held responsible. Aligned with this view, they reported that parental interventions to raise parents' awareness along with school interventions with teachers on how to tackle bullying, and holistic interventions, are the best ways of preventing bullying. In comparison, medical interventions alone were perceived as less useful. This could be since most of the participants were psychologists and social-workers working in schools, and fewer medical professionals. This is in line with some studies which found that anti-bullying interventions targeting the family, teachers, students, and the whole school are the most effective ones (e.g., Waasdorp et al., 2012).

Practitioners reported having good knowledge and experience with bullying and viewed bullying as a problem that needs attention. This is consistent with previous literature (e.g., Yilmaz, 2010) and means that they are less likely to ignore the problem (Cantone et al., 2015). Practitioners also tended to support anti-

bullying laws against bullying rather than endorsing attitudes against bullying laws and this did not vary according to professional role. This contradicts a study in the US where counsellors perceived bullying as more problematic compared to educational professionals (Bauman et al., 2008).

We found that better bullying knowledge was related to lower perception of bullying as a normal behaviour but higher support of anti-bullying laws. Similarly, practitioners that reported more experience with bullying were able to better identify bullying characteristics and were more likely to support anti-cyberbullying laws. In addition, practitioners that reported to have seen more bullying cases in their practice were more likely to see bullying as problematic. These findings indicate that more knowledge of bullying and practical experience with bullying situations may make practitioners more aware of the problematic nature of bullying and, thus, make them more supportive of actions to reduce bullying among youth. In fact, we found that practitioners that perceived bullying as normal behaviour among children were less likely to identify bullying characteristics and scenarios and were less likely to support cyberbullying laws. Likewise, practitioners that perceived cyberbullying as normal were also less likely to identify bullying characteristics. This suggests that for successful bullying interventions, professionals working directly with children and adolescents should consider training on bullying and cyberbullying interventions as part of their professional development (e.g., Samara et al., 2017).

Finally, practitioners that reported the presence of bullying guidelines in their workplace were more likely to have knowledge and experience with bullying and cyberbullying. Thus, clear bullying guidelines in schools, for example, may facilitate effective identification and management of bullying cases. Interestingly, practitioners that reported the presence of guidelines in their workplace were less likely to see bullying as problematic. This may indicate that guidelines may inhibit the occurrence of bullying and give the perception that bullying is not so much a problem in their working environment.

This study has some limitations. First, although it involved a reasonable number of participants, there was an imbalance between group sizes by professional role. A more balanced sample would have likely increased statistical power as regards that aspect. Secondly, the reliability of some of the subscales were low. This could be due to the subscales testing knowledge of practitioners of correct and non-correct answers.

Notwithstanding these limitations, the current study provides several contributions to the literature (e.g., Samara et al., 2017). The number of studies exploring practitioners' perceptions of bullying are limited, particularly in Qatar. Understanding practitioners' awareness and knowledge of bullying is essential for the implementation of successful anti-bullying programmes. This study represents the first attempt to explore these issues in Qatar, suggesting that practitioners with greater knowledge and experience with bullying tend to be more aware of the problematic nature of bullying and as such, are more likely to identify and combat bullying. These findings add to a growing literature suggesting that bullying training is essential to ensure successful implementation of bullying programmes. These can include online as well as face-to-face training on techniques that can improve the wellbeing of children and strengthen their skills to tackle bullying (e.g., Foody & Samara, 2018). In Qatar, schools and the Ministry of Education should initiate anti-bullying policies and

laws that can be adapted. Currently, there is a behavioural policy initiated by the Ministry of Education in Qatar, however, there is no evidence of the scale of its implementation and effectiveness. These initiatives should also involve children, parents, and schools to contribute towards designing these policies.

In relation to the findings that practitioners expressed their support for laws and anti-bullying policies, in Qatar. There are different laws in Qatar (Foody et al., 2017). The Cybercrime Prevention Law no 14 of 2014 tackles crimes against humans such as attacks on another person's identity, or any action considered a technically unlawful act. However, it does not include cyberbullying.

On a related note, the Supreme Council of information and communication technology (ictQatar) launched "safespace.qa" in 2010, which contains policies, best practices, and resources for cyber safety that can be used by students, parents, and teachers. However, there is no research to investigate their use, effectiveness and awareness.

The Juveniles Act No. 1 of 1994 is another Act that defines a juvenile as a person over seven and under 16 years of age at the time of the alleged crime. Those who are under 14 and commit crimes are subject to measures ranging from warnings to vocational training placement. However, individuals aged 14–16 years receive reduced penalties compared to older individuals who are penalized according to the appropriate law. On the other hand, there is an argument of whether these laws can lead to the criminalisation of children from young age and thus have a negative effect on the lives of young people. Nevertheless, there are no anti-bullying policies in schools in Qatar, and schools, parents, and the community need these to provide better protection for children. Interventions are lacking, and little is known about how practitioners deal with victims and/or bullies (Samara et al., 2017; Samara & El Asam, 2021). In England, for example, it is a legal requirement for all schools to have anti-bullying policies (El Asam & Samara, 2016). In Qatar, it would be important to have a separate and unique anti-bullying policy that can be utilised by schools and organisations that work with children (Samara & El Asam, 2021).

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### **Endnotes**

<sup>i</sup> UNESCO recommendations: <https://en.unesco.org/commemorations/dayagainstschoolviolenceandbullying>.

<sup>ii</sup> In this study, this term will be used to refer to all professionals directly working with children and adolescents, such as psychologists, counsellors, social-workers, and medical professionals.

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