Mental Wellbeing challenges of Muslim pupils in UK schools

Dr Sania Shakoor[1], Professor Muthanna Samara[2], and Professor Hisham M. Abu-Rayya[3]

[1] Centre for Psychiatry, Wolfson Institute of Preventive Medicine Barts & The London School of Medicine & Dentistry Queen Mary, University of London, UK

[2] Department of Psychology, Kingston University London, UK

[3] School of Psychology and Public Health, La Trobe University, Australia

Synopsis

Islamic identity is a way of life which guides and determines various aspects of behaviours and interactions amongst Muslim populations. Islamic norms, values, and practices can present unique challenges and conflicting discourse for Muslim adolescents living in the United Kingdom. The presence of acculturative pressures to maintain and negotiate traditional, cultural, and religious identities, in addition to exposure to violence in the form of increasing Islamophobic narratives (including bullying in schools), highlights this population as having unique needs when maintaining mental wellbeing. This chapter presents a discussion of the wellbeing of Muslim adolescents attending British schools within the context of bullying and cultural diversity and identity.

Introduction

For Muslim adolescents Islam is considered as a guide which determines their behaviours and interactions. Islamic teachings shape emotional responses, cognitive processing of life experiences, development of interpersonal relationships, and health-seeking behaviours. Religious identity should thus be taken into consideration when supporting the mental health of Muslim populations (Koenig & Al Shohaib, 2019).

Islamic norms, values and some practices can present unique challenges and conflicting discourse for Muslim adolescents, in particular amongst those who live in non-Muslim majority countries (Shah, 2006). Furthermore, experiences are often complicated by the presence of multiple social identities based, for instance, on ethnicity (e.g., South Asian), race (e.g., Somali Muslims), and gender. In non-majority Muslim countries, Muslim adolescents have reported feeling acculturative pressures from family, same ethno-religious peers and the wider Muslim community to maintain and negotiate their traditional, cultural, and religious practices (Bigelow, 2008; Davies, 2019). Furthermore, vulnerabilities for mental health difficulties may be heightened amongst Muslim adolescents due to their exposure to violence in the form of increasing Islamophobic narratives (e.g., faith-based bullying in school contexts; Mirza, 2015; Sian, 2015), and exposure to trauma in the form of ethnic cleansing, political and civil wars, and natural disasters resulting in displacement and migration to non-majority Muslim countries (Ahmed & Hashem, 2016; Samara et al., 2020a; 2020b).

Traditionally, causes and treatments of mental health amongst minority groups has been framed around ethnicity, nationality, and race. Evidence to date illustrates the heterogeneity in mental health problems and service use amongst ethnic minorities (Goodman, Patel & Leon, 2008). However, literature exploring the mental health of Muslim adolescents and adult populations suggests religion as an additional point of interest (Cinnirella & Loewenthal, 1999), yet seldom are Muslim adolescents understood and treated as a unique group when supporting their mental health. With approximately 8% of all school-age children (5 to 15 years of age) in the United Kingdom identifying as Muslim and estimates of approximately 300,000 Muslim teenagers living in the UK in 2021 (Office of National Statistics, 2017), Muslim adolescents represent a substantial proportion of the population who may go on to need mental health service provisions. For Muslim children, issues of acculturation and prejudice become complicated as they transition into adolescence and young adulthood, where they often struggle with issues such as bullying and increasing Islamophobia which views Muslims as suspects (Mirza, 2015; Sian, 2015). It is during this

key developmental period they are developing their identity, independence, peer relationships and support systems (Erikson, 1968). Gaining a better understanding of their current mental health and associated aetiological profiles is thus pertinent to those working within the education and public health sectors. This chapter presents a discussion of the wellbeing of Muslim adolescents attending British schools within the context of bullying and cultural diversity and identity.

Mental wellbeing amongst Muslim adolescents

Literature exploring the mental wellbeing amongst Muslim populations has predominantly come from outside of the United Kingdom, including USA, Australia, Netherlands, and some Muslim-majority countries such as Turkey, Iran, and Malaysia. Albeit mixed, studies have found that identifying as a Muslim has contributed either as a risk or as a protective factor against the developmental of mental health difficulties (Altalib, Elzamzamy, Fattah, Ali & Awaad, 2019). For example, studies from the Middle East have reported significant negative correlations between religiosity, depression, and anxiety (Abdel-Khalek & Eid, 2011; Baroun, 2006). Furthermore, a number of studies have reported significant relationships between discrimination experienced by Muslims from a variety of backgrounds and psychological distress (e.g., depressive symptoms, anger, and anxiety, see Samari, Alcalá & Sharif, 2018). However, literature within the UK is limited. The majority of studies explored differences amongst ethnic minority groups, which include majority Muslim ethnicity groups such as those from Pakistani and Bangladeshi descent (Goodman et al., 2008). Ethnic minority adolescents, in this regard, have reported better mental health wellbeing in comparison to their White counterparts (Terhaag, Fitzsimons, Daraganova & Patalay, 2021). Longitudinal data suggest that after accounting for individual, family and neighbourhood characteristics, the mental health of White British adolescents was poorer than that of their ethnic minority peers (Jonsson, Vartanova & Södergren, 2018; Knowles et al., 2021). Furthermore, in a study amongst 38,000 children aged 10–12 from 16 countries, researchers observed Muslim children to report higher levels of subjective wellbeing. This included satisfaction with life as a whole, as well as family, friends and the self in comparison to Hindu and Asian-Christian/Buddhist children (Kosher & Ben-Arieh, 2017). Similarly, cross-sectional data from British school-aged cohorts suggest that Muslim adolescents (aged 14 to 16) have lower levels of psychological distress as measured by symptoms of depression, anxiety, and behavioural problems (Dabbagh, Johnson, King &

Blizard, 2012). It is proposed that belonging to a minority Muslim group may act as a protective factor as this encourages social cohesion, structure and support and thus promotes mental wellbeing. Although data from these studies give us indication of the mental health landscape amongst British Muslim adolescents, it is important to note that religion and ethnicity are not synonyms of one another, thus highlighting the need for more scientifically vigorous studies exploring the mental health conditions of Muslim adolescents in the UK.

Despite the heightened mental wellbeing, there is still a greater unmet need for mental health services amongst Pakistani and Bangladeshi adolescents, who in their majority identify as Muslim (Goodman et al., 2008; see Chapter 3 for this topic covered in more detail). In a study of South Asian adolescents, 65 to 66% reported that they, or their friends and family, would not seek help from a mental health care clinic for their difficulties. However, adolescents of South Asian descent did have a similar level of awareness of services as other ethnic groups (Randhawa & Stein, 2007). In contrast, in a study exploring Pakistani young people's views on barriers to accessing mental health services, respondents reported limited knowledge about the types of therapies available (i.e., CBT and family therapy). Understanding of mental health provisions primarily centred around counselling (Ali, McLachlan, Kanwar & Randhawa, 2017). Therefore, most children with mental health problems probably go undetected and do not access treatment promptly. To address this, it is essential to identify barriers to healthcare use, and improve screening, detection and practitioners' knowledge of adolescent mental health problems and needs, including minorities and Muslim communities' needs (Danese et al., 2020). Some of these barriers may be related to cultural mistrust, not wanting to disclose personal information, poor mental health literacy, stigma around mental illness and structural barriers (e.g., access, or transportation; see Danese et al., 2020), which contribute towards a lack of engagement with mental health services and provisions (Ali et al., 2017; Amri & Bemak, 2013). Therefore, firstly there is a great need for improving knowledge amongst Muslim adolescents and families on detecting mental health problems, emphasising the necessity of intervening to prevent long term negative consequences, and secondly, improve training amongst health care practitioners who are working amongst ethnic and religious minorities in adolescent mental health needs and causes (Danese et al., 2020).

Bullying and discrimination: The role of religion and ethnicity as risk factors

Research has shown that Muslims in Britain experience racial as well as religiously motivated discrimination (Meer & Modood, 2012). Muslim victims of faith-based violence report multiple and repeated acts of cyber and 'real world' victimisation including verbal and physical attacks (Awan & Zempi, 2015). Amongst Muslim adolescents this may present itself as a form of biased-based bullying, where bullying is directed towards a minority population based on discrimination or prejudice (Walton, 2018). Individuals are bullied because they are considered to not fit in (Nadeem & Graham, 2005), and identifying with a minority group contributes towards a power imbalance. Thus, it is possible that faith-based violence may be occurring in educational environments in the form of bullying.

However, studies' findings differ depending on what factors are considered and the relationships between minority and majority groups and subgroups. Some studies from the United Kingdom have shown no significant difference in the prevalence of bullying directed against children from ethnic minority groups compared to White Caucasian children (Durkin et al., 2012; Tippett, Wolke & Platt, 2013). This, however, largely comes from small sample groups, and evidence suggests that ethnic minority children are more likely to attribute their bullying victimisation to race or culture (Monks, Ortega-Ruiz & Rodríguez-Hidalgo, 2008) rather than religious identity. A study by Green et al. (2010) revealed that young people from minority ethnic groups were less likely to report being bullied than white young people at all ages. Furthermore, they found little relationship between bullying and the importance of religion, with the exception of name-calling. Young people who placed more importance on their religion were more likely to report being bullied by name-calling at all ages, which may indicate that this type of bullying was targeted directly towards their religion. Similarly, another report also indicated that in 2012-2013, 1,400 Muslim adolescents (aged 12 to 15 years) had experienced racist bullying, a 69% increase compared to 2011–2012 figures with the most common being verbal bullying (e.g., being called terrorist, bomber, go back to where you came from; NSPCC/Childline 2013). Archer (2003; 2012) reported that specifically British Muslim boys were exposed to various verbal and physical racism attacks during their commute to school. Most common reasons for these attacks are people's responses to change and arrival of unknown others. Furthermore, Archer (2003) described the form of racism experienced by British Muslim boys within the school environment as physical bullying and colour-based racism through name-calling. Some events (e.g., Brexit) or UK government initiatives on counter-terrorism (Prevent) are believed to have made

Muslim students more vulnerable to verbal and physical assaults as reported in the media. A study of Muslim and non-Muslim focus groups revealed that counter-terrorism measures are contributing to a wider sense among Muslims of being treated as a 'suspect community' and targeted by authorities simply because of their religion. Many participants felt that counter-terrorism law and policy generally was contributing towards hostility to Muslims by treating Muslims as a 'suspect group' and creating a climate of fear and suspicion towards them. These measures were also seen to add to perceptions of racial and religious profiling and discrimination (Choudhury & Fenwick, 2011). The study reported on how schools have been impacted by terrorism incidents and the policy responses to it. For instance, following the 7/7 bombings, schools were monitoring for a potential backlash against Muslim pupils and with the introduction of the Prevent programme, Muslim youth were viewed as both 'risky and at risk' (Thomas, 2016). These led some schools to amend their incident report forms to include Islamophobia as one of the categories for reporting. In addition, schools had to consider how to address issues arising out of wider discussions around these topics. The aim of these was for non-Muslim students to understand the views and feelings of Muslim students. The report revealed that schools should encourage discussions within the classrooms by providing an opportunity for pupils to externalise their feelings and to say what they think or perceive to be happening (Choudhury & Fenwick, 2011).

Research has indicated that bullying is also likely to happen among ethnic groups. Eslea and Mukhtar (2000) investigated bullying amongst Asian school children in Britain from Hindu, Indian Muslim, and Pakistani backgrounds. They revealed that bullying was at least as likely to be by other Asian children of a different ethnic group as it was by white children, and it was likely to relate to cultural differences (e.g., clothing, food, language spoken). In the study, for instance, Indian Muslims and Pakistanis were most frequently bullied by Hindus, while Pakistani boys were also frequently bullied by Indian Muslims. Archer (2003) also referred to more subtle forms of racism where white boys would be friendly with them at school but would ignore them in public when they were with their friends and families. The same was reported about teachers, where Muslim boys reported that their teachers are racist by ignoring or talking over them (Archer, 2003). In addition, Bowlby and Lloyd-Evans (2012) reported that Muslim boys experienced low expectations from teachers, negatively affecting the aspirations and attainment of Muslim adolescents. Young male and female Muslims also reported that some teachers had a stereotypical image of 'young Muslim women' as submissive, uninterested in work and prevented by family or community pressures from pursuing a career (Bowlby & Lloyd-Evans, 2012). In addition, it

was reported that some Muslim girls were bullied in schools because they wore a headscarf (NSPC, 2016).

A more recent study by Francis and McKenna (2018) amongst 335 (13 to 15-year-old) Muslim students from England, Northern Ireland, Scotland, and Wales demonstrated that one in four Muslim students (25%) reported being bullied. In addition, it was found that psychological (specifically neuroticism personality) and religious (worship attendance) factors predicted vulnerability to victimisation among Muslim students. It is those Muslim students who are seen to take their religious faith seriously through participation in worship attendance who experience higher levels of victimisation and bullying. The study by Francis and McKenna (2018) utilised a victimisation questionnaire that illustrated specific reasons of victimisation related to minorities including race, religion, language, clothes, name, country origin, and friends. Thus, studies investigating bullying and victimisation amongst minorities should be comprehensive to capture the real reasons and motives of these behaviours rather than ask about general bullying and/or victimisation (Samara et al., 2019). Vulnerability and victimisation can be taken to be closely associated with reasons due to religion, race, food, language rather than to be operating independently.

As discussed, to date, empirical evidence exploring the impact of bullying amongst Muslim adolescents is limited, thus in its absence it is important to learn from existing large nationally representative cohort studies, which mostly include Muslims. Involvement in bullying as victims and/or bullies is associated with various mental and physical health and behavioural problems (Arseneault, Bowes & Shakoor, 2010; Copeland et al., 2013; Shakoor et al., 2015). For example, externalising problems such as hyperactivity and conduct disorder have been typically reported among bullies, whereas internalising problems such as anxiety and mood disorders have been mainly observed among victims (e.g., Shakoor et al., 2011), while a combination of both internalising and externalising problems are observed amongst bully/victims (Copeland et al., 2013; Wolke & Samara, 2004). These in turn reduce students' school engagement leading to lower academic achievement (Samara et al., 2021), specifically amongst victims (Nakamoto & Schwartz, 2010; Strøm et al., 2013), with this effect persisting over time (Wang et al., 2014). In addition, children who are victimised by their peers tend to have negative attitudes towards the school (Rueger et al., 2010), negative perceptions of school climate (Wang et al., 2014), and difficulties concentrating on school work (Li et al., 2010). Involvement in bullying victimisation is thus believed to reduce bullied Muslim students' motivations, aspirations (Shukla et al., 2016), school relatedness (Huang & Vidourek, 2019) and academic competence (Young-Jones et al., 2014), and these in turn to

negatively affect academic achievement in comparison to their non-bullied peers (Samara et al., 2021). These outcomes can also be manifested in the long term when they enter University (Goodboy et al. 2016).

Bullying and victimisation can be also moderated by the ethnic composition of the class, (living in a more multicultural or less multicultural area) and being from a majority or minority population (Tolsma et al., 2013; Vervoort et al., 2010). Moreover, different ethnic groups might value high academic achievement differently, which may also affect individual academic achievement. Hence, governmental reports revealed high academic achievement for some Muslim minority groups (Department of Education, 2021).

Cultural diversity: Cultural identity, acculturation, and adaptation

In the ever-increasing culturally diverse world we live in, social-cultural psychologists and policy-makers have been concerned with prompting wellbeing, social cohesion, and acceptance of all cultural groups as major goals. The UK society is no exception. Yet, various studies have indicated a rise in anti-Muslim sentiments in the UK. For instance, the HM Government's Hate Crime report (2019) recorded a general 10% increase in hate crimes (i.e., 'criminal offences motivated by racially-based hostility or prejudice') between the years 2017/2018 (94,121 offences) and 2018/19 (103,379 offences). Hate crimes directed at Muslims comprised 47% of the total 2018/19 recorded cases.

Various meta-analytic studies have demonstrated the adverse effects of hate crimes, racism, and discrimination on mental health of minorities (e.g., Paradies et al., 2015; Schmitt, Branscombe, Postmes & Garcia, 2014). This is also true for Muslim minorities in Western societies. A recent systematic review summarising the results of studies on the relationship between discrimination and psychological distress (e.g., depressive symptoms, anger, and anxiety) among Muslims supported a consistent pattern of negative effects of discrimination on mental health (Samari, Alcalá & Sharif, 2018). Muslim adolescents living in a context where hate crimes, racism, and ethno-religious prejudice prevail are thus at risk to experiencing psychological instability and poorer mental health, factors that might in turn undermine their academic achievement. Since hate crimes, racism, and prejudice occur in the context connected to Muslim adolescents' conceptualisation of their own cultural identity (e.g., Wang, Raja & Azhar, 2020) and acting toward combating such negative experiences (e.g., Abu-Rayya, Walker, White & Abu-Rayya, 2016), it is vital to introduce school teachers to the concepts of cultural identity and acculturation and their role in shaping Muslim adolescents' functioning in response to racism and discrimination.

At its core, acquiring a cultural identity means sharing with other in-group members a set of cultural values, norms, modes of perception, cultural skills and knowledge, ways of formulating experience, and senses of community and self. Once heritage cultural identity is achieved, it provides a frame of reference within which the individuals develop their out-group judgements, perceptions, and attitudes (e.g., Phinney & Kohatsu, 1997; Segall, Dasen, Berry, & Poortinga, 1999). As contended by Arce (1981) "for [cultural] minority group members, identification with others who share their origins and traditions is critical in developing both a positive [cultural] identity and feelings of self-esteem and efficacy rather than self-blame and powerlessness" (p. 82).

Similarly, other experts in the field maintain that heritage cultural identity denotes an important aspect of cultural minority individuals' sense of self, and it has been hypothesised as psychologically crucial to the development and establishment of their self-meaning (e.g., Abu-Rayya, Walker, White & Abu-Rayya, 2016; Berry, Phinney, Sam, & Vedder, 2006). Cultural identity can be a vital protective factor for Muslim adolescents, buffering the negative effects of prejudice and discrimination stressors, they might experience in interactions with majority members, on their mental health (e.g., Abu-Rayya et al., 2016; El Bouhaddani, van Domburgh, Schaefer, Doreleijers & Veling, 2019; Sheldon, Oliver & Balaghi, 2015). While heritage cultural identity starts to develop in childhood, it is during adolescence that it becomes more vital; the attainment of cognitive maturity that accompanies this period enables cultural minority individuals to actively engage in the development of their own cultural membership (Berry et al., 2006; Ryckman, 2000).

The psychological benefits of heritage cultural identity achievement for the psychological functioning of cultural minority adolescents (Muslims and non-Muslims) are well established. In the face of prejudice, racism, and discrimination, some minority individuals may, consciously or unconsciously, distance themselves from their cultural identity, and downplay or even hide aspects of their cultural identity to avoid hostility, harming further their mental health and social wellbeing (Sadek, 2017). A plethora of research evidence on cultural minorities have shown that diffused cultural identification associates with lower levels of academic achievement, and self-esteem, and accounts for deteriorated mental health measured by parameters of delinquency, substance abuse, suicidal episodes, and depression (e.g., Abu-Rayya et al., 2016; Tineo, Lowe, Reyes-Portillo & Fuentes, 2021; Williams, Clark & Lewycka, 2018).

On the contrary, an extensive body of research have indicated that cultural minority individuals who internalise confident and secure heritage cultural identities, demonstrate

better psychological, social, and school adaptation; they show higher level of academic performance, perceived self-efficacy, self-esteem and confidence, purpose in life and optimism, and show lower incidences of behavioural problems (e.g., Abu-Rayya et al., 2016; Heim, Hunter & Jones, 2011; Tineo et al., 2021; Williams et al., 2018). Additionally, research indicated that cultural minority Muslim adolescents' connection with their heritage culture mitigates the negative effects their experiences with prejudice, racism, and discrimination have on their mental health and functioning (Abu-Rayya et al., 2016; Tineo et al., 2021). Besides, minority Muslims' attachment to their Muslim identity, which shapes their common identity beyond their ethnic heterogeneity, associates with better self-acceptance, satisfaction with life, and school adjustment, and less school and community problems (e.g., Abu-Rayya et al., 2018). Minority Muslim adolescents' involvement in both their heritage culture and religion will likely provide the social and community support needed for protective social interactions and emotional care and instil in Muslim adolescents positive self-views and faith- and culturally-based norms that assist in their psychological and social functioning (Abu-Rayya et al., 2016; Tineo et al., 2021).

Beyond the evidence-based psycho-social benefits Muslim adolescents would experience out of developing and maintaining a positive view of their cultural identity, how they acculturate to the national identity and values of their larger society (i.e., White British) seems also important to their psychological functioning. Acculturation as a broad construct is defined as modifications in values, identities, and behaviours that cultural minority individuals experience due to contact with the larger mainstream society (Berry, 1997). The acculturation view asserts that more beneficial psychological outcomes for cultural minority adolescents will ideally be achieved when they pursue *Integration*, i.e., cultural engagement with both their heritage culture (e.g., British Muslim) and the culture of the mainstream society (e.g., White British) (Abu-Rayya & Brown, in press; Berry, 2017).

A plethora of research has documented the mental health, wellbeing, and school adjustment benefits of endorsing integration among various cultural minority groups (e.g., Abu-Rayya et al., 2018; Berry, 2017; Berry et al., 2006; Ward & Kus, 2012). For instance, in their meta-analysis of 83 studies totalling 23,197 participants, Nguyen and Benet-Martínez (2013) reported a significant evidence of a positive link between integration (bicultural identity) and a range of psychological, social, and cultural indicators of adaptation. Abu-Rayya and Sam's (2017) meta-analytic study supported the consistency of this conclusion, even when the effects of participants' reported level of perceived discrimination, across various contexts, on their adaptation was controlled for in the analyses (Abu-Rayya & Sam,

2017). Although available research suggests that cultural minorities, including Muslims, tend generally to prefer Integration (over other modes of acculturation like assimilation; Brown & Zagefka, 2011), it should be noted that anti-Muslim sentiments and behaviours may lead to the development of social segregation among Muslim adolescents in the UK, hamper the development of their British identity, and result in intense tensions with White Britons (e.g., Abu-Rayya & Brown, in press; Abu-Rayya et al., 2016; Berry, 2017).

The abovementioned findings suggest that policies and practices that emphasise and promote equity for cultural minority Muslim adolescents, and eliminate prejudices and discrimination can make a difference to adolescents' identity development, mental health, wellbeing, and academic achievement. In addition, such practices would also facilitate Muslim adolescents' endorsement of Integration (bicultural) style of identity and enjoy the benefits this carries for their development, wellbeing, and quality of relationships with White Britons.

British Muslim adolescents spend a significant amount of their development in school, suggesting that schools are an important setting to intervene and provide positive experiences that facilitate their healthy development. Indeed, research has shown that schools can have a significant impact on shaping the values, identity, and aspirations of pupils (White & Abu-Rayya, 2012).

What Can Teachers Do?

There are various pedagogical methods that British school teachers and educators can implement to strengthen Muslim pupils' (and hopefully also other cultural minorities') sense of cultural identity, engage them in the teaching materials, promote inclusivity and equity in the classroom, encourage critical thinking, and improve academic results. We selected to focus our discussion here on co-production of toolkits; offsetting bullying; and culturally responsive/relevant teaching (e.g., Brown-Jeffy & Cooper, 2011; Gardner, 2001; Villegas & Lucas, 2002) and made suggestions for its implementation in schools.

Co-production of toolkits

As schools are safe and familiar environments for adolescents, they have the potential to be influential in providing information and support about mental health wellbeing, services and provisions. Schools need to be aware of the barriers and vulnerabilities some minority groups may have (Goodman et al., 2008). In particular, as Muslim adolescents and their families report profound feelings of peer pressure to conform to popular social norms, and as

they struggle with reconciling pressures and conflicts with their religious and cultural values (Bradby et al., 2007; Hodge, 2002; Islam, Multani, Hynie, Shakya & McKenzie, 2017; Khan, Khan, Soyege, Maklad & Center, 2019), the importance of schools to adopt culturally appropriate strategies and interventions for promoting and supporting mental wellbeing is ever more critical (Hodge, 2002). One strategic way to do this would be to invite parents, community, and religious leaders to co-produce toolkits with schools that can be used on educational and community levels. Schools can further foster mental wellbeing and constrain risk trajectories of poor mental wellbeing amongst their Muslim pupils by recognising their varying composition and particular needs. This integrative approach is important to encourage dialogue and develop positive narratives to help Muslim parents and the wider community to be a part of this therapeutic journey, whilst feeling supported and understanding that their values and religious practices are being considered.

Offsetting bullying

Collectively, the literature to date suggests that the experiences and detrimental effects of bullying warrant particular attention within the context of identity and religion. Gaining a better understanding about such experiences and their consequent impact on wellbeing and mental health amongst Muslim adolescents would be an important addition for anti-bullying and anti-Islamophobia based policies (Smith et al., 2012). Tikly et al. (2004) identified certain strategies adopted by schools that made all their pupils, including those from minority backgrounds, perform well. These strategies created a positive culture within the school environment, which contributed to making the students feel valued, reduced marginalisation, made Muslim pupils feel part of an inclusive school environment, reduce bullying, tackle attitudes of Islamophobia and underachievement among pupils, and increased their achievements (Samara et al., 2020c). These strategies include 1) an emphasis on common values of respect and tolerance; 2) effective systems in place for recording racist incidents and bullying and for responding to these; 3) incident report forms should include faith based bullying as one of the categories for reporting; 4) schools to encourage discussions within the classrooms by providing an opportunity for pupils to externalise their feelings; 4) high levels of communication and openness between the school staff, parents and adolescents; 5) visible presence of minority ethnic staff, mentors and members of the local community in schools; 6) diversity is highly valued and reflected in the curriculum, in wall displays, in assemblies etc.

Culturally responsive/relevant teaching

This method refers to a type of pedagogy grounded in teachers' cultural competence, and it recognises the importance of integrating pupils' cultural backgrounds into the classroom's learning environment and in the teaching curriculum. Richards, Brown and Forde (2006) denote culturally responsive pedagogy at the institutional (i.e., values and ethos reflected in the school policies and practices), personal (i.e., teachers' mindset), and instructional (i.e., teaching and classroom practices) dimensions. Culturally responsive teaching explicitly acknowledges, respects, and understands cultural differences, and builds on these issues to facilitate pupils' learning and develop their cultural competence and critical cultural consciousness (Brown-Jeffy & Cooper, 2011; Villegas & Lucas, 2002).

There are various translations of these notions to practical steps and suggestions. For instance, as far as the institutional (school) level is concerned, British schools might need to 1) acknowledge anti-Muslim bias as a form of racism; 2) include lessons on what constitutes Islamophobia and ways to combat it; 3) provide cultural sensitivity training sessions to teachers and administrators; 4) make sure that educational materials pertaining to Muslims and Islam are free of bias; 5) endorsing a formal statement emphasising the values and practices that clearly promote peace and intercultural understanding; 6) emphasise the respect for the rights of Muslims and understanding the multicultural make-up of the UK society; and 7) endorse the principles that encourage pupils' participation in building a prosperous, harmonious, and safe Britain to all.

At the personal (teacher) and instructional levels, for instance, teachers may

- Affirm differences and emphasise also commonalities;
- Initiate to learn about their Muslim pupils' cultural background and their hobbies;
- Create an emotionally supportive and positive classroom;
- Emphasise cooperative learning involving Muslim and White British pupils and pupils from other cultural backgrounds;
- Promote positive peer interactions in the classroom and encourage perspective taking in culturally relevant discussions;
- Encourage substantive dialogue and the building of respectful relationships between Muslim and British pupils;
- Taking the class on a journey into the community;
- Evaluate teaching materials for bias and acknowledge and adjust the delivery of the materials accordingly;

- Bring Muslim guest speakers to add context to a lesson;
- Incorporate media that positively depict Muslim cultures;
- Involve the pupils' parents in the learning process; and
- Acknowledge Muslim holidays in the classroom

For more detailed practical guides refer to work by Fristwell, Lovett, Reed, Turner, and Ponder (2013) and Shermer & Fenner (2018).

As noted, British schools and teachers can play a significant role in providing a positive British context for minority Muslim adolescents. It is also hoped that adopting, implementing, and tailoring culturally responsive teaching in British schools to cater for Muslim pupils' needs cannot only contribute to the cultivation of their cultural identity, wellbeing, mental health, and academic achievement, but also consolidate Muslim adolescents' British belongingness and endorsement of Integration. This will further enhance Muslim adolescents' psychosocial functioning and beyond that also improve the quality of their relationships with and attitudes toward White Britons and culture. This idea is supported by the findings of Abu-Rayya and Brown's (in press) recent experimentally-designed study on British Muslim adolescents which showed that Muslim adolescents' endorsement of Integration reduced their negative emotions and intergroup anxiety, increased their inclusion of the others in the self and positive emotions, ameliorated Muslim adolescents' attitudes towards White Britons, and increased their behavioural intentions and willingness to culturally engage with the majority culture in the future. Importantly, the respondents of this study were required to read and reflect on a set of short stories depicting a positive intercultural contact between British Muslim and White British adolescents. All intergroup attitude benefits of this activity followed from only one brief intercultural interaction session. Such types of activities can easily be implemented in culturally responsive teaching programs in British schools.

Take Away Points

- Muslim adolescents are a heterogeneous group and their cultural and religious identities are vital to their psychological functioning and mental health.
- They experience acculturative pressures to maintain and negotiate their traditional, cultural and religious identities and practices. They also face the challenge of adapting to British norms and values.

- They possess heightened vulnerabilities to mental health risks due to their exposure to violence in the form of increasing Islamophobic narratives (including bullying), and exposure to trauma in the form of ethnic cleansing, political and civil wars, and natural disasters resulting in displacement and migration to non-majority Muslim countries.
- Psychological outcomes for cultural minority adolescents will ideally be achieved when they pursue integration, cultural engagement with both their heritage culture (e.g., British Muslim) and the culture of the mainstream society (e.g., White British).
- Enhancing friendship quality and peer support in schools can help Muslim pupils overcome some of their mental health problems and enhance their wellbeing.
- Schools should develop clear policies on dealing with any form of racism, Islamophobia or bullying and emphasise common values of respect and tolerance.
- Introduce school teachers to the concepts of cultural identity and acculturation and their role in shaping Muslim adolescents' functioning in response to racism and discrimination.
- School policies and practices that emphasise and promote equity for cultural minority Muslim adolescents, and eliminate prejudices and discrimination are needed to support the development of identity, mental health, wellbeing, and academic achievement.

Further reading

Abu-Rayya, H.M., & Brown, R. (in press). Living together: An integrated acculturation-contact strategy to promote ethnic harmony between young British Muslims and Anglo-Britons. *Group Processes & Intergroup Relations*. Doi: 10.1177/13684302211019471

Berry, J. W. (2017). Theories and models of acculturation. In S.J. Schwartz & J. Unger (Eds.), *the Oxford handbook of acculturation and health* (online). Oxford: Oxford University Press.

Samari, G., Alcalá, H. E., & Sharif, M. Z. (2018). Islamophobia, Health, and Public Health: A Systematic Literature Review. *American journal of public health*, *108*, e1-e9.

Altalib, H., Elzamzamy, K., Fattah, M., Ali, S., & Awaad, R. (2019). Mapping global Muslim mental health research: analysis of trends in the English literature from 2000 to 2015. *Global Mental Health, 6*.

References

Abdel-Khalek, A. M., & Eid, G. K. (2011). Religiosity and its association with subjective well-being and depression among Kuwaiti and Palestinian Muslim children and adolescents. *Mental Health, Religion & Culture, 14*(2), 117-127. doi:10.1080/13674670903540951

Abu-Rayya, H.M., & Brown, R. (in press). Living together: An integrated acculturation-contact strategy to promote ethnic harmony between young British Muslims and Anglo-Britons. *Group Processes & Intergroup Relations*. Doi: 10.1177/13684302211019471

Abu-Rayya, H. M., & Sam, D. L. (2017). Is integration the best way to acculturate? A re-examination of the bicultural-adaptation relationship in the "ICSEY-Data Set" using the bilineal method. *Journal of Cross-cultural Psychology*, *48*, 287-293.

Abu-Rayya, M. H., Walker, R., White, F. A., & Abu-Rayya, H. M. (2016). Cultural identification and religiosity contribute differentially to the adaptation of Australian adolescent Muslims. *International Journal of Intercultural Relations*, *54*, 21-33.

Abdel-Khalek, A. M., & Eid, G. K. (2011). Religiosity and its association with subjective well-being and depression among Kuwaiti and Palestinian Muslim children and adolescents. *Mental Health, Religion & Culture, 14*(2), 117-127. doi:10.1080/13674670903540951

Ahmed, S., & Hashem, H. (2016). A decade of Muslim youth: Global trends in Research. *Journal of Muslim Mental Health, 10*(1).

Ali, N., McLachlan, N., Kanwar, S., & Randhawa, G. (2017). Pakistani young people's views on barriers to accessing mental health services. *International Journal of Culture and Mental Health, 10*(1), 33-43. doi:10.1080/17542863.2016.1248456

Altalib, H., Elzamzamy, K., Fattah, M., Ali, S., & Awaad, R. (2019). Mapping global Muslim mental health research: analysis of trends in the English literature from 2000 to 2015. *Global Mental Health, 6*.

Amri, S., & Bemak, F. (2013). Mental health help-seeking behaviors of Muslim immigrants in the United States: Overcoming social stigma and cultural mistrust. *Journal of Muslim Mental Health, 7*(1).

Archer, L. (2003). *Race, Masculinity and Schooling: Muslim Boys and Education*. Maidenhead: Open University Press.

Archer, L. (2012). Race, 'face' and masculinity: The identities and local geographies of Muslim boys In P. Hopkins & R. Gale (Eds.), *Muslims in Britain: Race Place and Identities* (pp. 74–91). Edinburgh: Edinburgh University Press.

Arseneault, L., Bowes, L., & Shakoor, S. (2010). Bullying victimization in youths and mental health problems: 'Much ado about nothing?'. *Psychological Medicine, 40*(5), 717-729. doi:10.1017/S0033291709991383

Awan, I., & Zempi, I. (2015). We fear for our lives: Offline and online experiences of anti-Muslim hostility.

Baroun, K. A. (2006). Relations among religiosity, health, happiness, and anxiety for Kuwaiti adolescents. *Psychological reports, 99*(3), 717-722.

Berry, J. W. (2017). Theories and models of acculturation. In S.J. Schwartz & J. Unger (Eds.), the Oxford handbook of acculturation and health (online). Oxford: Oxford University Press.

Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P. (2006). Immigrant youth: Acculturation, identity, and adaptation. Applied Psychology: An International Review, 55, 303-332.

Bowlby, S., & Lloyd-Evans, S. (2012). 'You seem very westernised to me': Place, identity and othering
of Muslim workers in the UK labour market. In P. Hopkins & R. Gale (Eds.), *Muslims in Britain: Race Place and Identities* (pp. 37–54). Edinburgh: Edinburgh University Press.

Brown-Jeffy, S., & Cooper, J.E. (2011). Toward a conceptual framework of culturally relevant pedagogy: An overview of the conceptual and theoretical literature. Teacher Education Quarterly, 38, 65–84.

Brown, R., & Zagefka, H. (2011). The dynamics of acculturation: An intergroup perspective. Advances in Experimental Social Psychology, 44, 129-184.

Bigelow, M. (2008). Somali adolescents' negotiation of religious and racial bias in and out of school. *Theory into Practice, 47*(1), 27-34.

Bradby, H., Varyani, M., Oglethorpe, R., Raine, W., White, I., & Helen, M. (2007). British Asian families and the use of child and adolescent mental health services: a qualitative study of a hard to reach group. *Social science & medicine, 65*(12), 2413-2424.

Choudhury, T. & Fenwick, H. (2011). The impact of counter-terrorism measures on Muslim communities. Equality and Human Rights Commission Research Report series. ISBN 978 1 84206 383 5.

Cinnirella, M., & Loewenthal, K. M. (1999). Religious and ethnic group influences on beliefs about mental illness: A qualitative interview study. *British Journal of Medical Psychology, 72*(4), 505-524.

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. https://doi.org/10.1001/jamapsychiatry.2013.504

Dabbagh, N., Johnson, S., King, M., & Blizard, R. (2012). Muslim adolescent mental health in the UK: an exploratory cross-sectional school survey. *International Journal of Culture and Mental Health, 5*(3), 202-218. doi:10.1080/17542863.2011.594246

Danese, A., McLaughlin, K. A., Samara, M., & Stover, C. S. (2020). Psychopathology in children exposed to trauma: detection and intervention needed to reduce downstream burden. *BMJ, 371*, m3073. https://doi.org/10.1136/bmj.m3073

Davies, A. (2019). Tradition and transformation: Pakistani-heritage young people explore the influences upon their educational progress. *Race Ethnicity and Education, 22*(5), 683-702.

Department of Education. (2021). *GCSE English and maths results. Retrieved on 27 June 2021:*

https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/a-to-c-in-english-and-maths-gcse-attainment-for-children-aged-14-to-16-key-stage-4/latest#download-the-data.

Durkin, K., Hunter, S., Levin, K. A., Bergin, D., Heim, D., & Howe, C. (2012). Discriminatory peer aggression among children as a function of minority status and group proportion in school context. *European Journal of Social Psychology, 42*(2), 243-251.

El Bouhaddani, S., van Domburgh, L., Schaefer, B., Doreleijers, T. A., & Veling, W. (2019). Psychotic experiences among ethnic majority and minority adolescents and the role of discrimination and ethnic identity. Social Psychiatry and Psychiatric Epidemiology, 54, 343-353.

Erikson, E. (1968). *Identity: Youth and crisis*. Oxford: Norton & Co.

Eslea, M., & Mukhtar, K. (2000). Bullying and racism among Asian schoolchildren in Britain. *Educational Research, 42*(2), 207-217.

Francis, L. J., & McKenna, U. (2018). The Experience of Victimisation among Muslim Adolescents in the UK: The Effect of Psychological and Religious Factors. *Religions, 9*(8), 243. https://www.mdpi.com/2077-1444/9/8/243

Fristwell, T., Lovett, K., Reed, M., Turner, C., & Ponder, K. (2013). Practical recommendations and interventions: Culturally diverse students. School of Education, Delware University, USA. https://www.education.udel.edu/wp-content/uploads/2013/01/CulturallyDiverseStudents.pdf

Gardner, P. (2001). Teaching and learning in the multicultural classroom. London: David Fulton Publishing.

Goodboy, A. K., Martin, M. M., & Goldman, Z. W. (2016). Students' Experiences of Bullying in High School and Their Adjustment and Motivation During the First Semester of College. *Western Journal of Communication, 80*(1), 60-78. https://doi.org/10.1080/10570314.2015.1078494

Goodman, A., Patel, V., & Leon, D. A. (2008). Child mental health differences amongst ethnic groups in Britain: a systematic review. *BMC Public Health, 8*(1), 1-11.

Green, R., Collingwood, A., & Ross, A. (2010). *Characteristics of bullying victims in schools*. D. o. Education.

Heim, D., Hunter, S. C., & Jones, R. (2011). Perceived discrimination, identification, social capital, and well-being: Relationships with physical health and psychological distress in a U.K. Minority ethnic community sample. Journal of Cross-Cultural Psychology, 42, 1145-1164.

HM Government. (2018). Hate Crime. London: HM Government. Available at https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2018-to-2019

HM Government. (2018). Integrated Communities Strategy Green Paper. London: HM Government. Available at https://www.gov.uk/government/consultations/integrated-communities-strategy-green-paper

HM Government. (2019). Integrated Communities Strategy Green Paper: Summary of consultation responses and government response. London: HM Government. Available at https://www.gov.uk/government/consultations/integrated-communities-strategy-green-paper

Hodge, D. R. (2002). Working with Muslim youths: Understanding the values and beliefs of Islamic discourse. *Children & Schools, 24*(1), 6-20.

Huang, S.-T., & Vidourek, R. A. (2019). Bullying Victimization Among Asian-American Youth: A Review of the Literature. *International Journal of Bullying Prevention, 1*(3), 187-204. https://doi.org/10.1007/s42380-019-00029-3

Islam, F., Multani, A., Hynie, M., Shakya, Y., & McKenzie, K. (2017). Mental health of South Asian youth in Peel Region, Toronto, Canada: a qualitative study of determinants, coping strategies and service access. *BMJ open, 7*(11), e018265.

Jonsson, K. R., Vartanova, I., & Södergren, M. (2018). Ethnic variations in mental health among 10–15-year-olds living in England and Wales: The impact of neighbourhood characteristics and parental behaviour. *Health & place, 51*, 189-199.

Khan, F., Khan, M., Soyege, H. O., Maklad, S., & Center, K. (2019). Evaluation of factors affecting attitudes of Muslim Americans toward seeking and using formal mental health services. *Journal of Muslim Mental Health, 13*(2).

Knowles, G., Gayer-Anderson, C., Beards, S., Blakey, R., Davis, S., Lowis, K., . . . Pinfold, V. (2021). Mental distress among young people in inner cities: the Resilience, Ethnicity and AdolesCent Mental Health (REACH) study. *Journal of Epidemiology Community Health, 75*(6), 515-522.

Koenig, H. G., & Al Shohaib, S. S. (2019). Religiosity and mental health in Islam. *Islamophobia and psychiatry*, 55-65.

Kosher, H., & Ben-Arieh, A. (2017). Religion and subjective well-being among children: A comparison of six religion groups. *Children and youth services review, 80*, 63-77.

Li, Q., Smith, P. K., & Cross, D. (2012). *Cyberbullying in the global playground: Research from international perspectives*. Wiley Blackwell. https://www.wiley.com/en-gb/9781444333763

Lonner, W. J. (1994). Culture and human diversity. In E. J. Trickett, R. J. Watts, & D. Birman (Eds.), Human diversity: Perspectives on people in context (pp. 230-243). San Francisco: Jossey Bass.

Meer, N., & Modood, T. (2012). For "Jewish" read "Muslim"? Islamophobia as a form of racialisation of ethno-religious groups in Britain today. Islamophobia Studies Journal, 1(1), 34-53.

Mirza, H. S. (2015). Dangerous Muslim girls? Race, gender and Islamophobia in British schools. *The Runnymede School Report: Race, Education and Inequality in Contemporary Britain*, 40-43.

Monks, C. P., Ortega-Ruiz, R., & Rodríguez-Hidalgo, A. J. (2008). Peer victimization in multicultural schools in Spain and England. *European Journal of Developmental Psychology, 5*(4), 507-535.

Nadeem, E., & Graham, S. (2005). Early puberty, peer victimization, and internalizing symptoms in ethnic minority adolescents. *The Journal of Early Adolescence, 25*(2), 197-222.

Nakamoto, J., & Schwartz, D. (2010). Is Peer Victimization Associated with Academic Achievement? A Meta-analytic Review. *Social Development, 19*(2), 221-242. https://doi.org/https://doi.org/10.1111/j.1467-9507.2009.00539.x

Nguyen, A.D., & Benet-Martínez, V. (2013). Biculturalism and adjustment: A meta-analysis. Journal of Cross-Cultural Psychology, 44, 122-159.

NSPCC/Childline. (2013). *Can I Tell You Something? What's Affecting Children in 2013. Childline Review of 2012/13*.

NSPCC (2016) What children are telling us about bullying. London: NSPCC. [https://learning.nspcc.org.uk/media/1204/what-children-are-telling-us-about-bullying childline-bullying-report-2015-16.pdf](https://learning.nspcc.org.uk/media/1204/what-children-are-telling-us-about-bullying) (retrieved on 12th July 2021).

Office of National Statistics. (2017). *Office for National Statistics; National Records of Scotland ; Northern Ireland Statistics and Research Agency 2011 Census aggregate data. UK Data Service (Edition: February 2017).* . Retrieved from

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., ... & Gee, G. (2015). Racism as a determinant of health: a systematic review and meta-analysis. PloS one, 10, e0138511.

Parham, T. A., & Helms, J. E. (1981). The influence of Black students' racial attitudes on preferences for counsellor's race. Journal of Counselling Psychology, 28, 250-257.

Phinney, J. S., & Kohatsu, E. (1997). Ethnic and racial identity development and mental health. In J. Schulenberg, J. Maggs, & K. Hurrelman (Eds.), Health risks and developmental transitions in adolescence (pp. 420-443). New York: Cambridge University Press.

Randhawa, G., & Stein, S. (2007). An Exploratory Study Examining Attitudes Toward Mental Health and Mental Health Services Among Young South Asians in the United Kingdom. *Journal of Muslim Mental Health, 2*(1), 21-37. doi:10.1080/15564900701238518

Richards, H.V., Brown, A., & Forde, T.B. (2006). Addressing diversity in schools: Culturally responsive pedagogy. Buffalo State College.

Ryckman, R. M. (2000). Theories of personality. Belmont, CA: Wadsworth.

Sadek, N. (2017). Islamophobia, shame, and the collapse of Muslim identities. International Journal of Applied Psychoanalytic Studies, 14, 200-221.

Samara, M., Da Silva Nascimento, B., El Asam, A., Smith, P., Hammuda, S., Morsi, H., & Al-Muhannadi, H. (2020d). Practitioners' perceptions, attitudes, and challenges around bullying and cyberbullying. *International Journal of Emotional Education, 12*(2), 8-25.

Samara, M., Da Silva Nascimento, B., El-Asam, A., Hammuda, S., & Khattab, N. (2021). How Can Bullying Victimisation Lead to Lower Academic Achievement? A Systematic Review and Meta-Analysis of the Mediating Role of Cognitive-Motivational Factors. *International journal of environmental research and public health, 18*(5). Retrieved 2021/02//, from http://europepmc.org/abstract/MED/33668095, https://doi.org/10.3390/ijerph18052209

Samara, M., El Asam, A., Khadaroo, A., & Hammuda, S. (2020a). Examining the psychological well-being of refugee children and the role of friendship and bullying. *British Journal of Educational Psychology, 90*(2), 301-329. https://doi.org/https://doi.org/10.1111/bjep.12282

Samara, M., Foody, M., Göbel, K., Altawil, M., & Scheithauer, H. (2019). Do Cross-National and Ethnic Group Bullying Comparisons Represent Reality? Testing Instruments for Structural Equivalence and Structural Isomorphism. *Frontiers in Psychology, 10*(1621). https://doi.org/10.3389/fpsyg.2019.01621

Samara, M., Hammuda, S., Vostanis, P., El-Khodary, B., & Al-Dewik, N. (2020b). Children's prolonged exposure to the toxic stress of war trauma in the Middle East. *BMJ, 371*, m3155. https://doi.org/10.1136/bmj.m3155

Samara, M., & Smith, P. (2020c). School design, climate and safety: strategies for anti-bullying interventions and inclusiveness. *International Journal of Emotional Education, 12*(2), 2-7.

Samari, G., Alcalá, H. E., & Sharif, M. Z. (2018). Islamophobia, health, and public health: a systematic literature review. *American journal of public health, 108*(6), e1-e9.

Schmitt, M. T., Branscombe, N. R., Postmes, T., & Garcia, A. (2014). The consequences of perceived discrimination for psychological well-being: A meta-analytic review. Psychological bulletin, 140, 921-948.

Segall, M. H., Dasen, P. R., Berry, J. W. & Poortinga, Y. H. (1999). Human behaviour in global perspective. Boston: Allyn & Bacon.

Shah, S. (2006). Leading multiethnic schools: A new understanding of Muslim youth identity. *Educational Management Administration & Leadership, 34*(2), 215-237.

Shakoor, S., Jaffee, S. R., Andreou, P., Bowes, L., Ambler, A. P., Caspi, A., . . . Arseneault, L. (2011). Mothers and children as informants of bullying victimization: Results from

an epidemiological cohort of children. Journal of Abnormal Child Psychology, 39(3), 379-387. doi:10.1007/s10802-010-9463-5

Shakoor, S., McGuire, P., Cardno, A. G., Freeman, D., Plomin, R., & Ronald, A. (2015). A shared genetic propensity underlies experiences of bullying victimization in late childhood and self-rated paranoid thinking in adolescence. *Schizophrenia Bulletin, 41*(3), 754-763. doi:10.1093/schbul/sbu142

Sheldon, J. P., Oliver, D. G., & Balaghi, D. (2015). Arab American emerging adults' ethnic identity and its relation to psychological well-being. Emerging Adulthood, 3, 340-352.

Shermer, N.K., & Fenner, D. (2018). Bridging cultures: issues and strategies, a guide for schools. Middle East Centre: University of Washington.

Shukla, K., Konold, T., & Cornell, D. (2016, Jun). Profiles of Student Perceptions of School Climate: Relations with Risk Behaviors and Academic Outcomes. *Am J Community Psychol, 57*(3-4), 291-307. https://doi.org/10.1002/ajcp.12044

Sian, K. P. (2015). Spies, surveillance and stakeouts: monitoring Muslim moves in British state schools. *Race Ethnicity and Education, 18*(2), 183-201.

Smith, P. K., Kupferberg, A., Mora-Merchan, J. A., Samara, M., Bosley, S., & Osborn, R. (2012, 2012/03/01). A content analysis of school anti-bullying policies: a follow-up after six years. *Educational Psychology in Practice, 28*(1), 47-70. https://doi.org/10.1080/02667363.2011.639344

Smith, P. K., Smith, C., Osborn, R., & Samara, M. (2008, 2008/03/01). A content analysis of school anti-bullying policies: progress and limitations. *Educational Psychology in Practice, 24*(1), 1-12. https://doi.org/10.1080/02667360701661165

Strøm, I. F., Thoresen, S., Wentzel-Larsen, T., & Dyb, G. (2013). Violence, bullying and academic achievement: A study of 15-year-old adolescents and their school environment. *Child Abuse & Neglect, 37*(4), 243-251. https://doi.org/https://doi.org/10.1016/j.chiabu.2012.10.010

Terhaag, S., Fitzsimons, E., Daraganova, G., & Patalay, P. (2021). Sex, ethnic and socioeconomic inequalities and trajectories in child and adolescent mental health in Australia and the UK: findings from national prospective longitudinal studies. *Journal of child psychology and psychiatry*.

Thomas, P. (2016). Youth, terrorism and education: Britain's Prevent programme. *International Journal of Lifelong Education 35(2),* 171-187. DOI: 10.1080/02601370.2016.1164469.

Tikly, L., Caballero, C., Haynes, J., & Hill, J. (2004). *Understanding the Educational Needs of Mixed Heritage Pupils, .*

Tikly L., C., C., Haynes, J., Hill, J. 2004. . (2004). *Understanding the Educational Needs of Mixed Heritage Pupils, .* D. o. Education.

Tineo, P., Lowe, S. R., Reyes-Portillo, J. A., & Fuentes, M. A. (2021). Impact of perceived discrimination on depression and anxiety among Muslim college students: The role of acculturative stress, religious support, and Muslim identity. American Journal of Orthopsychiatry. Advance online publication.

Tippett, N., Wolke, D., & Platt, L. (2013). Ethnicity and bullying involvement in a national UK youth sample. *Journal of adolescence, 36*(4), 639-649.

Tolsma, J., van Deurzen, I., Stark, T. H., & Veenstra, R. (2013). Who is bullying whom in ethnically diverse primary schools? Exploring links between bullying, ethnicity, and ethnic diversity in Dutch primary schools. *Social Networks, 35*(1), 51-61. https://doi.org/https://doi.org/10.1016/j.socnet.2012.12.002

Vervoort, M. H. M., Scholte, R. H. J., & Overbeek, G. (2008). Bullying and Victimization Among Adolescents: The Role of Ethnicity and Ethnic Composition of School Class. *Journal of Youth and Adolescence, 39*(1), 1. https://doi.org/10.1007/s10964-008-9355-y

Villegas, A.M., & Lucas, T. (2002). Preparing culturally responsive teachers: Rethinking the curriculum. Journal of Teacher Education, 53, 20–32

Walton, L. M. (2018). The effects of "Bias Based Bullying"(BBB) on health, education, and cognitive–social–emotional outcomes in children with minority backgrounds: Proposed comprehensive public health intervention solutions. *Journal of immigrant and minority health, 20*(2), 492-496.

Wang, S. C., Raja, A. H., & Azhar, S. (2020). "A lot of us have a very difficult time reconciling what being Muslim is": A phenomenological study on the meaning of being Muslim American. Cultural Diversity and Ethnic Minority Psychology, 26, 338-346.

Wang, W., Vaillancourt, T., Brittain, H. L., McDougall, P., Krygsman, A., Smith, D., Cunningham, C. E., Haltigan, J. D., & Hymel, S. (2014). School climate, peer victimization, and academic achievement: results from a multi-informant study. *School Psychology Quartely, 29*(3), 360-377. https://doi.org/10.1037/spq0000084

Ward, C., & Kus, L. (2012). Back to and beyond Berry's basics: The conceptualisation, operationalisation and classification of acculturation. International Journal of Intercultural Relations, 36, 472-485.

Wolke, D., & Samara, M. M. (2004). Bullied by Siblings: Association with Peer Victimisation and Behaviour Problems in Israeli Lower Secondary School Children. *Journal of Child Psychology and Psychiatry, 45*(5), 1015-1029.

White, F. A., & Abu-Rayya, H. M. (2012). A dual identity-electronic contact (DIEC) experiment promoting short- and long-term intergroup harmony. Journal of Experimental Social Psychology, 48, 597-608.

Williams, A.D., Clark, T.C., & Lewycka, S. (2018). The associations between cultural identity and mental health outcomes for indigenous Māori youth in New Zealand. Frontiers in Public Health, 6, 319. doi.org/10.3389/fpubh.2018.00319

Young-Jones, A., Fursa, S., Byrket, J. S., & Sly, J. S. (2015). Bullying affects more than feelings: the long-term implications of victimization on academic motivation in higher education. *Social Psychology of Education, 18*(1), 185-200. https://doi.org/10.1007/s11218-014-9287-1