

# Harnessing the Power of Faith:

*Resilience, Compassion and Psychological  
Well-being Amongst Women in Contexts of  
Global Precarity*

**Goldsmiths**  
UNIVERSITY OF LONDON

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## Introduction

This research is the product of an innovative partnership between a secular university based in the UK (Goldsmiths University of London) and a faith-based (Christian) humanitarian not for profit based in the US (Convoy of Hope). Despite coming from different traditions, both partners bring a wealth of experience and shared values, and both are committed to being changemakers in their respective areas of policy and public engagement.

The common vector for changemaking has been a shared desire to make a difference to the life outcomes of women living in contexts of multiple challenge and precarity, particularly in the Global South, and who are accessing the Women's Empowerment programme of [Convoy of Hope](#).

The research has evolved out of close listening and experimentation and trying to understand each other's cultures and language, even when that has occasionally seemed a little disorientating and confusing. The research was also conducted in the context of the global COVID-19 pandemic which directly affected all the women with whom we worked because of the multiple challenges they are already facing. But these women, and the research teams with whom we worked in the field, showed huge resilience and determination to ensure the research was carried effectively and efficiently for the sake of producing an impactful piece of research.

## Acknowledgements and Thanks

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## Executive Summary

This research project is a collaboration between Goldsmiths, University of London, and Convoy of Hope (CoH), a faith-based humanitarian not for profit organisation. The aim of the project was to analyse the nature of the impact on engagement in Convoy of Hope programmes on the existing resources that women, mainly from the global South, use to mitigate against the worst psychological impacts of multiple traumas and precarity. And considering the growing policy and research interest in this field, the research was also keen to find out the impact on the faith, spiritual belief, and religiously based practices that women bring to such developmental programmes.

The research took place between 2020 and 2022 across four areas of Convoy of Hope engagement including partner programmes based in Kenya, the Philippines, Nicaragua, and Spain. The main objective of the research was the creation of a new survey tool that would provide 'big data' that would not only identify how the women understand and experience Convoy of Hope Women's Empowerment programmes, but also the models of change and transformation being operationalised by Convoy of Hope during their interaction with these women.

To that end, a two-stage research method was devised. To access the women's experience of life, faith and engagement with Convoy of Hope partner programmes, an innovative qualitative data gathering exercise was devised involving the use of self-selected artefacts, semi structured interviews, and focus groups. This phase involved 127 women from across the four partner sites and aged between 18 – 59.

The coding and analysis of this data fed directly into the narrative structure of a 70-item survey tool. For the sake of reliability, it comprised of existing tools that measured the impacts we were looking for, some of which were slightly adapted, as well as a small number of bespoke questions that addressed issues not covered by existing surveys. This survey ( $n = 1033$ ) was extensively piloted and rolled out across all four project areas. Those surveyed in Europe are mainly Ukrainian and East European refugees fleeing the war currently being waged in that region.

The overall findings of the data suggest a very direct and efficacious relationship between the existing resources that women bring to Convoy of Hope and the length of engagement and depth of participation with their programmes. This is something akin to a buffering or inoculating effect, because the more a woman engages in the programmes the less bad the psychological impacts of experiencing multiple traumas and precarity become. For example, women arriving at Convoy of Hope partner programmes with fewer external resources to bring to their own development, i.e., low levels of income, low levels educational

attainment and greater exposure to multiple sources of trauma, had correspondingly low levels of psychological well-being (or PWB). Within a few months on the programme however, their levels of PWB were as high as those with better income, higher educational achievement, and exposure to fewer traumatic drivers. In other words, these initial sources of disadvantage were no longer statistically significant.

In terms of the faith and spiritual belief that women bring, Convoy of Hope (CoH) develops their spiritual growth and provides the conditions for them to live their faith more healthily. Length of engagement with the programmes, reporting high levels of engagement and the positive evaluation of CoH activities all directly correlate with stronger positive religious coping and compassion. This increased positive religious coping and compassion are unambiguously linked to increases in levels of resilience which in turn are linked to improved levels of psychological well-being. The data shows two paths to higher PWB from both length of engagement and women's high self-reported rating of their engagement: one through positive religious coping strategies and compassion and one directly to resilience.

The data also suggests a five-fold model of change and transformation that Convoy of Hope manages to achieve for the women attending their programmes. It is an *asset-based model of change* that begins with the premise that women bring a wide range of both tangible and intangible assets to the programme which are important for positive developmental outcomes. It is a *holistic model of change* that understands the importance of religion, belief, and spirituality (aka spiritual capital) for other dimensions of economic, social and psychological well-being. It operates a *virtuous cycle model of change* by understanding that unlocking the motivations inherent in spiritual capital helps create positive religious coping and increased compassion which then add to levels of resilience and psychological well-being. It is a *partnership-based model of change* that seeks to co-create, rather than impose, added value to the gifts and competencies that the women already bring. It is an *inclusive model of change* that is proven to work for the same well-being outcomes irrespective of any existing gaps in the resources or life-opportunities the women bring to the table, and irrespective of faith or belief identity or affiliation.

The findings of this research will not only influence the way that Convoy of Hope delivers its Women's Empowerment programmes in the future, but it may also influence development policies and agendas within the wider humanitarian industry.

## Aims of the Research

This research seeks to better understand how the existing resources and practices of women, many of whom are seeking to mitigate the worst impacts of multiple traumas and precarity for themselves and their families, are engaged with by their exposure to the Women Empowerment programs run by Convoy of Hope (CoH) partners. Convoy of Hope is a consortium of partner organizations allied in a common humanitarian framework.

Three derivative aims flow from this principal aim.

The first is to give as full expression as possible to the experience of the women and to understand at first hand those contexts that hinder or develop their own sense of empowerment and agency.

The second is to help CoH better understand the efficacy of their interventions in the lives of these women and adapt any policy or operational changes as may be required as a result. This research will provide new knowledge and practice, not only for CoH, but potentially for the international humanitarian sector.

The third aim is to translate some of this knowledge into the academic and policy sector to create better understanding of the role of religion and belief in psychological well-being and growth as women around the globe face growing environmental, cultural, and social demands on their role and identity in society.

In addition to traditional forms of resources - or capital - that women may have when they encounter CoH partner programmes, such as earnings, relational status, and education, they will also bring inner or less-tangible resources to bear such as personality-driven responses to calamity and their own beliefs. Both research partners wanted to understand how the specific role of religion and belief acted under these circumstances, given that so many women from the global South where these projects are mainly based, would not only come from strongly religious cultures but would also see a personal religious belief system as highly integral to their identity as a whole.

One of the original theories shaping the trajectory of the research was that of spiritual capital. Spiritual capital has many interpretations (Baker and Miles-Watson 2011) and has been most directly applied to business and community development categories. It refers to the motivational energy we derive when we act in accordance with our deeply held beliefs or worldviews in the public sphere. An example used by one author of this report is that of urban regeneration which was a UK government priority in the early 2000s. One could see

the direct operation of the spiritual capital of faith groups engaged in the economic and physical regeneration of abandoned post-industrial communities which meant they were highly effective providers of the much-needed social capital and social infrastructure upon which successful global inward investment depended (Baker and Skinner, 2006). Spiritual capital plays a key role in the goods and services provided by faith groups because it 'energises' the motivation for the delivery of these good and services 'by providing a theological identity and a worshipping tradition, but also a value system, moral vision and a basis of faith' (Baker, 2013: 353).

When it comes to reflecting on how the idea of spiritual capital might shape the construction of this research, it may be around living a life that is fully in accordance with one's deeply held religious and other beliefs. This is often referred to as eudemonic (as opposed to hedonic) well-being and happiness. Eudemonic happiness tends to be more resilient, fulfilling or satisfying (in the face of trauma because it is often rooted in a deep value system and moral vision that is reinforced by social and belief norms modelled by friends or fellow congregants within religiously symbolic liturgies that reinforce eudemonic well-being in an aesthetic as well as cognitive way. Thus, it is perhaps safe to assume that many women attached to CoH projects bring their own spiritual capital into the programme environment. What then happens to this important inner resource when it encounters Convoy of Hope's interventions?

The other factor in the formation of this research was that CoH itself wanted to understand better how its own identity and operating ethos, as a faith-based humanitarian not for profit organisation, shaped the delivery of outcomes for the women attending their programmes.

The research question and agendas that were emerging from this inductive set of variables therefore are:

RQ 1 What is the nature of the impact on the existing resources that the women possess due to participation in Convoy of Hope's programmes?

RQ 2 What is the nature of the impact on the existing spiritual resources that the women possess due to participation in Convoy of Hope's programmes?

RQ 3 What is the impact on psychological well-being due to participation in Convoy of Hope's programmes?

RQ 4 What does this data suggest as to the model of change that is being implemented by Convoy of Hope?

RQ 5 What are the future research opportunities and policy questions arising from this research?



These research questions will be briefly returned to in the discussion section of the report.

## Methodology – A Mixed Methods Approach

The overarching aim of the research was to listen to women's own voices of their experiences of and responses to precarity and trauma, and to understand in their own words, the strategies, and sources of support they find to help them mitigate its worst effects. This aim favoured a qualitative (or words-based) approach. The challenge was then to find a way in which the experience and agency of these women could be transferred to a large-scale survey which could provide clear evidence of the way CoH partner programmes interacted with these existing resources and the nature of the impact on them. This favoured a quantitative (or statistically based) approach. The research therefore opted to pursue both approaches in an iterative way, with the qualitative data directly shaping the narrative structure and content of the survey so that the survey emerges as directly as possible from the themes, ideas, and experiences of the women themselves.

To generate qualitative data that could best reflect the experiences of the women participating in CoH partner programmes, the research team decided, in addition to the use of semi-structured interviews (as pilots) and focus groups, to invite each woman to bring in an object or an artifact that expressed who they were and their approach to life. This method, sometimes called interpretative phenomenological analysis has been previously pioneered by researchers collaborating with refugees (Taylor S et al. 2020) who found that it provided the following advantages:

- Creates an opportunity for each woman to enter the research space on her own terms and gives agency to the way she wished to describe herself.
- Allows access to memories, communicates a participant's worldview, as well as giving an insight into their cultural norms and values.

Given the priority attached by the research team to the way that CoH partner programmes engaged with the religious and spiritual frameworks of the women they are working with, this was another reason this approach was taken.

In the end, a total of twenty-three focus groups took place over 2021/2 with a combined total of 127 women taking part. Nine focus groups were conducted in Kenya with 51 participants, six were conducted in Philippines with 36 participants, six were conducted in Nicaragua with 28 participants and two were conducted in Spain with nine participants. After allowing time to share the artifacts, the focus group questions were arranged in a narrative flow that sought to understand their daily pattern of life, what made a 'good' day and what made a 'bad' one, the challenges and successes in their lives, sources of comfort and support (for example, family, community, friends), the role of faith and spirituality in

the lives and their experiences of the CoH partner programmes. This included questions about what they have found most or least useful and relevant about the programmes, as well as encouraging them to make changes in their lives.

The focus groups were arranged within some of the sites within broad cohorts or similarity – for example women who had been divorced or bereaved, single women under thirty, married women under thirty, women above 30 etc. In other sites the women were simply arranged according to geography and types of participation on CoH partner programmes. The youngest interviewee was eighteen, the oldest was fifty-nine.

The range of artifacts selected were as diverse as they were compelling ranging perhaps from the expected: Bibles; ID cards; photos of children and families; rosary beads and beauty and fashion items, to perhaps the more idiosyncratic: a ladder (aspiration to climb the ladder and make of success of herself, a tomato (symbol of healthy living and her fledging grocery business); a calculator (accountancy aspirations); a Purple Letter P (after her mother), a sanitary towel (challenging the stigma of irregular cycles); a condom (in memory of a close friend); and perhaps a personal favourite: a photo of a pet parakeet whose owner said: ‘

*“Well, I identify a lot with it because, if you notice, he is meek and he learns; he is a child and all of us are children and I like to learn a lot, The truth is that I am grateful to my God, he has given me many capacities to learn different things and what I have set my mind to, I have been learning. Like my bird, I offer company, I am friendly and therefore, I try to offer my help to those who need it most.”*

## The Findings of the Qualitative Data

The data from the 127 focus group participants generated a rich and complex view of the experiences, thoughts, and reactions of the women in response to the challenges that they were facing within the granularity of their everyday lives.

These lives are often hard physically, emotionally, and spiritually. They inevitably involve rising early to feed children, take them to school then run various types of economic or farming activity – selling their produce or homemade gifts – or cleaning for others. These activities are constantly interlaced with the demands of family – caring for older relatives, running errands for neighbours, and seeking medical attention for often-ill children. Then collecting the children from school, doing schoolwork with them, preparing the evening meal, engaging with returning husbands or partners, doing housework and cleaning before going to bed as soon as possible in preparation for the early rise the next day. A few women, despite these competing pressures are finding the time and energy to train for better paid positions such as accountancy, legal work, or medical qualifications. Some are also running successful small businesses, but wider events such as pandemics or natural disasters increasingly associated with climate change make such success a constantly fluid and anxiety-inducing thing. Moments of self-care and regeneration are often fleeting but can involve a walk on the beach, listening to favourite songs on their headphones or watching a daytime soap opera on a mobile phone.

What comes across in the qualitative data is not only the burden of very hard physical work, but also the burden of very hard emotional work. This involves a constant background anxiety about husbands, children and parents and interfamily relationships – particularly with parents-in-law. Illness and poverty, and its impact of family health, are constant worries. These worries are reinforced by the cultural and familial expectation that it is their job to care about what is happening and to resolve the situation either through emotional support or practical resolution – or indeed both. The list of challenges confronting the daily lives of the women we spoke with are varied and formidable, including:

- Drugs and alcohol addiction within the family
- High rates of illness and accidents
- High costs of healthcare
- Poverty including hunger and debt
- Unemployment (pandemic)
- Domestic violence/societal violence (against women)
- Prevalence of rape cases and anxiety for young daughters (a case of child safety for a daughter as young as six amongst male family members)
- Family strife and conflict (in-laws) and maintaining a sense of honour

- Debt and loan sharks
- Environmental disasters – drought or flooding and impact on livestock/smallholdings
- Access to basics i.e., water
- Police harassment
- Community gossip/stigmatisation/judgement
- Bereavement – especially of children and mothers
- Children not completing college courses or being banned from school
- Stress and ill health due to multi-tasking (i.e., home, business and career)
- Finding permanent work to pay for children’s education – and doing house cleaning as a stop gap.

Unsurprisingly perhaps, some women wanted to share the emotional and mental stress of living at the interstices of these inter-related challenges. Some reported a sense of ‘constant tearfulness’, one woman reported that she had not had ‘a good day’ for a period of six weeks, one to two reported suicide attempts. Several felt that the stresses they were under made them prone to ‘lashing out’ at their children or family members and reported a feeling of ‘constantly feeling overwhelmed’. One interviewee sum this feeling up as ‘I feel I am slowly falling down – I can’t think about it now.’ There was a general sense that amid the pressures and challenges of daily life it was easy, as one woman said, ‘to forget to think about yourself’. Some reported a sense of spiritual as well as emotional depression. ‘If I start having too many bad days, I feel as though I drift away from God.’

However, there was also compelling evidence from the qualitative data of a sense of inner resilience that the women possessed in their daily struggle with multiple stressors and inhibitors of well-being. Several spoke of a ‘determination’ to prove their detractors wrong, trying to live with the demands of the present ‘with patience and understanding’. Some spoke of the value of sharing their burdens with others and ‘not letting my problems ruin the day’. Others, in the context of high rates of mortality affecting their communities, reflected how bereavement had made them stronger. A typical response came from an interviewee who recalled that ‘... since my husband died, his passing has taught me to be responsible and work for my children’s sake’. Many admitted to often feeling physically exhausted but not emotionally overwhelmed. One woman summed it up as ‘I get stressed with my five children – but I am still happy.’ Another talked about the idea of ‘positive exhaustion’. Many women were adept at reframing the challenges they faced through trying to adopt a wider perspective on the present. One described ‘... confronting my bad days by not giving them so much importance while also trying to comprehend them’. Another said, ‘I tell myself to be in control of the situation and not to take it too seriously.’ Some women however seemed simply blessed with a sunny and extrovert disposition. ‘If you come to my house, whatever is going on, I will always give you a warm welcome.’

The sources of this resilience were explored at length. As well as pre-existing dispositions towards positive mindsets in the face of difficulty, several women mentioned their families as sources of support. However, families were often double-edged, capable of generating stress and solace in equal measure. Some referred to the importance of cultural and community ties, and a few mentioned the role of the state or the local government as a positive source of economic support in times of crisis. However, the local community – like the family – was as much a source of negative influence due to indifference, feuding or gossip as it was a blessing.

All of women spoke at length of the importance of faith as part of their individual identity and development, as well as participation within the life of a faith community. In terms of the latter the most common sources of support revolved around ‘making new friends’, ‘playing music and singing in a choir’, being part of ‘spiritual family’ that supplements the support they get from their ‘blood family’, and pastoral and occasionally financial support in times of crisis. The church was seen as providing an ‘anchor point’ over a day or a week with opportunities for reading the Bible, prayers, worship, Bible study, discipleship courses and retreats.

Several of the women also cited the importance they attached to the spiritual guidance and emotional support, as well as practical help in areas such as access to education, offered by their pastors and leadership teams of the faith communities they attended.

In terms of their personal faith and spirituality there are several overlapping dimensions associated with what is often perceived as a very direct relationship or communication with God. In stark contrast to their relationships with close family members, especially the male members, God is experienced as a constant and reliable presence, hearing lamentations, answering prayers, and giving signs. As well as a comforting and reassuring presence (‘a friend’), God is also perceived as a source of challenge and growth via the opportunities presented by challenging life events (‘God provides tests for the faithful’). Reading and praying with the Bible, either personally or with others daily is an integral element of the faith journey of many women we interviewed. This extended quote from a Philippines participant expresses the essence of many similar observations:

*“Well, the Bible says that faith moves mountains, faith is the certainty of what is expected and the conviction of what is not seen, and through faith we can move forward, trusting in God. He keeps us going and helps us. Well, in my personal life, faith helps me a lot every day, because I start to pray, I have faith in God’s word which is the most important thing, and everything is going to turn out well for me. And I have trusted, and everything that I have ever hoped for, I have achieved it with faith in the Lord, and I will continue to achieve it in God.”*

As this last quote suggests, the 'daily walk with God' is built on a strong sense of gratitude that gets converted into a general disposition to get the most out of life, but also help others to do the same. Many of the women said that they had learnt to 'give thanks' for each new day, and as one participant reflected, 'seize the chance of living'. There is a lot of reference to gratitude from the women for what one describes as 'the gifts and talents that God has given me ... and that I know I can always keep finding in Him'. This understanding of gifts and talents is often tied to idea of doing God's mission ('to make disciples and value each day as chance to serve him) and discipleship ('growing deeper in the faith'). Many of the women also spoke of their faith giving what one called 'a sense of right and wrong ... and trying to live a better life'.

Thus, we observe in these women many of the features associated with the definition of spiritual capital discussed at the start of this report; namely a motivation for contributing to public life emanating and deriving from resources associated with 'a theological identity and a worshipping tradition, but also a value system, moral vision and a basis of faith'.

The final sections of the interviews focused on perceptions and experiences of CoH partner programmes. The impacts could be divided into two classifications. The first could be understood in terms of technical proficiency. There was widespread appreciation for the very real improvements the women had seen in their ability to parent, to be farmers and economic entrepreneurs. Here is a typical example of such a response.

***"I learned the importance of regular meals and good diet. My children have gained weight – a great achievement. I don't give my children junk food anymore. I apply my training to the food that I can give them – vegetables etc. I cook it for them so that they get a better diet."*** (Nicaraguan participant)

The second reported impact however focussed much more on the subjective and psychological impacts of participating in the programme. These can be summarised as enhancing a sense of confidence, a willingness to engage in more public forms of participation and an enhanced sense of personal agency and purpose. Typical observations included 'I have learned to value time and to value myself', 'I have gained friends and learnt to socialise', 'I have learnt to speak out', 'I have become a role model for other young people', 'I realised I can be a leader' and 'It [the programme] has turned us all into teachers.' The following quote is representative of many sentiments expressed by women across all the cohorts.

***"Well, the program that has helped change my life the most was when we started with the canteen, where we gave food to the children and saw their smiles, the gratitude of the people. It has taught me to change my life and be more... more useful in my community."***

## The Evolution of the Survey

The summary of findings outlined above from the qualitative data therefore became the basis of the big data survey, intended to be completed by ( $n = 1000$ ) participants. The research team wanted to include the following elements by which to construct the narrative and framework of the survey: personal data including age, income, education, ethnicity and religious (or non-religious) affiliation; the impact of negative life events on the inner resources of the women; levels of religiosity (as in religious practices); perceptions or ideas of God; happiness and life purpose. Autonomy and social conscience (linked to ideas of mission and service) were also considered desirable to capture in largescale form, as well as ideas of engagement with CoH partner programmes and a subjective evaluation of the impact of that engagement. The decision was then taken to deploy as far as possible existing surveys to achieve maximum validity, but where necessary to slightly adapt some of them to fit the narrative format established by the qualitative data. A seventy items survey was then developed and successfully piloted featuring:

- **Negative Life Events Scale**  
[https://www.researchgate.net/publication/5846449\\_Measuring\\_emotional\\_and\\_social\\_well-being\\_in\\_Aboriginal\\_and\\_Torres\\_Strait\\_Islander\\_populations\\_An\\_analysis\\_of\\_a\\_Negative\\_Life\\_Events\\_Scale/figures?lo=1](https://www.researchgate.net/publication/5846449_Measuring_emotional_and_social_well-being_in_Aboriginal_and_Torres_Strait_Islander_populations_An_analysis_of_a_Negative_Life_Events_Scale/figures?lo=1)
- **Intrinsic Religious Motivation scale (Scale adapted to fit this project)**  
Araújo P, Gomes S, Vidal DG, Sousa HFPE, Dina MAP, Leite Â. Preliminary Validation Study of the Intrinsic Religious Motivation Scale and the Centrality of Religiosity Scale for the Portuguese Population. *Eur J Investig Health Psychology Educ.* 2021 Aug 18;11(3):908-922. doi: 10.3390/ejihpe11030067. PMID: 34563080; PMCID: PMC8544200.
- **Religious Coping /RCOPE**  
Pargament, K.I., Koenig, H.G. and Perez, L.M. (2000), The many methods of religious coping: Development and initial validation of the RCOPE. *J. Clin. Psychol.*, 56: 519-543. [https://doi.org/10.1002/\(SICI\)1097-4679\(200004\)56:4<519::AID-JCLP6>3.0.CO;2-1](https://doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1)
- **New Measure of Well-being**  
Diener, E., Wirtz, D., Biswas-Diener, R., Tov, W., Kim-Prieto, C., Choi, D., & Oishi, S. (2009). New measures of well-being. *Social Indicators Research: Assessing Well-Being*, 39, 247-266.  
[https://www.researchgate.net/publication/227284878\\_New\\_Measures\\_of\\_Well-Being](https://www.researchgate.net/publication/227284878_New_Measures_of_Well-Being)





## Santa Clara Brief Compassion Scale

Hwang, J.Y., Plante, T. & Lackey, K. The Development of the Santa Clara Brief Compassion Scale: An Abbreviation of Sprecher and Fehr's Compassionate Love Scale. *Pastoral Psychology*, **56**, 421–428 (2008). <https://doi.org/10.1007/s11089-008-0117-2>

- **The Relative Autonomy Index (RAI)**

Vaz, Ana, Pierre Pratley, and Sabina Alkire. 2015. "Measuring Women's Autonomy in Chad Using the Relative Autonomy Index." *Feminist Economics*. 22(1) doi:10.1080/13545701.2015.1108991. <https://www.ophi.org.uk/wp-content/uploads/OPHIRP044a.pdf>

- **CD-RISC: The Scale - Connor-Davidson Resilience Scale**

<http://www.connordavidson-resiliencescale.com/>

The survey included bespoke questions on objective engagement and subjective impact of CoH partner programmes on service users, and a question asking for an average of good days per week.

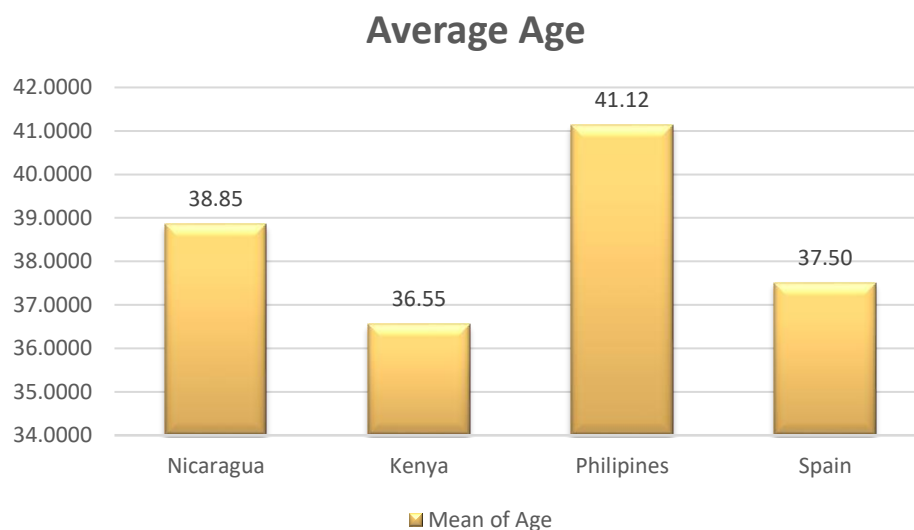
## Survey Findings

### Part 1: Demographics across sites

The survey was carried out across four sites: Nicaragua ( $N = 262$ ), Philippines ( $N = 251$ ), Kenya ( $N = 304$ ), and Spain ( $N = 216$ ), using six different languages: English ( $N = 274$ ), Spanish ( $N = 263$ ), Tagalog ( $N = 260$ ), Ukrainian ( $N = 207$ ), Swahili ( $N = 29$ ) and Bulgarian ( $N = 8$ ).

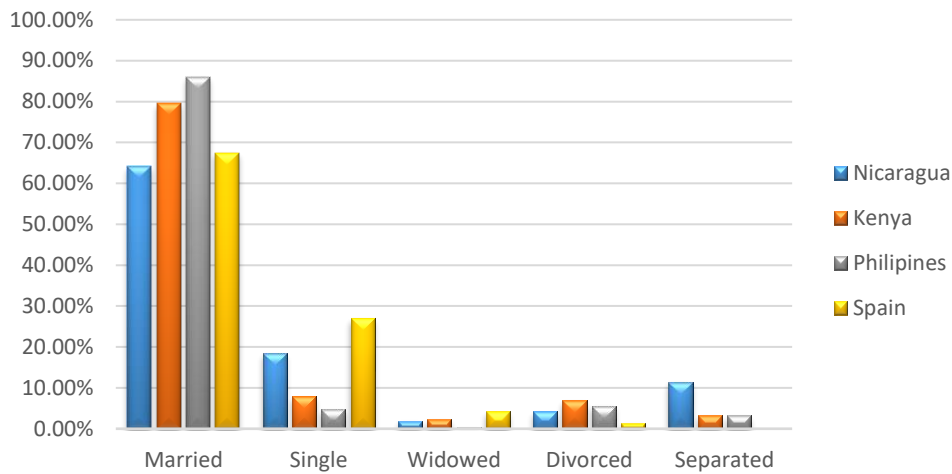
When looking at the demographic of participants within each site, we can see that there were variations across several characteristics. The graphs reflect some of those variations.

Graph 1.1: Women's Age Across Sites



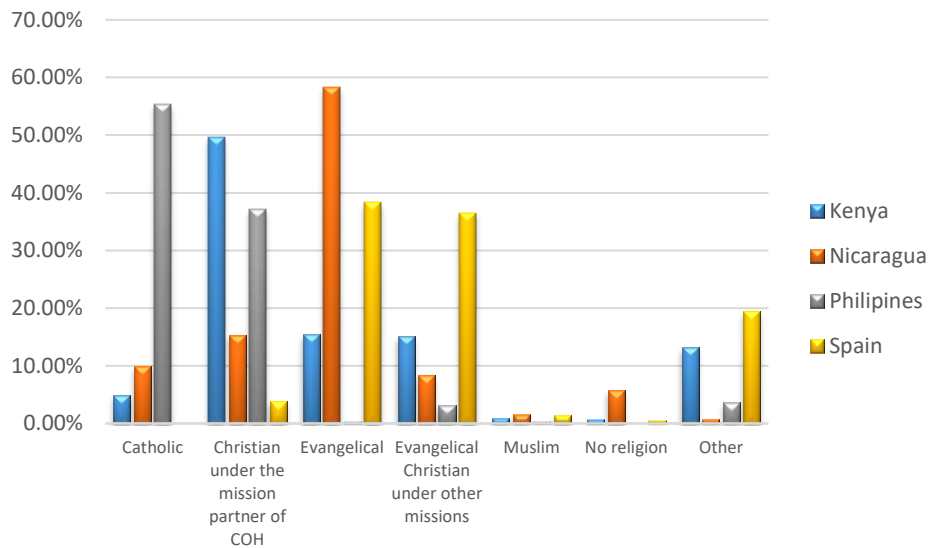
The age of the women who participated in the survey ranged from 18 to 86 ( $M = 38.59$ ,  $Sd = 12.1$ ). While there was some variation in age across the sites, the only statistically significant difference was between Kenya which has the youngest sample of women and Philippines which has the oldest one ( $M_{difference} = -4.6$ ,  $p < 0.0001$ )

Graph 1.2: Women's Marital Status Across Sites



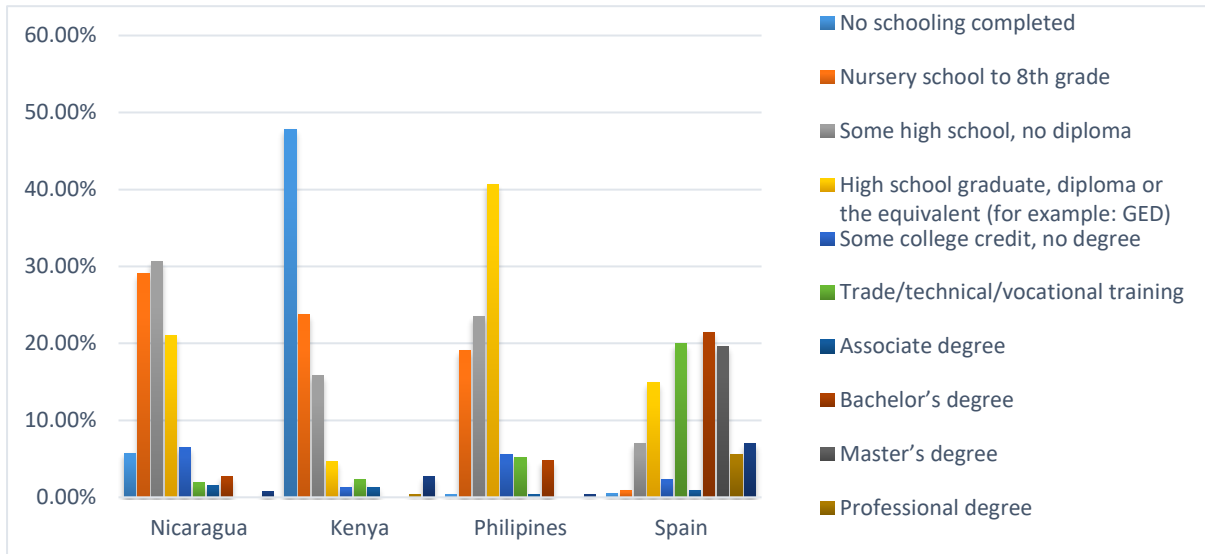
Across all sites, the vast majority of women were married. In Spain, there was a higher proportion of women who were single (26.98%), in comparison to all other cohorts (4.78%-18.32%). However, a comparison of the sites on the overall proportions of married women in comparison to those who were not, there was a statistically significant difference across the sites ( $\chi^2 = 42.36, p < 0.0001$ ), with Nicaragua having the smallest relative proportion of married women (64.1%), followed by Spain (67.4%), Kenya (79.5%) and then finally the Philippines (86.1%) who had the highest proportion of married women.

**Graph 1.3: Women’s Religious Affiliation Across Sites**



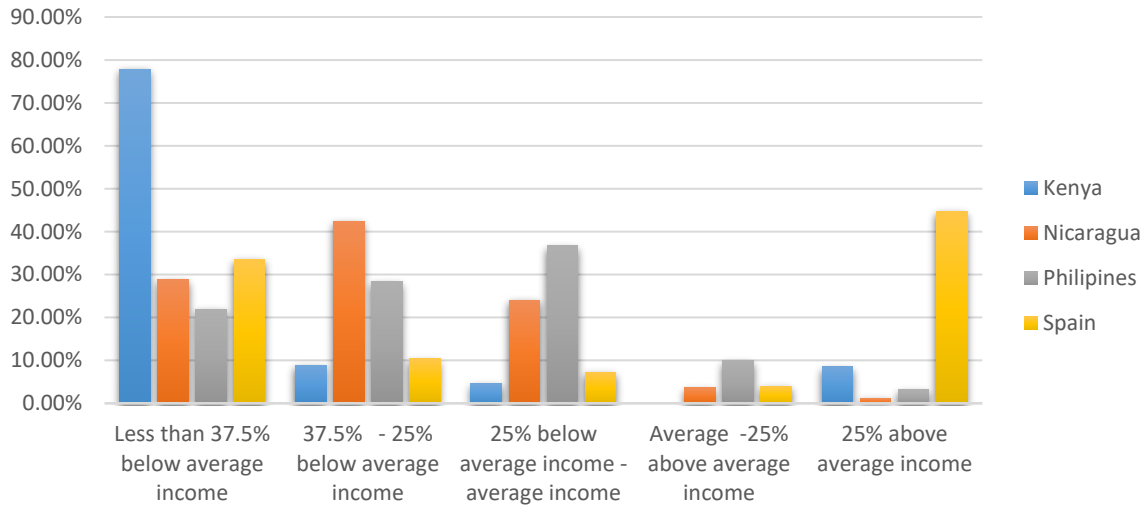
Most of the women in the study were Christian. However, specific denominations varied across the various sites, with many women in Kenya identifying as Christian under the mission of CoH (46.97%) followed by Evangelical Christian (30.59%) and then “Other” category (13.16%), which included mostly (80.56%) Kenya Assembly of God. Most women in Nicaragua identified as Evangelical (58.4%), followed by Christian under the mission of CoH (15.27%) and then Catholic (9.92%) and no religion (5.73%). In the Philippines, the majority of women identified as Catholic (55.38%), followed by Christian under the mission of CoH (37.05%) and a small proportion as Evangelical Christian under other missions (3.19%) or “Other” category (3.59%), which included mainly Seven Day Adventist (27.27%) and the Church of Christ (27.27%). Finally, in Spain most women identified as Evangelical (38.9%) or Evangelical Christian under other missions (36.49%), followed by the “Other” category (19.43%), which included Pentecostal (11.52%), Baptists church (9.62%), Orthodox (9.6%) and Protestants (9.61%). A small minority of women in the Spanish sample (3.79%) identified as Christian under the mission of CoH.

**Graph 1.4: Women's Education Level Across Sites**



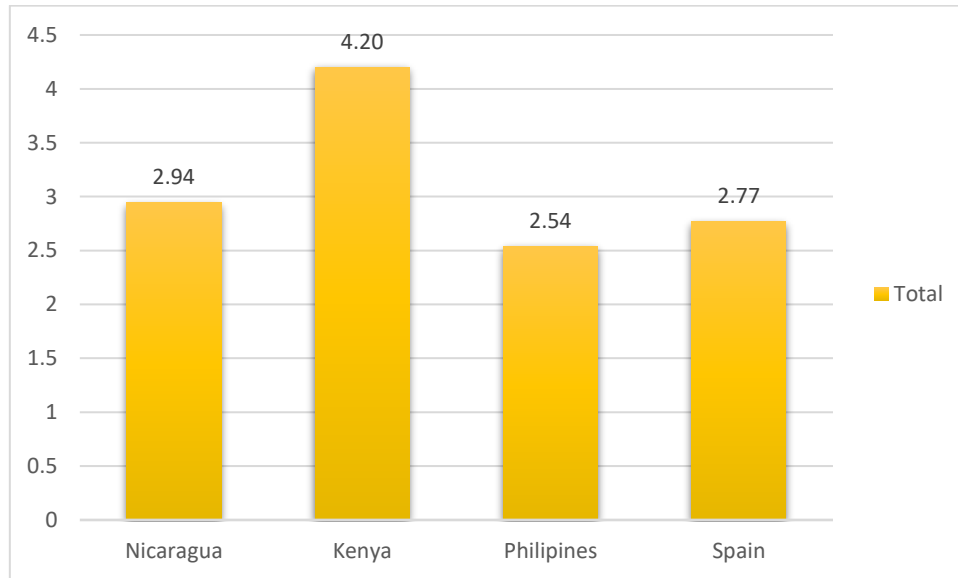
In terms of educational attainment, there were clear and statistically significant variations across the various sites ( $F = 354.26, p < 0.0001$ ), with women in Kenya reporting lower levels of formal education, with the majority (87.45%) reporting education levels up to/lower than High School with no diploma. The majority of women in Spain reported higher levels of educational attainment with the majority (90.7%) achieving at least High School Diploma level or and above. Education levels in Nicaragua and Philippines reflected medium levels of formal education with most women in Nicaragua (87.22%) and in the Philippines (83.27%) reporting having high school education/achieving high school diploma.

Graph 1.5: Women's Relative Income Level Across Sites



Women's relative income was calculated in relation to the average income of their respective site. Each woman's reported annual income was assessed against her country's average income and was then classified on a five-level scale ranging from 37.5% below the average income/lower to 25% above the average income/higher. There were clear and statistically significant variations in income levels across the various sites ( $F = 44.21, p < 0.0001$ ). Most women in Kenya (77.86%) reported the lowest level of relative income, while in Spain a substantial proportion of women reported either the highest level of income (44.8%) or the lowest one (33.6%). In the Philippines and Nicaragua, many of the women reported below average income (86.85% and 74.2%, respectively).

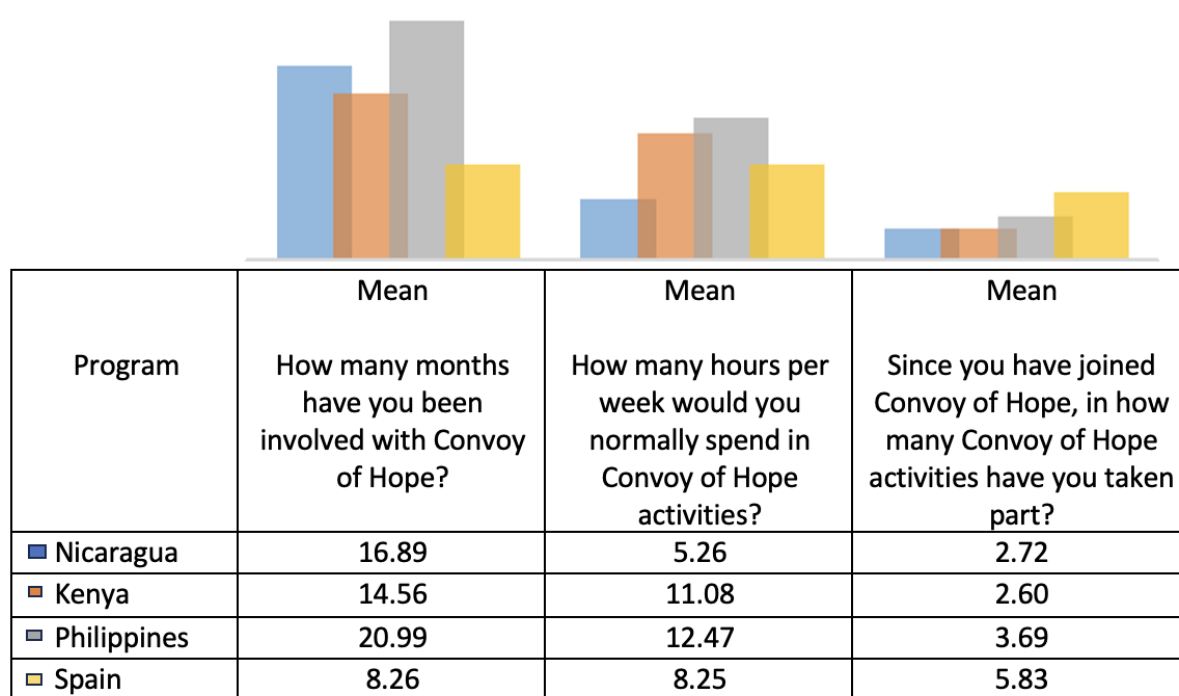
Graph 1.6: Women's Level of Traumatic Experiences Across Sites



Finally, in terms of exposure to traumatic events, there was a statistically significant difference in the number of traumatic experiences across the four sites ( $F = 25.44, p < 0.0001$ ). Post-hoc comparisons revealed that the difference is due to the number of traumatic experiences reported by the women in the Kenya site, which was considerably and statistically higher than all other sites ( $M_{differences}$  ranging between 1.25 to 1.43,  $p < 0.001$  for all comparisons)

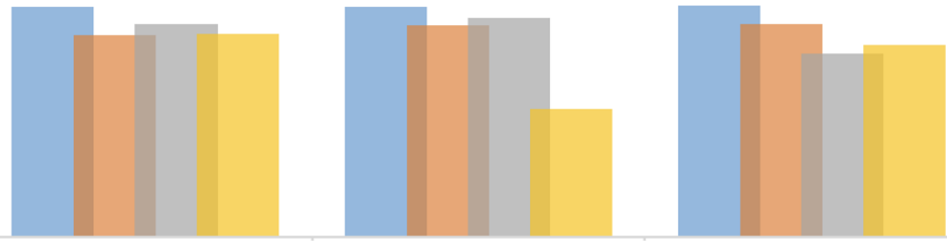
## Part 2: Women’s Ratings of CoH Activities

When looking the levels of engagement with CoH partner programmes, we can see that overall women in the Philippines tended to have a longer involvement with them and spend more hours in weekly activities than the other sites. Women involved with the Spanish based programmes had shorter overall engagement (in months) with CoH activities, and in Nicaragua women spent the least number of hours per week in CoH, compared to the other sites. However, women with access to the Spanish projects seem to be engaged in a wider range of activities than those in the other sites. Women in Kenya show moderate levels of involvement and engagement across all three indicators.



In terms of women’s evaluation of CoH partner services, ratings across all sites reflect mostly high levels of satisfaction and positive impact, with average ratings ranging from 3.92 to 4.94 on a scale of 1 to 5. A noticeable exception was recorded in the Spanish site, where the women’s average rating of the impact of the programme was 2.94. This might be linked to the shorter period of engagement with CoH (on average 8.6 months) that women on this site had, especially in comparison to the other sites. It is worth noting that the other two indicators for Spain (i.e., overall satisfaction and the level which CoH meets women’s needs) there was higher consistency across sites.





Program	Mean	Mean	Mean
	I am satisfied with the programme	The programme impacted my capacity	The programme serves my needs
■ Nicaragua	4.94	4.95	4.96
■ Kenya	4.35	4.54	4.58
■ Philippines	4.57	4.69	3.92
■ Spain	4.35	2.75	4.13

### Part 3: Summary of the Findings

#### **3.1: Engagement with CoH activities can be predicted by women's age, marital status and their income**

When analysing the variables of what predicted levels of engagement with CoH partner programmes, we can see that women who were older, married, and of lower income had a longer engagement with CoH (in months), while being older, married, more religious and having experienced more traumatic events predicted more hours of engagement with CoH per week. It was also found that women who had higher levels of income spent more time per week in CoH activities, but this can be, in part, due to the status of the women who were delivering/leading the activities and who would tend to have higher levels of income and more time spent with CoH as part of their role. The results of the multiple regressions which examined these relationships can be found in the tables below, Table 3.1.1 and Table 3.1.2.

**Table 3.1.1: Personal Characteristics Predicting Time of Engagement (in months) with CoH**

	<b><u>B</u></b>	<b><u>SE B</u></b>	<b><u>β</u></b>
<b>Age</b>	0.003	0.001	0.1**
<b>Marital Status (0 = Single, 1 = Not Single )</b>	0.104	0.034	0.11**
<b>Income</b>	-0.029	0.012	-0.08*
<b>Religiosity</b>	0.025	0.025	0.01
<b>Traumatic Events</b>	-0.002	0.006	-0.01

Note:  $R^2 = 0.026$ ,  $p = 0.01$

\* Significant at the 0.05 level

\*\* Significant at the 0.01 level (2-tailed).

	<b><u>B</u></b>	<b><u>SE B</u></b>	<b><u>β</u></b>
<b>Age</b>	0.002	0.001	0.05
<b>Marital Status (0 = Single, 1 = Not Single)</b>	0.095	0.031	0.1**
<b>Income</b>	0.055	0.011	0.17**
<b>Religiosity</b>	0.211	0.23	0.3**
<b>Traumatic Events</b>	0.021	0.005	0.13**

**Table 3.1.2 Multiple Regression to Examine Which Personal Characteristics Predict Weekly Engagement (in hours) with CoH**

Note:  $R^2 = 0.153$ ,  $p < 0.0001$

\* Significant at the 0.05 level

\*\* Significant at the 0.01 level (2-tailed).

**3.2: Women's well-being was linked to less traumatic experiences and better personal resources (e.g., higher levels of religiosity, positive religious coping, compassion and resilience)**

When looking at the general relationship between women's well-being and the other key variables, the correlation matrix in Table 3.2.1 reveals that the significant factors related to women's well-being, apart from traumatic experiences (which were negatively linked to psychological well-being), were psychological resources. In other words, more positive religious coping strategies, more compassion, stronger religiosity, and higher levels of resilience were linked to better psychological well-being.

**Table 3.2.1 Correlations Among Well-being and Personal Characteristics and Personal Qualities (N = 899-1040)**

	1	2	3	4	5	6	7	8	9
<b>1 Psychological Well being</b>									
<b>2 Income</b>	.03								
<b>3 Marital Status (0=single, 1=non-single)</b>	-.02	.01							
<b>4 Age</b>	.06	.01	-						
<b>5 No Traumatic Events</b>	-	.16*	-.04	.01					
<b>6 Positive Religious Coping</b>	.08*	*	.01	.06	.050				
<b>7 Negative Religious Coping</b>	.24*	-.10*							
<b>8 Compassion</b>	.01	-.29*	.04	-.15*	.24*	.15*			
<b>9 Religiosity</b>	.28*	.014	-.03	.07*	.011	.22*	.12*		
<b>10 Resilience</b>	.10*	.16*	.12*	.11*	-	.08*	-	.06	
	*	*	*	*	.11*		.10*		
	.27*	.07*	-.03	.11*	-	.22*	-	.22*	.043
	*	*		*	.18*	*	.27*	*	
					*		*		

\* Significant at the 0.05 level

\*\* Significant at the 0.01 level (2-tailed).



### **3.3: Engagement with CoH is linked to positive well-being and coping outcomes**

Looking at the relationship between the various indicators of engagement with CoH and positive psychological outcomes, from the correlations depicted in Table 3.3.1 engagement with CoH was linked to a wide range of positive outcomes, including adopting more adaptive and positive religious coping strategies, higher levels of compassion and resilience and higher levels of psychological well-being and happiness. The longer and stronger the engagement with CoH partner programmes was, the better were these outcomes. A positive subjective evaluation of CoH and its impact on women’s sense of improvement and uplift were also linked to positive psychological outcomes.

	<b>Number of months with CoH</b>	<b>Hours per week in CoH</b>	<b>Self-reported engagement (1-10)</b>	<b>Subjective evaluation of CoH<sup>a</sup></b>
<b>Positive Religious Coping Strategies</b>	0.15**	0.05	0.25**	0.25**
<b>Negative Religious Coping Strategies</b>	-0.09*	-0.04	0.10**	-0.02
<b>Compassion</b>	0.06	0.11**	0.28**	0.28**
<b>Resilience</b>	0.31**	0.14**	0.34**	0.36**
<b>Psychological Well Being</b>	0.12**	0.02	0.22**	0.22*
<b>Number of "Good Days" per week</b>	0.21**	0.10*	0.03	0.02

***Table 3.3.1 Correlations Between Engagement with CoH and Its Impact and Women’s Well-being and Coping (N = 985-1011)***

The subjective evaluation was the overall average of CoH impact rating (1-5), its ability to meet participants’ needs (1-5) and overall satisfaction with CoH (1-5). \*  $p < 0.05$ , \*\*  $p < 0.01$

**3.4: Engagement with CoH reduces the negative impact that difficult life circumstances have on women’s well being**

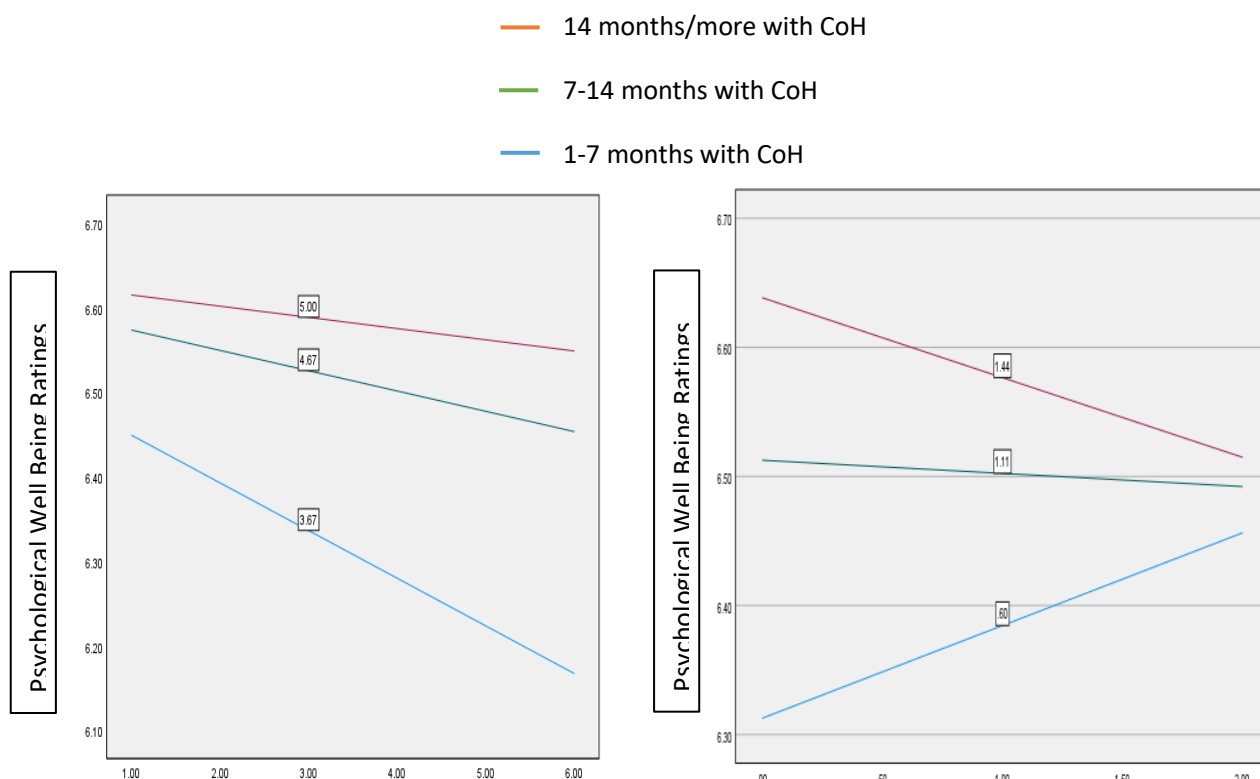
Engagement with CoH partner programmes, as measured through length of engagement and self-rated engagement levels, significantly moderated the impact that negative life circumstances (i.e., lower income and/ more traumatic life experiences) had on women’s psychological well-being.

Across the sample, there were only weak/insignificant relationships between women’s psychological well-being and income ( $r = 0.03, p = 0.32$ ) or the number of traumatic experiences that they experienced ( $r = -0.08, p = 0.01$ ). However, when examining the impact that engagement with CoH activities had on these relationships, we can see that the impact of these circumstances on psychological well-being was the dependent on the level of engagement with CoH.

As we can see from the moderation graphs below, a significant relationship between negative life circumstances and psychological well-being occurred only when women had low levels of engagement with CoH systems. The more that women engaged with the programme (both in terms of the time of engagement with CoH and self-rated levels of engagement) the less was the impact of income and traumatic events on psychological well-being.

It seems therefore, that engagement with CoH activities may buffer the negative impact of difficult life circumstance on well-being.

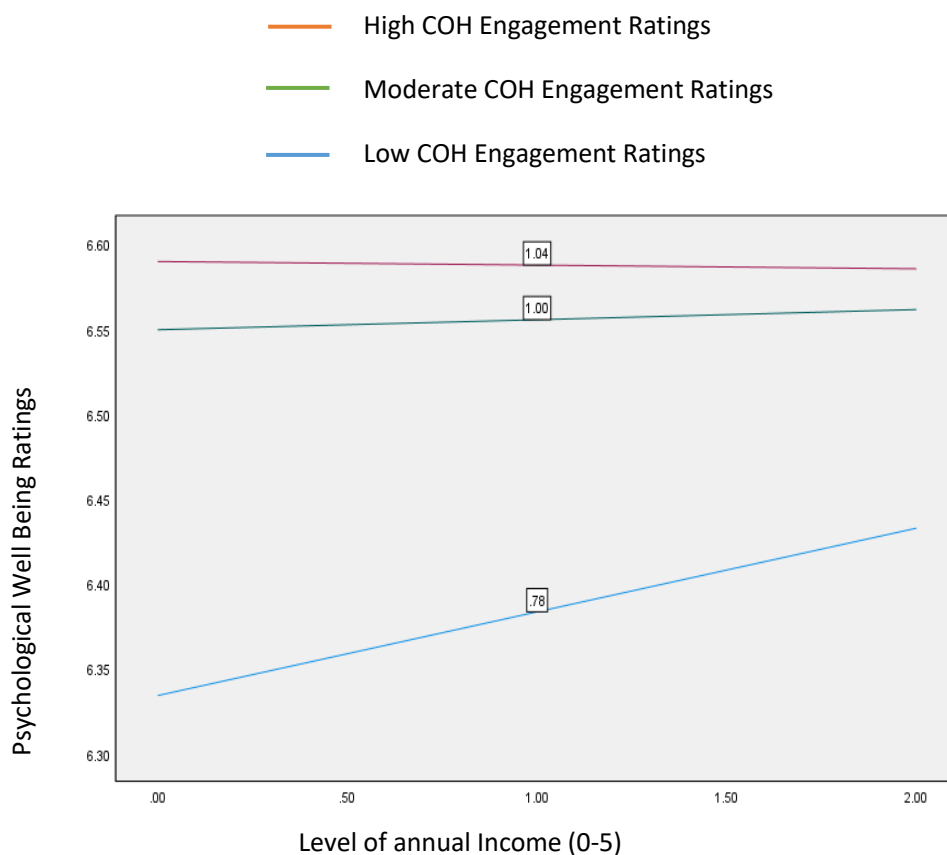
**Graph 3.4.1 CoH Engagement (in months) Moderating the Relationship Between Psychological Well Being and Traumatic Life Events and Income**



As can be seen from Graph 3.4.1, for women who spent less time (approximately 1 to 7 months) with CoH, there was a significant relationship between negative life circumstances and psychological well-being so that those with more traumatic experiences ( $t = -4.47, p < 0.001$ ) and those with lower income ( $t = 2.88, p = 0.004$ ) had lower levels of psychological well-being.

However, these negative and mutually reinforcing relationships stopped being statistically significant as engagement with CoH increased. Among women who spent more time with CoH, there was no significant relationship between the numbers of different types of traumatic experience and psychological well-being ( $t = -1.1, p = 0.24$  for 7-14 month engagement,  $t = 1.05, p = 0.29$  for 14 month/longer engagement) or between income and psychological well-being ( $t = -0.44, p = 0.66$  for 7-14 month engagement,  $t = -1.9, p = 0.06$  for 14 month/longer engagement).

**Graph 3.4.2 CoH Engagement (subjective rating) Moderating the Relationship Between Psychological Well Being and Income**



As can be seen from Graph 3.4.1, for women who rated their engagement with CoH as lower there was a significant relationship between negative life income and psychological well-being so that women with lower income reported lower levels of psychological well-being ( $t = 2.27, p = 0.02$ ). This relationship, however, stopped being statistically significant as the subjective rating of engagement with CoH increased. Among women who rated their engagement at medium or high levels, there was no significant relationship between income (including low income) and psychological well-being ( $t = 0.24, p = 0.8$  for medium engagement,  $t = -0.08, p = 0.93$  for high engagement).

**3.5: Engagement with CoH increases women's well-being by strengthening positive religious coping strategies and by increasing compassion, which in turn increase resilience levels and then well being**

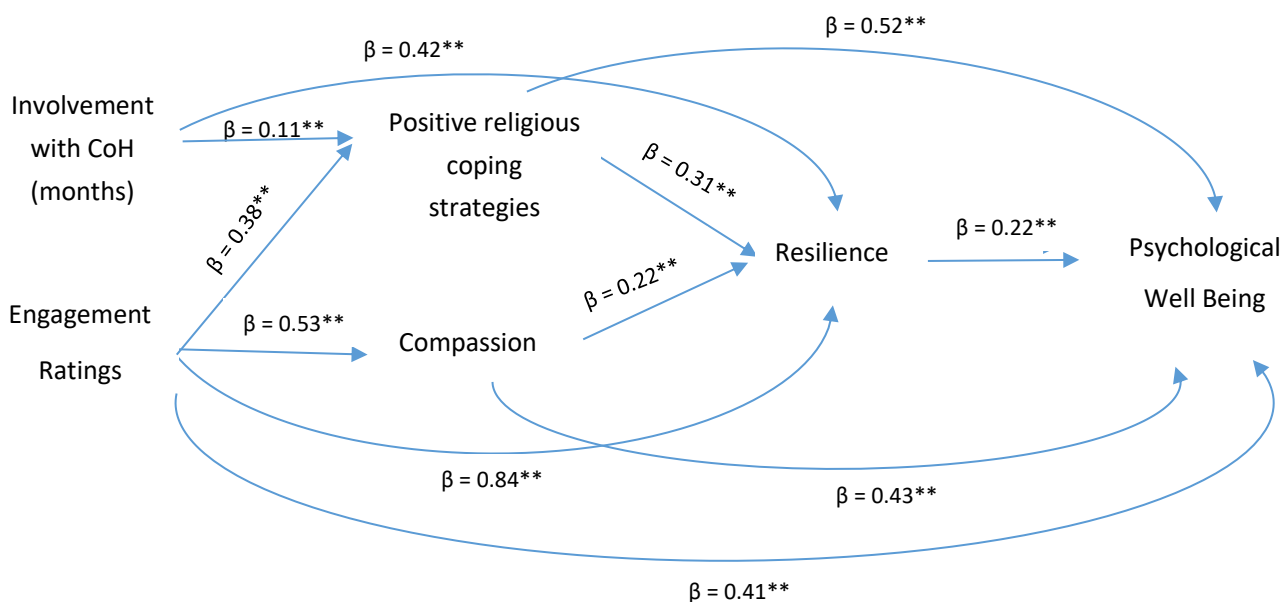
A mediation analysis reveals that engagement with CoH projects is linked to increasing positive religious coping and compassion which in turn were linked to higher resilience which was then linked to improved levels of psychological well-being.

More specifically, women who spent longer engaging with CoH partner programmes reported more positive religious coping strategies (Section VIII of Survey - see Appendix) which was then linked to higher levels of resilience and then improved psychological well-being. Length of engagement with CoH was also directly linked to higher levels of resilience, providing two impact paths – one through positive religious coping strategies and one directly to resilience (Section VII of Survey – see Appendix)

When it comes to women's own rating of their engagement, women who reported higher levels of engagement also showed higher levels of psychological well-being. This relationship was achieved directly but also through an impact path which shows increased levels of both positive religious coping strategies and compassion (Section IV of Survey – see Appendix), which then led to higher levels of resilience which were linked to higher levels of psychological well-being. As was the case with the length of engagement, women's rating of their engagement was positively linked to higher levels of resilience providing two impact paths – one through positive religious coping strategies and compassion and one directly to resilience.



**Figure 3.5.1 Summary of mediation analyses – direct and indirect impact of engagement with CoH on Psychological well being**



Main Effects	Effect	SE	LLCI	ULCI
Involvement - PWB <sup>a</sup>	.098	.064	-.028	.223
Engagement - PWB	.416	.133	.155	.67

Indirect Effects	Effect	Boot SE	Boot LLCI	Boot ULCI
Involvement – positive religious coping - PWB	.057	.020	.021	.100
Involvement – resilience - PWB	.095	.022	.055	.140
Involvement – positive religious coping – resilience - PWB	.008	.003	.003	.016
Engagement – positive religious coping - PWB	.183	.049	.099	.290
Engagement – resilience - PWB	.202	.045	.121	.298
Engagement – positive religious coping – resilience - PWB	.027	.010	.012	.0501
Engagement – compassion - PWB	.227	.049	.141	.331

<sup>a</sup> This path is not statistically significant as the range between Lower Level of Confidence Intervals (LLCI) and Upper Level of Confidence Intervals (ULCI) includes a “0”.

## Discussion – Models of Change

In drawing out the implications of this research for the Convoy of Hope strategy it will be helpful to return to our research questions from the Introduction.

### ***RQ 1 What is the nature of the impact on the existing resources that the women possess due to participation in Convoy of Hope's programmes?***

Our research has shown that stronger CoH partner programmes and activities moderates the negative psychological impacts associated with having experienced a higher number of traumatic events and having fewer financial resources. Traumatic experiences and financial hardships were linked with lower well-being, however, for women who had higher levels of engagement with CoH, this negative impact was reduced to non-significant levels.

What is remarkable is the extent to which the longer the length of time on CoH activities and reporting a high engagement with CoH gradually erased negative psychological impacts associated with their lack of resources to such an extent that their psychological well-being was more or less at the same level as those who arguably came to the CoH partner programmes with higher levels of external resources (i.e., higher earnings and better levels of education). These findings are mutually validated by both objective and subjective data. In other words, CoH partner programmes function as a buffer that mitigates the substantial negative psychological impacts of multiple traumas and low income. It also therefore also acts as a progressive tool of social justice by making available the full psychological and economic benefits of participation on CoH to all participants, irrespective of any difference in educational or financial advantage.

### ***RQ 2 What is the nature of the impact on the existing spiritual resources that the women possess due to participation in Convoy of Hope's programmes?***

The main impact on the spiritual resources of women accessing the CoH partner programmes is the way it develops their spiritual growth and provides the conditions for them to live their faith more healthily. Length of engagement with the programmes, reporting high levels of engagement and the positive evaluation of CoH activities directly correlate with stronger positive religious coping and compassion. Positive religious coping reflects a confident and trusting connection with God (Hebert et al. 2009) and includes strategies such as seeking religious support and making benevolent religious reappraisals. Negative religious coping reflects a less secure relationship with God and includes strategies such as religious discontent and making punitive religious reappraisals. There is a growing and substantive literature highlighting the direct role these contrasting ideas of God that

one carries around have on wider mental and physical health well-being (Park et al. 2018). As can be seen from the RCOPE element of the survey (Section VIII – see Appendix) positive religious coping is associated with statements such as ‘I asked God to help me find a new purpose in life’, ‘I sought God’s love and care’, ‘I tried to put my plans into action together with God’ and ‘I tried to see how God might be trying to strengthen me in this situation’.

As we have already described from the path analysis presented in Figure 3.5.1, positive religious coping and compassion are essential as a route through to greater resilience and therefore through to higher levels of Psychological Well Being (PWB). For the attributes and perspectives associated with both these variables, see sections VII and IX of the survey respectively.

### **RQ 3 What is the impact on psychological well-being due to participation in Convoy of Hope’s programmes?**

The main thrust of the research data points to an unambiguously efficacious relationship between engagement and participation on CoH partner programmes and psychological well-being (PWB). This relationship emerges with reference to increases in the ability to operationalise enhanced capabilities for compassion and resilience that then have a demonstrably positive impact on psychological well-being (PWB). There is clearly something about the way CoH partner programmes are delivered that reinforces the relationship between these variables and allows for a formational dimension that strengthens and deepens in the lives of the women the longer that they attend and participate. Clues to this phenomenon have emerged from the qualitative data analysis, in particular some of the findings on p.12. An interesting statistic within the Nicaraguan cohort shows that nearly 6% of women accessing CoH partner programmes identify as No-religion. Even these women can reap the benefit of enhanced PWB through accessing CoH partner programmes, probably mostly via the direct route to enhanced compassion and resilience rather than the positive religious coping path (see Figure 3.5.1)

### ***RQ 4 What does this data suggest as to the model of change that is being implemented by Convoy of Hope?***

Convoy of Hope is a consortium of partner organizations allied in a common humanitarian framework. The main theoretical frameworks of analysis that have both fed into this research but emerged out of it as well have been ideas associated with spiritual capital and the idea of exposure – namely that attendance and participation within CoH partner programmes has a buffering or even inoculating effect against the worst psychological impacts of trauma and privation.

The other element that clearly emerges from the qualitative data is the deep respect and attention given to the life journeys of the women who have arrived on the CoH partner programmes and the keen sense that the resources that each woman brings to the project is valued. It is also clear that CoH, based on its own faith-based foundation, is keen to operate a holistic model of women's empowerment that consciously holds in mind models of economic, health and psychological empowerment with those of spiritual and ethical development.

It seems clear from both the qualitative and quantitative data that the religious and spiritual elements of women's experience and cultural identity are not gratuitously foregrounded but held in a proper and positive (from the perspective of enhanced PWB) relationship with the many other attributes and resources that women bring to the CoH partner programmes.

With that in mind it could be suggested that the model of change that CoH seeks to bring to the transformation of the lives of the who attend its programmes has five dimensions

- 1) It is an *asset-based model of change* that begins with the premise that women bring a wide range of both tangible and intangible assets to the programme which are seen as important in their own participation in the programmes.
- 2) It is a *holistic model of change* that understands the importance of the relationship between religion, belief, and spirituality (aka spiritual capital) for the successful delivery of all the other dimensions of the programme including economic, social and psychological well-being.
- 3) It operates a *virtuous cycle model of change* by understanding that unlocking the motivations inherent in spiritual capital helps create positive religious coping and increased compassion which then add to levels of resilience and psychological well-being.
- 4) It is a *partnership-based model of change* that seeks to co-create, rather than impose, added value to the gifts and competencies that the women already bring.
- 5) It is an *inclusive model of change* that is proven to work for the same well-being outcomes irrespective of any existing gaps in the resources or life-opportunities the women bring to the table, and irrespective of faith or belief identity or affiliation.

This overall model of change has important lessons to transmit to the international humanitarian community when the future of the world will continue to be strongly religious, and the leadership and many other gifts, skills, and perspectives that women can bring to public life will be needed more than ever.

***RQ 5 What are the future research opportunities and policy developments arising from this research?***

Convoy of Hope research colleagues propose further avenues for inquiry emerging from this study including research probing further into the non-Western construct of personal and communal empowerment for women engaged in CoH partner programmes. Furthering the new survey design to include other dimensions of agency and spiritual capital could further inform integrated program development and determine whether community composition, partner engagement, or other factors of trauma and precarity are predictors of their engagement with CoH. Such a probe may further illuminate potential gateway strategies to a community and the most effective means of launching program activity. Questions probing the optimal length of engagement for the desired outcomes of positive well-being and positive religious coping may illuminate the optimal exit strategies for CoH from a household or community. Further inquiry could probe the environment of the mother, looking at the impact of trauma and food insecurity on the maternal responsibilities and her role in co-creating care for children with the support of her community. Furthering the new survey design to capture the experiences of mothers marked by cyclical, intermittent disaster related trauma and precarity may provide data for scaling our program design to a new spectrum of care in collaboration with CoH disaster services.

Early discussions have highlighted numerous potential policy and publication implications that might emerge from this research, but these will be more fully explicated as the findings of this report are further disseminated and digested. An edited academic book is being planned for publication in 2024 that will focus on the implications of the qualitative data and the contexts in which that data was gathered.

## Glossary of Terms

### **Resilience**

This is a complex term that has now been researched for many decades and is applied at many different levels including individuals, families, local communities, institutions and nations states. Some ideas of resilience are linked not only to the way we respond to trauma in the context of the immediacy of an event, but also the extent to which we anticipate the impact of possible crisis or trauma. An official US government literature review (2012) suggests that resilience is comprised of at least six elements, including the ability to ‘anticipate, resist, absorb, respond to, adapt to and recover from’ a disturbance to one’s well-being or way of life. For the purposes of this research, we are clearly focusing on individual responses and how these are framed can be ascertained from the categories deployed in the survey, for which we used the Connor-Davidson Resilience Scale (see Appendix below Section V). In this survey participants are asked to rate the relevance of a series of statements on 0 - 4 scale such as ‘I am able to adapt to change’, ‘I can deal with whatever comes’, ‘I try to see the humorous side of problems’, ‘Coping with stress strengthens me’, ‘I tend to bounce back after illness or hardship’.

### **Positive Religious Coping**

The concept of positive religious coping (and negative religious coping) emerges in the late 1990s and is most closely associated with the work of psychologist Kenneth Pargament. He explored the close relationship between religion and depression, acknowledging that religion has the propensity to both reinforce but also mitigate depressive tendencies and episodes, as our responses to and interpretations of stressful situations are frequently informed by, and actively involve religion. Positive religious coping is generally viewed as being adaptive, reflecting beliefs about the meaningfulness of life and having a secure relationship with a merciful God (Pargament, 1997). Negative religious coping by contrast is characterised by a less secure relationship with God, often accompanied by a sense of being abandoned or punished by God (Pargament et al. 2000). These tendencies (whether positive or negative) are deeply influenced by the interplay of personal, situational or sociocultural features. The different elements associated with religious coping can be seen at Section VI of the survey in the Appendix which is Pargament et al.’s RCOPE (or Religious Coping Scale)

### **Psychological Well Being (PWB)**

The PWB scale is a short 8-item summary survey of the person’s self-perceived functioning in key areas such as relationships, self-esteem, purpose and meaning, and optimism. It

correlates with a series of broad understandings around the nature of happiness which argues that PWB is not only the absence of the crippling elements of the human experience – depression, anxiety, anger, fear – but is also the active presence of enabling ones – positive emotions, the ability to seek meaning in life, healthy relationships, feeling in control of one’s environment, engagement, and self-actualization. The different elements associated with PWB can be seen in Section VII of the survey in the Appendix.

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## Appendix

Thank you for agreeing to take part in our survey. Please read the information below before deciding to take part in the study:

- The aim of this survey is to assess the potential impact of the Convoy of Hope projects and activities on women. The survey includes questions about yourself, your feeling, your faith and your thoughts.
- The results of this study will be used to inform Convoy of Hope and may be published and shared with various stakeholder.
- Participation is anonymous.
- If you decide to take part in our study, we will ask you to fill in a collection of validated online questionnaires.
- Some of the questions in the survey can be personal. Please note that you do not have to answer any question that you do not wish to answer and you can stop at any time.
- **Participation is completely voluntary Your decision whether/not to participate will have no impact on the service that you receive from Convoy of Hope.**
- Participation is anonymous and should take between 7-10 minutes.

*This survey was approved by Goldsmiths, University of London's ethics committee. Please consider the following General Data Protection Regulation [GDPR] and Goldsmiths Research: guidelines for participants*

Please note that this document does not constitute, and should not be construed as, legal advice. These guidelines are designed to help participants understand their rights under GDPR which came into force on 25 May 2018.

### **Your rights as a participant (data subject) in this study**

The updated data protection regulation is a series of conditions designed to protect an individual's personal data. Not all data collected for research is personal data.

Personal data is data such that a living individual can be identified; collection of personal data is sometimes essential in conducting research and GDPR sets out that data subjects should be treated in a lawful and fair manner and that information about the data processing should be explained clearly and transparently. Some data we might ask to collect falls under the heading of **special categories data**. This type of information includes data about an individual's race; ethnic origin; politics; religion; trade union membership; genetics; biometrics (where used for ID purposes); health; sex life; or sexual orientation. This data requires particular care.

Under GDPR you have the following rights over your personal data<sup>1</sup>:

- **The right to be informed.** You must be informed if your personal data is being used.
- **The right of access.** You can ask for a copy of your data by making a 'subject access request.'
- **The right to rectification.** You can ask for your data held to be corrected.
- **The right to erasure.** You can ask for your data to be deleted.
- **The right to restrict processing.** You can limit the way an organisation uses your personal data if you are concerned about the accuracy of the data or how it is being used.
- **The right to data portability.** You have the right to get your personal data from an organisation in a way that is accessible and machine-readable. You also have the right to ask an organisation to transfer your data to another organisation.
- **The right to object.** You have the right to object to the use of your personal data in some circumstances. You have an absolute right to object to an organisation using your data for direct marketing.
- **How your data is processed using automated decision making and profiling.** You have the right not to be subject to a decision that is based solely on automated processing if the decision affects your legal rights or other equally important matters; to understand the reasons behind decisions made about you by automated processing and the possible consequences of the decisions, and to object to profiling in certain situations, including for direct marketing purposes.

Please note that these rights are not absolute and only apply in certain circumstances. You should also be informed how long your data will be retained and who it might be shared with.

### **How does Goldsmiths treat my contribution to this study?**

Your participation in this research is very valuable and any personal data you provide will be treated in confidence using the best technical means available to us. The university's legal basis for processing your data<sup>2</sup> as part of our research findings is a "task carried out in the public interest". This means that our research is designed to improve the health, happiness, and well-being of society and to help us better understand the world we live in. It is not going to be used for marketing or commercial purposes.

In addition to our legal basis under Article 6 (as described above), for **special categories data** as defined under Article 9 of GDPR, our condition for processing is that it is “necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes”.<sup>3</sup>

If your data contributes to data from a group then your ability to remove data may be limited as the study progresses, when removal of your data may cause damage to the dataset.

**You should also know that you may contact any of the following people if you are unhappy about the way your data or your participation in this study are being treated:**

- Goldsmiths Data Protection Officer – [dp@gold.ac.uk](mailto:dp@gold.ac.uk) (concerning your rights to control personal data).

Chair, Goldsmiths Research Ethics, and Integrity Sub-Committee - via [reisc@gold.ac.uk](mailto:reisc@gold.ac.uk), REISC Secretary (for any other element of the study).

You also have the right to lodge a complaint with the Information Commissioner’s Office at <https://ico.org.uk/make-a-complaint/>

## Demographic Details

1. Please fill in your age: \_\_\_\_\_
2. Marital status (please circle the option that applies most to you):
  - A. Married or domestic partnership (Co-habiting)
  - B. Single, never married
  - C. Widowed
  - D. Divorced
  - E. Separated
3. Ethnicity (please circle the option the applies most to you):
  - A. Caucasian
  - B. African American
  - C. Latino or Hispanic
  - D. Asian
  - E. Native American
  - F. Native Hawaiian or Pacific Islander
  - G. Two or More
  - H. Other/Unknown
  - I. Prefer not to say
4. In which country do you live? \_\_\_\_\_
5. What is the highest formal Education level that you attained? (Please circle the option the applies most to you)
  - A. No schooling completed
  - B. Nursery school to 8th grade
  - C. Some high school, no diploma
  - D. High school graduate, diploma, or the equivalent (for example: GED)
  - E. Some college credit, no degree
  - F. Trade/technical/vocational training
  - G. Associate degree
  - H. Bachelor's degree
  - I. Master's degree
  - J. Professional degree
  - K. Doctorate degree
  - L. Other (please specify) : \_\_\_\_\_
6. What is your annual household income? \_\_\_\_\_

7. Please circle your religious affiliation:

1. Catholic                      2. Evangelical              3. Christian under the mission partner of COH  
 4. Evangelical Christian under other missions              5. Muslim              6. no religion  
 7. Other (please specify) : \_\_\_\_\_

\* \* \* \*

Please answer the following survey as truthfully as you can. Please remember that there are no right/wrong answers.

I. Please reflect on your experience with Convoy of Hope programme and answer the following question.

1. How many weeks have you been involved with Convoy of Hope? \_\_\_\_\_

2. Please indicate all Convoy of Hope programs that you have been a part of (such as: Feeding, WE, GE, Spiritual, etc.)/ For each activity please note how many hours per week did you spend in it?

Activity	Hours per week

II. Please consider the Convoy of Hope programme/s that you have taken part in and rate the extent to which you agree/disagree with the following statements on a scale of 1 (strongly disagree) to 5 (strongly agree)

**The programme impacted my capacity**

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly Agree

**I am satisfied with the programme**

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly Agree

**The programme serves my needs**

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly Agree

Have any of these things been a worry for you or anyone else living in this house during the last year?

Serious illness

Serious accident

Death of family member or close friend

Divorce or separation

Not able to get a job.

Lost job

Alcohol related problems

Drug related problems

Seeing fights or people beaten up

Abuse or violent crime

Trouble with the police

Gambling problem

Member of family sent to jail.

Overcrowding at home

Discrimination/Racism

Vandalism or Malicious damage to property

I. Have any of these things happen to you during the last year?

Serious illness	Yes	No
Serious accident	Yes	No
Death of family member or close friend	Yes	No
Divorce or separation	Yes	No
Not able to get a job	Yes	No
Lost job	Yes	No
Alcohol related problems	Yes	No
Drug related problems	Yes	No
Seeing fights or people beaten up	Yes	No
Abuse or violent crime (including physical violence)	Yes	No
Trouble with the police	Yes	No

Gambling problem	Yes	No
Member of family sent to jail	Yes	No
Overcrowding at home	Yes	No
Discrimination/Racism	Yes	No
Vandalism or Malicious damage to property	Yes	No
Children not able to continue with schooling	Yes	No
Losses from natural disaster	Yes	No
Hunger in the family	Yes	No

II. Please answer the following questions honestly and quickly using the scale below:

	Not at all true	A little true	Mostly true	Very true
1. When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her	1	2	3	4
2. I tend to feel compassion for people, even though I do not know them.	1	2	3	4
3. One of the activities that provide me with the most meaning to my life is helping others in the world when they need help.	1	2	3	4
4. I would rather engage in actions that help others, even though they are strangers, than engage in actions that would help me.	1	2	3	4
5. I often have tender feelings toward people (strangers) when they seem to be in need	1	2	3	4

III. Please see the following statement and rate how much you these apply to you on a scale of “strongly disagree” (1) to “strongly agree” (4)

**“I do the things that I do, because if not I will get in trouble with someone.”**

1	2	3	4
Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree

**“I do the things that I do, so others don’t think poorly of me.”**

1	2	3	4
Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree

**“I do the things that I do, because I personally think it is the right thing to do. “**

1	2	3	4
Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree

IV. When thinking of your faith, please rate the following:

1. **How often do you think about religious issues?**

Never      Rarely      occasionally      often      very often

2. **To what extent do you believe that God or something divine exists?**

Never      Rarely      occasionally      often      very often

3. **How often do you take part in religious services?**

Never      Rarely      occasionally      often      very often

4. **How often do you pray?**

Never      Rarely      occasionally      often      very often



5. How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?

Never                  Rarely                  occasionally                  often                  very often

V. Please rate to what extent the following statements are true or not true:

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt to change	0	1	2	3	4
I can deal with whatever comes	0	1	2	3	4
I try to see the humorous side of problems	0	1	2	3	4
Coping with Stress strengthens me	0	1	2	3	4
I tend to bounce back after illness or hardship	0	1	2	3	4
I can achieve goals despite obstacles	0	1	2	3	4
I can stay focused under pressure	0	1	2	3	4
I am not easily distracted by failure	0	1	2	3	4
I think of myself as a strong person	0	1	2	3	4
I can handle unpleasant feelings	0	1	2	3	4

VI. The following items deal with ways you coped with the negative event in your life. There are many ways to try to deal with problems. These items ask what you did to cope with this negative event. Obviously, different people deal with things in different ways, but we are interested in how you tried to deal with it. Each item says something different about a particular way of coping. We want to know to what extent you did what the item says, how much or how frequently. Don't answer on the basis of what worked or not—just whether or not you did it. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can

	Not at all			A great deal
Asked God to help me find a new purpose in life	0	1	2	3
Sought God's love and care	0	1	2	3
Sought help from God in letting go of my anger	0	1	2	3
Tried to put my plans into action together with God	0	1	2	3
Tried to see how God might be trying to strengthen me in this situation	0	1	2	3
Asked forgiveness for my sins	0	1	2	3
Focused on religion to stop worrying about my problems	0	1	2	3
Wondered whether God had abandoned me	0	1	2	3
Felt punished by God for my lack of devotion	0	1	2	3
Wondered what I did for God to punish me	0	1	2	3
Questioned God's love for me	0	1	2	3
Wondered whether my church had abandoned me	0	1	2	3
Decided the devil made this happen	0	1	2	3
Questioned the power of God	0	1	2	3

VII. Below are 8 statements with which you may agree or disagree. Using the 1–7 scale below, indicate your agreement with each item by indicating that response for each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Mixed or Neither Agree/ Disagree	Slightly Agree	Agree	Strongly agree
I lead a purposeful and meaningful life.	1	2	3	4	5	6	7
My social relationships are supportive and rewarding.	1	2	3	4	5	6	7
I am engaged and interested in my daily activities	1	2	3	4	5	6	7
I actively contribute to the happiness and well-being of others	1	2	3	4	5	6	7
I am competent and capable in the activities that are important to me	1	2	3	4	5	6	7
I am a good person and live a good life	1	2	3	4	5	6	7
I am optimistic about my future	1	2	3	4	5	6	7
People respect me	1	2	3	4	5	6	7

VIII. On an average week how many “good days” do you have?

(Please circle the relevant option)

1 day	2 days	3 days	4 days	5 days	6 days	7 days
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Thank you for taking part in our survey!