

**A national longitudinal study of Muslim diversity and flourishing in Aotearoa New Zealand:  
A quantitative study protocol**

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### **Abstract**

The New Zealand Attitudes and Values Study is a longitudinal study of social values and attitudes of New Zealanders that started in 2009. Since its inception, it has collected data from > 70,000 adults. In addition to examining numerous social, political, and health aspects of New Zealanders' lives, this research has particularly examined negative attitudes towards minority groups, such as discrimination and prejudice have been examined. In 2019, the Muslim community was the target of the worst terrorist attack in New Zealand's modern history. Following this devastating event, we aimed to extract data from the New Zealand Attitudes and Values Study to understand Islamophobia and its implications for the Muslim community. In addition, we deem necessary to investigate the overall wellbeing and flourishing of Muslims in New Zealand, and whether values, identity, religiosity, and meaning-making affect Muslims' self-perception and health outcomes. However, we were limited by the sample size of Muslims within the New Zealand Attitudes and Values Study to make such inferences. Therefore, the current project, titled the Muslim Diversity Study, was designed to recruit more Muslim participants within the New Zealand Attitudes and Values Study over a three-year quantitative longitudinal study. This protocol describes the context that motivated this research, our pilot Muslim community consultation, the decisions made and modified based on consultation (e.g., whether or not to translate the questionnaire, which groups to target, etc.), data collection methods, research team, quantitative measures, and timeline. It also provides our initial findings and observations, mainly based on the first year of the research and addresses the perceived enablers and challengers of data collection from a culturally distinct religious community in New Zealand. This protocol will serve as a reference text for researchers conducting work not only on Islam and the Muslim community in New Zealand but also on other ethnic and religious communities and minorities in the country. It will also allow researchers to apply the methods and findings to other contexts and regions across the world and provide comparative insights and analyses.

*Keywords:* Muslim, Islam, religion, diversity, discrimination, flourishing, wellbeing, meaning-making, identity, New Zealand, MDS, NZAVS

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On 15 March 2019, a devastating far-right extremist attack on two mosques took place in Christchurch, killing 51 Muslims and injuring 40 (*Royal Commission of Inquiry into the Terrorist Attack on Christchurch Masjidain on 15 March 2019*, 2020). Although this attack shocked the world (*World Leaders Condemn New Zealand Mosque Attacks*, 2019) and was unprecedented in New Zealand (*Jacinda Ardern on the Christchurch Shooting*, 2019), it was not as surprising to the Muslim community (A. Rahman, 2019) due to Muslims' widespread experience of Islamophobia and prejudice in the country (Sibley et al., 2020). Islamophobia has been reportedly increased overseas following these attacks (*Islamophobia After Christchurch Terror Attacks Quadrupled - Australian Report*, 2022), however, the evidence in New Zealand seems to be mixed. While news articles have reported increased hate towards Muslims (Frykberg, 2023), our findings are indicative of improved attitudes towards Muslims (Bulbulia et al., 2023; Shanaah et al., 2021) following attacks. Addressing this discrepancy is beyond the scope of current article, however, it is worth noting that most of our research in this area, primarily from the New Zealand Attitudes and Values Study (NZAVS) (*New Zealand Attitudes and Values Study*, 2024) lens, has so far shed light on such attitudes from a non-Muslim perspective. In other words, we have reported on how Muslims are perceived by non-Muslim members of New Zealand society, rather than how Muslims perceive themselves. While the published NZAVS reports are an absolute necessity, the self-experience of Muslims themselves as the direct victims of this heinous crime is equally, if not more, important.

The current article elaborates on the protocol of a pioneering three-year longitudinal study titled the Muslim Diversity Study poised to achieve this very goal – examining Muslims' self-perception in New Zealand from a variety of angles, as well as, the predictors of resilience, flourishing, and wellbeing within Muslims. The study started in 2023 and is planned to conclude in 2026. The goal is to achieve as many as 650 Muslim respondents.

The Muslim community has been expanding in New Zealand. Based on the 2018 census,

New Zealand had more than 60,000 Muslims; which has grown to > 75,000 according to the 2023 Census ([Stats NZ, 2023](#)). Studies also show that the number of converts to Islam has increased after the 2019 terror attack ([Arkilic, 2020](#)). The Muslim community is uniquely positioned in New Zealand: as a growing religious minority, it is a historically stigmatized group that were the direct victims of the 2019 terrorist attack ([Royal Commission of Inquiry into the Terrorist Attack on Christchurch Masjidain on 15 March 2019, 2020](#); [Sibley et al., 2020](#)).

*A national longitudinal study of Muslim diversity and flourishing in Aotearoa New Zealand* (hereafter: the Muslim Diversity Study or **MDS**) embraces a community-oriented approach by collaborating with the Muslim community in order to make decisions about the execution of data collection and for identifying key questions of interest for the community at large. It is important that such processes and decisions are recorded in the form of a study protocol so that our findings are shared with the broader public and future researchers in New Zealand and across the globe can benefit from our outputs.

This protocol addresses MDS' pilot community consultation, the decisions made and modified based on consultation, community engagement, data collection, team, measures, and proposed data analysis plan. To set the rationale for MDS, it is important to have a brief look at attitudes towards Muslims in New Zealand.

### **The need for Muslim Diversity Study**

Muslims have generally faced prejudicial attitudes in New Zealand ([Greaves et al., 2020](#); [Sibley et al., 2020](#); [Yogeeswaran et al., 2019](#)). Until the Christchurch terror attack, news stories on Islam and Muslims in New Zealand media were mostly an extension of 'the negative othering rhetoric', and the national media tended to link Muslim converts to jihadis ([Drury, 2016](#)). Unsurprisingly, such rhetoric has been found to foster anti-Muslim prejudice ([Shaver et al., 2017](#)).

In the aftermath of Christchurch shootings, the Government introduced unprecedented counter-terrorism measures such as the prohibition of the sale of all military-style semi-automatic and assault rifles and creating the Royal Commission of Inquiry into these attacks ([Royal Commission of Inquiry into the Terrorist Attack on Christchurch Masjidain on 15 March 2019,](#)

2020). The Royal Commission of Inquiry presented an 800-page report emphasizing New Zealand's inclusive and welcoming identity, among other measures (Arkilic, 2021). In addition, New Zealand press embraced a more inclusive and positive narrative with respect to Islam and Muslims (Kabir, 2024; K. A. Rahman, 2020).

Although, there have been sporadic reports of increased hate crimes after the attacks (Wilson & Shastri, 2020), the average sentiments have improved. The New Zealand Attitudes and Values Study (NZAVS), in a series of articles, reported the positive shift in these attitudes toward Muslims post Christchurch attacks (Bulbulia et al., 2023; Shanaah et al., 2021), and the psychological response of New Zealand public to shootings (Byrne et al., 2022).

The Christchurch shootings prompted many research groups to study Muslims further, that so far have been a culturally-distinct, under-researched, minority group. These studies included trauma-focused response (Sulaiman-Hill et al., 2021; Sulaiman-Hill et al., 2024), wellbeing (Junaid et al., 2023), perceived discrimination among Muslim immigrant youth (Raissi, 2024), the political implications of government decisions (Arkilic, 2021).

Given that, at NZAVS, we have explored perception of Muslims and the mechanisms of attitudinal changes towards Muslims following 15 March 2019 attacks (Bulbulia et al., 2023; Hawi et al., 2019; Shaver et al., 2017; Sibley et al., 2020), it was timely and necessary that we expanded our reach further.

The NZAVS is a planned 20-year-long longitudinal national probability annual panel study of social attitudes, personality, ideology and health outcomes that began in 2009 and is currently in its 15th year. It has so far collected data from more than 70,000 New Zealand residents using the electoral roll (*New Zealand Attitudes and Values Study, 2024*). The NZAVS has been instrumental in exploring key issues related to minorities, including but not limited to discrimination, intergroup relations, identity, distress, security, and the dynamics and mechanisms behind them.

The NZAVS has been uniquely positioned due to its prestigious reputation (> 150 peer-reviewed publications), longitudinal panel design, large sample size, and a large multi-disciplinary research team (Sibley, 2024). However, the Muslim sample in NZAVS has been



< 100. This did not allow us to make meaningful inferences regarding Muslim lives and issues in comparison with other identity groups. Hence, there was an immediate need to collect more data from Muslims in New Zealand.

In addition, much of the NZAVS work to date with the Muslim community has focused on conveying information about how Muslims are perceived by the non-Muslim members of New Zealand society. After receiving strong positive signals from the Muslim community to scientifically explore diversity, discrimination, self-perception, resilience, meaning-making, and flourishing; this three-year longitudinal study was conceived in 2022 to address this scholarly and community knowledge gap. Therefore, MDS is effectively a booster to NZVAS, and uses the NZVAS questionnaires to collect data from the members of Muslim community in New Zealand.

The broader focus of MDS is not only examining the Muslim community, but also comparing it with members of other religious and identity groups. Therefore, we aim to explore the diversity of Muslims in New Zealand, assess Muslims' perceived discrimination in comparison with other groups, unearth predictors of flourishing and meaning-making, and measure the effect of service-attendance and religious-identification on these constructs.

MDS started with pilot community consultation as detailed below in this protocol.

### **Pilot community consultation**

Before applying for the research grant, we deemed necessary to gauge Muslim community's interest in the project, as well as the feasibility of the project for the Muslim community. This pilot consultation took place between Feb and Nov 2022 where the PI reached out to 29 Muslims (20 representing community, religious or cultural organisations and 9 individuals) in different cities from different academic and cultural backgrounds, age groups, and genders including community leaders, religious scholars, and activists. The conversations focused around four objectives: 1) To assess the feasibility of the project for Muslims, 2) To assess interest of Muslims in the project, 3) To get feedback on the survey items, and 4) To inquire if translation may be needed. First, all 29 respondents believed that the study was feasible and timely for Muslims, and that Muslims will be interested to participate. In addition, the highest participation

should be anticipated from youth, second generation migrants, educated, and women. Second, not only did they believe that the study and our planned measures were important, they have also promised to support us in every possible way.

Challenges identified: 1. Those from Christchurch might not be up to the expectations as after Christchurch shooting people were surveyed a lot. 2. It might not be easy for people to understand the questionnaires due to unfamiliarity of the community with research. 3. Elderly might not be interested, so we need to find avenues to address them.

Recommendations: 1. The participants must be informed about the study motivation and be transparent and clearly communicate, benefits to the community, and that it will increase Muslims' visibility and raise their voice in research. Especially the long-term benefits for the community and their children should be made clear. 2. We should reach out to the community via trusted community, ethnic, religious organisations, and mosques. 3. For youth engagement, we should go via youth organisations such as MSAs at universities. It was suggested that a family focused strategy should be used as starting with men would be more effective. 4. Findings should be shared back with the community in future due to the diversity it will present. 5. Many said that the questionnaire needs to be translated into seven ethnic languages. However, some community members thought it was not necessary since those that would participate would perhaps know English very well.

### **Translation**

Third, there has been a consensus that a majority of participants will be able to use the English version. Nevertheless, to reach a broader bandwidth of Muslim diversity, we initially need to pilot and test translated versions of the NZAVS flourishing scales and survey.

*Translation: As pointed out previously, the qualitative process that the reviewer has suggested has already been going on for the last five months. As a result, we developed a 6-page comprehensive guideline that addresses feasibility, advice on engagement with the community, the possible challenges, avenues to enhance participation, etc. All 29 respondents evaluated our projects as a positive and needed*

*initiative. They have also agreed to assist with piloting and translation.*

*Our consultation with the Advisory Group shows that the translation may only be needed for a small number of Muslims living in New Zealand, and that a majority will be able to use the English version. This gives us a methodological safety-net since we can be more confident that the meaning of concepts is not distorted because of translation. As far as the translation itself is concerned, we have consulted with a group (Sulaiman-Hill and colleagues) who have been conducting research within the Muslim community. Therefore, instead of using the common translation back-translation procedure, we will use a more effective way of translating, back-translating, and comparing notes to ensure conceptual equivalence (Sulaiman-Hill et al., 2021). This method is inspired by the recent developments and recommendations based on the needs in countries that home an increasing number of refugees (Barger et al., 2010; Ozolins et al., 2020). Following this, the translation will be checked by experts as recommend by Fenn et al. (2020) and piloted within the Advisory Group to ensure reliability and conceptual equivalence. (Proposal updated: Project Description -> Methodology ->*

*Translation).*

*In addition, Dr. Afzali has established connections with a network of Muslim researchers in New Zealand. These researchers will be recruited as Research Assistants (RAs) for this project. The prospective RAs live in the three largest cities of New Zealand (Christchurch, Wellington, and Auckland) and are related to different cultural groups. The participants who need to use translated surveys will be supported by our competent RAs – who are well aware of the risks of the loss of concepts because of translation.*

## **Sections**

1. Far right terrorism and attitudes toward Muslims (Usman)
2. Other research on Muslim wellbeing (Dr Fatima)

3. Other ongoing projects: Qual (Farah); and Islamophobia scale to verify our previous findings (Jamila).

### **Background**

- Provide a brief overview of the Christchurch mosque attacks and their aftermath.
- Discuss existing literature on the psychological effects of mass trauma events, particularly on diverse cultural groups.
- Outline the gaps in current knowledge regarding the long-term psychological effects of such events on the Muslim community.

### **Research Aims**

- Clearly state the research questions and objectives of the longitudinal study.
- Emphasize the importance of assessing psychological outcomes over time to understand the trajectory of mental health in the affected population.

### **Hypotheses**

Given that the present project functions as a booster for the NZAVS and uses the same questionnaires, the questions that can be answered by MDS can be limitless, and one could suggest a large number of hypotheses to be tested and questions that can be answered from these data in the years to come. However, immediately we are trying to test the following hypotheses – within the span of MDS:

*Hypothesis 1:* Muslims with the strongest ties to their community as measured by service attendance and prayer are buffered most from anti-Muslim prejudice.

*Hypothesis 2:* Muslims experience greater challenges to employment and health than matched members of other religious groups.

*Hypothesis 3:* Subjective well-being, the meaning of life, and psychological distress are similar among Muslims and matched members of religious groups from the buffering of religious community-making.

Based on your initial findings, can you here include any hypothesis about how perceptions of Islamophobia and racism have changed for Muslims after the 2019 ChCh attack? This would be one of the key goals and contributions of this study. (Ayca)

Having sensed interest in these data from researchers in New Zealand and overseas, it maybe possible to immediately test other hypotheses within the realm of MDS, that would be published as independent research articles.

### **Method**

- **Study Design:** Describe the longitudinal design of the study, including the planned follow-up periods.
- **Participant Selection:** Define the inclusion criteria for participants, specifying age, residency, and other relevant factors.

Muslim = 1.3% of New Zealand population.

### **Materials**

NZAVS questionnaire has a large number of measures. Here, we are only highlighting and explaining those that are pertinent to the readily planned papers that are going to published from the booster study, with levels of measurement indicated, as well as the reversed coded ones. Please visit Sibley ([2024](#)) for further details and history of NZAVS measures.

For Likert type scales, we are noting the the minimum and maximum level along with description, for instance, 1 = Not Important 1, 7 = Very Important, whereas (R) shows the reverse-scored items. Notwithstanding, we might choose to report further measures too, which will then be elaborated upon in the individual articles.

- Service attendance and religiosity:

1. Do you identify with a religion and/or spiritual group? (Yes/No). If yes, what religion or spiritual group? (String entry).

2. How many times did you attend a church or place of worship in the last month?  
(String entry).
  3. How many times did you pray in the last week? (String entry).
  4. How many times did you read religious scripture in the last week? (String entry).
  5. How important is your religion to how you see yourself? (String entry) (1 = Not Important 1, 7 = Very Important).
  6. I identify as a spiritual person. (1 = Strongly Disagree, 1-7 Strongly Agree).
  7. Do you believe in God? (Yes/No)
  8. Do you believe in any form of spirit or life force? (Yes/No).
- Prejudice:
    1. I feel that I am often discriminated against because of my religious/spiritual beliefs. (1 = Strongly Disagree 1, 7 = Strongly Agree).
    2. People from my ethnic group are discriminated against in New Zealand. (1 = Strongly Disagree, 7 = Strongly Agree).
    3. I feel that I am often discriminated against because of my age. (1 = Strongly Disagree, 7 = Strongly Agree).
    4. I feel that I am often discriminated against because of my ethnicity. (1 = Very Innacurate, 7 = Very Accurate).
    5. I feel that I am often discriminated against because of my gender. (1 = Very Innacurate, 7 = Very Accurate).
  - Intergroup Warmth Ratings: Participants are asked to rate their feelings of warmth toward different groups using “feeling thermometer scale” for each group from least to most warmth on a Likert scale where 1 = Least Warm and 7 = Most Warm (see Figure 1 for reference). Groups include: NZ Europeans, Māori, Asians in general, Pacific Islanders,

Elderly people, People with a disability, Refugees, Overweight people, Immigrants in general, Chinese, Indians, Muslims, LGBTQ+ people, People with mental illness.

- Felt belonging:

1. I know that people in my life accept and value me. (1 = Very Inaccurate, 7 = Very Accurate).
2. I feel like an outsider. (1 = Very Inaccurate, 7 = Very Accurate).
3. I know that people around me share my attitudes and beliefs. (1 = Very Inaccurate, 7 = Very Accurate).

- Support:

1. There are people I can depend on to help me if I really need it. (1 = Strongly Disagree, 7 = Strongly Agree).
2. There is no one I can turn to for guidance in times of stress (R). (1 = Strongly Disagree, 7 = Strongly Agree).
3. I know there are people I can turn to when I need help. (1 = Strongly Disagree, 7 = Strongly Agree).

- Employment:

1. What is your highest level of qualification? (String entry).
2. Are you currently employed (This includes self-employed of casual work)? (Yes/No).  
This leads to a four-point nominal response: employed full-time, employed part-time, unemployed, and not in the labour force.
3. In that job, what is your current occupation (String entry).
4. What is the main activity of the business or employer that you work for? (String entry).
5. How long have you worked at your current organization? (String entry: years/months).

6. How satisfied are you with your current job? (1 = Not Satisfied, 7 = Very Satisfied).
7. How secure do you feel in your current job? (1 = Not Secure, 7 = Very Secure).
8. How valued do you feel by your current organization? (1 = Not valued, 7 = Very Valued).

- Health:

1. In general, would you say your health is... (1 = Poor, 7 = Excellent).
2. I seem to get sick a little easier than other people. (1 = Strongly Disagree, 7 = Strongly Agree).
3. I expect my health to get worse. (1 = Strongly Disagree, 7 = Strongly Agree).
4. Do you have a health condition or disability that limits you, and that has lasted for 6+ months? (Yes/No). If yes, please state: (String entry).
5. How often do you have a drink containing alcohol? This is measured using a 6 point nominal scale (a. Never - I don't drink, b. Monthly or less, c. Up to 4 times a month, d. Up to 3 times a week, e. 4 or more times a week, f. Don't know).
6. Have you ever regularly smoked tobacco cigarettes? (Yes/No).
7. Have you ever regularly used e-cigarettes? (Yes/No).
8. Do you currently smoke tobacco cigarettes? (Yes/No).
9. Do you currently vape or use e-cigarettes? (Yes/No).
10. Access to and satisfaction with GP: Do you have a regular family doctor/GP? (Yes/No). (If yes) How satisfied are you with the service and care you receive from your family doctor/GP? (1 = Not Satisfied, 7 = Very Satisfied). Do you think your doctor/GP shares a similar cultural background to you? (1 = Definitely No, 7 = Definitely yes). Does your doctor/GP respect your cultural background when you are discussing health issues with them? (1= Definitely No, 7 = Definitely Yes).



11. Please estimate how many hours you spent during each of the following things last week (String entry). Options provided: Working in paid employment, housework/cooking, looking after children, volunteer/charitable work, exercising/physical activity, watching TV/Netflix/movies, travelling/commuting, watching/reading news, using the internet (in total), using social media (e.g., Facebook), playing video games/computer games.
  12. BMI: Calculated by using a person's weight (Kg) divided by square root of height (m) that are asked separately, using "What is your height? (String entry (meters))", and "What is your weight? (String entry (Kgs))"
  13. Forgiveness vs vengeful rumination: Items include "Sometimes I can't sleep because of thinking about past wrongs I have suffered.", "I can usually forgive and forget when someone does me wrong.", "I find myself regularly thinking about past times that I have been wronged." (1 = Strongly Disagree, 7 = Strongly Agree)
  14. During the past month, on average, how many hours of actual sleep did you get per night? (String entry)
  15. Do you have a health condition or disability that limits you, and that has lasted for 6+ months? (Yes/No). If yes, please state: (String entry)
  16. Chronic diseases diagnosis: See Figure 2.
- Matching with other religious groups: Similar to Bulbulia et al. (2023), we will use the following demography and personality variables to identify matching members in different religions groups.
    1. Age: What is your age? (String entry) and when is your date of birth (String entry)
    2. Education: An 11-point ordinal scale (0 = No Qualification, 11 = Doctoral Degree, based on the New Zealand Qualification Framework (*The New Zealand Qualifications Framework, 2016*)) based on the responses to the qualification-related question.

3. Employment: A binary variable is created (0 = Unemployed, 1 = Employed) based on the responses to employment items “Are you currently employed?”
4. Ethnicity: The items displayed in Figure 3 are categorised following the New Zealand Census Groups: European, Māori, Pacific Peoples, Asian, MELAA (Middle Eastern, Latin American/African), and Other.
5. Gender: Responses to the string entry item “What is your gender?” (String entry) will be used to create a binary measure (Male = 1, Not male = 0).
6. Area-unit deprivation: Measured based on 2018 New Zealand Deprivation Index ([Atkinson et al., 2019](#)) that assigns a decile-rank index (1 = Least Deprived, 10 = Most Deprived) using participants’ immediate neighbourhood’s aggregate census information. This index is calculated using component factor analysis of nine variables in weighted order as follows: proportion of adults who received a means-tested benefit, household income, proportion not owning own home, proportion of single-parent families, the proportion of unemployed, proportion lacking qualifications, proportion household crowding, proportion no telephone access, and proportion no car access. Hence, this index reflects nationwide mean deprivation level for small neighbourhood-type units (i.e., small community areas consisting about 80-90 people).
7. Socioeconomic status (Occupational prestige): A census-derived occupation-based measure NZSEI (New Zealand Socioeconomic Index) is used to estimate one’s socioeconomic status. It uses an open-ended question regarding one’s occupation, which is subsequently classified in accordance with the Australian and New Zealand Standard Classification of Occupations (ANZSCO) Level 3 based. In the case of missing values, the measures is imputed using a combination of age and education. The measure is assigned scores between 10 = Low and High = 90.
8. Parent: Measured by assigning a binary variable (1 = Those with children, 0 = The

rest) to the item: How many children have you given birth to, fathered, or adopted?  
(String entry).

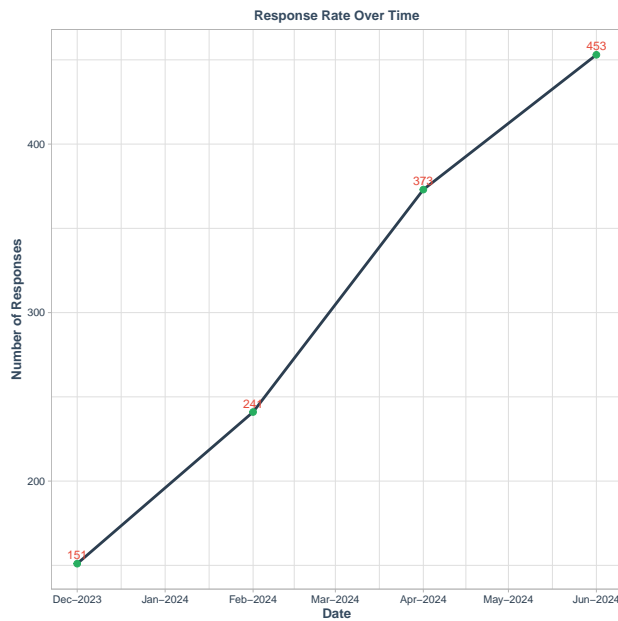
9. Partner: Responses to “What is your relationship status?” are assigned a binary variable (1 = Has a partner, 0 = Doesn’t have a partner).
  10. Religious identification: Responses to “Do you identify with a religion and/or spiritual group?” are coded a binary variable (1 = Yes, 0 = No).
  11. Political orientation: Responses to “Please rate how politically left-wing versus right-wing you see yourself as being” are assigned a 7-point scale (1 = Extremely left-wing, 7 = Extremely right-wing).
  12. Residence: Urban or rural residence (a two-item nominal variable) is identified based on the physical addresses provided.
  13. Region of habitation: coded whether they are living in an urban or rural area (1 = Urban, 0 = Rural) based on the addresses provided.
  14. Race-based rejection anxiety: People from other races would be likely to reject me on the basis of my race. (1 = Strongly Disagree, 7 = Strongly Agree).
  15. Big six personality traits: Six personality traits, agreeableness, conscientiousness, extraversion, openness, honesty-humility, and neuroticism, are measured using a 7-point (1 = Very Inaccurate, 7 = Very Accurate) Mini-IPIP6 scale ([Sibley et al., 2011](#)).
- Subjective wellbeing/psychological distress: Measured using the Kessler-6 items (items 1-6 in Figure 4) rated on a 5-point scale (0 = None of the time, 4 = All of the time) ([Kessler et al., 2010](#)).
  - Meaning of life: “My life has a clear sense of purpose” (1 = Strongly Disagree, 7 = Strongly Agree) and “I have a good sense of what makes my life meaningful” (1 = Strongly Disagree, 7 = Strongly Agree).

- Life satisfaction and national wellbeing: Items from Figure 5 measured on 11-item measure (0 = Completely Dissatisfied, 10 = Completely Satisfied). In addition, “I am satisfied with my life (1= Strongly Disagree, 7 = Strongly Agree)” and “In most ways my life is close to ideal (1 = Strongly Disagree, 7 = Strongly Agree)” are used.
7. Self esteem: Items are, “On the whole I am satisfied with myself”(1 = Very Inaccurate, 7 = Very Accurate), “I take a positive attitude toward myself” (1 = Very Inaccurate, 7 = Very Accurate) and “I am inclined to feel that I am a failure” (R) (1 = Very Inaccurate, 7 = Very Accurate).
  8. Gratitude: Items are, “I have much in my life to be thankful for” (1 = Strongly Disagree, 7 = Strongly Agree), “When I look at the world, I don’t see much to be grateful for” (1 = Strongly Disagree, 7 = Strongly Agree) and “I am grateful to a wide variety of people” (1 = Strongly Disagree, 7 = Strongly Agree).
  9. Community making: I feel a sense of community with others in my local neighbourhood (1 = Strongly Disagree, 7 = Strongly Agree).
  10. Intergroup anxiety: I feel anxious about interacting with people from other races (1 = Strongly Disagree, 7 = Strongly Agree).
  11. Rumination: During the last 30 days, how often did you have negative thoughts that repeated over and over? (0 = None of the time, 4 = All of the time).
  12. Forgivingness versus Vengeful Rumination: Items are, “Sometimes I can’t sleep because of thinking about past wrongs I have suffered” (1 = Strongly Disagree, 7 = Strongly Agree), “I can usually forgive and forget when someone does me wrong” (1 = Strongly Disagree, 7 = Strongly Agree), and “I find myself regularly thinking about past times that I have been wronged” (1 = Strongly Disagree, 7 = Strongly Agree).
- **Recruitment:** Detail the recruitment strategy, including outreach methods and sources of recruitment.
  - **Data Collection:** Explain the quantitative measures to be used in data collection, including

validated self-report instruments and clinical assessments.

Warning: Using `size` aesthetic for lines was deprecated in ggplot2 3.4.0.

i Please use `linewidth` instead.



- **Procedure:** Outline the procedure for data collection at each time point, whether face-to-face or virtual.
  1. Community consultation in 2022: Aqsa and Parus
  2. Current Wave general procedure: Usman and Jamila with input from all RA's: Farah, Hussain, Hala, Zarqa, Zahra H, Nasrat
- **Ethical Considerations:** Discuss ethical approval obtained for the study and procedures for obtaining informed consent from participants.
- **Data Analysis:** Provide an overview of the planned data analysis methods, including statistical techniques for longitudinal data analysis.
- **Preregistration:** The design, hypotheses, measures, and anticipated data analysis are preregistered on OSF (). The study was preregistered before any attempted analyses of data.

### Expected Outcomes

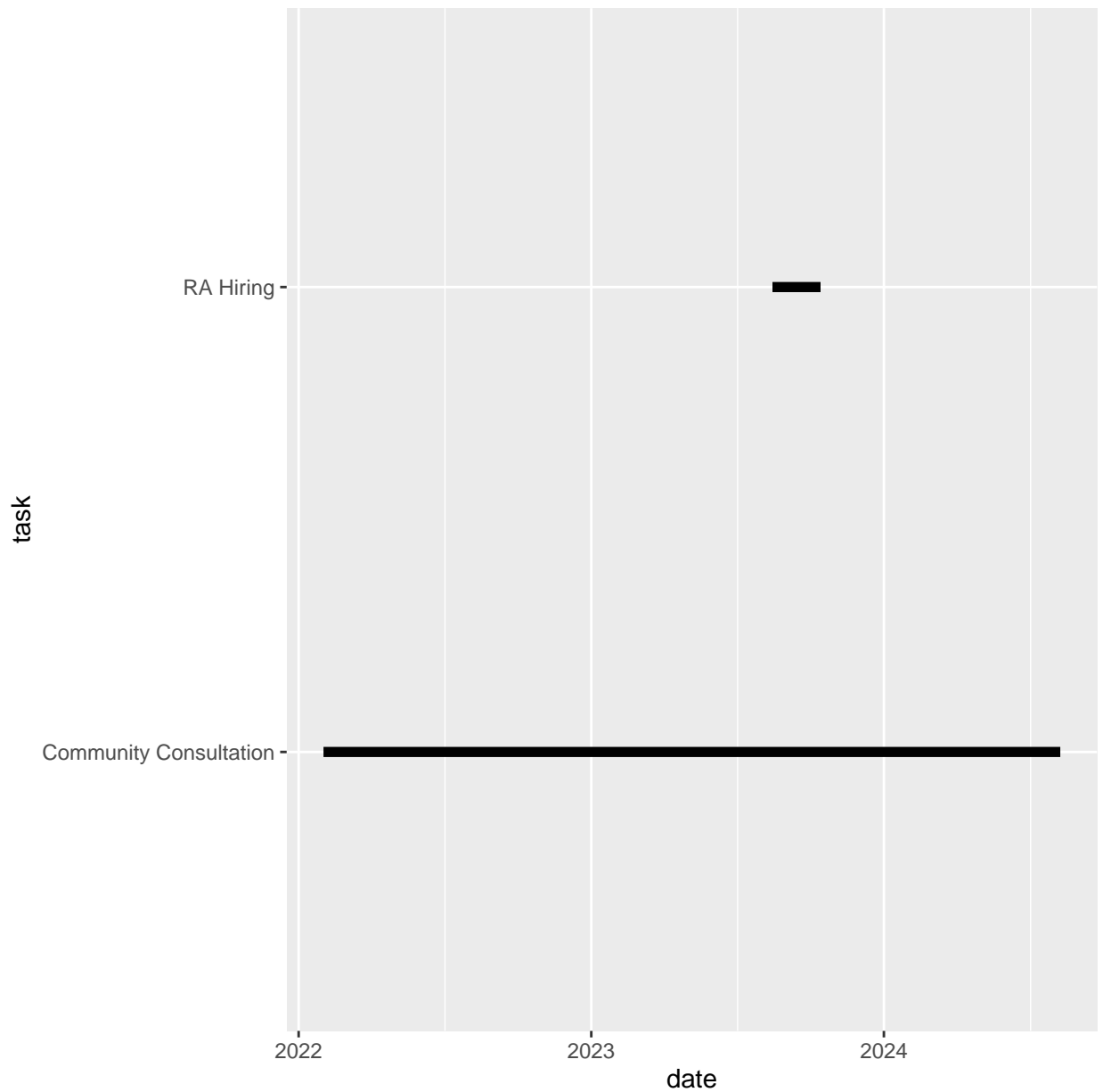
- Anticipated findings based on the research questions and objectives.
- Potential contributions of the study to the field of mental health research and implications for policy and practice.

### Timeline

- Present a timeline indicating key milestones in the study, including recruitment periods, data collection waves, and analysis phases.

#### 1. Usman and Jamila

```
-- Attaching core tidyverse packages ----- tidyverse 2.0.0 --
v dplyr      1.1.4      v readr      2.1.5
v forcats    1.0.0      v stringr    1.5.1
v lubridate  1.9.3      v tibble     3.2.1
v purrr      1.0.2      v tidyr      1.3.1
-- Conflicts ----- tidyverse_conflicts() --
x dplyr::filter() masks stats::filter()
x dplyr::lag()    masks stats::lag()
i Use the conflicted package (<http://conflicted.r-lib.org/>) to force all conflicts to
```



### Strengths and Limitations

1. Zahra E, Rizwan, Somia

Mentions Jamila's and Qual here..

### Conclusion

Summarize the importance of the longitudinal study in understanding the psychological effects of the Christchurch mosque attacks on the Muslim community and reiterate the

significance of the research aims.

1. Zahra E, Rizwan, Somia

### **Ethics**

### **Funding**

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### **Data Availability**

The data described in this study are part of the Muslim Diversity Study, that is conducted under the [New Zealand Attitudes and Values Study](#).



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**Figure 1***Feeling thermometer scale*

Please rate your feelings of <u>WARMTH</u> toward the following groups using the “feeling thermometer scale” for each group.															
Feel <u>LEAST WARM</u> Toward This Group	Neutral											Feel <u>MOST WARM</u> Toward This Group			
1	2	3	4	5	6	7	1	2	3	4	5	6	7		
NZ Europeans	1	2	3	4	5	6	7	Overweight people	1	2	3	4	5	6	7
Māori	1	2	3	4	5	6	7	Immigrants in general	1	2	3	4	5	6	7
Asians in general	1	2	3	4	5	6	7	Chinese	1	2	3	4	5	6	7
Pacific Islanders	1	2	3	4	5	6	7	Indians	1	2	3	4	5	6	7
Elderly people	1	2	3	4	5	6	7	Muslims	1	2	3	4	5	6	7
People with a disability	1	2	3	4	5	6	7	LGBTQ+ people	1	2	3	4	5	6	7
Refugees	1	2	3	4	5	6	7	People with mental illness	1	2	3	4	5	6	7

*Note.* From NZAVS Wave 15 <https://osf.io/75snb/>



**Figure 2***Chronic disease diagnosis*

**07. Have you been diagnosed with, or treated for, any of the following health conditions by a doctor in the last five years?**

<input type="radio"/>	High cholesterol
<input type="radio"/>	High blood pressure
<input type="radio"/>	Asthma
<input type="radio"/>	Heart disease
<input type="radio"/>	Diabetes (Type II)
<input type="radio"/>	Depression
<input type="radio"/>	Anxiety disorder
<input type="radio"/>	Other (please state):

*Note.* From NZAVS Wave 15 <https://osf.io/75snb/>

**Figure 3***Ethnic Groups*

**02. Which ethnic group(s) do you belong to?**

(Mark the space or spaces which apply to you).

- ☐ New Zealand European
- ☐ Māori
- ☐ Samoan
- ☐ Cook Island Māori
- ☐ Tongan
- ☐ Niuean
- ☐ Chinese
- ☐ Indian
- ☐ Other such as *DUTCH, JAPANESE, TOKELAUAN*. Please state:

*Note.* From NZAVS Wave 15 <https://osf.io/75snb/>

**Figure 4***Kessler 6*

During the last 30 days, how often did.... (Please use the scale below to circle a number for each question)					
None Of The Time 0	A Little Of The Time 1	Some Of The Time 2	Most Of The Time 3	All Of The Time 4	
1. ... you feel hopeless?	0	1	2	3	4
2. ... you feel so depressed that nothing could cheer you up?	0	1	2	3	4
3. ... you feel restless or fidgety?	0	1	2	3	4
4. ... you feel that everything was an effort?	0	1	2	3	4
5. ... you feel worthless?	0	1	2	3	4
6. ... you feel nervous?	0	1	2	3	4
7. ... you have negative thoughts that repeated over and over?	0	1	2	3	4
8. ... you feel exhausted?	0	1	2	3	4
9. ... other people exclude you from conversations?	0	1	2	3	4

*Note.* From NZAVS Wave 15 <https://osf.io/75snb/>

**Figure 5***Life Satisfaction*

Instructions: Please rate your level of satisfaction with the following aspects of your life and New Zealand.																		
Completely Dissatisfied	Somewhat Satisfied									Completely Satisfied								
0	1	2	3	4	5	6	7	8	9	10								
1. Your standard of living.								0	1	2	3	4	5	6	7	8	9	10
2. The economic situation in New Zealand.								0	1	2	3	4	5	6	7	8	9	10
3. The quality of New Zealand's natural environment.								0	1	2	3	4	5	6	7	8	9	10
4. Your health.								0	1	2	3	4	5	6	7	8	9	10
5. The social conditions in New Zealand.								0	1	2	3	4	5	6	7	8	9	10
6. The performance of the current New Zealand government.								0	1	2	3	4	5	6	7	8	9	10
7. Your future security.								0	1	2	3	4	5	6	7	8	9	10
8. Business in New Zealand.								0	1	2	3	4	5	6	7	8	9	10
9. Your personal relationships.								0	1	2	3	4	5	6	7	8	9	10
10. Your access to health care when you need it (e.g., doctor, GP).								0	1	2	3	4	5	6	7	8	9	10
11. The quality and health of the waterways in your local region.								0	1	2	3	4	5	6	7	8	9	10

*Note.* From NZAVS Wave 15 <https://osf.io/75snb/>

**Appendix**

**Title for Appendix**