Christian Churches and the Prevention of Preadolescent Aggression and Violence in Puerto Rico: Regional Leaders' Perspective

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Abstract

Preadolescents' involvement in religious congregations may serve as a distal protective factor against aggression. Interviews were conducted to explore Puerto Rico (PR) Christian church and faith-based organization (FBO) leaders' knowledge and perceptions about preadolescent violence, and the role of congregations in its prevention. Bullying was perceived as the most common type of aggression among PR preadolescents. Education, positive role modeling, and relationships with pro-social adults are considered important in its prevention. While willing to engage in violence prevention efforts, congregations may possess limited knowledge on the topic and its relevance. Findings can help inform the development of collaborative research and prevention efforts at the family and community levels.

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Introduction

This manuscript presents the findings from an exploratory study on regional Christian denominations and faith-based organization (FBO) leaders' beliefs about violence among Puerto Rico's (PR) youth. It describes participants' thoughts about the role their congregations and membership could play in the prevention of youth violence locally, in light of previously published research on the role that congregations and their leadership have played in health promotion efforts in the USA and among minority groups.

The research literature is generally consistent in reporting the positive impact that religious involvement can have in adults' health and well-being (e.g., Chatters, 2000; Green & Elliott, 2010; McCullough et al., 2000; Oman & Lukoff, 2018; VanderWeele, 2017), including among racial and ethnic minority populations (Nguyen, 2020). This supports the World Health Organization and others' ever-evolving relationship with faith-based entities for public health efforts (Winiger & Peng-Keller, 2021). As of 2000, approximately 1200 peer-reviewed research studies—mostly cross-sectional—had been published supporting positive associations between adults' religious involvement and various health indicators (Mallin & Hull, 2008). More recently, Demir's (2019) review identified 1674 articles published between 1975 and 2017 on religion/spirituality and health/medicine.

Although the growth in this research field is notable—mostly attributed to the USA and the UK, and English-language research (Lucchetti & Lucchetti, 2014)—calls to addressing long-standing methodological challenges remain. These challenges—such as over reliance on cross-sectional studies, limited consideration to changing patterns of religious/spiritual identification and different types of religious involvement (e.g., Ransome, 2020)—could have notable implications on our understanding of the association between religiosity and health. For instance, Garssen et al.'s (2021) recent meta-analysis of longitudinal studies found evidence for positive yet small effects of religion and spirituality on mental health, mostly as it relates to public religious activities and how important individuals' considered religion—suggesting type of religious involvement as a moderator to this association.

Although limited in scope, the role of religious factors (or religiosity) in children's risk behaviors has also been explored (Bridges & Moore, 2002a, b; Strelhow & Henz, 2017)—with the majority of studies finding positive associations between religiosity and adolescent development and psychological outcomes (Schnitker et al., 2021; Yonker et al., 2012). In fact, a meta-analysis of 40 studies published between 1995 and 2009 found that religious involvement is positively related to adolescents' constructive behavior (Cheung & Yeung, 2011). Overall, religiosity can serve as protective factor against delinquency, weapon use, fighting, substance abuse, suicidal thoughts and ideation, and sexual risk behaviors (Bridges & Moore, 2002a, b; Hartman et al., 2009; Kim et al., 2020; Kub & Solari-Twadell, 2013; Lalayants et al., 2020; Nonemaker et al., 2003; Salas-Wright et al., 2012; Wlodarczyk et al., 2017).

Religiosity has been identified as a source of resilience against chronic stressful life events experienced by children (e.g., Mhaka-Mutepfa & Maundeni, 2019; Salifu Yendork & Somhlaba, 2017)—including exposure to community violence (Jocson et al., 2020). Furthermore, involvement in religious activities has also been shown to protect against aggressive and violent behaviors (Fergus & Zimmerman, 2005; Griffin et al., 1999; Howard, 1996; Howard et al., 2003; Karcher, 2002). In the USA, an analysis of the National Longitudinal Study of Adolescent Health data found that both private (i.e., frequency of prayer and importance of religion) and public (i.e., frequency of attendance at religious services, and/or youth group activities) religiosity were significantly associated with a lower probability of engaging in violence (Nonemaker et al., 2003). This study also found that religiosity may mitigate the effects of other violence risk factors, such as alcohol use. More recently, analyses of the 2006–2010 National Survey on Drug Use and Health found religiosity to be associated with decreased likelihood of fighting, group fighting and violent attacks among US adolescents, with differences across race/ethnicity, gender, and family income (Holmes & Lochman, 2012; Salas-Wright et al., 2012, 2014a, b). Consistent with these findings, a study of over 2500 11-year-old students from West Scotland found that children who reported weekly church attendance were less likely to be involved in physical fights (Abbotts et al., 2004).

The impact that religiosity may have on children's involvement in violence and its related risk factors may vary by the child's gender (Hartman et al., 2009; Salas-Wright et al., 2014a, b); some evidence suggests its protective effects against delinquency are most substantial in females (Hartman et al., 2009). In fact, Guo (2020) found religiosity to be associated with adolescent and youth increased risk for recidivism of serious crime offenses. Differences by age, race/ethnicity, family income, and other individual and family demographic variables have also been found (Salas-Wright et al., 2014a, b; Yonker et al., 2012). The type or religiosity (e.g., public or private) may also have a moderating impact on youth violence and its risk behaviors—for instance, private religiosity moderates the relationship between key risk factors and substance use (Salas-Wright et al., 2014a, b), which could have an impact on youth violence.

Youth Violence in Puerto Rico

Violent and aggressive behaviors affect individuals of all ages—including children—either as victims, perpetrators, or both. In Puerto Rico (PR)—the largest US territory located in the Caribbean (population 3.3 million) (U.S. Census Bureau, 2021a), the 2019 PR Youth Risk Behavior Survey estimates that 15.4% of all high school students were involved in at least one physical fight, 9.2% were bullied at school, and 6.2% were electronically bullied during the past 12 months (CDC, 2021). Among 4th–6th graders, the prevalence of physical fights was estimated by the local *Consulta Juvenil* survey to be higher (39.7%, 2015–2016 period) (Cabiya-Morales & Velez, 2018). While the *Boricua Youth Study* found that the trajectories of PR youth offending by sex of the offender were similar for PR-based and US-mainland-based samples (Jennings et al., 2010; Maldonado-Molina et al., 2009),

analyses did not distinguish between violent and non-violent offenses committed by juveniles.

Congregations, Church Leaders, and Health Promotion

The vast majority of PR's population identify themselves as Christian (i.e., Roman Catholic (85%), Protestant, and other (15%)) (CIA, 2021). While doctrines and beliefs may vary across congregations and denominations, most of them value community, fellowship, and service to others (C&MA, n.d.; Presbyterian Church U.S.A., 2019; SBC, 2000; USCCB, n.d.; Wesleyan Church, 2018). PR's Christian churches (from now on, churches) and faith-based organizations (FBOs) have historically engaged in community services aimed at addressing socio-health problems. Many of them have publicly engaged in advocacy and awareness efforts against violence (e.g., child abuse, domestic violence).

Church involvement may promote the development of healthy child behaviors and buffer the impact of negative factors that could hinder the child and community's health (Jessor et al., 1998; Mallin & Hull, 2008; Smith, 2003). Although empirical evidence on the specific church components or religious factors that affect children's involvement in violence is scarce, some studies have found that involvement in faith-based initiatives may serve as a distal protective factor against aggressive, violent, and other risk behaviors (Mallin & Hull, 2008; Jessor et al., 1998; Mendez et al., 2003; Parrilla et al., 1997), and a source of connectedness that orients the child against violence (Karcher, 2002).

The success that faith-based and faith-placed prevention programs may have in promoting health among congregations is not only related to the passionate involvement of church members, but also its leaders (Coleman et al., 2012; DeHaven et al., 2011) and the establishment of trust and true partnerships with the community and others (Campbell et al., 2007). The perspective of Christian denominational leaders frequently sets the stage for the initiatives that their affiliated congregations will pursue. In fact, a study of over 800 faith leaders across the USA found that institutional variables (e.g., religious affiliation, support from the parent organization) act as non-modifiable factors that significantly predict the implementation and frequency of health promotion activities conducted at specific congregations (Bopp & Fallon, 2011). Most of these studies have been conducted with predominantly White or Black church leaders and congregations. Research on Hispanic—including Puerto Rican—church leaders' views on the role congregations can play in health promotion among children, adults, and families is scarce both for US-mainland and PR-based congregations.

Research Purpose

PR Christian churches and FBOs could potentially impact children's development and health behaviors. This exploratory study was designed to assess regional Christian leaders' perceptions on the social roles of Christian church denominations and FBOs in PR in preventing aggressive and violent behavior among preadolescents.

Specifically, this study aimed to: (1) describe PR Christian denominations and FBOs leaders' perspectives on preadolescent aggression and violence, (2) describe their perceived role, barriers and opportunities in preventing aggressive and violent behaviors among preadolescents, and (3) assess their perspective on the feasibility of different methods for conducting future research among local church leaders, members, and their communities.

Methodology

An exploratory, cross-sectional, qualitative research study was conducted to assess regional (i.e., Puerto Rico-wide) Christian church denominations and FBOs leaders' views on the social roles of Christian churches in PR, specifically as it pertains to the prevention of aggressive and violent behaviors among preadolescents.

Participants

A purposive, convenience sample of leaders from PR's major Christian church denominations, councils, and accredited seminary schools was invited to participate in this formative, exploratory study. The selection of denominational leaders invited to participate in this study was recommended by an external consultant researcher and professor on PR's Christian congregations and health. These included the most influential denominational leaders in PR and those who represented the largest Christian denominations with presence in PR at the time. No leaders from independent/non-affiliated congregations were invited to participate in this study, as there is no established, aggregate entity that regulates or represents them at the regional level.

Because of their diverse access to communication resources, participants were recruited via email, fax, and US Postal Service mail. All recruitment materials were developed and disseminated in Spanish. Participation in this pilot study was voluntary; no participant compensation was provided to participants or the Church denominations or FBOs they represent. The response rate was 62.5% ($n = 10$ out of 16 invitations sent).

Specifically, seven PR-regional church denomination leaders, one regional program leader, and the chief officers from 2 accredited theological seminaries participated in this study. All but one of the participants were male, and all but one had been in their current leadership position over 2 years. All had served as local church leaders prior to their current regional leadership positions. To ensure their anonymity, no additional socio-demographic information was collected from this very limited and easily identifiable group of PR religious leaders.

Data Collection

Qualitative data were collected via individual, semi-structured interviews. Participants served as official representatives of their respective Christian church denomination or

FBO, and it was in that capacity that they participated in this research. The principal investigator (PI) conducted all interviews in Spanish, between July and August 2010, on the date, time and location preferred by the participants. Interviews focused on the following topic areas: (1) perception of aggressive and violent behaviors among PR's preadolescents, (2) churches' role in preventing aggressive and violent behaviors among preadolescents, and (3) preadolescents' risk factors for aggressive and violent behaviors.

Instrument Development

The semi-structured interview schedule for this study was initially developed by the researchers in English, to allow for its content validity review by expert violence and child health researchers. The revised and final interview schedule was translated to Spanish by a fully bilingual PR-native, experienced in designing bilingual research instruments and health education materials for PR and US Hispanic audiences, and revised by an external linguist and PR-native church leader for semantic accuracy.

Participants' Confidentiality and Privacy

No identifying information was collected as part of the recruitment or research process; responses cannot be linked to individual participants or the entity they represent. Interviews were not audio or video recorded, following contextual insight to encourage participation, reduce the possibility of respondent bias, and to safeguard the privacy of participants. A waiver of documentation for informed consent was requested and approved by the University of South Florida Institutional Review Board. Potential participants might have perceived completing written informed consent as a threat to their anonymity. Verbal informed consent was requested prior to starting each interview.

Analysis

Analysis was iterative, occurring throughout all data collection, management, and analysis stages of this study. A thematic analysis was done to identify major and recurring themes, as part of the axial coding progression. Findings are reported in aggregate form; sample quotes are included. To minimize bias, the PI took detailed notes on her reactions, feelings, and thoughts pertaining the feedback provided by participants. She also prepared a personal statement to identify any potential sources of bias. Future research recommendations are provided.

Results

Perceptions of Preadolescent Violence in PR

While in their opinion preadolescent violence was not a current issue of discussion within congregations, participants believed it to be a significant problem in PR

society. Notwithstanding, preadolescent violence had yet to capture their congregations' attention and prompt them to action. In their opinion, congregations were more likely to recognize children's violent victimization (i.e., abuse, maltreatment, neglect) as a problem. In fact, nearly half of participants purposefully reminded themselves—or were reminded by the PI—that the interview's goal was to talk about children as perpetrators of violence, not as victims.

Most of the participants' comments were initially focused on church-attending preadolescents, not on non-church-attending youth who lived within their communities. As the interview progressed, they started also to talk about non-church-attending preadolescents. Some participants noted that preadolescent aggression and violence within their congregations is rarely physical, contrary to what they would expect to find elsewhere in many of their served communities. Youth violence and neighborhood crime affects congregations in terms of their scheduled events and member needs (e.g., if and when members decide to participate of church activities, due to safety concerns).

Most Significant Type of Preadolescent Violence in PR

The two types of aggressive and violent behaviors that participants perceived as being the most significant among PR's preadolescents were verbal aggression (32.1%) and bullying (25%). While physical violence was considered a problem (25%) and was mentioned as frequently as bullying, participants emphasized and spent more time explaining the negative impact that bullying can have on children. Other forms of violence mentioned include crime-related violence (10.7%), violent anger and emotional violence (7.1%).

Bullying was said to be mostly directed against peers, to occur in school settings, and to be caused by power-imbalance issues. Participants explained that preadolescents compete against each other to demonstrate social dominance, by being cruel, offending peers, pushing, and making fun of their peers' differences. In spite of these explanations, participants demonstrated limited understanding about the specific behaviors involved in bullying.

While physical violence was frequently mentioned, participants emphasized that, in their opinion, the most common type of aggressive and violent behavior within this age group is verbal. They considered preadolescents' use of foul language, insults, and screams as expressions of verbal aggression. Only one participant thought that preadolescents are more likely to engage in physical than verbal aggression—which was mentioned to occur both within the context of bullying and as a distinct type. Two participants noted that verbal aggression usually precedes physical violence.

Parents' roles in their children's violence engagement was also frequently mentioned. Apart from parental modeling, reference was made to the importance of parental involvement and the need to understand the challenges children face throughout their development. Participants believe that exposure to violent role models at home (i.e., parents' behaviors) and in the media increases preadolescents' risk for engaging in aggressive and violent behaviors.

Additionally, cultural beliefs such as *machismo* (i.e., attitude of superiority of men over women) (RAE, 2011) were frequently mentioned as ways through which a child may learn to pursue violence. Common colloquial sayings that demonstrate PR society's support or acceptance of violence were frequently mentioned (Table 1).

Reasons for Violence

All participants said preadolescents engage in aggressive and violent behaviors as a reaction to others' aggression. The majority believed violence to be a learned behavior. Several participants noted that occasionally children might initiate violence. Interestingly, half of all participants spontaneously expressed their views on the inherency of violence in human nature; three said that children are born violent and need external controls, and two believed children are just born violent. Witnessing family violence was frequently noted as a primary reason why children respond violently to others. The potential overlap between witnessing violence and victimization at home was also mentioned.

Sex Differences in Preadolescent Violence

While some participants felt uneasy identifying one sex as more violent than the other, boys were generally considered to be more violent than girls—mostly owing to their assigned gender roles. Participants stated this is consistent with PR society norms, where males are considered to be more violent than girls. Although females are culturally expected not to be violent, some participants mentioned that there's a notable increase in girls' verbal aggression.

Triggering Factors for Preadolescent Violence

Participants considered that exposure to community violence was related to whether or not preadolescents themselves engage in aggressive and violent behaviors. The frustration they may experience because they are unable to achieve their goals or solve problems also could trigger violence. Preadolescents might also react violently to being victimized by peers, parents or others.

Preadolescents' Risk Factors for Violence

Participants raised two issues they considered to be the most important risk factors to address to prevent preadolescents' aggressive and violent behaviors: family-life (e.g., environment, exposure to violence, relationships) and juvenile substance use/abuse. Community factors (e.g., economy's downturn, low-income) were also considered to increase the occurrence of preadolescent aggression and violence.

Differences Between Preadolescent and Adolescent Violence

Nine out of the ten participants believed that there are differences between preadolescents' and adolescents' involvement in aggressive and violent

Table 1 Common PR beliefs or sayings that demonstrate acceptance of violence, as per participants

Puerto Rican belief or saying, in Spanish	English translation	Explanation
" <i>¡Que se comporte como un hombre!</i> "	Let him behave like a man!	In this context, behaving 'like a man' implies being violent, within the <i>machismo</i> view
" <i>Si tiene [mujer] que meter un bofetón, reaccionar, no someterse... ¡que lo haga!</i> "	If she has to smack someone, react, not submit to him... Let her do it!	Supports females' violent reaction against <i>machismo</i>
" <i>¡Dios libre que tú tires antes de que te den!</i> "	God forbid that you hit anyone before they hit you!	Does not support initiation of physical violence. Yet, it does not reject it as a response to physical violence either
" <i>¿Qué tú esperas? ¿Qué lo maten antes de que dé?</i> "	What are you waiting for? For him to get killed before he hits others?	Justifies physical violence as a survival mechanism
" <i>¡No fastídiess más!</i> "	Stop bothering me! (Said by parent to child)	Usually said by the parent to a child in an angry tone, demonstrates the types of verbal violence children may be exposed to
" <i>Antes de que me den, yo voy a dar.</i> "	I'm going to hit before I get hit	Supports initiation of physical violence, as a protection mechanism
" <i>El que dá primero, dá dos veces.</i> "	Whoever hits first, hits twice	Puerto Rican refrain, mentioned twice throughout the interviews. Supports initiation of physical violence, and portrays it as beneficial
" <i>La nena juega con muñecas. El nene dá pa'tras... no te dejes abusar en la escuela.</i> "	Girls play with dolls. Boys hit back... don't let yourself be taken advantage of at school	Supports cultural gender roles and <i>machismo</i> , supporting violent reactions to violence victimization

behaviors. They consider these to be more frequent and severe among adolescents than preadolescents.

Participants' perceptions of the reasons why preadolescents and adolescents engage in aggressive and violent behaviors were related to internal and external factors. Internally, the cognitive developmental stage differences between these two age groups could suggest differing levels of skills and capacity to engage or not engage in some forms of aggression/violence. In terms of external factors, several participants mentioned that adolescents face greater media and peer pressures to engage in aggressive and violent behaviors than preadolescents. Factors that could promote involvement in sexual forms of aggression/violence were said to be stronger during adolescence.

Different levels of Church Involvement

Opinions varied on whether congregations would be more inclined to become involved in preadolescent or adolescent violence prevention efforts. While three participants believed congregations would be equally supportive of intervention with either age group, an equal number said that churches' involvement would vary. Reasons for these differences could be institutional (e.g., not a priority for that specific congregation's leadership), or member-related (e.g., lack of parental or church member support). Most participants stated that aggressive and violent behavior is a problem that must be dealt with starting at younger ages; the younger, the better. Only two participants said the emphasis should be on adolescents, and three said that they should emphasize both age groups equally.

Type of Preadolescent Violence that Could be Addressed by PR's Churches and FBOs

All participants said congregations should become involved in efforts to prevent preadolescent violence among their congregations and communities. It was noted that parent-related issues (e.g., family violence) must be addressed; some thought that parent-interventions should precede or occur in combination with any child-focused initiatives. Half of all participants mentioned specific doctrinal or faith-beliefs when explaining why congregations should be involved in preadolescent violence prevention. They believe their involvement would be aligned with their institutional core beliefs and goals. Furthermore, three participants said that teaching "Christian or universal values" (e.g., respect, honesty, fairness) could contribute to preventing aggressive and violent behaviors among preadolescents.

Churches and FBOs' Perceived Role in Preventing Preadolescent Violence

Church leaders frequently mentioned education-related efforts as the primary mechanism through which congregations could be involved in preadolescent violence prevention. They said that some of their churches have the capacity to educate preadolescents on non-religious, prevention-oriented topics (e.g., conflict resolution, relational intelligence, civics). Participants said that teaching and living

the Christian faith and abiding by its values is a way to contribute to preventing aggressive and violent behaviors among preadolescents. Notwithstanding, they also acknowledged that other prevention strategies could be employed (e.g., mentoring), starting at a young age. Educational, holistic, and peace-emphasizing approaches were recommended.

Beyond FBO non-profit organizations that focus on community service, many congregations in PR also engage community-based initiatives, separate from their religious activities and rituals. These include providing children with tutoring services, recreational events (e.g., sports), assisting families with day-to-day needs, and collaborating in some government-related programs (e.g., Head Start). Participants stated that many congregations are experienced in these and other types of programs (e.g., Sunday School, camps), which could supplement other efforts to prevent aggressive and violent behaviors in preadolescents. Additionally, several participants said they would be willing to establish collaborative agreements with the government, businesses, and media to address this problem. In their opinion, congregations need to learn more about their community's needs—specifically as it pertains to aggressive and violent behaviors—through official data sources and local community assessments.

Barriers, Weaknesses, and Threats

The most frequently mentioned barrier for congregations and FBOs to become involved in preadolescent violence prevention was their members' lack of awareness regarding this issue. They said members might not think that preadolescent violence is a problem that concerns them because they are not directly affected by it, or simply lack knowledge on the matter. Several participants were more specific in stating that some leaders and members may see violence as a problem that the government—not the church—is responsible to deal with. Others said that even if congregations wanted to be actively involved in violence prevention, they lack trained human resources to do it.

The sole emphasis that some congregations place on religious traditions (e.g., prayer, worship) could disconnect them from their community's needs and serve as a barrier for their involvement in violence prevention. Parents might also serve as a barrier, if they do not support the congregation/FBO in these efforts. Limited financial resources could be a barrier for congregations' involvement in new initiatives; still, several participants said money is not and should not impede their involvement in preventing violence among preadolescents.

Several participants noted their willingness to collaborate with others to jointly address aggressive and violent behaviors as a public health problem. Still, some expressed concern for the government's apparent unwillingness to work with congregations in this and other types of social initiatives. Unrealistic expectations and lack of guidance in competitive funding proposal processes were mentioned as examples of the gap that exists between the government's needs and what non-profits with limited resources—such as churches—are able to deliver.

Members' Attitudes Toward Church/FBOs Involvement in Prevention Efforts

While participants believed that congregations would be supportive of any efforts aimed at preventing preadolescent violence, they also believed their support is conditioned on their knowledge on the topic. Lack of knowledge was considered a significant barrier in obtaining congregations' active support for any new initiative. Half of all participants referred to their Christian duty to serve their neighbors and to actively assist those around them in need.

Participants consistently acknowledged the importance of research to understand and prevent aggressive and violent behavior among preadolescents, as well as research with PR church populations. Several participants said they consider this type of research study to be "God's work", because of its potential positive impact on the community, the church leaders and their congregations. They believe such studies may encourage churches to rise to the challenge, increase their awareness of the problem, and move them to action (Table 2).

Discussion

Participants perceived youth aggression and violent behaviors to be a problem within their served communities and PR society. They also recognized that their represented organizations do not regularly engage in youth violence prevention efforts. This finding may seem discouraging, yet it serves as an opportunity for public health researchers and practitioners to partner with churches/FBOs that recognize the need for violence prevention efforts amidst their served communities.

Interestingly, participants' initial expressions during the interviews did not consider that children and youth within their congregations might be involved in violence. Furthermore, participants were more prone to think of children as victims, not perpetrators (e.g., community violence, child abuse).

As expected, participants recognized violence prevention as an important problem that should be addressed by PR churches/FBOs. Still, they believe that congregations have limited understanding about the problem and how it affects them. Awareness and knowledge, therefore, must be increased before they can engage in any efforts to prevent aggressive and violent behaviors among youth.

Limited Involvement in Violence Prevention Efforts

One of the most significant findings from this research is the fact that regional Christian leaders recognized that PR churches/FBOs during that time were mostly uninvolved in violence prevention, noting the diverse reasons why (e.g., limited knowledge, not wanting to be involved, not knowing how). Notwithstanding, they also consistently noted the importance of congregations becoming involved in addressing this and other social, safety, and public health problems within their

Table 2 Sample quotes from participants

Theme	Quotes from participants
Violence triggers	“Frustration because they cannot reach the standards established by [the Department of] Education, teachers, parents, society. Because they are ridiculed by peers or authority figures. Because they do not understand the situations going on at home.”
Parents’ role	“Parents don’t realize that preadolescents’ character is changing. They are becoming more independent, and they [parents] don’t realize it. Preadolescents want their identity. [...] People are not aware of children’s developmental stages, nor their own!”
Gender differences	“Girls belongs at home; boys, in the street. Our culture mostly identifies males with violence. A boy doesn’t cry; he’s a macho.” “We teach girls to be more submissive, quiet, not to shout. It’s a gender issue. It is not that we shouldn’t teach this to boys... but that’s the way it is. We tell boys to go ‘meterse a los puños’ [get into a fist fight] and ‘behave like a man’.”
Age differences	“Yes, there is physical and verbal violence. At 15 or 17 years they are already carrying weapons at school. They are ‘mulas’ [drug carriers], watchdogs at ‘el punto’. They hang out with adults that teach them how to move about the drug trafficking business.” “It is not the same thing to reach an adolescent than a preadolescent. Adolescents are more concrete, direct, inquisitive... With preadolescents it’s more an emotional thing. You can ‘play’ a little more [as a strategy], and parents still retain some sort of control.”
Prevention focus	“If the preadolescent has not reached the violence level of adolescents, then we need to get him there. It would be prevention work. Now, strategically, it [the focus/emphasis] should be on adolescents. They are in a pretty bad shape; something must be done.”
Role of churches	“The church is doing something, but it can certainly do more. [...] There’s an opportunity to do more.” “Offer activities for children outside of school grounds, extracurricular, to be offered during non-school hours... That are constructive, provide recreation, safety... Offer tutoring services... These type of activities may provide a scenario to talk about this [violence].” “The church is part of society; it is composed of segments from society, and must have an active role in families’ development. Not only preaching. Use programs, ministries, missions, whatever you want to call it to help families, prevent violence’s crescendo.”

Table 2 (continued)

Theme	Quotes from participants
Barriers for churches	<p>“The church must be a catalytic agent and be involved in everything that happens in the community. [...] Impact must occur, and it doesn’t mean that everyone will be a Christian. We know that won’t happen.”</p> <p>“The Church must not be to give remedies, but be preventive. God established the Church to be a preventive entity. [...] The Department of the Family, the government should not see churches as a threat but as a helping arm.”</p> <p>“Generally, the Church is willing... if the leader gets involved. [...] First leaders; motivate them, they will motivate.”</p> <p>“[We should] open doors for people knowledgeable on this issue—like you, social workers, psychologists, people with expertise in telling the people about the existence of this problem and how we can help. The Church has been too shy.”</p> <p>“Facing this challenge requires education [of the congregation], especially on the risks, why is it necessary, and the implications [of preadolescent violence]. If not, it loses effectiveness.”</p>
Church and society	<p>“Churches have an important role within the social development, formation of our society. Our society is full of violence, and what is the church doing? You leave me with that question. And even more here in PR, where we have a church in almost every corner.”</p> <p>“Christianity implies that you get involved, under penalty of not being a good Christian. [The Apostle] James said, ‘how can you love God that you do not see if you do not love the brother that you do see?’ Our faith must prompt us to get involved.”</p> <p>“Education is primordial. What focus are we giving to [kids’] camps? Are we limiting them to Bible stories, or to prevent social problems?”</p> <p>“Churches must join forces with community and government leaders. There must be good communication between them, because we all share one community. We must sit down at the table and talk. We can all bring something to the table.”</p>

served communities. They were specific in sharing how they thought congregations could become involved in violence prevention, including the role that local church leaders play in sharing the vision and motivating its members to actively do so.

While a real challenge for many congregations then and even more so now [i.e., economic recession, natural disasters (e.g., Santos-Lozada et al., 2020)], regional church/FBO leaders in PR did not think financial constraints were the primary barrier for their congregations’ involvement in preadolescent violence prevention. Instead, they considered congregations’ lack of knowledge on the topic and how to address it, being unaware of their Christian responsibility to get involved, or thinking that they are unable to contribute to the solution to be the main reasons. In their view, raising awareness among church congregations about the problem, how it affects them, and their doctrinal responsibility to serve their community would increase members’ willingness to engage with or support violence prevention initiatives. In fact, the 2012 National Congregations Study, which states that 87% of US congregations engage in social service delivery programs (Chaves

& Eagle, 2015)—up from 58% in 1998 (Chaves & Tsitsos, 2011)—and other publications that support partnering with religious communities to disseminate health information (e.g., Campbell et al., 2007; Southwell, 2011). To the authors' knowledge, no research has been published on this topic with a PR-based sample.

Opportunity for Church/FBO's Involvement in Youth Violence Prevention

The fact that most participants spontaneously mentioned Christians' duty to serve others is an opportunity for public agencies, community-based organizations and other violence prevention entities to join forces with local churches/FBOs in violence prevention efforts. It is recommended that these partnerships focus on the prevention of violence among preadolescents and young children. Denominational leaders thought it more feasible for their represented congregations to address this problem at younger ages, given their churches' focus should be on education and prevention; their perception was that older children (i.e., adolescents) require interventions.

Consistent with the research literature, churches/FBOs could be involved in providing informational, support, or treatment/care services that could support violence prevention (DeKraai et al., 2011), as well as church-based health promotion efforts (Campbell et al., 2007) that address violence risk or protective factors. Differences were found in leaders' views on which specific congregational strengths could be instrumental for violence prevention. For example, while some denominational leaders emphasized the strong family-support mechanisms offered by their congregations as the main asset they can offer, others said their congregations were best prepared to offer educational opportunities for children and their parents, educating and disseminating information via specially trained staff in social and psychological sciences, and offering creative, pro-social alternatives for children during the after-school hours (e.g., tutoring).

Significance of the Study

This formative research study's findings provide a foundation to explore the role that religious factors, churches and FBOs may have on Puerto Rico children's well-being. Most notably, it offers recent historical insights from a rarely researched population—regional PR church and FBOs leaders—who served as key informants or information-rich cases, knowledgeable about the cultural and community perspective of PR Christian congregations during the early 2010s. They shared their perspective at the time on children's bullying—a topic on which research was then and still is limitedly published in PR.

Puerto Rico's social, economic, and religious context has changed greatly during the past decade. Its population declined 11.8% between 2010 and 2020, the largest reduction across all US jurisdictions (U.S. Census Bureau, 2021b). The past 10 years have seen Puerto Rico endure its most severe economic decline in recent history (Federal Reserve Bank of New York, 2020), resulting

in a Congress-mandated financial oversight and management board (PROMESA, 2016), reductions in the public workforce, school closures, and one of the highest sales tax in the USA (11.5%). Furthermore, Puerto Rico was devastated by one of the most severe hurricanes in recent US history (i.e., 2017 Hurricane Maria), which resulted in the devastation of its electric power grid and an estimated 4,645 deaths (Kishore et al., 2018; Rodriguez & Mora, 2020). Additionally, Puerto Rico has been strongly impacted by the COVID-19 pandemic.

All these environmental changes in Puerto Rico justify caution in the interpretation of this formative research findings. Notwithstanding, having this historical qualitative-rich perspective available is valuable and can serve as the foundation for subsequent studies to explore the impact that these contextual changes have had—if any—in Puerto Rico Christian leaders' perspective about the role of congregations/FBOs in youth violence prevention.

Limitations

Interviewer bias is a possible limitation for this study. To reduce its impact, the PI questioned herself while she listened to participants, as a reflexivity process. To ensure qualitative rigor and trustworthiness, a detailed account of the systematic processes followed in this research was ensured. Detailed observational and methodological notes were taken.

This study's purposive and convenience-based sample also serve as a limitation on the conclusions that can be drawn from this study. Findings have limited transferability and should not be assumed to apply to all Christian denominations in PR or elsewhere. Replicability is reduced, due to the small sample size and the specificity of the issues addressed. Findings are situationally constrained; time- and context-free generalizations are not possible.

While saturation was reached and a 62.5% response rate was obtained, invitations to participate in the study were sent only to the most prevalent and accessible Christian church denominations and FBOs in PR, as recommended by an external PR-based consultant, epidemiologist and Christian faith researcher. It did not include representatives from non-denominational or independent churches, nor FBOs focused solely on community-service efforts.

Furthermore, the distinct approaches that each congregation takes in serving their communities can greatly vary according to its membership size, its community's population density, rural or urban location, and whether they are located on the San Juan metro area or elsewhere. Also, many churches' membership is not limited to people living within the community where their meeting places are located. While distance is certainly one of the factors that influences an individual's decision about which church to attend, he/she could choose to travel a longer distance to be part of a congregation that is more aligned with his/her beliefs, wants and needs.

Temporality also serves as a limitation to this research study. The interviews were conducted during a time when PR was amidst an economic recession,

which affected family and congregations' finances. While most participants said money should not be the most important barrier to engaging in preadolescent violence prevention efforts, it is possible that the economic scenario at the time made them be overly aware of the monetary resources needed.

Recommendations

Churches and FBOs could engage in multi-level, systemic violence prevention approaches focusing on: (a) parents, to reduce exposure to violence in the home (e.g., intimate partner violence, child abuse); (b) children, to build skills for self-control and non-violent conflict resolution; and (c) the community exposure to violence, including re-defining cultural norms and beliefs that support violence—especially among boys—and addressing social conditions that create conditions supportive of violence. Church leaders' thoughts on the origin of violence in children (i.e., children are born vs. not born violent) could be related to the specific faith or doctrine they follow. Further research is needed in this area, as it could have significant implications for their level of engagement and amenability to different violence prevention approaches.

Future research could also assess how other populations (e.g., preadolescents, church-attending parents, non-church-attending parents, government officials, leaders from other youth serving organizations) feel about congregational involvement in preventing aggressive and violent behavior. Such research may explore discrepancies between church leaders' and members' beliefs about the appropriateness and promise of Church-State collaborations. Replication of this study during contextually different time periods is needed.

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References

- Abbotts, J. E., Williams, R. G. A., Sweeting, H. N., & West, P. B. (2004). Is going to church good or bad for you? Denomination, attendance, and mental health of children in West Scotland. *Social Science and Medicine*, 58(3), 645–656. [https://doi.org/10.1016/S0277-9536\(03\)00283-1](https://doi.org/10.1016/S0277-9536(03)00283-1)

- Bopp, M., & Fallon, E. A. (2011). Individual and institutional influences on faith-based health and wellness programming. *Health Education Research*, 26(6), 1107–1119. <https://doi.org/10.1093/her/cyr096>
- Bridges, L. J., & Moore, K. A. (2002a). *Religion and spirituality in childhood and adolescence*. Child Trends.
- Bridges, L. J., & Moore, K. A. (2002b). In Religious involvement and children's well-being: What research tell us (And what it doesn't). *Child Trends Research Brief*. Child Trends.
- Cabiya-Morales, J., & Velez, R. (2018). Informe Final—Consulta Juvenil IX. Universidad Carlos Albizu. Retrieved from <https://assmca.pr.gov/BibliotecaVirtual/Consultas/Consulta%20Juvenil%20IX%202015-2017.pdf>
- Campbell, M. K., Hudson, M. A., Resnicow, K., Blakeney, N., Paxton, A., & Baskin, M. (2007). Church-based health promotion interventions: Evidence and lessons learned. *Annual Review of Public Health*, 28, 213–234. <https://doi.org/10.1146/annurev.publhealth.28.021406.144016>
- Centers for Disease Control and Prevention (CDC). (2021). Puerto Rico 2019—Percentage of students who were in a physical fight one or more times during the 12 months before the survey. YRBS: Youth Online. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/results.htm>
- Central Intelligence Agency (CIA). (2021). The World Factbook: Puerto Rico. Retrieved from <https://www.cia.gov/the-world-factbook/countries/puerto-rico/#people-and-society>
- Chatters, L. M. (2000). Religion and health: Public health research and practice. *Annual Review of Public Health*, 21, 335–367. <https://doi.org/10.1146/annurev.publhealth.21.1.335>
- Chaves, M., & Eagle, A. (2015). Religious Congregations in 21st Century America: A Report from the National Congregations Study (Wave III). Durham, NC: Department of Sociology, Duke University. Retrieved from https://sites.duke.edu/ncsweb/files/2019/02/NCSIII_report_final.pdf
- Chaves, M., & Tsitsos, W. (2011). Congregations and social services: What they do, how they do it, and with whom. *Nonprofit and Voluntary Sector Quarterly*, 30(4), 660–683. <https://doi.org/10.1177/0899764001304003>
- Cheung, C., & Yeung, J. W. (2011). Meta-analysis of relationships between religiosity and constructive and destructive behaviors among adolescents. *Children and Youth Services Review*, 33(2), 376–385. <https://doi.org/10.1016/j.childyouth.2010.10.004>
- Christian & Missionary Alliance (C&MA). (n.d.). The alliance: About us. Retrieved from <https://www.cmalliance.org/about/mission/>
- Coleman, J. D., Lindley, L. L., Annang, L., Saunders, R. P., & Gaddist, B. (2012). Development of a framework for HIV/AIDS prevention programs in african american churches. *AIDS Patient Care STDS*, 26(2), 116–124. <https://doi.org/10.1089/apc.2011.0163>
- DeHaven, M. J., Ramos-Roman, M. A., Gimpel, N., Carson, J., DeLemos, J., et al. (2011). The Good-NEWS Trial: A community-based participatory research trial with African-American church congregations for reducing cardiovascular disease risk factors – recruitment, measurement, and randomization. *Contemporary Clinical Trials*, 32(5), 630–640. <https://doi.org/10.1016/j.cct.2011.05.017>
- DeKraai, M. B., Bulling, D. J., Shank, N. C., & Tomkins, A. J. (2011). Faith-based organizations in a system of behavioral health care. *Journal of Psychology and Theology*, 39(3), 255–267.
- Demir, E. (2019). The evolution of spirituality, religion and health publications: Yesterday, today and tomorrow. *Journal of Religion and Health*, 58, 1–13. <https://doi.org/10.1007/s10943-018-00739-w>
- Federal Reserve Bank of New York. (2020). Puerto Rico Economic Indicators. Retrieved from https://www.newyorkfed.org/medialibrary/media/research/regional_economy/charts/Regional_PuertoRico
- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26(1), 399–419. <https://doi.org/10.1146/annurev.publhealth.26.021304.144357>
- Garssen, B., Visser, A., & Pool, G. (2021). Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies. *The International Journal for the Psychology of Religion*, 31(1), 4–20. <https://doi.org/10.1080/10508619.2020.1729570>
- Green, M., & Elliott, M. (2010). Religion, health, and psychological well-being. *Journal of Religion and Health*, 49, 149–163. <https://doi.org/10.1007/s10943-009-9242-1>
- Griffin, K. W., Scheier, L. M., Botvin, G. J., Diaz, T., & Miller, N. (1999). Interpersonal aggression in urban minority youth: Mediators of perceived neighborhood, peer, and parental influences. *Journal of Community Psychology*, 27(3), 281–298.
- Guo, S. (2020). Developmental patterns of religiosity in relation to criminal trajectories among serious offenders moving from adolescence to young adult. *Crime & Delinquency* [online first]. <https://doi.org/10.1177/0011128720962454>

- Hartman, J. L., Turner, M. G., Daigle, L. E., Exum, M. L., & Cullen, F. T. (2009). Exploring the gender differences in protective factors: Implications for understanding resiliency. *International Journal of Offender Therapy and Comparative Criminology*, 53(3), 249–277. <https://doi.org/10.1177/0306624X08326910>
- Holmes, K. J., & Lochman, J. E. (2012). The role of religiosity in African American preadolescent aggression. *Journal of Black Psychology*, 38(4), 497–508. <https://doi.org/10.1177/0095798412443161>
- Howard, D. E. (1996). Searching for resilience among African-American youth exposed to community violence: Theoretical issues. *Journal of Adolescent Health*, 18(4), 254–262. [https://doi.org/10.1016/1054-139X\(95\)00230-P](https://doi.org/10.1016/1054-139X(95)00230-P)
- Howard, D., Qiu, Y., & Boekeloo, B. (2003). Personal and social contextual correlates of adolescent dating violence. *Journal of Adolescent Health*, 33(1), 9–17. [https://doi.org/10.1016/S1054-139X\(03\)00061-2](https://doi.org/10.1016/S1054-139X(03)00061-2)
- Jennings, W. G., Maldonado-Molina, M. M., Piquero, A. R., Odgers, C. L., Bird, H., & Canino, G. (2010). Sex differences in trajectories of offending among Puerto Rican youth. *Crime & Delinquency*, 56(3), 327–357. <https://doi.org/10.1177/0011128710372478>
- Jessor, R., Turbin, M., & Costa, F. (1998). Protective factors in adolescent health behavior. *Journal of Personality and Social Psychology*, 75(3), 788–800. <https://doi.org/10.1037/0022-3514.75.3.788>
- Jocson, R. M., Alers-Rojas, F., Ceballo, R., & Arkin, M. (2020). Religion and spirituality: Benefits for Latino adolescents exposed to community violence. *Youth & Society*, 52(3), 349–376. <https://doi.org/10.1177/0044118X18772714>
- Karcher, M. J. (2002). The cycle of violence and disconnection among rural middle school students: Teacher disconnection as a consequence of violence. *Journal of School Violence*, 1(1), 35–51. https://doi.org/10.1300/J202v01n01_03
- Kim, Y. J., Moon, S. S., Kim, Y. K., & Boyas, J. (2020). Protective factors of suicide: Religiosity and parental monitoring. *Children and Youth Services Review*, 114, 105073. <https://doi.org/10.1016/j.childyouth.2020.105073>
- Kishore, N., Marques, D., Mahmud, A., Kiang, M. V., Rodriguez, I., Fuller, A., et al. (2018). Mortality in Puerto Rico after Hurricane Maria. *New England Journal of Medicine*, 379, 162–170. <https://doi.org/10.1056/NEJMsal1803972>
- Kub, J., & Solari-Twadell, P. A. (2013). Religiosity/spirituality and substance use in adolescence as related to positive development: A literature review. *Journal of Addictions Nursing*, 24(4), 247–262. <https://doi.org/10.1097/JAN.0000000000000006>
- Lalayants, M., Oyo, A., & Prince, J. D. (2020). Religiosity and outcomes among child welfare-involved youth. *Child and Adolescent Social Work Journal*, 37, 251–261. <https://doi.org/10.1007/s10560-019-00645-4>
- Lucchetti, G., & Lucchetti, A. L. G. (2014). Spirituality, religion, and health: Over the last 15 years of field research (1999–2013). *The International Journal of Psychiatry in Medicine*, 48(3), 199–215. <https://doi.org/10.2190/PM.48.3.e>
- Mallin, R., & Hull, S. (2008). Role of the social milieu in health and wellness. *Primary Care: Clinics in Office Practice*, 35(4), 857–866. <https://doi.org/10.1016/j.pop.2008.07.003>
- Maldonado-Molina, M. M., Piquero, A. R., Jennings, W. G., Bird, H., & Canino, G. (2009). Trajectories of delinquency among Puerto Rican children and adolescents at two sites. *Journal of Research in Crime & Delinquency*, 46(2), 144–181. <https://doi.org/10.1177/0022427808330866>
- McCullough, M. E., Hoyt, W. T., Larson, D. B., Koenig, H. G., & Thoresen, C. (2000). Religious involvement and mortality: A meta-analytic review. *Health Psychology*, 19(3), 211–222. <https://doi.org/10.1037/0278-6133.19.3.211>
- Méndez, M., Franco-Ortiz, M., & Mirabal, B. (2003). Identificación de factores de riesgo y factores protectores para prevenir la violencia en jóvenes: Hacia un plan estratégico comunitario. *Puerto Rico Health Sciences Journal*, 22(1), 69–75.
- Mhaka-Mutepfa, M., & Maundeni, T. (2019). The role of faith (spirituality/religion) in resilience in sub-Saharan African children. *The International Journal of Community and Social Development*, 1(3), 211–233. <https://doi.org/10.1177/2516602619859961>
- Nguyen, A. W. (2020). Religion and mental health in racial and ethnic minority populations: A review of the literature. *Innovation in Aging*, 4(5), 1–13. <https://doi.org/10.1093/geroni/igaa035>
- Nonemaker, J. M., McNeely, C. A., & Blum, R. W. (2003). Public and private domains of religiosity and adolescent health risk behaviors: Evidence from the National Longitudinal Study of Adolescent

- Health. *Social Science & Medicine*, 57(11), 2049–2054. [https://doi.org/10.1016/S0277-9536\(03\)00096-0](https://doi.org/10.1016/S0277-9536(03)00096-0)
- Oman, D., & Lukoff, D. (2018). Mental health, religion, and spirituality. In D. Oman (Ed.), *Why religion and spirituality matter for public health. Religion, spirituality and health: A social scientific approach* (Vol. 2). Cham: Springer. https://doi.org/10.1007/978-3-319-73966-3_13
- Parrilla, I., Moscoso, M., Vélez, M., Robles, R., & Colón, H. (1997). El ambiente interno y externo del adolescente puertorriqueño en el uso del alcohol, las drogas y la violencia [The internal and external environment of the Puerto Rican adolescent, in terms of the use of alcohol, drugs and violence]. *Boletín De La Asociación Médica De Puerto Rico*, 89(7–9), 149.
- Presbyterian Church U.S.A. (2019). Book of Order 2019–2023: The Constitution of the Presbyterian Church (U.S.A.) Part II. Louisville, KY: The Office of the General Assembly. Retrieved from https://www.pcusa.org/site_media/media/uploads/oga/pdf/2019-23-boo-elec_010621.pdf
- Puerto Rico Oversight, Management, and Economic Stability Act (PROMESA). S. 3238, 114th Cong. (2016).
- Ransome, Y. (2020). Religion, Spirituality, and Health: New Considerations for Epidemiology. *American Journal of Epidemiology*, 189(8), 755–758. <https://doi.org/10.1093/aje/kwaa022>
- Real Academia Española (RAE). (2011). Machismo (def.). Diccionario de la Real Academia Española. Retrieved from http://buscon.rae.es/draeI/SrvltConsulta?TIPO_BUS=3&LEMA=machismo
- Rodriguez, H., & Mora, M. T. (2020). Hurricane Maria: Disaster response in Puerto Rico. Oxford Research Encyclopedia of Politics. Retrieved from <https://doi.org/10.1093/acrefore/9780190228637.013.1609>
- Salas-Wright, C. P., Vaughn, M. G., Hodge, D. R., & Perron, B. E. (2012). Religiosity profiles of American youth in relation to substance use, violence, and delinquency. *Journal of Youth and Adolescence*, 41, 1560–1575. <https://doi.org/10.1007/s10964-012-9761-z>
- Salas-Wright, C. P., Vaughn, M. G., & Maynard, B. R. (2014a). Religiosity and violence among adolescents in the United States: Findings from the National Survey on Drug Use and Health 2006–2010. *Journal of Interpersonal Violence*, 29(1), 1178–1200. <https://doi.org/10.1177/0886260513506279>
- Salas-Wright, C. P., Vaughn, M. G., Maynard, B. R., Clark, T. T., & Snyder, S. (2014b). Public or private religiosity: Which is protective for adolescent substance use and by what pathways? *Youth & Society*, 49(2), 228–253. <https://doi.org/10.1177/0044118X14531603>
- Salifu Yendork, J., & Somhlaba, N. Z. (2017). “I am happy because of God”: Religion and spirituality for well-being in Ghanaian orphanage-placed children. *Psychology of Religion and Spirituality*, 9(Suppl 1), S32–S39. <https://doi.org/10.1037/rel0000094>
- Santos-Lozada, A. R., Kaneshiro, M., McCarter, C., & Marazzi-Santiago, M. (2020). Puerto Rico exodus: Long-term economic headwinds prove stronger than Hurricane Maria. *Population and Environment*, 42, 43–56. <https://doi.org/10.1007/s11111-020-00355-5>
- Schnitker, S. A., Medenwaldt, J. M., & Williams, E. G. (2021). Religiosity in adolescence. *Current Opinion in Psychology*, 40, 155–159. <https://doi.org/10.1016/j.copsyc.2020.09.012>
- Smith, C. (2003). Theorizing religious effects among american adolescents. *Journal for the Scientific Study of Religion*, 42(1), 17–30. <https://doi.org/10.1111/1468-5906.t01-1-00158>
- Southern Baptist Convention (SBC). (2000). The baptist faith and message 2000, Section XV: The Christian and the social order. Retrieved from <https://bfm.sbc.net/bfm2000/#xv-the-christian-and-the-social-order>
- Southwell, B. G. (2011). Religious congregations and health information diffusion: Implications for viral marketing and peer referral programs. *Journal of Applied Communication Research*, 39(4), 444–447. <https://doi.org/10.1080/00909882.2011.608693>
- Strelhow, M. R. W., & Henz, K. G. (2017). Spirituality and religiosity related to the well-being of children and adolescents: A theoretical and empirical approach. In J. Sarriera & L. Bedin (Eds.), *Psychosocial well-being of children and adolescents in Latin America. Children's well-being: Indicators and research* (Vol. 16). Cham: Springer. https://doi.org/10.1007/978-3-319-55601-7_2
- U.S. Census Bureau. (2021a). 2020 Census Apportionment Results—Table 2. Resident Population for the 50 States, the District of Columbia, and Puerto Rico: 2020 Census. Retrieved from <https://www2.census.gov/programs-surveys/decennial/2020/data/apportionment/apportionment-2020-table02.pdf>
- U.S. Census Bureau. (2021b). Historical Population Change Data (1910–2020). Retrieved from <https://www.census.gov/data/tables/time-series/dec/popchange-data-text.html>
- U.S. Conference of Catholic Bishops (USCCB). (n.d.). United States Conference of Catholic Bishops: Mission Statement. Retrieved from <https://www.usccb.org/about/mission-statement>

- VanderWeele, T. J. (2017). Chapter 22—Religion and health: a synthesis (Part Three: Synthesis and Integration). In M. J. Balboni & J. R. Peteet (Eds.), *Spirituality and religion within the culture of medicine: From evidence to practice*. Oxford University Press. Retrieved from <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/603/2019/01/ReligionHealthSynthesis.pdf>
- Winiger, F., & Peng-Keller, S. (2021). Religion and the World Health Organization: An evolving relationship. *BMJ Global Health*, 6(4), e004073. <https://doi.org/10.1136/bmjgh-2020-004073>
- Włodarczyk, O., Schwarze, M., Rumpf, H. J., Metzner, F., & Pawils, S. (2017). Protective mental health factors in children of parents with alcohol and drug use disorders: A systematic review. *PLoS One*, 12(6), e0179140. <https://doi.org/10.1371/journal.pone.0179140>
- Wesleyan Church. (2018). Our beliefs & core values. Retrieved from <https://www.wesleyan.org/about/our-beliefs>
- Yonker, J. E., Schnabelrauch, C. A., & DeHaan, L. G. (2012). The relationship between spirituality and religiosity on psychological outcomes in adolescences and emerging adults: A meta-analytic review. *Journal of Adolescence*, 35(2), 299–314. <https://doi.org/10.1016/j.adolescence.2011.08.010>

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