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Violence, Adolescence, and Canadian Religious Communities: A Quantitative Study

Valerie Michaelson, DMin,[1] Peter Donnelly, MD,[1] William Morrow, PhD,[1] Nathan King, MSc,[1] Wendy Craig, PhD,[1] and William Pickett, PhD[1]

Abstract

Exposure to violence is recognized as a major health concern among adolescent populations. The evidence base that links religious involvement with risks for child violence is inconsistent. In a national analysis involving a weighted sample of 24,307 young people, we studied the perpetration of violence (fighting and bullying), as well as victimization by violence (bullying only), among young people who were affiliated with religious groups. One in four young Canadians reported involvement in such groups. Study findings confirmed some unique patterns among this group. First, these religiously involved children reported the same or greater levels of perpetration of violence than other children. Second, religiously involved children reported the same or greater levels of experiencing victimization from violence. Third, religious involvement appeared to protect against engagement in certain overt risk-taking behaviors, but not violence. These patterns were consistent even after adjustment for family, community, socioeconomic, and school-related determinants. If religious communities are to fulfill mandates that foster the protection and nurturing of children into healthy relationships, violence is best addressed using evidence-based strategies. Development of such effective preventive strategies requires the incorporation of contemporary

[1]Queen's University, Kingston, Ontario, Canada

Corresponding Author:
Valerie Michaelson, School of Religion, Queen's University, Theological Hall, Kingston, Ontario, Canada K7L3N6.
Email: valerie.michaelson@queensu.ca

evidence about the distribution, determinants, and possible effects of violence in such groups. Findings from our study suggest that a silence around the issue of violence may in fact be true in the context of some Canadian religious communities. Yet, if these communities make an intentional commitment to protecting children from violence and promoting healthy relationships, and are willing to learn from evidence-based practices that have shown to protect children from participating in and experiencing violent and victim behaviors, perhaps these disturbing trends could be reversed. This message is germane for all levels of leadership in Canadian religious communities.

Keywords
youth violence, religious involvement, cultural contexts

Introduction

Exposure to violence is recognized as a major health concern among adolescent populations (Flannery, Wester, & Singer, 2004; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Violence is

> the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. (World Health Organization [WHO], 2014).

It is a risk factor for health and social problems throughout the life course (WHO, 2014), and for perpetrators and victims alike, the negative consequences of violence are far-reaching. Possible effects include internalized and externalized mental health problems, associated disabilities, suicide, and patterns of abuse within families and whole communities that can cross generations (Craig & Harel, 2004). Canadians are not immune to these issues (Afifi, 2011; Craig & Harel, 2004; Krug et al., 2002) and at some point in their young lives the majority of Canadian children are likely to suffer from the effects of violence (Craig, Lambe, & McIver, 2015). Identification of groups that are most vulnerable can provide evidence in support of the targeting of prevention efforts.

An emergent body of research has explored relationships between religious involvement and the health of children. Some studies have shown that religiously involved children engage in more pro-social behaviors such as helping and sharing (Michaelson, Robinson, & Pickett, 2014; Hardy & Carlo, 2005). Studies of religious involvement and mental health have produced mixed results: illustratively, one study showed no relationship between religious

involvement and mental well-being in adolescents (Michaelson et al., 2014) while another demonstrated that religious involvement was associated with increased anxiety (Peterman, LaBelle, & Steinberg, 2014). The most established relationships between adolescent religious participation and their health related behaviors include reduced engagement in risk-taking such as substance use and early sexual intercourse (Bridges & Moore, 2002; Michaelson et al., 2014; Michaelson, Pickett, Robinson & Cameron, 2015; Ebstyne & Furrow, 2008; Fletcher & Kumar, 2014; Smith & Faris, 2002).

The evidence base that links religious involvement with the risk of either perpetration of or exposure to violence tells a less consistent story. A number of studies conducted in the United States have identified small to modest protective effects of religious involvement (Linville & Huebner, 2005; Wright & Fitzpatrick, 2006), including for indicators of aggression (Salas-Wright, Vaughn, & Maynard, 2014). Other studies have concluded that religious group engagement is inconsequential as a determinant of interpersonal violence (i.e., Sinha, Cnaan, & Gelles, 2007). Among the studies that have identified possible protections, such effects have been attributed to the positive social influences of group involvement and adult role modeling, as opposed to religious experiences per se (Salas-Wright et al., 2014). Few adolescent health studies have considered relationships between religious group involvement and multiple types of violence including the perpetration of, and victimization from aggression, and these associations have been seldom examined in large, national population-based studies in Canada.

We therefore explored this important gap in knowledge with a national, population-based study. We examined the perpetration of violence and associated victimization within groups of children who reported that they were involved in religious groups. We compared their experiences with violence to groups with no such affiliations. Study findings inform religious communities about the need to embrace evidence-based public health practice in their programs and policies related to the healthy development of children.

Method

Study Populations and Procedures

We based our analysis on data from Cycle 7 (2013-2014) of the Health Behaviour in School-Aged Children study (HBSC; Freeman, King, & Pickett, 2015), a WHO affiliated broad population health survey that is conducted every 4 years in Canada with a focus on the early adolescent years. It is one of 43 national surveys of young people and their health, conducted in affiliation with the WHO (Currie, Gabhainn, Godeau, & International HBSC

Network Coordinating Committee, 2009). The HBSC involves written health surveys conducted in classroom settings and includes questions involving a range of demographic, health status and health behavior questions. The sample size for this cycle was 29,837. Young people aged 11 to 15 years were identified for study from all 13 provinces and territories. The sample was stratified by type of school board (public vs. separate), urban-rural geographic status, school population size, and language of instruction (French or English). Exclusions were adolescents from private schools, home school situations, schools on First Nation or Inuit reserves, street youth, and incarcerated youth (in sum, <7% of the target population; Van Pelt, Clemens, Brown, & Palacios, 2015). Standardized population weights were applied to ensure representativeness nationally by age group, gender, and province/territory. Ethics clearances were obtained from the Queen's University General Research Ethics Board (GMISC-062-13) and from the Health Canada/Public Health Agency of Canada. Participation was voluntary, and consent (explicit or implicit depending on local protocol) was obtained from school administrators, parents, and participating students.

Measures

Religious involvement. The HBSC Questionnaire included a short series of seven questions to report participation in common groups and activities. One of these was involvement in "church or other religious/spiritual groups" ("yes" vs. "no"). A "yes" response was used to infer "religious involvement."

Adolescent violence was described using 12 standard indicators. These included measures of physical fighting in the last 12 months (1 or *more*; 3 or *more*; Pickett et al., 2005; Pickett et al., 2013; Craig & McCuaig Edge, 2011; Walsh et al., 2013). We assessed bullying and also victimization by bullying, at least 2 to 3 times per month, for "any," "physical," "indirect," and "verbal" types (Craig & Harel, 2004; Craig & McCuaig Edge, 2011; Olweus, 1996). *Any bullying* was measured using the item "How often have you taken part in bullying another student(s) at school in the past couple of months?" *Physical bullying* was indicated by a response to the item "I hit, kicked, pushed, shoved around, or locked another student(s) indoors"; *Indirect bullying* was inferred from the item "I kept another student(s) out of things on purpose, excluded him or her from my group of friends, or completely ignored him or her"; and *Verbal bullying* was inferred from the item "I called another student(s) mean names, and made fun of, or teased him or her in a hurtful way." The four victimization questions used similar wording, but asked if the student was a recipient of the behavior(s). We also examined *Weapon Carrying by Peer Group* (*Most of the friends in the group of friends with whom you spend most*

of your leisure time carry weapons, at least sometimes; Craig & McCuaig Edge, 2011), as well as a simple composite index describing aggression ("none," "1" or "2" reports of perpetration of bullying then physical fighting; Pickett, Simons-Morton, Dostaler, & Iannotti, 2009).

Additional Risk Behaviors (each "ever" vs. "never") included the following: smoking tobacco at present, consuming alcohol at present, binge drinking in the past 12 months ("5 or more drinks," *boys*; "4 or more drinks," *girls*), engaging in sexual intercourse.

Demographics. Students reported their date of birth and the date of completion of the HBSC survey; these were combined to create their age in years. They also reported their gender ("boy" or "girl"), school grade (stratified as "6 to 8," "9 to 10"), a relative measure of material wealth or advantage: *how well off do you think your family is?* (five categories: 1 = *very well off* through 5 = *not at all well off*), and whether they had immigrated to Canada ("born in Canada," "immigrated 1-5 years ago," "immigrated 6 or more years ago").

Social Climates were assessed using validated scales (Freeman, King, & Pickett, 2015) based on questions with response options ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). The HBSC family climate scale (Cronbach's α: .87) included four items (*In my family* . . . "I think the important things are talked about"; "when I speak someone listens to what I say"; "we ask questions when we don't understand each other"; "when there is a misunderstanding we talk it over until it's clear"). The HBSC school climate scale (Cronbach's α: .78) was based upon three items ("the rules of this school are fair," "our school is a nice place to be," "I feel I belong at this school"), and a fourth item ("How do you feel about school at present") with four response options ranging from "I don't like it at all" to "I like it a lot." The HBSC neighborhood social capital scale (Cronbach's α: .75) included five items ("people say hello and often talk to each other on the street," "it is safe for younger children to play outside during the day," "you can trust people around here," "there are good places to spend your free time, that is, recreation centers, parks, shopping," "I could ask for help or a favor from neighbors").

Statistical Analysis

Prevalence levels of young people reporting religious involvement were estimated. Analyses were stratified by grade level (6 to 8, 9 to 10) and gender. We compared the prevalence of engagement in the 12 indicators of violence (11 for Grades 6-8) within each of the four strata by religious involvement. Tests for statistical significance accounted for the nested/clustered nature of the sampling frame (students nested within schools).

Using a series of logistic regression models, we then quantified the strength and statistical significance of relationships between religious involvement and (a) the summary index of aggression (fighting and bullying), (b) a binary indicator of bullying victimization. As a comparator, we also modeled relations between religious involvement and each of smoking tobacco, alcohol use, binge drinking, and sexual intercourse. These analyses controlled for demographic factors and social factors that might confound such relationships, and also accounted for clustering.

The 2014 Canadian HBSC sample was 80% powered to identify absolute differences of 4% or higher with statistical significance ($\alpha = .05$) within subgroups defined by grade level and gender. Irrespective of significance, we also interpreted the comparisons between religiously involved groups and others based on the consistency of observed effects (e.g., counts of indicators that were suggestive of positive, negative and neutral effects; defined using a range of absolute differences in proportions).

Results

The Sample

In all, 29,837 young people from 369 schools participated, representing response rates of 50.3% and 77.0% at the school and student levels, respectively. Among respondents, 23,834 completed the items describing religious involvement as well as the key indicators of violence, representing a weighted sample of 24,307 (11,595 boys, 12,712 girls; Table 1).

Religious Involvement

Approximately one in four young people in Canada reported religious group involvement (Table 1). This involvement declined with age and was slightly higher among girls versus boys. The highest levels of involvement were reported by recent immigrants, young people from Western Canada (British Columbia, Alberta, Saskatchewan and Manitoba), and those from the most rural and also the most urban settings. The lowest levels of involvement were reported by children born in Canada, young people from Central Canada (Ontario, Quebec), and those from small urban geographic centers. No strong patterns in involvement were observed by self-perceived material wealth.

Prevalence of Violence

Table 2 describes the prevalence of young people reporting the indicators of violence, stratified by grade level, gender, and religious involvement. For the

Table 1. Religious Involvement (% Involved) by Gender, Grade, and Sociodemographic Status.

	Boys		Girls	
	Grades 6-8 (n = 6,135)	Grades 9-10 (n = 5,460)	Grades 6-8 (n = 6,735)	Grades 9-10 (n = 5,977)
	% Involved			
Overall	24.1	21.0[a]	25.3	23.1
Socioeconomic status				
Not well off	21.6	23.7	24.9	23.8
Average	23.5	19.4	23.5	21.4
Well off	24.7	21.6	26.4	24.2
Immigration status				
Immigrated <6 years ago	43.7	31.4	32.0	39.4
Immigrated ≥6 years ago	28.6	30.0	29.4	31.5
Born in Canada	22.0[b]	18.3[b]	24.3[b]	20.9[b]
Geography				
Western	30.4	28.1	33.0	32.0
Central	20.5	17.5	21.1	19.2
Atlantic	28.7	15.8	27.9	19.2
Northern	23.1[b]	18.9[b]	24.9[b]	24.9[b]
Urban/rural				
Rural (<1,000)	30.6	25.3	35.4	31.3
Small center	19.2	14.8	17.5	18.2
Medium center	23.3	21.6	27.0	24.4
Large center	25.1	21.1	28.5	24.1
Metropolitan center	30.7[b]	36.8[b]	32.1[b]	32.6[b]

Note. All analyses are weighted.
[a]Rao-Scott χ^2 test for difference in religious involvement by grade groups, within gender.
[b]Rao-Scott χ^2 test for difference in religious involvement by sociodemographic factor (within grade; $p < .05$).

11 indicators available for Grades 6 to 8, the religiously involved group reported higher levels of violence for 6/11 indicators among boys, and 10/11 among girls (using >1% absolute difference; Note, proportions based on differences of 2% and 5% are also reported in Table 2). This pattern persisted in older children (Grades 9-10) where higher levels were reported for 10/12 indicators in boys, and 5/12 in girls. Using this minimal threshold of 1% (irrespective of statistical significance), of the 46 comparisons made, there was only one where the indicator of violence was lower among religiously involved adolescents. If the threshold was set at 5%, there were no instances

Table 2. Percentage Reporting Indicators of Violence by Gender, Grade, and Religious Involvement (Yes or No).

	Boys				Girls			
	Grades 6-8 (n = 6,135)		Grades 9-10 (n = 5,460)		Grades 6-8 (n = 6,735)		Grades 9-10 (n = 5,977)	
	Yes	No	Yes	No	Yes	No	Yes	No
	(n = 1,476)	(n = 4,659)	(n = 1,146)	(n = 4,314)	(n = 1,701)	(n = 5,033)	(n = 1,381)	(n = 4,596)
Been in a physical fight in the past year	40.0	44.5[a]	31.3	30.2	22.0	19.5	16.5	16.2
Been in three or more physical fights in the past year	14.4	15.1	9.7	8.3	8.2	4.9[a]	5.5	3.9[a]
Perpetrator of bullying								
Physical (hit, kicked, pushed, shoved)	11.5	11.0	12.7	9.0[a]	4.6	4.8	3.4	3.3
Indirect (left out, excluded, ignored)	13.4	11.4	14.4	10.6[a]	15.5	12.3[a]	13.4	11.8
Verbal (called names, made fun of, teased)	26.7	26.4	29.1	28.4	21.7	19.8	21.4	22.0
Taking part in bullying in past couple of months								
At least 2 or 3 times a month	9.9	7.7[a]	13.3	10.8	8.1	5.2[a]	6.6	6.9
Victim of bullying								
Physical (hit, kicked, pushed, shoved)	20.1	18.1	14.3	11.9	13.4	10.7[a]	6.8	6.5
Indirect (left out, excluded, ignored)	25.5	23.2	19.7	17.0	40.1	33.7[a]	33.8	29.5[a]
Verbal (called names, made fun of, teased)	39.3	35.3[a]	34.0	28.8[a]	45.0	39.1[a]	36.2	33.4
Victim of being bullied in past couple months								
At least 2 or 3 times a month	30.1	24.9[a]	20.4	19.7	33.6	29.3[a]	28.0	26.2
Most of the friends in my group carry weapons, at least sometimes	—	—	14.7	9.8[a]	—	—	5.0	4.9
Violence index, 1 or 2	20.0	19.5	19.8	17.2	14.5	9.3[a]	11.3	11.0

	n out of 11			n out of 12			n out of 11			n out of 12		
	1%	2%	5%	1%	2%	5%	1%	2%	5%	1%	2%	5%
Religiously involved % > Not religiously involved %	6	6	1	10	8	1	10	9	8	5	2	0
Religiously involved % = Not religiously involved %	4	4	10	2	4	11	1	2	3	7	10	12
Religiously involved % < Not religiously involved %	1	1	0	0	0	0	0	0	0	0	0	0

Note. All analyses are weighted.
[a]Significant Rao-Scott χ^2 test comparing religiously involved and not religiously involved ($p < .05$).

where the religiously involved youth reported less frequent violence than the nonreligiously involved young people.

Risk-Taking Behaviors

As a comparator, Figure 1 describes absolute differences in the prevalence of engagement in eight of the violence indicators as well as four common indicators of adolescent risk-taking. This analysis is restricted to Grades 9 to 10 children and is stratified by gender. What is important here is our illustration of the general pattern: Religiously involved young people tended to be equally or more likely to report perpetration or victimization by violence, and less likely to report the other four risk behaviors of smoking, drinking, binge drinking, and sexual intercourse.

Models Describing Predictors of Violence.

We then examined relationships between demographic and social factors that may confound the primary relationships between religious involvement and the various indicators of violence. Based on precedent (Pickett, Simons-Morton, Dostaler, & Iannotti, 2009) for perpetration, we used a simple ordinal index of violence in these models (0 = *none*, 1 = *one*, or 2 = *both behaviors*). Higher relative odds of engagement in the perpetration of violence were reported by boys and among young people with poorer school and then family climates, lower levels of social capital in their communities, and poorer levels of socioeconomic status. As suggested by the findings of national research conducted in the United States (Salas-Wright et al., 2014), we therefore controlled for each of these factors as well as grade level in our subsequent modeling.

Table 3 describes summary models examining the relationship between religious involvement and the summary index. The fully adjusted models confirmed a consistent pattern: The relative odds of engagement in violence tended to be higher within the religiously involved groups. This was true among boys and girls within the two different grade levels. In Table 4, we extended this analysis to victimization by bullying, and while the effects were slightly more modest in some instances, the pattern remained. Religiously involved young people experienced more victimization than their noninvolved peers.

Discussion

In this national analysis, we examined the relationship between self-reports of involvement in a church or other religious/spiritual group and reports of adolescent violence. Religious involvement was determined by self-report.

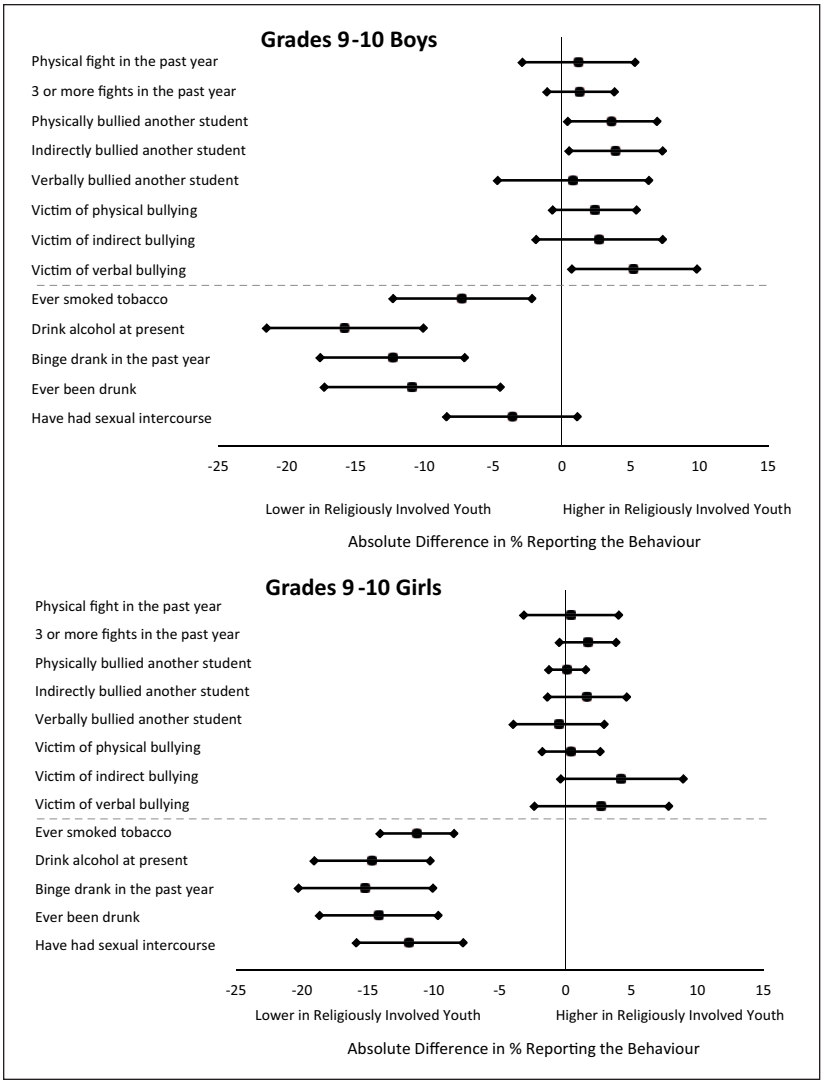

Figure 1. Absolute differences in the percentage (%) of youth reporting indicators of violence then example risk-taking behaviors by religious involvement.
Note. Bars represent the 95% confidence interval for the absolute difference.

This national analysis confirmed that while violence is common in young Canadians, there are some unique patterns among those young people who also report religious involvement. Three key findings emerged. First,

Table 3. Bivariate and Multivariable Ordinal Logistic Regression Examining Odds of Reporting Violent Behaviors (Frequent Fighting and/or Bullying), by Religious Involvement, by Gender and Grade.

		Violence Index			Ordinal OR			
		None	1	2	Unadjusted OR		Adjusted OR[a]	
	n Total	Row %	Row %	Row %	OR	(95% CI)	OR	(95% CI)
Boys, Grades 6-8	6,135	80.5	16.0	3.6	—	—	—	—
Religiously involved								
Yes	1,476	80.0	15.6	4.4	0.99	[0.86, 1.15]	1.11	[0.96, 1.29]
No	4,659	80.6	16.1	3.4	1.00	—	1.00	—
Boys, Grades 9-10	5,460	82.3	15.6	2.2	—	—	—	—
Religiously involved								
Yes	1,146	80.2	16.7	3.1	1.12	[0.96, 1.31]	1.32	[1.12, 1.56]
No	4,314	82.8	15.3	1.9	1.00	—	1.00	—
Girls, Grades 6-8	6,735	89.4	9.5	1.1	—	—	—	—
Religiously involved								
Yes	1,701	85.5	12.8	1.7	1.15	[0.97, 1.37]	1.35	[1.13, 1.61]
No	5,033	90.7	8.4	0.9	1.00	—	1.00	—
Girls, Grades 9-10	5,977	89.7	9.5	0.8	—	—	—	—
Religiously involved								
Yes	1,381	88.7	10.5	0.8	1.09	[0.91, 1.30]	1.23	[1.03, 1.48]
No	4,596	90.0	9.3	0.7	1.00	—	1.00	—

Note. All analyses are weighted. Violence index includes: fighting 3 or more times, and taken part in bullying at least 2 or 3 times a month. OR = odds ratio; CI = confidence interval.
[a]ORs are adjusted for family climate, neighborhood social capital, school climate, socioeconomic status, age, and clustering by school.

contrary to the evidence from (mainly) the United States (e.g., Salas-Wright et al., 2014), Canadian religiously involved children reported the same or greater levels of perpetration of violence than nonreligiously involved other children. Second, religiously involved children reported the same or greater levels of experiencing victimization from violence. Third, religious involvement appeared to protect against engagement in certain overt risk-taking behaviors, but not violence. In fact, when we controlled for social factors that may mediate relationships between religious involvement and violence, as suggested by Salas-Wright et al. (2014), the associations with violence became even stronger. This finding was consistent with a 2010 exploratory analyses conducted in Canada (Michaelson et al., 2014), and was observed consistently in both boys and girls.

Such a paradoxical finding has a number of potential explanations. First, we assessed religious involvement with a single item, which was all that was available to us. This meant that we studied one of several indicators of

Table 4. Logistic Regression Examining Odds of Being a Victim of Bullying at School 2 or More Times a Month by Religious Involvement, by Gender and Grade.

			OR			
			Unadjusted OR		Adjusted OR[a]	
	n Total	% Victimized	OR	(95% CI)	OR	(95% CI)
Boys, Grades 6-8	6,135	26.2	—	—	—	—
Religiously involved						
Yes	1,476	30.1	1.10	[0.97, 1.25]	1.22	[1.07, 1.40]
No	4,659	24.9	1.00	—	1.00	—
Boys, Grades 9-10	5,460	19.9	—	—	—	—
Religiously involved						
Yes	1,146	20.4	1.02	[0.88, 1.19]	1.16	[0.99, 1.36]
No	4,314	19.7	1.00	—	1.00	—
Girls, Grades 6-8	6,735	30.4	—	—	—	—
Religiously involved						
Yes	1,701	33.6	1.02	[0.91, 1.15]	1.17	[1.03, 1.32]
No	5,033	29.3	1.00	—	1.00	—
Girls, Grades 9-10	5,977	26.6	—	—	—	—
Religiously involved						
Yes	1,381	28.0	0.94	[0.83, 1.06]	1.10	[0.97, 1.26]
No	4,596	26.2	1.00	—	1.00	—

Note. All analyses are weighted. OR = odds ratio; CI = confidence interval.
[a]ORs are adjusted for family climate, neighborhood social capital, school climate, socioeconomic status, age, and clustering by school.

religiosity that has perhaps been less established as a protective factor (Salas-Wright et al., 2014). Second, we studied a range of indicators of violence including aggression, victimization, and weapon carrying, and this was more diverse than the comparative research. This provides a more complete picture of the potential effects of violence in the lives of young people. In addition, we controlled for social and other contextual factors that may mediate (Salas-Wright et al., 2014) or moderate (Wright & Fitzpatrick, 2006) associations between religious involvement and violence; such steps were not performed in most existing comparative studies, and hence this provides us with more accurate estimates of effect than were previously available. And finally, variations in the composition of our Canadian sample with the (mainly United States) samples described the literature, and (more speculatively) the unique properties of religious experience in Canada may have contributed to these disparities.

Our findings are provocative. Yet, our interpretations of the observed excess of violence are limited by the depth and breadth of the epidemiological data

available to us. Our findings do not tell us where and in what context(s) that these experiences of violence are taking place. They reveal nothing about whether religiously involved adolescents are perpetrating violence due to what has been modeled to them, or due to some teachings or other aspects of their culture(s), or even whether they are being victimized for religiously oriented reasons. And yet, we have identified a pattern that appears to be unique to Canadian children, and we would argue that religious and public health communities in Canada should care about our findings.

It is the responsibility of any adults who are in contact with children and youth—in all social contexts—to protect children from all forms of violence (Pepler & Craig, 2014). In religious communities specifically, protection of children and others who are vulnerable is core to their mission and associated organizational mandates (Bunge, 2014). Irrespective of where that violence is occurring, if religious communities aspire to facilitate the healthy development of children, they need to provide children with the tools necessary to protect themselves from being victimized, and to build healthy and positive relationships in every sphere of their lives. In the sections that follow, we therefore reflect upon each of our key findings based on contemporary public health approaches and models of prevention.

Children Involved in Religious Groups Report Equivalent or Greater Levels of Perpetration of Violence

Religious communities often provide children with important teaching about morality, social and communal behaviors, and their own sense of collective meaning and place in their world (UNICEF, 2011; Wessells & Strang, 2006). Children learn through every aspect of these community-based experiences. One would hope that in such social environments children would learn lessons that help them to participate in healthy relationships, including with those who are vulnerable. It is possible that religiously involved young people report their perpetration of violence to others more accurately due to cultural expectations about the need for honestly. Although this is possible, it also seems unlikely given that young people tend to underreport socially undesirable behaviors (Krumpal, 2013; Lioret et al., 2011; Turner et al., 1998), and others have identified no association between religiosity and self-reported information on surveys, even around questions about potentially sensitive behaviors (Regnerus & Uecker, 2007).

Nonetheless, not unlike the culture around us (e.g., as depicted in narratives involving *Super Hero* stories), many world religions are built in part on stories of violence (Ellens, 2007; Wink, 2007). To illustrate, the popular Sunday School story of David and Goliath (1 Samuel 17) describes the widely

celebrated victory of a future king over the enemies of God's people through the strategic use of a weapon and force. The "punishment of Pharaoh by God" (Exodus 7-11) depicts the sequential physical and psychological punishments enacted on an Egyptian ruler in response to his enslaving of the Israeli peoples. At best, such stories are used to convey how good ultimately prevails in our world. But the means by which that is achieved—fighting, aggression, and the use of weapons—is rarely considered in their interpretation, and perhaps such teachings and their implications for how young people respond in their contemporary worlds needs to be revisited.

A more speculative explanation surrounds what is being modeled to these young people by adults and social communities. Factors that may contribute to increased child violence include aggressive parenting (Başoğul, Lök, & Öncel, 2017), being bullied by peers (Hong & Espelage, 2012), receipt of corporal punishment as a form of discipline (Durrant & Ensom, 2017; Gershoff, 2002), and witnessing violence at the hands of the adults in one's life (Labella & Masten, 2017; Maneta, White, & Mezzacappa, 2017). Taken further, excesses could be attributable to a pattern of behavior that is taught in some religious denominations and reinforced in homes, and obliges children to be good and even to do good in some kind of coercive manner. According to Miller's (2002) account of the origins of violence, having a strict morality imposed on a child generates a certain amount of anger in the child. However, the child cannot directly channel his or her anger toward the primary adult caregiver without fear of reprisal. Consequently, this anger has to be sublimated and projected onto others (Miller, 2002). Children who have experienced violence often seek outlets to act out the violence that has been done to them, either by directing it against themselves or outwardly toward their peers.

It is possible that parents, leaders, and teachers from a variety of religious traditions sometimes appropriate a sort of moral authority that reinforces their attempts to impose behavioral agendas on children (Fridley, 2006; Reddie, 2010; Wehr, 2000; Young, 2005). This sense of morality over children can be achieved through authoritarian and even coercive means, with the unjustified privileging of adult perspectives. Such pedagogy communicates a kind of conditional love, in which the subject can only expect acceptance if certain behavioral expectations are fulfilled (Ingram, 2006; Shea, 1995). If our observed excesses in violence are indeed rooted in such ideas, this informs the need for revisions to, and theological reflection on, curriculum and policies.

Religiously Involved Children Report the Same or Greater Levels of Victimization

This pattern also merits comment and reflection. Speculatively, it is possible that young people are experiencing bullying, name-calling, or exclusion

because of their religious commitment, and these phenomena require adult intervention. In addition, consistent with increased levels of pro-social behavior (Michaelson, Robinson, & Pickett, 2014), it is also possible that children in religious groups are being taught that they are to make service of others a priority. The distortion of this message may mean that such values have fostered a culture of victimization as being a virtue. Important adult role models in their lives may have even modeled victim behavior, and children may have subconsciously adopted these kinds of behaviors in their own lives. In addition, it would be naive to assume that systemic violence did not exist within religious structures, and that internal practices and policies did not contribute to the propagation of such victim behaviors and the acceptance of victimization as normative (Copel, 2008; Popescu et al., 2009).

Involvement in Religious Communities Protects Against Engagement in Other Risk-Taking Behaviors

It has been reported consistently that being affiliated with a religion consistently protects young people from engagement in overt risk-taking (Bridges & Moore, 2002; Michaelson et al., 2014; Michaelson, Pickett, Robinson & Cameron, 2015; Ebstyne & Furrow, 2008; Fletcher & Kumar, 2014; Smith & Faris, 2002). Our analysis shows that in Canada these protections are not evident for violence and victim behaviors. This finding is provocative. One possible explanation for this finding is that it reflects what ultimately is rewarded in some religious cultures. If the religious culture rewards abstinence from some types of risk behavior (e.g., substance use, sex), yet also rewards engagement in another (participating in violence or victimization behavior, as justified by a religious message), this finding would make sense. This may relate to core messaging that is found in some religious contexts. The latter often focuses on teaching about morals and behaviors as core principles. In our past study (Michaelson et al., 2014), we identified a similar pattern, in that religiously connected young people experienced protection in terms of reduced engagement in risk-taking but no apparent protection for emotional health.

Benefits of the morality-related risk behaviors reported may come at the expense of a certain degree of oppressive (or repressive) pedagogy, as syndromes related to such religiously motivated repression have been identified (e.g., Wehr, 2000; Young, 2005; Childers, 2012). It is possible that overcontrol of young people by the imposition of beliefs and behavior patterns negatively affects self-concept. In addition, imposition of a strict morality that benefits adults may be to the detriment of children's own psychic growth and health (Fridley, 2006; Sharp, 2016). Groups of children in the church, mosque,

temple, or another religious center may be acting more altruistically, but deep down are not protected from violence or emotional problems. Repressive forms of child rearing may relate to reduced engagement in risk behaviors such as drinking and sex (Baumrind, 1991) but at the same time relate to increased violence (Zaborskis, Sirvyte, & Zemaitiene, 2016; Zhu et al., 2015). There is a strong relationship between anger and violence (Birkley & Eckhardt, 2015; Briggs-Gowan et al., 2015; Margolin & Gordis, 2000; Miller-Graff & Howell, 2015; Osofsky, 1995), and consequently, if religiously involved children in Canada are demonstrably more violent than their noninvolved peers, religious communities should examine the deep origins of these behavioral patterns.

Public Health Implications

Protection of vulnerable groups of young people from different forms of violence represents an important public health priority. Development of effective preventive strategies requires the incorporation of contemporary evidence about the distribution, determinants, and possible effects of violence in such groups.

Public Health Implication 1: A need to consider harm reduction approaches. From a public health perspective, some religious communities would do well to reconsider their core messaging when it comes to the health of adolescent populations. Our findings suggest that there is a clear emphasis being placed on protecting children from the consequences of overt-risk taking. However, this is possibly being done at the expense of protecting young people from intimidation, exclusion, victimization, and other forms of violence. Strategies to be considered (adapted from Robinson & Hanmer, 2014) could include being intentional about incorporating messages and information about positive and healthy relationships into religious services. These kinds of messages could address both violent behaviors and behaviors related to victimization, and offer better approaches to engaging in healthy relationships. Religious leaders could also be intentional in clarifying misinterpretations of religious texts that may be used to perpetuate any of these types of behaviors, and condemning all practices that endanger the physical, emotional, or spiritual well-being of children.

Public Health Implication 2: A need for better adult modeling. It is possible that some religiously involved young people may be exposed to positive messages about their health, yet in reality, they may be still experiencing an embodiment of a story that justifies violence or victim behaviors in their

wider religious community, and within the walls of their homes. Religious communities represent social environments where children could learn critical life skills for engagement in positive relationships from adult role models. An evidence-based approach will include focus on positive relationship skills and attitudes, and observation and interaction with adults who model such positive relationship (PREVNet, 2015c). Facilitation of positive peer relationships among groups of children is vitally dependent upon the health of relationships with and among the adults who surround them (Pepler, Craig, & Haner, 2012; Pepler & Craig, 2011). Relevant professionals from within the faith community (e.g., teachers, doctors and social workers) could be invited to assist parents, families, and young people in living lives free from violence and victim behaviors (Robinson & Hanmer, 2014), and to provide guidance in this kind of constructive modeling.

Public Health Implication 3:A need for evidence-based educational practice. Young people who engage in violence require interventions to teach them that such behaviors are not acceptable. Effective interventions are not just based on the elimination of certain behaviors; but they also focus on the promotion of healthy relationships, with provision of opportunities to learn awareness, social skills and empathy, social responsibility, and the importance of standing up for themselves and others (Pepler & Craig, 2014). Peer group interventions (such as role-play exercises and establishing community norms) have demonstrated efficacy (PREVNet, 2015a, 2015b) and have the potential to shift power dynamics and promote positive relationships. A public health approach would also support the need for evaluative studies of educational interventions conducted in religious group settings to provide evidence in support of such preventive initiatives.

Public Health Implication 4:A need for policy solutions. Our study and its focus represent one piece of a much larger conversation about the reality of violence within religious communities. Many religious communities already have policies around child protection in place, particularly in relation to screening, child/adult relations, and sexual abuse (Blake, 2006; Price, Hanson, & Tagliani, 2013). Further related policies could begin with a clear articulation of a message of nonviolence, complemented by a description of values. They could also be expanded to recognize the need for participation in healthy relationships in all spheres of life, with evidence-based strategies including referral to social agencies and the police (as appropriate) for more serious violations. These need to be targeted at groups of children but also at the adults who ultimately are responsible authorities within these social contexts. Policy solutions, while difficult to achieve, are known to be among the

most effective public health strategies for the amelioration of violence, and as a consequence lessons learned from more secular evidence could be applied to religious communities (Krug et al., 2002; Mercy, Rosenberg, Powell, Broome, & Roper, 1993).

Strengths, Limitations, and Diversity

Our study has a number of strengths. First, while theoretical and empirical studies of the health of children in religious communities exist (e.g., Michaelson et al., 2014), to our knowledge no national, Canadian analysis to date has focused specifically on expressions of violence. Second, the remarkable consistency of the finding of a relationship between religious group involvement and violence, even after controlling for sociodemographic, family, school, and community factors is striking, as are the relationships between religious involvement and reductions in risk-taking. Third, the collaboration involved in this research draws insights from two distinct disciplines in that it combines the theoretical traditions of both religious studies and the public health sciences. And finally, the diversity of our population-based sample also represents a major strength. Although it was not possible for young people to self-identify their religious faith or tradition within the Canadian HBSC, its sample was inclusive of young people from all parts of Canada, and as >93% of young people are represented by our sampling framework, the sample is large and should be representative of the national experience. This diversity is also reflected in the range of children studied across a variety of sociodemographic factors (e.g., age, gender, urban-rural, provincial-territorial, socioeconomic status, immigration status; see Table 1). As such, findings from this study should be reflective of the Canadian experience for young people in the targeted age range.

Limitations include our reliance on a cross-sectional survey that put limits on our abilities to truly infer causation. From these data, it is impossible to know whether increased levels of violence experienced by religious youth are the product of the targeting of the religious by the nonreligious or rather of nonviolent spiritual youth being targeted by more violent others within their own religious group. Nor can we definitively say that there is something inherent in religious teaching and practice that models or condones violence in a way that impacts youth behavior. Seeking such detailed explanations would require further research using a more tightly defined criteria of religious involvement and thus lies beyond the scope of our data. We were also limited by our lack of precise indicators of religious involvement (e.g., faith tradition, denomination, service attendance, etc.) as the analysis was based on a general adolescent health survey that precluded requests for such information. Biases introduced by our decision to categorize young people

according to the available indicator of religious involvement remain unknown. And finally, the young people's self-reports of involvement or not in a church or other spiritual religious group told us nothing about the quality or nature of this involvement.

Conclusion

Through this large, national analysis describing the experiences of almost 30,000 young Canadians, we have established that religiously involved youth are involved in violence to at least the same extent (and in some cases more often) than is experienced by others. Religiously involved groups of people are not benefiting from the protective effects reported for other risk-taking behaviors. For those responsible for guiding religiously involved youth, we respectfully suggest that violence may be an area that is worth revisiting in terms of what is being taught, modeled, and perhaps even fostered by children's religious experiences.

We are not alone in making this suggestion. The *Multireligious Commitment to Stop Violence Against Children* (Religions for Peace, 2006) states,

> We must acknowledge that our religious communities have not fully upheld their obligations to protect our children from violence. Through omission, denial, rationalization and silence, we have at times tolerated, perpetuated and ignored the reality of violence against children in homes, families, institutions and communities, and not actively confronted the suffering that this violence causes. (Religions for Peace, 2006)

Findings from our study suggest that a silence around the issue of violence may in fact be true in the context of some Canadian religious communities. Yet, if these communities make an intentional commitment to protecting children from violence and promoting healthy relationships, and are willing to learn from evidence-based practices that have shown to protect children from participating in and experiencing violent and victim behaviors, perhaps these disturbing trends could be reversed. This message is germane for all levels of leadership in Canadian religious communities.

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Author Biographies

Valerie Michaelson is a postdoctoral fellow at Queen's University, and is cross-appointed between the School of Religion and the Department of Health Sciences. Her research focuses on ways that religion and spirituality can be both barriers to—and facilitators of—the health and well-being of children.

Peter Donnelly is an adjunct professor in the Department of Public Health Sciences at Queen's University, and is an active researcher and lecturer with a focus on health systems governance and on violence reduction. Previous to this, he was the Professor of Public Health Medicine at the University of St Andrews in Scotland, and the Deputy Chief Medical Officer to the Scottish Government.

William Morrow is a professor and undergraduate chair at the School of Religion at Queen's University. His research has particularly focused on questions of law and violence as they manifested themselves in the communities that created and transmitted biblical literature, and as they continue to manifest themselves in contemporary experiences of religiously motivated violence.

Nathan King is a doctoral candidate in the Department of Public Health Sciences at Queen's University, with specialization in epidemiology and applied biostatistics. He has overseen the analysis of a large number of national and international studies focusing on health and its determinants in populations of adolescents.

Wendy Craig is a professor and head of the Department of Psychology at Queen's University. She holds a PhD in Clinical-Developmental Psychology from York University. Her research program focuses on healthy relationships, bullying and victimization, and knowledge mobilization. She is coprincipal investigator of the Canadian Health Behaviouur in School-Aged Children Study. She also coleads an organization called PREVNet (Promoting Relationships and Eliminating Violence Network), a Network of Centers of Excellence with focus on the issues of bullying and aggression.

William Pickett is a professor and head of the Department of Public Health Sciences at Queen's University. He is also coprincipal investigator of the Canadian Health Behaviour in School-Aged Children Study. A PhD epidemiologist by training, he has an active research program that focuses on the health of vulnerable populations of children, rural and farm health, and injury and violence.