

# RIViR Paper #3. Healthy Relationship Program Influences: Evidence for Understanding How Healthy Relationship Programs May Influence Intimate Partner Violence

November 2016  
OPRE Report: 2016-69

Authors: Monique Clinton-Sherrod, Marni Kan, Tasseli McKay, Kate Krieger, Stacey Cutbush, Lexie Grove, & Lyungai Mbilinyi

## Purpose of Paper

*Despite shared recognition of the importance of ensuring safety in healthy relationship programs, there is a lack of research or practice consensus regarding how healthy relationship program participation could affect intimate partner violence or teen dating violence (IPV/TDV), the ways in which those effects might occur, and how such effects might differ for adults and youth with current or prior experiences of IPV/TDV.*

*The purpose of this paper is to describe these observed and hypothesized associations, based on a review of empirical and theoretical work and expert input. A range of factors are proposed—from other (non-IPV) outcomes of program participation, to participants' characteristics and current or prior IPV/TDV experiences—that should be considered when proposing approaches to identifying and addressing IPV/TDV.*

## Background

### Intimate Partner Violence and Teen Dating Violence

Violence within relationships can impact individuals and couples from adolescence to adulthood. For adults, intimate partner violence (IPV) can be defined as physical, sexual, or psychological harm, or reproductive coercion by a spouse, partner, or former partner.<sup>1</sup> The term “teen dating violence (TDV)<sup>2</sup>” refers to such harms when they occur in the context of youth dating experiences, typically among middle and high school aged youth.<sup>3</sup> Studies show that IPV is highly prevalent, as approximately a third of the U.S. population (31.5% of women and

## Project Overview

The purpose of the Responding to Intimate Violence in Relationship programs (RIViR) project is to understand how to best identify and address intimate partner violence (IPV) in the context of healthy relationship programming. The project takes a comprehensive approach by considering:

- actions to be taken prior to IPV identification;
- strategies and tools to identify IPV at initial assessment and throughout the program; and
- recommended protocols for when individuals disclose IPV, such as linking individuals to appropriate resources and referrals.

The project focuses on research evidence and supplements this information with expert input where evidence is lacking, so that technical assistance providers and practitioners can understand the current knowledge base as they develop specific guidance and program approaches.

The project will develop a series of papers for research and practice audiences and other stakeholders on five core topics:

**Paper #1.** Prevalence and Experiences: IPV prevalence and experiences among healthy relationship program participants

**Paper #2.** Current Approaches: Current approaches to addressing IPV in healthy relationship programs

**Paper #3.** Healthy Relationship Program Influences: Evidence for understanding how healthy relationship programs may influence IPV

**Paper #4.** State of the Evidence: Evidence on recognizing and addressing IPV in healthy relationship programs and key research gaps

**Paper #5.** Screeners and Protocols Assessment: Assessment of whether different approaches to IPV disclosure opportunities reliably identify IPV and result in appropriate assistance to victims

The project team partners with a range of research experts, IPV advocates, and healthy relationship program practitioners to ensure the project is relevant to healthy relationship program contexts and safely and appropriately addresses IPV. All papers are vetted with these experts, and will be released beginning in 2016.

<sup>1</sup> Intimate Partner Violence: Definitions. (2014, November 25). Retrieved February 22, 2015, from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

<sup>2</sup> Another term for this experience is Adolescent Relationship Abuse (ARA). ARA includes abuse that happens in relationships among minors in the context of dating or similarly defined relationships.

<sup>3</sup> Centers for Disease Control and Prevention: National Center for Injury Prevention and Control (2014). *Understanding Teen Dating Violence*. Retrieved from: <http://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-factsheet-a.pdf>

27.5% of men) has reported experiencing IPV in their lifetimes<sup>4</sup>, and 42% of female and 14% of male IPV victims report physical injury.<sup>5</sup> Rates of TDV are also high: national surveys of U.S. youth indicate that 69% of adolescents who have dated also report having experienced some form of abuse from a dating partner.<sup>6</sup>

### **Federal Healthy Relationship Programs**

The federal Administration for Children and Families (ACF) has administered roughly \$75-\$100 million per year since 2006<sup>7</sup> to hundreds of grantee programs through its Healthy Marriage and Relationship Education initiative for moderate- and low-income couples and individuals, including both adults and youth. These programs, hereafter referred to as “healthy relationship programs,” are intended to improve relationship quality and stability by helping participants to build relationship skills; form healthier norms for couple relationships by discussing relationship experiences with others; and address contextual financial, community, and interpersonal stressors, like lack of employment and low social support.

Legislation and funding opportunity announcements outlining program requirements for healthy relationship grantees have included provisions to ensure that participants are served safely. For example, 2011 grant applicants were required to provide evidence of consultation with domestic violence experts on program design, and on the development of procedures to identify IPV among program participants and enable participants who experienced IPV to access needed services.<sup>8,9</sup>

### **Understanding How Healthy Relationship Programs Can Influence IPV/TDV**

Despite shared recognition of the importance of ensuring safety in healthy relationship programs, there is a lack of research or practice consensus in the IPV and relationship strengthening fields regarding how healthy relationship program participation could affect IPV/TDV, the ways in which those effects might occur, and how such effects might differ for adults and youth with current or prior experiences of IPV/TDV compare with other participants.

The purpose of this paper is to review research describing these observed and hypothesized associations, based on a review of empirical and theoretical work and expert input. In short, the research presented suggests that a range of factors – including approaches to healthy relationship program delivery, the non-IPV outcomes of healthy relationship program participation, participants’ characteristics, and their current or prior IPV/TDV experiences – should be considered when conducting program activities, and especially when proposing approaches to identifying and addressing IPV/TDV among healthy relationship program participants. Identifying relationships between programming and outcomes will help to guide efforts to identify and address IPV/TDV, which is the key objective of RIViR.

Methods for the review are described in detail in Appendix A. Because empirical evidence is generally limited, the findings from the literature review were reviewed by a panel of experts from the IPV and relationship strengthening fields and revised based on their input (see page 17 for a list of experts involved in this work). The information described here reflects findings from the source literature, with final structure and content for the paper reviewed by the experts.

Throughout this paper, we will use the term “IPV/TDV outcomes” (or simply “IPV/TDV”) to refer to increases or decreases in IPV/TDV that occur as a result of healthy relationship program

---

<sup>4</sup> Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization-national intimate partner and sexual violence survey, United States, 2011. *Morbidity and mortality weekly report. Surveillance summaries* (Washington, DC: 2002), 63, 1-18.

<sup>5</sup> Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report—Executive Summary*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. [http://www.cdc.gov/violenceprevention/pdf/nisvs\\_executive\\_summary-a.pdf](http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf)

<sup>6</sup> Taylor, B.G. & Mumford, E.A. (2014). A national descriptive portrait of a adolescent relationship abuse: Results from the National Survey on Teen Relationships and Intimate Violence (STRiV). *Journal of Interpersonal Violence*, DOI 10.1177/0886260514564070

<sup>7</sup> Funding for federal programs to promote healthy relationships and marriage was authorized by the Deficit Reduction Act of 2005 and re-authorized under the Claims Resolution Act of 2010.

<sup>8</sup> ACF Office of Family Assistance. 2011. Community-Centered Healthy Marriage and Relationship Grants (Funding Opportunity Announcement). Washington, DC. Retrieved from [http://www.acf.hhs.gov/grants/open/foa/files/HHS-2011-ACF-OFA-FM-0193\\_0.pdf](http://www.acf.hhs.gov/grants/open/foa/files/HHS-2011-ACF-OFA-FM-0193_0.pdf)

<sup>9</sup> Krieger, K., Grove, L., McKay, T., & Bir, A. (2015). “Addressing Intimate Partner Violence in Healthy Relationship Programs: Current Approaches.” Prepared for Administration for Children & Families, U.S. Department of Health and Human Services.

participation, and the phrase “pathways to IPV/TDV outcomes” to refer to how those effects on IPV/TDV occur, whether directly or through a mediating factor. The paper also discusses “moderators,” or how a program’s influence on IPV/TDV outcomes may vary based on participants’ characteristics and their current or prior IPV/TDV experiences. Moderators are a reflection of the underlying fit between program activities and program participants: certain program activities might be more helpful (or more harmful) for certain types of individuals or communities.

These findings will inform future work on the implications of this evidence base for the selection of IPV screening tools and surrounding protocols for use in healthy relationship programs.

#### Focus and Limitations of the RIViR Paper #3 Findings

**This paper focuses on synthesizing evidence and evidence-informed theoretical work related to how healthy relationship program activities may lead to change in IPV/TDV, and how those IPV/TDV outcomes and pathways may differ for different participants.** In focusing only on IPV/TDV and related mediators in healthy relationship programs, the information does not describe (1) pathways to the core outcomes that healthy relationship programs are most often designed to impact (e.g., relationship norms, quality, stability), nor (2) pathways to IPV/TDV outcomes in IPV prevention or intervention programs. The latter is the focus of the Domestic Violence Evidence Project’s “Theory of Change Underlying How Domestic Violence Program Activities Impact Adult and Child Survivors’ Well-being” (<http://www.dvevidenceproject.org/wp-content/uploads/TheoryofChangeFigure1.pdf>).

**The information provided is subject to several important limitations.** Empirical work on some aspects of programs’ IPV/TDV outcomes and pathways to those outcomes was unavailable; in these cases, we relied on empirically-informed theoretical work and on our expert panel to propose additional constructs for inclusion. In addition, though the paper attempts to include all relevant mediators indicated by literature and expert opinion, it is possible that the relationships between program activities and IPV/TDV outcomes are mediated by other variables as yet unestablished in the field. Further, due to the limitations of this literature, this paper consolidates what may be a variety of discrete pathways from specific program activities or components to IPV/TDV outcomes via different mediators. Finally, the information may not be generalizable to all healthy relationship program populations, as some of the studies cited involved small or very specific samples.

### Healthy Relationship Program Models

Healthy relationship programs implement a variety of program models, as documented in healthy marriage program implementation and impact study reports,<sup>10,11,12,13</sup> OPRE’s *Programs for Low-Income Couples* research catalog,<sup>14</sup> and findings from OPRE’s Healthy Marriage and Relationship Education Models and Measures project.<sup>15,16</sup> In order to better distinguish pathways to IPV/TDV outcomes in the context of participants’ differing IPV/TDV experiences for this paper, program approaches are grouped based on their focus on adult versus youth populations and whether they delivered individual- versus couples-based services.<sup>17</sup>

Table 1 shows core activities for each of these program types, followed by additional activities used to reinforce and enhance the primary efforts.

- <sup>10</sup> McKay, T. E., Lindquist, C. H., & Bir, A. (2013). Five years later: Implementation lessons from the evaluation of responsible fatherhood, marriage and family strengthening grants for incarcerated and reentering fathers and their partners. ASPE Research Brief. Washington, DC: DHHS Office of the Assistant Secretary for Planning and Evaluation.
- <sup>11</sup> Gaubert, J.M., Gubits, D., Anderson, D.P., Knox, V. (2012). The Supporting Healthy Marriage Program: Final Implementation Findings, OPRE Report 2012-12. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>12</sup> Wood, R. G., Moore, Q., Clarkwest, A., Killewald, A., & Shannon, M. (2012). The long-term effects of building strong families: A relationship skills education program for unmarried parents—Final report. OPRE Report 2012-28A. Washington, DC: Office of Planning, Research and Evaluation.
- <sup>13</sup> Bir, A., Corwin, E., MacIvain, B., Beard, A., Richburg, K., Smith, K., & Lerman, R. (2013). Impacts of a community approach to strengthening families: Final report. OPRE Report 2012-34A. Washington, D.C.: Office of Planning, Research and Evaluation. [http://www.acf.hhs.gov/sites/default/files/opre/chmi\\_impactreport.pdf](http://www.acf.hhs.gov/sites/default/files/opre/chmi_impactreport.pdf)
- <sup>14</sup> Avellar, Sarah, Andrew Clarkwest, M. Robin Dion, Subuhi Asheer, Kelley Borra daile, Megan Hague Angus, Timothy Novak, Julie Redline, Heather Zaveri, and Marykate Zukiewicz (2012). Catalog of Research: Programs for Low-Income Couples, OPRE Report # 2012-09, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>15</sup> Office of Planning, Research & Evaluation [OPRE]. (2014a). A report on healthy marriage and relationship education outcome constructs, measures and measurement methods—complex families [draft report]. Washington, DC: a author.
- <sup>16</sup> Office of Planning, Research & Evaluation [OPRE]. (2014b). A report on healthy marriage and relationship education outcome constructs, measures and measurement methods for high school age adolescents [draft report]. Washington, DC: author.
- <sup>17</sup> Classification of services as individual-versus couples-based does not reflect relationship status of program participants, but whether program activities involved an individual person or two members of a couple; within programs that serve individuals, participants may be single, dating, or in committed relationships. In addition, the relationship status of program participants in both individual- and couples-based programs may change during the course of program participation.

**Table 1. Types of Healthy Relationship Program Approaches**

Program Approach	Core Activities	Other Activities
1. Adult healthy relationship programs		
Programs serving individual adults	Group relationship education classes for individuals	Individualized/tailored support, assessment/referral, and/or other one-on-one services; services to support economic stability, typically delivered through partnerships with employment services providers; supplemental educational and social activities; IPV-related education; and referral as needed to IPV services, typically through partnerships with local IPV agencies
Programs serving adult couples	Group relationship education classes for couples	
2. Youth healthy relationship programs		
School-based programs <sup>18</sup>	Youth relationship education curriculum	School staff training; parent involvement components; communications components (e.g., text, social media); referrals to other services if students bring other needs to the facilitator's attention; TDV-related education; and referral as needed to TDV services, typically through partnerships with local IPV agencies

As shown in Table 1, healthy relationship programs often include IPV- and TDV-related curriculum content, and often also have processes in place for referring participants to IPV- and TDV-specific resources in their local communities. Impacting IPV/TDV through program activities or curricula is not the primary focus of these programs, however. (Detailed information on how current ACF-funded healthy relationship programs address IPV/TDV is found in “[RIVIR Current Approaches: Current approaches to addressing intimate partner violence in healthy relationship programs.](#)”)<sup>19</sup>

Within each of the three types of healthy relationship programs shown in the table, program approaches diverge in ways that shape IPV/TDV outcomes, mediators of those outcomes, and how outcomes may differ based on moderators such as participants’ characteristics and their current or prior IPV/TDV experiences. Adult-serving programs are delivered in a wide range of settings, including faith communities,<sup>20</sup> prisons, community-based organizations, and workforce development programs, that may influence outcomes for participants experiencing IPV. Among adult-serving programs, variation in program dosage and whether services are only group-based or include individualized components could also affect IPV (and pathways to IPV) for adult couples who participate in services together.

Youth-serving healthy relationship program models vary regarding whether TDV is a focal outcome or not. Many such programs bring a strong focus on TDV—and as TDV prevention programs (particularly those working with younger youth) are increasingly couched in a healthy relationship framework, the two types of programs have converged somewhat. Compared to youth programming that is primarily focused on TDV prevention (e.g., the Safe Dates program),<sup>21</sup> however, youth healthy relationship programming tends to place more focus on nonviolent healthy relationship skills such as respect and consent, and less focus on physical and sexual violence prevention.

For both adult- and youth-serving programs, the community context in which programs are offered—such as a rural area with few surrounding referral resources—could shape IPV/TDV outcomes and pathways to IPV/TDV outcomes. The fit of programs with needs of the population being served may also influence the outcomes of programs; programs that do not adequately address the needs, cultures, or contexts of the populations being served may have no effects or adverse effects on participants. Finally, a key characteristic of ACF-funded healthy relationship programs is partnerships with local domestic violence programs that can provide

<sup>18</sup> Youth healthy relationship programs funded by ACF and other federal funders (such as the Centers for Disease Control and Prevention) typically take place in school settings. Although other program models exist, such as healthy relationship programs for higher-risk youth provided through other public agencies or non-profit organizations, these models are in the minority and were not a focus for the RIVIR project.

<sup>19</sup> Krieger, Grove, McKay, & Bir., 2015 (as above).

<sup>20</sup> Grantees provide assurances that they will provide programming in a separate time and place from religious activities.

<sup>21</sup> Foshee, V.A., Linder, G.F., Bauman, I.E., Langwick, S.A., Arriaga, X.B., Heath, J.L., McMahon, P.M. Bangdiwala, S. (1996). The Safe Dates Project: theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine*. 12(5):39-47.

training, education, referral, and safety planning. The extent and quality of these partnerships could enhance, diminish, or reverse program effects on IPV/TDV.

## Direct Effects of Adult Healthy Relationship Programs on IPV

The next four sections of this paper presents empirical and theoretical work on how adult-serving healthy relationship programs can influence IPV, including their direct effects (this section), indirect effects, the moderating influences of adult participants' characteristics on IPV outcomes and the moderating influences of current or prior IPV experiences on IPV outcomes.

**Evidence for Effects on IPV.** Adult healthy relationship programs have produced varied effects on IPV. The Supporting Healthy Marriage intervention demonstrated a cross-site decrease in psychological abuse,<sup>22</sup> and meta-analyses of healthy relationship program effects, as well as individual program evaluations, have found reductions in abusive behaviors, including physical violence, emotional abuse, and isolation behaviors.<sup>23,24,25</sup>

There is very limited evidence for healthy relationship program participation leading to increases in IPV. Building Strong Families—which in general found no effects on IPV—found that program participation led to increased physical violence in one of eight sites in the short term, though effects for that site dissipated in the long term.<sup>26</sup>

**Hypothesized Effects on IPV.** It is possible that healthy relationship programming that has demonstrated impacts on non-IPV outcomes such as conflict and relationship distress may also have impacts on IPV. However IPV has not been assessed as an outcome in most such studies. Thus, as noted, there is a gap in evidence for direct effects of healthy relationship programs which in turn limits evidence for proposing hypothesized effects.

### Limitations of the Literature on IPV Outcomes (and Pathways to Outcomes) in Healthy Relationship Programs

Some healthy relationship programs have produced evidence of effects on certain IPV-related factors, such as relationship knowledge and quality, and these factors have been shown to affect IPV in other studies. In some cases, effects on IPV outcomes are produced via known mediation pathways. In other cases, mediators of IPV outcomes are proposed based on other evidence, but findings from formal mediation analyses are not available. In addition, some studies have lacked an adequate comparison group in examining program effects. Further, the outcomes and mediators described here were established in studies with varying study populations and sample sizes, and may not be relevant in all healthy relationship program populations.

## Mediated (Indirect) Effects of Adult-Serving Programs on IPV

Adult-serving programs can also affect other (non-IPV) outcomes, which in turn influence IPV. These non-IPV outcomes that can lead to an effect on IPV are **mediators**. For example, when healthy relationship programs improve conflict resolution skills, this mediator – improved conflict resolution skills – may in turn decrease IPV. Reductions in IPV could reflect changes in ongoing couple relationships, but evidence also suggests it may also reflect dissolution of violent relationships.<sup>27</sup>

**Evidence for Mediators.** Healthy relationship programs have been shown to affect a variety of factors that are empirically linked to IPV; programs have demonstrated improvements in relationship knowledge, relationship quality (and reductions in distress), conflict resolution

<sup>22</sup> Lundquist, E., Hsueh, J., Lowenstein, A. E., Faucetta, K., Gubits, D., Michalopoulos, C., & Knox, V. (2014). A Family-Strengthening Program for Low-Income Families: Final impacts from the Supporting Healthy Marriage Evaluation. OPRE Report 2014-09A. [http://www.acf.hhs.gov/sites/default/files/opre/shm2013\\_30\\_month\\_impact\\_reportrev2.pdf](http://www.acf.hhs.gov/sites/default/files/opre/shm2013_30_month_impact_reportrev2.pdf)

<sup>23</sup> Antle, B. F., Karam, E., Christensen, D. N., Barbee, A. P., & Sar, B. K. (2011). An evaluation of healthy relationship education to reduce intimate partner violence. *Journal of Family Social Work, 14*, 387-406.

<sup>24</sup> Bradley, R. P. C., & Gottman, J. M. (2012). Reducing situational violence in low-income couples by fostering healthy relationships. *Journal of Marital and Family Therapy, 38*(S1), 187-198.

<sup>25</sup> Hawkins, A. J., & Erickson, S. E. (2015). Is couple and relationship education effective for lower income participants? A meta-analytic study. *Journal of Family Psychology, 29*, 59-68.

<sup>26</sup> Wood, R. G., Moore, Q., Clarkwest, A., Killewald, A., & Shannon, M. (2012). The long-term effects of building strong families: A relationship skills education program for unmarried parents—Final report. OPRE Report 2012-28A. Washington, DC: Office of Planning, Research and Evaluation.

<sup>27</sup> Wadsworth, M. E., & Markman, H. J. (2012). Where's the action? Understanding what works and why in relationship education. *Behavior Therapy, 43*(1), 99-112.

skills, and couple communication and interactions.<sup>28,29,30,31,32</sup> In some studies, these factors in turn predicted reduction in IPV,<sup>33,34</sup> although only one study statistically tested mediation to IPV outcomes.<sup>35</sup>

**Hypothesized Mediators.** Although empirical evidence is not available, adult healthy relationship programs have also been hypothesized to promote participants' healthy attachment and ability to take responsibility in their relationships. Researchers suggest that among couples experiencing violence that is not accompanied by controlling behavior, such changes could in turn promote IPV reduction—for example, by enabling perpetrators to acknowledge and take responsibility for the harm experienced by victims.<sup>36,37,38,39</sup>

Many healthy relationship programs aim to support family economic well-being, based on the notion that reducing financial strain within couples may ultimately reduce stress and other factors that may contribute to poor communication and conflict. Although improvements in economic well-being have not been shown to mediate IPV outcomes in U.S. intervention studies, descriptive and empirical studies in the international context indicate that women's access to economic resources reduces their risk for IPV victimization.<sup>40,41,42</sup> Increases in economic resources may reduce IPV by reducing couple conflict and/or by enabling abuse survivors to leave abusive relationships; however, an increase in economic resources could potentially increase IPV if the perpetrator perceives greater power being gained by the survivor. These pathways have yet to be tested in the context of healthy relationship programming in the U.S.

## Moderating Influence of Adult Population Characteristics

Adult-serving programs that work with couples typically serve unmarried and married, low- and moderate-income parents, stepfamilies, and other complex family configurations. Programs that serve individual adults often work with faith community members, college students, or employment seekers. Demographic or other personal characteristics of program participants may serve as **moderators** of healthy relationship program influences; these characteristics may strengthen, attenuate, or reverse the effects of healthy relationship programs on the proposed non-IPV outcomes (**mediators**) and, ultimately, on IPV outcomes. Such moderating effects typically indicate differential program effectiveness for different groups of people, and are understood to reflect a program's relative "fit" for the individual and the familial, cultural, or social structural contexts in which the individual is embedded. For some moderators, the effect may reflect the differential personal, social, and economic resources to which individuals have

<sup>28</sup> Antle, B. F., Karam, E., Christensen, D. N., Barbee, A. P., & Sar, B. K. (2011). An evaluation of healthy relationship education to reduce intimate partner violence. *Journal of Family Social Work, 14*, 387-406.

<sup>29</sup> Bradley, R. P. C., & Gottman, J. M. (2012). Reducing situational violence in low-income couples by fostering healthy relationships. *Journal of Marital and Family Therapy, 38*(Suppl. 1), 187-198.

<sup>30</sup> Hawkins and Erickson, 2015 (as above).

<sup>31</sup> Lundquist, E., Hsueh, J., Lowenstein, A. E., Faucetta, K., Gubits, D., Michalopoulos, C., & Knox, V. (2014). A Family-Strengthening Program for Low-Income Families: Final impacts from the Supporting Healthy Marriage Evaluation. OPRE Report 2014-09A.

[http://www.acf.hhs.gov/sites/default/files/opre/shm2013\\_30\\_month\\_impact\\_reportrev2.pdf](http://www.acf.hhs.gov/sites/default/files/opre/shm2013_30_month_impact_reportrev2.pdf)

<sup>32</sup> Schilling, E. A., Baucom, D. H., Bumett, C. K., Allen, E. S., & Ragland, L. (2003). Altering the course of marriage: the effect of PREP communication skills acquisition on couples' risk of becoming maritally distressed. *Journal of Family Psychology, 17*(1), 41.

<sup>33</sup> Antle et al, 2011 (as above).

<sup>34</sup> Bradley and Gottman, 2012 (as above).

<sup>35</sup> Bradley and Gottman, 2012 (as above).

<sup>36</sup> Schneider, C. & Brimhall, A. (2014). From scared to repaired: Using an attachment-based perspective to understand situational couple violence. *Journal of Marital and Family Therapy, 40*, 367-379.

<sup>37</sup> Whiting, J. B. (2008). The role of appraisal distortion, contempt, and morality in couple conflict: A grounded theory. *Journal of Marital and Family Therapy, 34*(1), 44-57.

<sup>38</sup> Whiting, J., Bradford, K., Vail, A., Carlton, E., & Bathje, K. (2009). Developing a domestic violence protocol for marriage education: Critical components and cautions. *Journal of Couple & Relationship Therapy: Innovations in Clinical and Educational Interventions, 8*(2), 181-196. doi:10.1080/15332690902813844.

<sup>39</sup> Whiting, J. B., Oka, M., & Fife, S. T. (2012). Appraisal distortions and intimate partner violence: Gender, power, and interaction. *Journal of Marital and Family Therapy, 38*(s1), 133-149.

<sup>40</sup> Gupta, J., Falb, K. L., Lehmann, H., Kpebo, D., Xuan, Z., Hossain, M. & Annan, J. (2013). Gender norms and economic empowerment intervention to reduce intimate partner violence against women in rural Côte d'Ivoire: a randomized controlled pilot study. *BMC International Health and Human Rights, 13*(1), 46.

<sup>41</sup> Vyas, S., & Watts, C. (2009). How does economic empowerment affect women's risk of intimate partner violence in low and middle income countries? A systematic review of published evidence. *Journal of International Development, 21*(5), 577-602.

<sup>42</sup> Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., & Porter, J. D. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *The Lancet, 368* (9551), 1973-1983.

access, which can shape their participation in program activities as well as their ability to put program content to use. From a health disparities perspective, differing program effects by population demographics are understood to arise not from the socio-demographic factors themselves, but due to the fact that these demographic factors may serve as a proxy for underlying forms of oppression or disadvantage. A moderator does not mean that all people with a certain characteristic will experience certain program effects. (For instance, it would be incorrect to conclude that because someone is very low-income, they will experience increased IPV or will not otherwise benefit from a program.) Information about moderators can, however, help practitioners understand the characteristics of participants for whom they may need to tailor programming to help make their programs more effective.

**Evidence for the Moderating Influence of Participants' Characteristics.** Descriptive research indicates potential gender differences in the context in which IPV perpetration arises. However, we identified only one study that addressed gender as a moderator of program effects on known mediators of IPV outcomes. A longitudinal study of Prevention and Relationship

**Gender Differences in IPV Context and Impact: Findings from Descriptive Research**

Descriptive research on gender differences in IPV suggests that women's use of force against their intimate male partners often has differing motivation, intent, and impact compared to men's violence against women.<sup>44-51</sup> For example, women may use violence to resist control by their male partners. However, research has not explored whether gender differences in motivation, intent, and impact with IPV perpetration have implications for potential moderators of program effects on IPV outcomes and the pathways by which they occur.

Enhancement Program participants found, via moderated mediation analyses, that increases in positive communication and decreases in negative communication predicted decreased risk of marital distress for men—but for women, increases in positive communication predicted increases in marital distress, possibly through an association with conflict avoidance.<sup>43</sup>

Evidence also exists for the moderating influence of other socio-demographic factors. In a meta-analysis including 38 studies, Hawkins and Erickson (2015) found that programs with greater proportions of non-white participants produced significant improvements in relationship outcomes (e.g., satisfaction/quality and communication skills), whereas programs with few non-white participants had no significant effects. However, this moderation finding was only among studies with a single group pre-post design, and a study not included in this meta-analysis reported no moderation effects by race/ethnicity.<sup>52,53</sup> Another study found that

improvements in relationship commitment were more strongly linked to improvements in relationship quality for white than for black participants, though there were significant associations for both groups.<sup>54</sup> On the issue of social class effects, a meta-analysis found positive effects in relationship satisfaction/quality and communication skills among programs with mostly economically disadvantaged families defined as “near-poor” but not among

<sup>43</sup> Schilling, E. A., Baucom, D. H., Bumett, C. K., Allen, E. S., & Ragland, L. (2003). Altering the course of marriage: the effect of PREP communication skills acquisition on couples' risk of becoming maritally distressed. *Journal of Family Psychology, 17*(1), 41.

<sup>44</sup> Larence, L.Y. & Rousson, A. (In press). Facilitating change: A process of renewal for women who have used force in their intimate heterosexual relationships. *Violence Against Women*.

<sup>45</sup> Larence, L.Y. (2006). Serving women who use force in their intimate heterosexual relationships: An extended view. *Violence Against Women, 12* (7): 622-640.

<sup>46</sup> Larence, L.Y. & Miller, S.L. (2014). Finding the middle ground: Re-imagining responses to women's use of force. University of Miami Law Review Special Issue: CONVERGE.

<sup>47</sup> Swan, S. C., & Snow, D. L. (2002). The typology of women's use of violence in intimate relationships. *Violence Against Women, 8*(3), 286-319.

<sup>48</sup> Dasgupta, S. (2002). A framework for understanding women's use of nonlethal violence in intimate heterosexual relationships. *Violence Against Women, 8*(11), 1364-1389.

<sup>49</sup> Roy, D. (2012). South Asian battered women's use of force against intimate male partners: A practice note. *Violence Against Women, 18* (9), 1108-1118.

<sup>50</sup> Ballan, M.S. & Freyer, M.B. (2012). Self-Defense among women with disabilities: An unexplored domain in domestic violence cases. *Violence Against Women, 18* (9), 1083-1107.

<sup>51</sup> Miller, S. (2001). The paradox of women arrested for domestic violence. *Violence Against women, 7* (12), 1339-1376.

<sup>52</sup> Hawkins, A. J., & Erickson, S. E. (2015). Is couple and relationship education effective for lower income participants? A meta-analytic study. *Journal of Family Psychology, 29*, 59-68.

<sup>53</sup> Antle, B. F., Karam, E., Christensen, D. N., Barbee, A. P., & Sar, B. K. (2011). An evaluation of healthy relationship education to reduce intimate partner violence. *Journal of Family Social Work, 14*, 387-406.

<sup>54</sup> Rauer, A.J., Adler-Baeder, F., Lucier-Greer, M., Skuban, E., Ketting, S.A., & Smith, T. (2014). Exploring processes of change in couple relationship education: Predictors of change in relationship quality. *Journal of Family Psychology, 28*(1), 65-76.

programs serving those who were defined as “poor.”<sup>55</sup> In contrast, one study found greater improvements in relationship quality for lower-income men and greater improvements in positive interactions for lower-income women, though improvements were significant at all income levels.<sup>56</sup> One study showed healthy relationship programming yielded a larger reduction in emotional abuse among college-educated than non-college-educated participants; however, the approach to testing moderation and the specific effects for these subgroups were unclear.<sup>57</sup> A meta-analysis showed positive effects in relationship satisfaction/quality and communication skills for studies with mostly married couples, but no effects for studies with mostly unmarried couples.<sup>58</sup> Similarly, improvements in relationship commitment in one study were more strongly linked to improvements in relationship quality for married women, though there were significant associations for both groups.<sup>59</sup>

Although these studies have examined moderating factors individually, a cumulative risk perspective suggests that there may be combined effects of racism, sexism, and other traumatizing discriminatory experiences on individual and relationship functioning. In the aggregate, these factors may influence effects of programs on intended non-IPV healthy relationship outcomes, and subsequently, on IPV outcomes. While no evidence was available on the moderating effects of such cumulative risk for the pathways to IPV outcomes, one study found that increased IPV was related to varying combinations of social structural factors, social relationships, substance use, health/mental health and access to related services among different racial/ethnic groups.<sup>60</sup> This suggests that how well programs respond to the multiple challenges that program participants experience could shape pathways from program participation to IPV outcomes.

Pathways to IPV outcomes may also vary based on non-demographic personal characteristics. One study found that depression in either member of the couple attenuated the effects of healthy relationship programming on coping, such that improvements in coping were stronger or only evident for individuals who were not depressed.<sup>61</sup> (A possible explanation given for this finding was that depression may interfere with participation in an intervention and the ability to learn information.)

Initial relationship quality and characteristics have also been tested as moderators of healthy relationship program outcomes: One meta-analysis showed positive effects in relationship satisfaction/quality and communication skills for studies with more participants in distressed relationships and no effects for studies with few participants in distressed relationships.<sup>62</sup> Similarly, another study found greater improvement in positive interactions for women who began with fewer positive interactions and for women who were initially less committed to their relationships. This study also found that improvements in positive interactions were more strongly linked to improvements in relationship commitment for men who began the program with fewer positive interactions, less commitment to their relationship, and lower relationship quality; improvements in relationship commitment were more strongly linked to improvements in relationship quality for women who began the program with lower-quality relationships. In this study, there were significant positive outcomes and associations for all groups.<sup>63</sup> The moderation findings may be a result of ceiling effects, in which couples who already have positive relationships have less room for improvement.

***Hypothesized Moderating Influence of Participants’ Characteristics.*** Where empirical evidence is not available, other potential moderators have been theorized. An IPV intervention program

---

<sup>55</sup> Hawkins, A. J., & Erickson, S. E. (2015). Is couple and relationship education effective for lower income participants? A meta-analytic study. *Journal of Family Psychology, 29*, 59-68.

<sup>56</sup> Rauer et al 2014 (as above).

<sup>57</sup> Antle, B. F., Karam, E., Christensen, D. N., Barbee, A. P., & Sar, B. K. (2011). An evaluation of healthy relationship education to reduce intimate partner violence. *Journal of Family Social Work, 14*, 387-406.

<sup>58</sup> Hawkins, A. J., & Erickson, S. E., 2015 (as above).

<sup>59</sup> Rauer et al 2014 (as above)

<sup>60</sup> Cheng, T.C. & Lo, C.C. (2015). Racial disparities in intimate partner violence examined through the multiple disadvantage modes. *Journal of Interpersonal Violence, 31*, 1-26.

<sup>61</sup> Wadsworth & Markman, 2012 (as above).

<sup>62</sup> Hawkins, A. J., & Erickson, S. E. (2015). Is couple and relationship education effective for lower income participants? A meta-analytic study. *Journal of Family Psychology, 29*, 59-68.

<sup>63</sup> Rauer et al 2014 (as above).

found that couples with higher relationship commitment reported greater reductions in IPV perpetration;<sup>64</sup> commitment is theorized to moderate healthy relationship program effects in the same way.<sup>65</sup> Substance abuse is hypothesized to impede program effects on IPV and mediators of IPV outcomes, on the basis of descriptive findings indicating associations between substance use and increased IPV.<sup>66,67,68</sup> Some researchers have theorized that childhood experiences, such as childhood exposure to violence and violent victimization, may moderate program effects by diminishing reductions in IPV and related mediators.<sup>69,70,71</sup> Some research posits that contextual stressors affecting marital interactions and processes among low-income adults may decrease the effect of program participation on positive marital outcomes and relationship skills.<sup>72</sup> Finally, culturally-specific contextual factors—such as community cohesion, gender norms, and attitudes toward IPV—have been proposed to moderate program effects, for instance by supporting or hindering help-seeking for IPV or by facilitating or interfering with the process of change.<sup>73,74,75,76</sup> Although descriptive research indicates that IPV disproportionately affects persons who identify as lesbian, gay, and bisexual (LGB),<sup>77</sup> our literature search did not yield any research examining sexual orientation as a moderator of HR program effects. In addition, given empirical findings for the link between depression and healthy relationship programs' non-IPV outcomes, it is hypothesized that other mental health issues such as schizophrenia, bipolar disorders, and PTSD may interfere with program effects on reducing IPV as well.

***Influence of Participants' Characteristics on Program Engagement.*** Beyond moderating program effects on IPV and related outcomes, personal characteristics may also shape program effects on IPV by shaping participants' engagement in programs. For example, religiosity and higher levels of education and income predicted receipt of premarital relationship education in one study.<sup>78</sup> Another study found that the perceived importance of marriage, perceived relationship problems, and individual kindness and maturity predicted involvement in marriage preparation.<sup>79</sup> Expert input suggests that consideration should also be given to the possibility that pathways to IPV outcomes could also vary based on mental and physical disabilities of program participants, due to how these characteristics might shape participants' engagement with programming and how well (or not) programs are equipped to address the unique needs of participants with disabilities.

---

<sup>64</sup> Stith, S. M., Rosen, K. H., & McCollum, E. E. (2004). Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy. *Journal of Marital and Family Therapy, 30*, 305-318.

<sup>65</sup> Hawkins & Erickson, 2015 (as above).

<sup>66</sup> Dowd, L., & Leisring, P. (2008). A framework for treating partner aggressive women. *Violence and Victims, 23*:249-263.

<sup>67</sup> Almeida, R. V., & Durkin, T. (1999). The cultural context model: Therapy for couples with domestic violence. *Journal of Marital and Family Therapy, 25*:313-324.

<sup>68</sup> Whiting, J., Bradford, K., Vail, A., Carlton, E., & Bathje, K. (2009). Developing a domestic violence protocol for marriage education: Critical components and cautions. *Journal of Couple & Relationship Therapy: Innovations in Clinical and Educational Interventions, 8*(2):181-196.

<sup>69</sup> Tilley, D. S., & Brackley, M. (2005). Men who batter intimate partners: a grounded theory study of the development of male violence in intimate partner relationships. *Issues in Mental Health Nursing, 26*(3), 281-297.

<sup>70</sup> Bensley, L., Van Eenwyk, J., & Simmons, K. W. (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine, 25*(1), 38-44.

<sup>71</sup> McKinney, C. M., Caetano, R., Ramisetty-Mikler, S., & Nelson, S. (2009). Childhood family violence and perpetration and victimization of intimate partner violence: findings from a national population-based study of couples. *Annals of Epidemiology, 19*(1), 25-32.

<sup>72</sup> Karney, B. R., & Bradbury, T. N. (2005). Contextual influences on marriage: Implications for policy and intervention. *Current Directions in Psychological Science, 14*, 171-174.

<sup>73</sup> Bograd, M. (1999). Strengthening domestic violence theories: The intersection of race, class, sexual orientation, and gender. *Journal of Marital and Family Therapy, 25*, 275-289.

<sup>74</sup> Almeida, R. V., & Durkin, T. (1999). The cultural context model: Therapy for couples with domestic violence. *Journal of Marital and Family Therapy, 25*, 313-324.

<sup>75</sup> Mills, L. G., Grauwiler, P., & Pezold, N. (2006). Enhancing safety and rehabilitation in intimate violence treatments: New perspectives. *Public Health Reports, 121*(4), 363.

<sup>76</sup> Hyra, A., La Hoz, A., Rubio, L., & Macoubrie, J. (n.d.). Intimate partner violence among Latinos. National Healthy Marriage Resource Center. Available from <http://www.healthymarriageinfo.org/index.aspx>

<sup>77</sup> Walters, M. L., Chen J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on victimization by sexual orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>78</sup> Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). Marital therapy, retreats, and books: The who, what, when, and why of relationship help-seeking. *Journal of Marital and Family Therapy, 35*, 18-29.

<sup>79</sup> Duncan, S. F., Holman, T. B., & Yang, C. (2007). Factors associated with involvement in marriage preparation programs. *Family Relations, 56*, 270-278.

## Moderating Influence of Adult Participants' Current or Prior IPV Experiences

IPV prevalence appears much higher among healthy relationship program participants than in nationally representative samples. For example, 17% of women and 10% of men in the Responsible Fatherhood, Marriage and Family Strengthening Grants for Incarcerated and Reentering Fathers and Their Partners program participants (which consisted of justice-involved fathers and their partners) had experienced severe physical violence in a 6-month reference period,<sup>80</sup> and 4% of women and 2% of men in the Building Strong Families program (which consisted of unmarried, low-income couples) had been physically injured by their partner in a 6-month reference period. (Detailed information on IPV prevalence in adult healthy relationship program participants can be found in "[Prevalence and Experiences: Intimate Partner Violence Prevalence and Experiences Among Healthy Relationship Program Target Populations.](#)")

Like other participant characteristics, IPV experiences may serve as **moderators** of healthy relationship program influences. When considering the current or prior IPV experiences of healthy relationship program participants, it is critical to distinguish among different types of IPV experiences. Not all experiences of IPV are the same, and different types could lead to different outcomes, especially if participants are involved in a healthy relationship program as a couple (as opposed to as individuals).

Below we review the limited evidence for participants' current or prior IPV experiences (including IPV types) as moderators of healthy relationship program effects.

**Evidence for the Moderating Influence of Adults' Current or Prior IPV Experiences.** Some studies have investigated whether and how participants' current or prior IPV experiences (those that occur previous to or apart from healthy relationship program participation) may moderate the relationship between adult healthy relationship program activities and intended healthy relationship program outcomes. Wadsworth & Markman's (2012) review of studies found that the beneficial effects of healthy relationship programming on relationship confidence and satisfaction, parenting alliance, and escalation were only present for couples without a history of relationship aggression (variously defined across studies).<sup>81</sup>

**Hypothesized Moderating Role of Types of IPV Experiences.** Although empirical evidence is not available, specific types of IPV experiences have been proposed as moderators of the effect of healthy relationship program participation on IPV outcomes. Often the types of IPV experienced are categorized using Johnson's typology<sup>82</sup> which classifies IPV among adults into four categories based on various characteristics of the type of violence perpetrated: situational couple violence<sup>83</sup>, coercive controlling violence<sup>84</sup>, violent resistance<sup>85</sup>, and separation-instigated violence<sup>86</sup>. As previously noted, researchers suggest that current or prior IPV experiences could shape program effects on IPV outcomes through moderated mediation; that is, in couples experiencing situational couple violence, program participation could promote healthy attachment and the ability to take responsibility in the relationship, which could in turn lead to decreased IPV.<sup>87,88,89,90</sup> Other researchers propose that the presence of coercive

---

<sup>80</sup> McKay, T. E., Bir, A., Lindquist, C. H., Steffey, D. M., Keyes, V. S., Siegel, S. Y. (2013). *Addressing domestic violence in family strengthening programs for couples affected by incarceration*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation. <http://aspe.hhs.gov/hsp/13/MFS-IPDomesticViolence/rpt.pdf>

<sup>81</sup> Wadsworth and Markman, 2012 (as above).

<sup>82</sup> Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

<sup>83</sup> Situational couple violence is defined as the occasional escalation of relationship conflict into physical violence without an accompanying pattern of coercion and control.

<sup>84</sup> Coercive controlling violence (also known as intimate terrorism) is defined as a pattern of physical violence accompanied by emotional abuse and controlling behavior, associated with severe impacts on victims.

<sup>85</sup> Violent resistance is defined as the use of force by a victim of intimate terrorism against a perpetrator of intimate terrorism.

<sup>86</sup> Separation-instigated violence is defined as IPV that is perpetrated in the context of relationship dissolution by a partner with no prior history of IPV perpetration.

<sup>87</sup> Schneider, C. & Brimhall, A. (2014). From scared to repaired: Using an attachment-based perspective to understand situational couple violence. *Journal of Marital and Family Therapy*, 40, 367-379.

<sup>88</sup> Whiting, J. B. (2008). The role of appraisal distortion, contempt, and morality in couple conflict: a grounded theory. *Journal of Marital and Family Therapy*, 34(1), 44-57.

<sup>89</sup> Whiting, J., Bradford, K., Vail, A., Carlton, E., & Bathje, K. (2009). Developing a domestic violence protocol for marriage education: Critical components and cautions. *Journal of Couple & Relationship Therapy: Innovations in Clinical and Educational Interventions*, 8(2), 181-196. doi:10.1080/15332690902813844.

controlling violence (also known as intimate terrorism) could moderate healthy relationship program outcomes, but this has not been demonstrated empirically.<sup>91,92</sup> Specifically, the presence of coercive controlling violence is hypothesized to not only negate IPV reduction effects, but also to promote harmful effects, such that victims of coercive controlling violence may experience increased IPV as a result of program participation.<sup>93</sup> While not empirically tested, experts believe that if one partner is systematically controlling the other, then education aimed at producing a more egalitarian relationship (such as building healthy relationship knowledge, skills, and behaviors) would threaten the perpetrator's control and could lead him or her to escalate the controlling behavior. Violent resistance, often used by the victims of coercive controlling violence against their abusers, has also been proposed as a condition under which healthy relationship programs may fail to reduce, or may increase, IPV.<sup>94</sup> To date, theory and research literature do not address how separation-instigated violence may moderate effects of participation in healthy relationship programs.<sup>95</sup> However, it is important to note that, if separation occurs during or after program participation, programs might encounter separation-instigated violence among couples with no history of IPV experiences.

### Youth Healthy Relationship Programs: Pathways Leading to TDV Outcomes

As with adult-serving programs, participation in youth healthy relationship program activities may influence TDV; however, the findings presented here for youth healthy relationship programs are subject to several important limitations. Although there are a number of youth programs aimed at preventing and reducing TDV and increasing healthy relationship knowledge, skills, and behaviors among youth, limited empirical findings exist on programs' TDV outcomes and pathways leading to TDV outcomes. There is also limited research on couple dynamics within teen couples in which TDV occurs. Finally, outcomes that have been empirically tested in youth-serving programs may not be generalizable to all youth healthy relationship program populations, and empirical evidence is limited, especially with regard to the use of adequate comparison groups and mediation analyses.

The next four sections of this paper present empirical and theoretical work on how youth-serving healthy relationship programs can influence TDV, the potential for mediated effects on TDV, the potential moderating influences of youth characteristics on TDV outcomes, and the potential moderating influences of current or prior TDV experiences on TDV outcomes.

### Direct Effects of Youth-Serving Programs on TDV

**Evidence for Effects on TDV.** Two quasi-experimental studies of youth healthy relationship programs in high schools have found reductions in TDV. An evaluation of the "Connections: Relationships and Marriage" curriculum found decreases in dating and relationship violence that persisted after 4 years.<sup>96,97</sup> An evaluation of the "Love U2: Increasing Your Relationship Smarts" program demonstrated reductions in verbal relationship aggression at post-test.<sup>98</sup> It should be noted that self-selection into treatment and comparison groups, pre-test differences between groups, and high rates of attrition weaken the conclusions that can be drawn from these studies. Additionally, these studies did not test for mediation or moderation effects.

**Hypothesized Effects on TDV.** Other youth-serving, curriculum-based programs include a focus on healthy relationships, but their primary focus is other outcomes, such as TDV or sexual behavior. Although they are not the same as youth healthy relationship programs, rigorous

---

<sup>90</sup> Whiting, J. B., Oka, M., & Fife, S. T. (2012). Appraisal distortions and intimate partner violence: Gender, power, and interaction. *Journal of Marital and Family Therapy, 38*(s1), 133-149.

<sup>91</sup> Kelly and Johnson, 2008 (as above).

<sup>92</sup> Johnson, 2009 (as above).

<sup>93</sup> Johnson, 2009 (as above).

<sup>94</sup> Johnson, 2009 (as above).

<sup>95</sup> Kelly and Johnson, 2008 (as above).

<sup>96</sup> Gardner, S. P., & Boellaard, R. (2007). Does youth relationship education continue to work after a high school class? A longitudinal study. *Family Relations, 56*, 490-500.

<sup>97</sup> Gardner, S. P., Giese, K., & Parrott, S. M. (2004). Evaluation of the "Connections: Relationships and Marriage" curriculum. *Family Relations, 53*, 521-527.

<sup>98</sup> Adler-Baeder, F., Kerpelman, J., Schramm, D. G., Higginbotham, B., & Paulk, A. (2007). The impact of relationship education on adolescents of diverse backgrounds. *Family Relations, 56*, 291-303.

evaluation studies of these programs offer insights into the TDV outcomes that youth healthy relationship programs could hypothetically affect. Findings regarding the impact of these other youth intervention approaches on TDV outcomes are shown in Table 2. These findings suggest that youth healthy relationship programs, which include some similar program goals and curriculum content as the programs shown in Table 2, could hypothetically reduce emotional TDV victimization and perpetration, physical TDV victimization and perpetration, and sexual violence perpetration.

**Table 2. Outcomes of Youth-Serving Programs with a Focus on TDV and/or Healthy Relationships**

Program Name	Target Population	Program Goals	Observed Outcomes
<b>Safe Dates</b> <sup>99</sup>	Middle school aged youth	Reducing and preventing TDV victimization and perpetration	Reduced psychological, physical, and sexual violence. Reduction of harmful gender stereotypes and dating violence norms, and increase in awareness of services.
<b>Young Parenthood Program</b> <sup>100</sup>	Pregnant teens and their male partners	Developing relationship goals, healthy roles, and communication; reducing stressors	Reduced TDV at 2-3 months post-childbirth
<b>Second Step</b> <sup>101</sup>	Middle school aged youth	Supporting healthy and respectful communication; reducing bullying and harassment of/by dating partners and other peers	Reduced sexual violence perpetration
<b>It's Your Game...Keep It Real</b> <sup>102</sup>	Middle school aged youth of color	Delaying sexual behavior and promoting healthy dating relationships	Reduced physical and emotional TDV victimization and perpetration
<b>Start Strong</b> <sup>103</sup>	Middle school students	Promoting healthy relationships and preventing TDV	Reduced attitudes supporting TDV and reduced gender stereotypes
<b>Coaching Boys to Men</b> <sup>104</sup>	High school students	Recognizing TDV, developing gender-equitable attitudes, reducing negative bystander behaviors, and reducing TDV perpetration	Reduced negative bystander behaviors (e.g., laughing, "going along with" peers' TDV perpetration)
<b>The Fourth R</b> <sup>105</sup>	High school students	Promoting healthy relationships and preventing TDV, bullying, peer violence, and group violence. Increasing skills and reducing risk behaviors related to relationships, substance use, and sexual behavior.	Reduced physical dating violence. Improved condom use in sexually active boys. Increase in peer resistance and communication skills.
<b>Shifting Boundaries</b> <sup>106</sup>	Middle school students	Increasing knowledge and awareness of sexual abuse and harassment; promoting pro-social attitudes, a negative view of TDV and sexual harassment, and nonviolent behavioral intentions in bystanders; and reducing TDV, peer violence, and sexual harassment	Reduced physical and sexual dating violence and sexual harassment. Reduced peer sexual violence. Increased student knowledge about laws and consequences about dating violence and sexual harassment. Increase in pro-social behavioral intentions. Increased positive intentions to intervene as a bystander.

<sup>99</sup> Foshee, V. A., Bauman, K. E., Ennett, S. T., Suchindran, C., Benefield, T., & Linder, G. F. (2005). Assessing the effects of the dating violence prevention program "Safe Dates" using random coefficient regression modeling. *Prevention Science, 6*, 245-258.

<sup>100</sup> Florsheim, P., McArthur, L., Hudak, C., Heavin, S., & Burrow-Sanchez, J. (2011). The Young Parenthood Program: Preventing intimate partner violence between adolescent mothers and young fathers. *Journal of Couple & Relationship Therapy, 10*(2), 117-134.

<sup>101</sup> Espelage, D. L., Low, S., Polanin, J. R., Brown, E. C. (2014). Clinical trial of Second Step middle school program: Impact on aggression & victimization. *Journal of Applied Developmental Psychology.*

<sup>102</sup> Peskin, M. F., Markham, C. M., Shegog, R., Baumler, E. R., Addy, R. C., Tortolero, S. R. (2014). Effects of the It's Your Game...Keep It Real Program on Dating Violence in Ethnic-Minority Middle School Youths: A Group Randomized Trial. *American Journal of Public Health.*

<sup>103</sup> Miller, S., Williams, J., Cutbush, S., Gibbs, D., Clinton-Sherrod, M., Jones, S. (2015). Evaluation of the Start Strong Initiative: Preventing Teen Dating Violence and Promoting Healthy Relationships Among Middle School Students. *Journal of Adolescent Health, 56*, 214-219.

<sup>104</sup> Miller, E., Tancredi, D. J., McCauley, H. L., Decker, M. R., Virata, M. C. D., Anderson, H. A., O'Connor, B., Silverman, J. G. (2013). One-Year Follow-Up of a Coach-Delivered Dating Violence Prevention Program: A Cluster Randomized Controlled Trial. *American Journal of Preventive Medicine. 45*(1):108-112.

<sup>105</sup> Wolfe, D. A., Crooks, C. V., Jaffe, P. G., Chiodo, D., Hughes, R., Ellis, W., Stitt, L., & Donner, A. (2009). A universal school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of Pediatric and Adolescent Medicine, 163*, 693-699.

<sup>106</sup> Taylor, B., Stein, N., Woods, D., & Mumford, E. (2011). Shifting Boundaries: Final Report on an Experimental Evaluation of a Youth Dating Violence Prevention Program in New York City Middle Schools. Washington, DC: Policy Executive Research Forum.

As with adult programming, healthy relationship programming for youth could potentially also have the unintended effect of increasing TDV; however, this possibility has not been discussed in the empirical or theoretical literature. Though youth healthy relationship programs tend to be delivered to groups of individual youth (and not couples), TDV victims who receive healthy relationship programming and attempt to implement new skills or strategies could face backlash from abusive or controlling partners,<sup>107</sup> or perpetrators could learn skills or information that help them to further abuse or manipulate a partner.

## Mediated Effects of Youth-Serving Programs on TDV

Youth-serving programs may affect TDV indirectly. This occurs when program activities influence other (non-TDV) outcomes, which in turn affect TDV. Non-TDV outcomes that can lead to an effect on TDV are **mediators**. For example, when healthy relationship programs reduce gender stereotypes, this mediator – reduced gender stereotypes – may in turn decrease TDV. Such indirect effects are described below.

**Evidence for Mediators.** A few youth healthy relationship programs have shown effects on outcomes that are empirically linked in other research to TDV, including relationship knowledge (such as ability to identify unhealthy relationship patterns), relationship beliefs, and relationship skills.<sup>108,109,110</sup> However, these studies did not directly test mediation pathways to TDV outcomes.

**Hypothesized Mediators.** One study of a TDV-focused prevention program (which was not a healthy relationship program) has statistically tested mediation: Safe Dates' effects on TDV were mediated by changes in dating violence norms and gender role norms, and increased awareness of community services.<sup>111</sup> These findings, as well as evidence from the Start Strong evaluation on change in gender role norms and dating violence norms (Table 2), suggest that these factors could mediate healthy relationship program effects on TDV as well.<sup>112</sup> Findings from other youth-serving programs (Table 2) also suggest that youth healthy relationship programs could hypothetically reduce negative bystander behavior on the pathway to reducing TDV. The current research base does not suggest any hypothesized mediators on the pathway to increasing TDV.

## Moderating Influence of Youth Participants' Characteristics

### Applying Adult Moderators to Youth Healthy Relationship Program Populations?

Several potential moderating characteristics included in the section for adults are *not* addressed among youth in the TDV prevention and healthy relationship literature. As reviewed under adult-serving programs, these include depression and relationship commitment. Among youth, the theoretical relevance of relationship commitment is less clear given their earlier life stage, dating experiences, and intentions.

Youth-serving healthy relationship programs typically work with high school-aged youth, 14–18 years, although prevention efforts are increasingly shifting programming towards middle school aged youth as well.<sup>113</sup> School-based programs tend to serve the general student population, rather than specifically targeted populations. Out-of-school programs may serve more specific (and sometimes more vulnerable) youth populations, such as youth in foster care or juvenile justice settings. Demographic or other personal characteristics of participants may serve as **moderators** of healthy relationship program influences; this means that these characteristics may strengthen or attenuate

<sup>107</sup> In addition, the universal primary prevention approach that most youth-serving programs take, in which curricula are delivered to entire classrooms of students without an individualized intake process, means that programs could unknowingly be delivered to two members of a dating couple simultaneously in the same classroom.

<sup>108</sup> Adler-Baeder, F., Kerpelman, J., Schramm, D. G., Higginbotham, B., & Paulk, A. (2007). The impact of relationship education on adolescents of diverse backgrounds. *Family Relations*, 56, 291-303.

<sup>109</sup> Gardner, S. P., Giese, K., & Parrott, S. M. (2004). Evaluation of the "Connections: Relationships and Marriage" curriculum. *Family Relations*, 53, 521-527.

<sup>110</sup> Halpern-Meekin, S. (2011). High School Relationship and Marriage Education: A Comparison of Mandated and Self-Selected Treatment. *Journal of Family Issues*, 32(3), 394-419

<sup>111</sup> Foshee, V. A., Bauman, K. E., Ennett, S. T., Suchindran, C., Benefield, T., & Linder, G. F. (2005). Assessing the effects of the "Safe Dates" using random coefficient regression modeling. *Prevention Science*, 6, 245-258.

<sup>112</sup> Miller, S., Williams, J., Cutbush, S., Gibbs, D., Clinton-Sherrod, M., Jones, S. (2015). Evaluation of the Start Strong Initiative: Preventing Teen Dating Violence and Promoting Healthy Relationships Among Middle School Students. *Journal of Adolescent Health*. 56:214-519.

<sup>113</sup> Miller et al, 2015 (as above).

the effects of youth healthy relationship program activities on the proposed non-TDV mediators and, ultimately, on TDV outcomes. For example, healthy relationship programs may have different influences on TDV for girls versus boys. The proposed moderating effects of participants' demographics and other characteristics are described below.

**Evidence for the Moderating Influence of Participants' Characteristics.** Few empirical studies of moderation in youth-serving healthy relationship programs exist, and findings are inconsistent. For example, one study found that program effects on TDV and related mediators did not vary across racial/ethnic groups, levels of household income, or family structure types.<sup>114</sup> However, another found that youth from two-parent families showed the strongest relationship skill gains (whereas youth from never-married or divorced families showed either smaller changes or no change in different samples) and that there were no program effects at schools with severe economic disadvantage. Moderation findings with respect to youth age and race/ethnicity were mixed.<sup>115</sup>

**Hypothesized Moderating Influence of Participants' Characteristics.** Findings from evaluation studies of TDV prevention programs (which were not healthy relationship programs) suggest some socio-demographic characteristics that could moderate youth healthy relationship program effects on TDV outcomes. As observed among adults,<sup>116</sup> gender can moderate program effects on TDV among youth. In one program (It's Your Game...Keep It Real), program participation was associated with reduced emotional dating violence perpetration among boys only.<sup>117</sup> Findings also suggest that race/ethnicity may moderate program effects on TDV. In one study, emotional dating violence victimization and perpetration were reduced among Hispanic/Latino youth, and physical dating violence victimization was reduced among African American youth.<sup>118</sup>

**Influence of Participants' Characteristics on Program Engagement.** As among adult participants, personal characteristics of youth participants may influence program effects by shaping their ability to engage in programs. Participant engagement may hinder or facilitate program implementation overall, especially in the school and community context in which many of these programs take place. Variations in individual participants' exposure to programming and follow-up activities, such as booster sessions, may further impact program effectiveness for youth participants. As well, mental and physical disabilities may impact the ability of youth to participate meaningfully, especially if programs are not tailored for unique needs of these youth.

## Moderating Influence of Participants' Current or Prior TDV Experiences

Among youth who have ever dated, two thirds reported ever experiencing physical violence or psychological abuse victimization by a dating partner in their lifetimes.<sup>119</sup> Among a sample of middle school students who had ever dated (N=1653), 32% reported that they had perpetrated physical dating violence in their lifetimes.<sup>120</sup> However, no large-scale studies of TDV in youth populations involved in ACF-funded healthy relationship programs have yet been published.

Like other personal characteristics, current or prior TDV experiences may serve as **moderators** of youth healthy relationship program influences. For example, healthy relationship programs may have different influences for youth who have previously experienced physical dating violence compared to those who have not. The findings presented here focuses on

---

<sup>114</sup> Adler-Baeder, F., Kerpelman, J., Schramm, D. G., Higginbotham, B., & Paulk, A. (2007). The impact of relationship education on a adolescents of diverse backgrounds. *Family Relations*, 56, 291-303.

<sup>115</sup> Halpern-Meekin, S. (2011). High School Relationship and Marriage Education: A Comparison of Mandated and Self-Selected Treatment. *Journal of Family Issues*, 32(3), 394-419.

<sup>116</sup> Schilling, E. A., Baucom, D. H., Bumett, C. K., Allen, E. S., & Ragland, L. (2003). Altering the course of marriage: the effect of PREP communication skills acquisition on couples' risk of becoming maritally distressed. *Journal of Family Psychology*, 17(1), 41.

<sup>117</sup> Peskin, M.F., Markham, C.M., Shegog, R., Baumler, E.R., Addy, R.C., Tortolero, S.R. (2014). Effects of the It's Your Game...Keep It Real Program on Dating Violence in Ethnic-Minority Middle School Youths: A Group Randomized Trial. *American Journal of Public Health*.

<sup>118</sup> Peskin et al, 2014 (as above).

<sup>119</sup> Taylor, B. G., Mumford, E. A., & Stein, N. D. (2015). Effectiveness of "Shifting Boundaries" Teen Dating Violence Prevention Program for Subgroups of Middle School Students. *Journal of Adolescent Health*, 56(2, Supplement 2), S20-S26. doi: <http://dx.doi.org/10.1016/j.jadohealth.2014.07.004>

<sup>120</sup> Niolon, P.H., Vivolo-Kantor, A., Latzmann, N., Valle, L.A., Kuoh, H., Burton, T., Taylor, B.G., Tharp, A.T. (2015). Prevalence of teen dating violence and co-occurring risk factors among middle school youth in high-risk urban communities. *Journal of Adolescent Health* 56: S5-S13.

characteristics of pre-existing TDV experiences rather than on “types” of TDV. The proposed moderating effects of characteristics of pre-existing TDV experiences are described below.

**Evidence for the Moderating Influence of Current or Prior TDV Experiences.** Prior research has not tested moderation effects of TDV experiences on outcomes in healthy relationship programs or related interventions.

**Hypothesized Moderating Influence of Current or Prior TDV Experiences.** Evidence from TDV prevention programs (i.e., not healthy relationship programs) suggests hypothesized moderators of TDV outcomes and related mediators in youth healthy relationship programs. One study found that effects of the Safe Dates intervention on severe physical abuse perpetration were moderated by prior involvement in that form of violence, such that beneficial effects were only seen among youth with no or average (i.e., not high) initial perpetration.<sup>121</sup> Several works have advanced, but not tested, the hypotheses that the presence of controlling behavior<sup>122</sup> and severe forms of violence producing fear and injury<sup>123</sup> may moderate programs’ TDV outcomes. Expert input suggests that forms of TDV in which one partner attempts to gain power and control over the other could be exacerbated by relationship programming focused on building youth knowledge about healthy relationships, as such knowledge could pose a threat to the abusive partner and increase risk of TDV perpetration.

## Conclusion

We have conducted a broad review of the empirical and theoretical literature and consulted with a panel of experts on healthy relationship programs’ effects on IPV/TDV, and the pathways by which those effects occur. This work suggests that:

- Although the primary focus of healthy relationship programs is not to affect IPV/TDV, such programs could have both positive and negative effects on physical, sexual, and emotional IPV and TDV perpetration and victimization. Negative outcomes, or increased IPV/TDV, could result if an abusive, controlling partner feels threatened by a healthy relationship program’s focus on relationship skills, knowledge and behaviors. Positive outcomes, or decreased IPV/TDV, could result if programs influence relationship knowledge, relationship quality, conflict resolution skills, IPV/TDV-related beliefs, and couple communication and interactions.
- Programs’ effects on IPV/TDV may take place through effects on related (non-IPV/TDV) outcomes, such as relationship knowledge, relationship quality, conflict resolution skills, IPV-related beliefs (e.g., gender stereotypes, TDV norms), and communication and interactions.
- Personal characteristics of adult program participants may strengthen, attenuate, or reverse program effects on IPV and related mediators. Prior empirical research suggests that men, married adults, more educated adults, and adults with a poorer-quality or more distressed relationship may experience more beneficial program effects on IPV or other relationship outcomes. Adults who are depressed may not benefit from programming, and improvements in positive communication may result in unintended negative relationship outcomes for women. Race/ethnicity and income may also moderate program effects on relationship outcomes, but results are mixed in terms of direction.

---

<sup>121</sup> Foshee, V. A., Bauman, K. E., Ennett, S. T., Suchindran, C., Benefield, T., & Linder, G. F. (2005). Assessing the effects of the dating violence prevention program “Safe Dates” using random coefficient regression modeling. *Prevention Science, 6*, 245-258.

<sup>122</sup> Basile, K. C., Hall, J. E., & Walters, M. L. (2013). Expanding resource theory and feminist-informed theory to explain intimate partner violence perpetration by court-ordered men. *Violence Against Women, 19*, 848-880.

<sup>123</sup> Mulford, C., & Giordano, P. M. (2008). Teen dating violence: A closer look at adolescent romantic relationships. *National Institute of Justice Journal, 261*. Retrieved from <http://www.nij.gov/journals/261/pages/teen-dating-violence.aspx>.

- Program effects on TDV outcomes and related mediators may also vary by personal characteristics of youth program participants; however empirical findings are even more limited than for adult participants and are inconsistent.
- Participants' current or prior experiences with IPV/TDV may strengthen, attenuate, or reverse program effects on IPV/TDV and related mediators; however, prior research has not tested moderation effects of TDV experiences on outcomes in healthy relationship programs and related interventions. Prior research suggests that, for some adult participants experiencing situational couple violence, programs could help to decrease IPV. Evidence-informed theoretical work suggests that, for adult participants experiencing coercive controlling violence, program participation (particularly in adult programs that include couples-based activities) could lead to increased IPV. Although coercive controlling violence is likely to place victims in high danger, situational couple violence does not necessarily present minimal danger. Safety and danger should be assessed when individuals or couples present with current or prior IPV/TDV experiences, regardless of type. This assessment should inform the information that is given to a participant regarding potential risks of participation in certain program activities, as well as referrals to a local domestic violence program for safety planning and other services.

This information, along with information from other evidence reviews, will be used by the RIViR project to summarize implications for recognizing and responding to IPV/TDV in healthy relationship programs. Yet, several gaps in the current research base need to be addressed in future work.

- Little evidence exists regarding youth healthy relationship programs' effects on TDV, the pathways by which those effects occur, or how those pathways may be moderated by other factors (such as socio-demographic characteristics or pre-existing TDV experiences). Findings from the evidence base on related prevention programs with youth can help to generate hypotheses, but these hypotheses need to be rigorously tested in youth healthy relationship programs.
- Research on adult healthy relationship programs has not produced definitive evidence that programs' effects on couple communication (or other mediators) in turn affect IPV.
- Evidence on the potential moderating role of various socio-demographic characteristics of adult participants (including gender, race/ethnicity, income, and education) is mixed. In addition, it is not well understood how exposure to racism and other forms of oppression and disadvantage may moderate the effect of program activities on IPV/TDV outcomes.
- Little is known about how program venue (e.g., local religious organization, school, prison, community organization) or wider context (e.g., urban versus rural) might shape programs' effects on IPV/TDV outcomes and the pathways to those outcomes.
- More broadly, there is little empirical work about conditions under which healthy relationship program participation may lead to increased IPV/TDV. This research is essential to help programs avoid unintended negative effects.
- Theory and early evidence suggest that various aspects of program models, such as target population characteristics and program activities offered, may shape programs' effects on IPV/TDV outcomes. However, the current evidence base is insufficient to describe distinct effects on IPV/TDV outcomes and distinct pathways to those outcomes according to program activity or participants' characteristics. More work is needed to distinguish among healthy relationship program activities (such as relationship education versus economic stability related activities) which may have different effects on IPV/TDV outcomes, as well as distinct pathways to those outcomes, for different participants.

### Acknowledgments

This brief was guided in its development by Seth Chamberlain and Samantha Illangasekare of ACF's Office of Planning, Research and Evaluation; Charisse Johnson and Millicent Crawford of the Office of Family Assistance; Shawndell Dawson and Marylouise Kelley of the Family Violence Prevention and Services program; Michael Johnson of Penn State University; Joe Jones of the Center for Urban Families; Sandra Martin of the University of North Carolina; and Anne Menard of the National Resource Center on Domestic Violence. We are also deeply grateful to our expert panel for their thoughtful input throughout the development of this brief:

- Jennifer Acker, The Parenting Center
- Julie Baumgardner, First Things First
- Jacquelyn Boggess, Center for Family Policy and Practice
- Kay Bradford, Utah State University
- Benjamin Karney, University of California—Los Angeles
- Joanne Klevens, Centers for Disease Control and Prevention
- Lisa Larence, University of Michigan—Ann Arbor
- Roland Loudenburg, Mountain Plains Evaluation
- Kelly Miller, Idaho Coalition Against Domestic Violence
- Mary Myrick, Public Strategies

### For More Information about the RIViR Project, Contact:

**Seth Chamberlain**, ACF Project Officer: [Seth.Chamberlain@acf.hhs.gov](mailto:Seth.Chamberlain@acf.hhs.gov)  
**Samantha Illangasekare**, ACF Project Officer: [Samantha.Illangasekare@acf.hhs.gov](mailto:Samantha.Illangasekare@acf.hhs.gov)  
**Tasseli McKay**, Project Director: [tmckay@rti.org](mailto:tmckay@rti.org)  
**Anupa Bir**, Principal Investigator: [abir@rti.org](mailto:abir@rti.org)  
**Monique Clinton-Sherrod**, Assoc. Project Director: [mclinton@rti.org](mailto:mclinton@rti.org)  
**Office of Planning, Research & Evaluation**: <http://www.acf.hhs.gov/programs/opre>  
**RTI International**: 3040 E Cornwallis Rd, Durham, NC 27709

### Suggested Citation

Clinton-Sherrod, M., McKay, T., Kan, M., Cutbush, S., Grove, L. & Mbilinyi, L., (2016). "Healthy Relationship Program Influences: Evidence for Understanding How Healthy Relationship Programs Influence Intimate Partner Violence." Prepared for Administration for Children & Families, U.S. Department of Health and Human Services.

Disclaimer: The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

Contract #: HHSP23320095651WC

## Appendix A: Methods

We conducted a review of existing empirical and theoretical research evidence to examine how healthy relationship programs can influence IPV, including their direct effects, indirect effects, the moderating influences of adult and youth participants' characteristics on IPV outcomes, and the moderating influences of current or prior IPV experiences on IPV outcomes. For the purposes of this review, empirical findings are defined as those that were statistically tested in the study from which the evidence was drawn. The search was targeted to three key areas of focus:

- 1) Theories and empirically tested findings on pathways to change in healthy relationship programs. This aspect of the review was focused on understanding the pathways leading from **Healthy relationship program activities to Decreased or Increased IPV/TDV** (the intimate partner violence (IPV) or teen dating violence (TDV) outcomes of healthy relationship activities). This is discussed in the *Direct Effects of Healthy Relationship Programs* section of the explanatory text. The empirically demonstrated and hypothesized **Mediators: Healthy Relationship Non-IPV Outcomes** are represented through pathways from healthy relationship program activities to IPV/TDV outcomes. Mediating variables explain a relationship between an independent variable, such as participation in healthy relationship program activities, and a dependent variable, such as an increase or reduction in IPV/TDV perpetration or victimization.
- 2) Theories and empirically tested findings on program participants' characteristics that moderate the effect of healthy relationship program activities on outcomes. This aspect of the review was focused on capturing the ways in which characteristics of the participants served by healthy relationship programming have been empirically shown or are hypothesized to moderate healthy relationship program impacts on IPV/TDV and related mediators.<sup>129</sup>
- 3) Theories and empirically tested findings on the interaction between current and prior IPV/TDV and pathways to healthy relationship programs. This aspect of the review was focused on describing how participants' current and prior IPV/TDV experiences have been empirically shown or are hypothesized to moderate healthy relationship program effects on IPV/TDV outcomes and related mediators.

RTI used these three foci to create search terms and phrases, using Boolean operators to link primary search phrases with other terms. We completed a search of peer-reviewed, published literature using MEDLINE, Web of Science, and Google Scholar, as well as a search of gray literature through mechanisms such as searching Web of Science and contacting academic consultants for additional relevant literature. We also searched the bibliographies of identified articles and reviews for additional relevant articles. An Excel-based literature abstraction form was used to enable systematic and transparent tracking of information from each source. The abstraction file allowed the team to clearly identify whether the report's contributions are based on original empirical data or meta-analytic methods, or whether they are exclusively theory-building or "thought pieces." Findings from each identified source were categorized for relevancy to the three foci of interest and included indication of whether findings were theoretical or were empirically tested. In prioritizing the findings for inclusion in the final proposed conceptual framework, priority was placed first on findings that were tested empirically (particularly when considering tests for potential moderators and mediators of program effects) and second on findings that were hypothesized on the basis of other empirical findings. For identified mediators and moderators, the source of information was required to specify that the moderating or mediating relationship was tested for it to be denoted as an empirically tested item.

---

<sup>129</sup> Any observed or hypothesized moderating effects of demographic characteristics are understood from a health disparities perspective; that is, such effects are assumed to be due to contextual factors (e.g., various forms of disadvantage) for which those characteristics serve as proxy, rather than resulting from the target population characteristics themselves.

To further distinguish pathways between healthy relationship programs and IPV/TDV experiences, RTI staff and academic partners categorized healthy relationship programs to help structure and inform our review of evidence for program pathways. We drew on information on common program activities from healthy marriage program implementation and impact studies (McKay, Lindquist, & Bir, 2013; Gaubert et al., 2012; Wood et al., 2012; Bir et al., 2012); OPRE's *Catalog of Research: Programs for Low-Income Couples* (2012); and a pair of Healthy Marriage and Relationship Education Models and Measures project reports that proposed evidence-based program activities and targets of change for two (idealized) healthy relationship program models (OPRE, 2014a; OPRE, 2014b). Based on this review, and informed by discussions with RIViR project partner Anne Menard, we developed three categories of program foci: those that serve youth, those that serve adult individuals, and those that serve adult couples.

Next, we drew on brief, grantee-specific program summaries provided by ACF to classify the current the 60 healthy marriage grantee programs according to the meta-model categories (with some grantees operating programs in more than one meta-model category). These information sources also enabled us to refine our understanding of common program activities and program participants within each meta-model, and these findings are reflected in the **Healthy relationship program activities** box in Table 1. The information shown reflects actual activities implemented by current healthy marriage grantees, as well as programming described in healthy marriage and healthy relationship literature reviewed for this effort (for example, the program evaluation literature).

**Search Terms for Literature Review**

**Terms Related to Intimate Partner Violence (IPV):**

- Intimate partner violence
- Couple violence
- Domestic violence
- Relationship abuse
- Teen dating violence
- IPV typologies

**Terms Related to Theory:**

- Theory
- Mechanisms of action/change
- Framework
- Perspective
- Conceptual model
- Logic model

**Terms Related to Programming:**

- Healthy marriage programs
- Healthy relationship programs
- Relationship education
- Prevention programs
- Couples therapy
- Victim services (with specificity as needed, such as advocacy, counseling, shelter)