

RIViR Practice Brief:

Evidence for Understanding How Healthy Relationship Programs May Influence Intimate Partner Violence

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Purpose of Brief

This brief provides a synthesis of findings on how healthy relationship program participation could affect intimate partner violence (IPV) and teen dating violence (TDV), how those effects might occur, and how they might differ for different adults and youth.

Key Practice Implications

- Program staff, service providers, and others working in settings where healthy relationship programs are offered (e.g., schools, local religious organizations) need to understand that participation in healthy relationship programs could lead to decreased *or* increased IPV/TDV, depending on the program and the participant's situation.
- Program participants' characteristics and IPV/TDV experiences may shape how participants are affected by healthy relationship programming. Understanding these influences can help healthy relationship program staff identify for whom programs may be more effective and for whom they may need to tailor their programming to enhance effects (or avoid adverse outcomes).
- Healthy relationship programs funded by the Administration for Children and Families are required to consult with domestic violence experts on program design, develop procedures to identify IPV among program participants, and enable participants who experienced IPV to access needed services.

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: 1) actions to be taken prior to IPV identification; 2) strategies and tools to identify IPV at initial assessment and throughout the program; and 3) 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.

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.¹ The term “teen dating violence (TDV)²” refers to similar abuses when they occur in the context of youth dating experiences, typically among middle and high school aged youth.³ IPV is highly prevalent; approximately a third of U.S. adults (31.5% of women and 27.5% of men) report having experienced IPV in their lifetimes.⁴ The outcomes from women’s IPV experiences are often more severe; for example, 42% of female and 14% of U.S. male IPV victims report physical injury.⁵ 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.⁶

Federal Healthy Relationship Programs

The federal Administration for Children and Families (ACF) has funded programs through its Healthy Marriage and Relationship Education initiative since 2006.⁷ These programs, hereafter referred to as “healthy relationship programs” aim to support healthy relationships for couples and individuals, including both adults and youth. They are primarily 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.

These programs also target many other outcomes, sometimes including IPV/TDV. Funded grantees are required to have plans and policies to ensure that participants are served safely. For example, current grantees are required to consult with domestic violence experts on program design, develop procedures to identify IPV among program participants, and enable participants who experienced IPV to access needed services.^{8,9}

Understanding How Healthy Relationship Programs Can Influence IPV/TDV

Examining how healthy relationship programs can influence IPV/TDV outcomes is essential to improving efforts to address IPV/TDV in such programs, which is the key objective of RIViR. In this brief, we present findings for adult-serving programs and youth-serving programs and discuss how participation in healthy relationship programs can affect IPV/TDV outcomes, and the different factors that might play a role in affecting these outcomes. Research methods for development of the brief, including the panel of experts who reviewed and provided input on the brief, are provided in the detailed research paper "[Evidence for Understanding How Healthy Relationship Programs May Influence Intimate Partner Violence](#)." These findings will inform future work on the implications of this evidence base for the selection of approaches for IPV screening (including providing opportunities for IPV disclosure) and surrounding protocols for use in healthy relationship programs.

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

² 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.

³ 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>

⁴ 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.

⁵ 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

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

⁷ 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.

⁸ 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

⁹ 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.

Healthy Relationship Program Models

Healthy relationship programs implement a variety of program models, which serve either adult or youth populations and involve either individual- or couples-based services.¹⁰ Differences in program approaches can affect how programs influence IPV/TDV outcomes, how those influences occur, and how they may differ based on participants' characteristics and current or prior IPV/TDV experiences. For example, among adult-serving programs, variation in program dosage and whether services are only group-based or include individualized components could shape how program participation influences IPV for adult couples who participate in services together.

Youth-serving healthy relationship program models generally focus on serving individual youth and services are often group-based. Programs vary regarding whether TDV is a focal outcome or not, but many youth programs bring a strong focus on TDV. Compared to youth programming that is primarily focused on TDV prevention (e.g., the Safe Dates program),¹¹ 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, other program characteristics such as the community context in which programs are offered and the fit of programs with needs of the population being served may influence the outcomes of programs. In addition, a key characteristic of ACF-funded healthy relationship programs is partnerships with IPV agencies that can provide education and supplemental services. The extent and quality of these partnerships could enhance, diminish, or reverse program effects on IPV/TDV.

Brief Terminology

Throughout this brief, we will use the term “**IPV/TDV outcomes**” (or simply “IPV/TDV”) to refer to increases or decreases in intimate partner violence or teen dating violence that occur as a result of healthy relationship program participation, and the phrase “**pathways to IPV/TDV outcomes**” to refer to how those effects on IPV/TDV occur, whether directly or through an intervening factor. We also discuss how a program's influence on IPV/TDV outcomes may vary based on different factors, including participants' characteristics and current or prior IPV/TDV experiences.

Adult Healthy Relationship Programs: Pathways Leading to IPV Outcomes

Direct effects of adult healthy relationship programs on IPV have been demonstrated in evaluation research. For example, when researchers examine multiple healthy relationship program evaluations together (i.e., “meta-analysis”), program participation is seen to lead to decreases in various forms of IPV, including physical violence, emotional abuse, and isolation behaviors.^{12,13,14} Although programs intend to improve relationships (and thereby decrease IPV), they can also have unintended negative effects for some participants. For example, Building Strong Families (a relationship skill building program for unmarried parents) found

Direct and Indirect Effects on IPV: What Does This Mean for Adult-Serving Healthy Relationship Programs?

Program staff and service providers may benefit from understanding the potential ways in which healthy relationship programs can affect IPV outcomes among their program participants. For example, educating front-line program staff about indirect effects of a healthy relationship curriculum may help staff understand the broader potential impacts from program content and design, which in turn could strengthen their commitment to the program, improve likelihood of implementation fidelity, and help inform on-the-fly decisions during implementation.

¹⁰ 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.

¹¹ 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.

¹² 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.

¹³ 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(5), 187-198.

¹⁴ 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.

increased physical violence in one of eight sites in the short term, though effects for that site did not last in the long term.¹⁵

There is also evidence of adult healthy relationship programs affecting other (non-IPV) outcomes, which in turn influence IPV. For instance, program participation has led to improvements in **other program outcomes**, such as relationship knowledge, relationship quality and reductions in distress, conflict resolution skills, and couple communication and interactions. These outcomes have been scientifically shown to be related to reductions in IPV.^{16,17,18,19,20}

IPV-related program effects may vary by **participant characteristics**. This is understood to stem not from the characteristics themselves, but from the fact that programs may not do an equally effective job at meeting the needs of all participants and communities. It is important to understand that these findings do not mean that all people with a certain characteristic will experience certain program effects. Findings do indicate that men,^{21,22} married adults,²³ more educated adults,²⁴ or adults with poorer-quality or more distressed relationships^{25,26} may experience more beneficial program effects, whereas adults who are depressed may not benefit.²⁷ Findings for race/ethnicity²⁸ and social class²⁹ are mixed. ("[Evidence for Understanding How Healthy Relationship Programs May Influence Intimate Partner Violence](#)" provides further information on research and theory on these effects.) These factors may serve as a proxy for underlying forms of oppression or disadvantage or access to resources, and may accumulate to jointly influence program outcomes. It is critical to the well-being of participants and program effectiveness that programs are responsive to participants' differing needs and relationship contexts.

Healthy relationship program effects may also vary by **participants' current or prior IPV experiences**. Not all

Influence of Participant Characteristics and IPV Experiences on Programs' IPV Outcomes: What Does This Mean for Adult-Serving Healthy Relationship Programs?

Participants' characteristics and IPV experiences may shape the ways in which they are affected by a healthy relationship program. Understanding these influences can help healthy relationship program staff to have more effective one-on-one conversations with participants about IPV issues and risks of program participation, inform their approach to screening and intake, and affect how they address IPV-related questions or concerns during implementation. This information can also help program providers understand for which participants they may need to augment programming to improve its effectiveness.

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- ¹⁵ 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.
- ¹⁶ 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.
- ¹⁷ 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.
- ¹⁸ Hawkins and Erickson, 2015 (as above).
- ¹⁹ 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
- ²⁰ Schilling, E. A., Baucom, D. H., Burnett, 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.
- ²¹ Schilling, E. A., Baucom, D. H., Burnett, 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.
- ²² 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.
- ²³ 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.
- ²⁴ 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.
- ²⁵ 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.
- ²⁶ Rauer, A.J., Adler-Baeder, F., Lucier-Greer, M., Skuban, E., Ketring, 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.
- ²⁷ 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.
- ²⁸ 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.
- ²⁹ 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.

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).

The ways that effects of adult healthy relationship programs on IPV may vary based on these current or prior IPV experiences has not yet been established scientifically. However, other research suggests that the beneficial effects of healthy relationship programming on relationship confidence and satisfaction, parenting cooperation, and escalation may only be present for couples without a history of relationship aggression (defined in different ways across studies).³⁰ Drawing on this evidence and other research on IPV types, it is theorized that programs could increase or decrease IPV among participants experiencing IPV. For instance, program participation could promote healthy attachment to one's partner and the ability to take responsibility in the relationship, which could in turn lead to decreased IPV among couples experiencing IPV.^{31,32,33,34} However, experts propose that education aimed at producing a more egalitarian relationship (such as building healthy relationship knowledge, skills, and behaviors), which would be to counter abusive and controlling behaviors, could also lead to escalation of a perpetrator's controlling behavior as a correction for the efforts of the healthy relationship program.³⁵

Youth Healthy Relationship Programs: Pathways Leading to TDV Outcomes

There is some scientific evidence for **direct effects** of youth healthy relationship programs on TDV. For example, two studies of youth healthy relationship programs in high schools (the "Connections: Relationships and Marriage" curriculum and the "Love U2: Increasing Your Relationship Smarts" program) found reductions in TDV^{36,37,38,39}, although these evaluations had many research limitations. As with adult programming, youth healthy relationship programming could also have the unintended effect of increasing TDV among some youth, though this effect has not been established by research. (Experts suggest that such effects could be more likely in youth-serving programs in which both members of a dating couple participate in the same community or classroom setting.)

Youth-serving programs may also have **indirect effects** on TDV. For example, a few youth healthy relationship programs have shown effects on **other program outcomes** that are linked to TDV, including relationship knowledge (such as ability to identify unhealthy relationship patterns),

Direct and Indirect Effects on TDV: What Does This Mean for Youth-Serving Healthy Relationship Programs?

Program staff, service providers, and staff in the schools and other facilities where programming is delivered may benefit from understanding how healthy relationship programs can affect TDV outcomes among youth program participants. For example, educating staff from youth agencies where programming is delivered about the direct and indirect effects of a healthy relationship curriculum on TDV may help staff understand types of outcomes that are expected and their relevance to other issues that may be a high priority in the community (such as youth violence generally).

³⁰ Wadsworth and Markman, 2012 (as above).

³¹ 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.

³² 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.

³³ 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.

³⁴ 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.

³⁵ Johnson, M.P. (2009). Differentiating among types of domestic violence: Implications for healthy marriages. In E. Peters and C.M. Kamp Dush (Eds.), *Marriage and family: Perspectives and complexities* (pp 281-297). New York, NY: Columbia University Press.

³⁶ TDV has not generally been hypothesized to increase as a result of youth-serving healthy relationship programming, though increases may be possible.

³⁷ 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.

³⁸ Gardner, S. P., Giese, K., & Parrott, S. M. (2004). Evaluation of the "Connections: Relationships and Marriage" curriculum. *Family Relations*, 53, 521-527.

³⁹ 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.

relationship beliefs, and relationship skills.^{40,41,42} However, these studies did not statistically test for an indirect effect on TDV.

The effects of youth healthy relationship programs on other outcomes and ultimately TDV may vary by **participants' characteristics**. As for adults, this variation in effects on TDV may stem from variation in the “fit” between a particular program model and the needs of different participants and communities.

Youth healthy relationship program effects may also vary by **participants' current or prior TDV experiences**. For instance, one study of a TDV intervention (not a healthy relationship program) found that beneficial effects of the Safe Dates program on severe physical abuse perpetration were only seen among youth with no initial perpetration or average initial perpetration.⁴³ In addition, experts suggest that increased TDV might be more likely to occur for youth in dating relationships in which one partner is attempting to maintain control of the other. (“[Evidence for Understanding How Healthy Relationship Programs May Influence Intimate Partner Violence](#)” provides further information on research and theory on these effects.)

Conclusion

The information presented here—based on a broad review of the research and theoretical literature and consultation with a panel of experts—suggest that healthy relationship programs could have both positive and negative effects on physical, sexual, and emotional IPV and TDV perpetration and victimization. These findings suggest that such effects can occur either directly, or indirectly (through effects on other outcomes). Program effects on IPV/TDV may vary based

on participants' characteristics and by participants' current or prior experiences with IPV/TDV. These findings can help healthy relationship program staff to acknowledge and address the ways that healthy relationship programs may affect IPV/TDV outcomes. Some evidence shows that healthy relationship program participation can lead to decreases in various forms of IPV. However, program staff should be aware that some program activities could have no effects or even harmful effects for participants experiencing IPV/TDV, and offer supplemental or alternative services accordingly.

This work also highlights serious limitations in our empirical understanding of the conditions under which healthy relationship program participation may lead to increased IPV/TDV. This research is essential to help program providers avoid unintended negative effects. Several particular gaps in the current research base need to be addressed in future work:

- Theory and early evidence suggest that various aspects of program models, such as participants' characteristics and choice of program activities, may shape programs' effects on IPV/TDV outcomes. However, the current research base is insufficient to describe distinct effects on IPV/TDV outcomes or differentiate how those outcomes might occur for distinct program activities or participant characteristics. More work is needed to distinguish among healthy relationship program activities (such as relationship education

Influence of Participants' Characteristics and TDV Experiences on Programs' TDV Outcomes: What Does This Mean for Youth-Serving Healthy Relationship Programs?

Many youth-focused healthy relationship programs are universally delivered to youth in school and community settings and do not screen youth for factors that may shape youth TDV outcomes, such as participants' characteristics and current or prior experiences of TDV. Healthy relationship program staff and service providers might consider using school-level data, school staff feedback, and other observations during program implementation to get a sense of the presence of factors that could influence programming and outcomes. Understanding youth characteristics and TDV experiences could inform tailoring of program approaches to ensure programming safely addresses the needs of different participants.

⁴⁰ 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.

⁴¹ Gardner, S. P., Giese, K., & Parrott, S. M. (2004). Evaluation of the “Connections: Relationships and Marriage” curriculum. *Family Relations*, *53*, 521-527.

⁴² Halpern-Meehan, S. (2011). High School Relationship and Marriage Education: A Comparison of Mandated and Self-Selected Treatment. *Journal of Family Issues*, *32*(3), 394-419.

⁴³ 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.

versus economic stability promotion activities) which may have different effects on IPV/TDV outcomes for different participants.

- Little evidence exists regarding youth healthy relationship programs' effects on TDV, the ways they occur, or their dependence on other factors (like family structure or prior TDV experiences). Scientific findings on related youth prevention programs can help to generate hypotheses, but those hypotheses need to be tested in youth healthy relationship programs. Among adult programs, more research is needed to establish whether the effects of certain program activities on couple communication or other non-IPV outcomes do indeed produce effects on IPV.
- Evidence on variations in program effects by 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 shape the effect of program activities on IPV/TDV outcomes.
- Little is known about how program venue (e.g., religious organization, school, prison, community organization) or environment (e.g., urban versus rural) might shape programs' effects on IPV/TDV outcomes and how those effects occur.

Next Steps

Building on these findings, the RIViR project will first **synthesize the state of the evidence on recognizing and addressing IPV in healthy relationship programs**. The project will review research and practice literature and consult with healthy relationship programming and IPV/TDV experts in order to summarize the key elements of an approach to recognizing and addressing IPV and TDV in a healthy relationship program. Next, the project will carry out **testing of IPV/TDV screening approaches (including providing opportunities for IPV disclosure) and surrounding protocols**. Working with current ACF healthy relationship grantees, RIViR will assess whether frequently-used IPV/TDV screening tools reliably identify IPV/TDV, and whether any improvements can be made to the procedures used to provide opportunities for IPV/TDV disclosure.

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