RESEARCH REPORT

Approaches to Providing Healthy Marriage and Relationship Education Programming for Lesbian, Gay, and Bisexual Populations

An Exploratory Study

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Project Team

The following individuals constituted the project team for Same-Sex Relationships: Updates to Healthy Marriage and Relationship Education Programming (SUHMRE), which informed the Approaches to Providing Healthy Marriage and Relationship Education Programming for Lesbian, Gay, and Bisexual Populations: An Exploratory Study report:

**H. Elizabeth Peters**  
Co-Principal Investigator, SUHMRE  
Director, Center on Labor, Human Services, and Population  
Urban Institute

**Claudia Aranda**  
Project Director, SUHMRE  
Senior Research Associate, Metropolitan Housing and Communities Policy Center  
Urban Institute

**Rich Batten**  
Co-Principal Investigator, SUHMRE  
Director of Technical Assistance  
Public Strategies, Inc.

**Gary J. Gates**  
Former Distinguished Scholar and Research Director  
Williams Institute, University of California, Los Angeles  
School of Law

**Michael Katz**  
Project Manager, SUHMRE  
Research Associate I, Center on Labor, Human Services, and Population  
Urban Institute

**Seth Chamberlain**  
Project Officer  
Adolescent Development Research Team Leader  
Senior Social Science Research Analyst  
Office of Planning, Research, and Evaluation Administration for Children and Families  
U.S. Department of Health and Human Services

**Aly Frei**  
Technical Assistance Specialist  
Public Strategies, Inc.

**Kathleen McCoy**  
Project Monitor  
Contract Social Science Research Analyst  
Business Strategies Consultants  
Office of Planning, Research, and Evaluation Administration for Children and Families  
U.S. Department of Health and Human Services

**Tyler Woods**  
Research Assistant, Center on Labor, Human Services, and Population  
Urban Institute
Expert Work Group Team Members

A panel of experts provided consultation on the project framework and the implementation of additional data collection for the Same-Sex Relationships: Updates to Healthy Marriage and Relationship Education Programming (SUHMRE) project. We would like to thank the following members of the expert work group. The views expressed in this report do not necessarily reflect the views of these members:

Andrew P. Daire
Dean of the School of Education
Virginia Commonwealth University

Charlotte J. Patterson
Professor in the Department of Psychology and the Center for Children, Families, and the Law; Director of the Interdisciplinary Women, Gender, and Sexuality (WGS) Program
University of Virginia

Shannon Perez-Darby
Deputy Director
Northwest Network of Bisexual, Trans, Lesbian, and Gay Survivors of Abuse

Kay Reed
President
The Dibble Institute

Sarah W. Whitton
Associate Professor of Psychology
University of Cincinnati

Stakeholders Who Commented on Final Report

A set of stakeholders provided comments on this report. We would like to thank the following stakeholders. The views expressed in this report do not necessarily reflect the views of these stakeholders:

Gary J. Gates
Former Distinguished Scholar and Research Director
Williams Institute, University of California, Los Angeles School of Law

Shannon Perez-Darby
Deputy Director
Northwest Network of Bisexual, Trans, Lesbian, and Gay Survivors of Abuse

Kay Reed
President
The Dibble Institute

Galena Rhoades
Research Associate Professor of Psychology
University of Denver

Sharon Scales Rostosky
Professor and Director of Training, Counseling Psychology
University of Kentucky

Sarah W. Whitton
Associate Professor of Psychology
University of Cincinnati
Overview

Over the past 10 years, the Office of Family Assistance (OFA), based in the U.S. Department of Health and Human Services’ Administration for Children and Families (ACF), has awarded grants to organizations to provide Healthy Marriage and Relationship Education (HMRE) services. To explore strategies to help programs better serve those who identify along the spectrum of sexual orientation in HMRE programs, the Urban Institute, Public Strategies, and researchers from the Williams Institute at UCLA conducted the “Same-Sex Relationships: Updates to Healthy Marriage and Relationship Education Programming” (SUHMRE) study. This exploratory study was funded by OFA and overseen by ACF’s Office of Planning, Research, and Evaluation (OPRE).

The purpose of the study was to explore specific approaches that could foster inclusion of lesbian, gay, and bisexual (LGB) populations in HMRE. The project involved analysis of data collected through four activities: (1) a literature review, (2) engagement with experts, (3) interviews with HMRE programs, and (4) a review of prominent HMRE curricula. Through the data collection and analysis, we developed and refined a Framework for LGB-Inclusive HMRE Programming. This framework highlights the external context and three domains—program, educator, and curriculum—all of which can influence inclusivity. Within each domain, the report provides potential approaches for inclusion of LGB populations:

- **HMRE programs** can partner with a local organization with experience serving LGB populations to conduct an inclusivity self-assessment.

- **HMRE educators** can seek opportunities to establish the workshop as an inclusive, welcoming environment by emphasizing the benefits of diversity and the importance of respect for all participants.

- **HMRE curricula** can ensure content does not assume heterosexuality or gender-based stereotypes.

Data collected during the SUHMRE project demonstrate that some programs and curricula have made important strides to increase the inclusion of LGB participants on their own, but there are still many opportunities for greater inclusivity. This report summarizes key themes found and identifies potential strategies for more inclusive HMRE services. The primary audience for this report is OFA and technical assistance providers, who may translate the general strategies into a range of concrete, tailored recommendations for a variety of HMRE programs and contexts. HMRE program operators may also find the report useful and are encouraged to consult with OFA on whether and how to implement any of the strategies highlighted in this report.
# Contents

Overview v  
Acknowledgments viii  
Executive Summary ix  
Introduction 1  
  Background 3  
Focus on Inclusion 8  
Framework and Levers 9  
  Framework 9  
  Levers for Inclusion 11  
Methods 12  
Key Themes and Potential Approaches 13  
  Domain: Program 13  
    Summary of Key Themes 13  
    Potential Approaches Related to Programs 20  
  Domain: Educator 22  
    Summary of Key Themes 22  
    Potential Approaches Related to Program Educators 26  
  Domain: Curriculum 27  
    Summary of Key Themes 27  
    Potential Approaches Related to Curricula 31  
Discussion 32  
Conclusion and Potential Next Steps 35  
Appendix A. Levers for Inclusion of LGB Populations in Healthy Marriage and Relationship Education Services 37  
Appendix B: Data Collection and Analysis 41  
Appendix C: Annotated Bibliography 48  
Appendix D: Interview Protocol for Program Managers 75  
Appendix E: Interview Protocol for Program Facilitators 80
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Cover image by Tim Meko.
Executive Summary

The Office of Family Assistance (OFA), based in the U.S. Department of Health and Human Services’ Administration for Children and Families (ACF), funds services that promote the economic stability and well-being of parents and their children. OFA began awarding Healthy Marriage and Relationship Education (HMRE) grants in 2005. These grants fund an array of services designed to support healthy marriage and relationships. Since 2015, grantees must include individuals in or interested in same-sex marriages to the same extent that they permit inclusion of individuals in or interested in opposite-sex marriages.

In 2015, OFA awarded HMRE grants to 46 organizations. Grantees teach adults and youth a range of skills, such as how to make healthy relationship choices, improve their communication skills, and manage conflict. OFA also funds technical assistance (TA) to support grantees and evaluation services to improve our collective understanding of the effectiveness of HMRE programs.

HMRE programming and research dates back decades (Ooms 2011), yet the study of programs delivered to diverse populations is relatively new. Overall, some studies show that HMRE services positively impact communication, relationship quality, satisfaction, or stability as well as the quality of family life and parenting (Halford and Bodenmann 2013, Halford et al. 2015; Hawkins and Erickson 2015; Hawkins et al. 2012; Lebow 2013; Owen, Antle, and Barbee 2013; Quirk et al. 2014).

Gay and lesbian couples struggle with challenging issues as partners and as parents, just as male-female couples do, and by any logic, helping to strengthen their relationships should foster more attentive parenting and their own and their children’s well-being (Cowan and Cowan 2014).

Despite the participation of lesbian, gay, and bisexual (LGB) populations in HMRE programs, very little is known about delivering HMRE to those who are or may eventually be in same-sex relationships. Research indicates that while there are many similarities between same- and different-sex couples, notable differences exist. Addressing the unique challenges faced by LGB populations could be important to making HMRE services more inclusive and effective. During our information gathering,
program and curriculum developers that have not focused on inclusivity as a goal in their HMRE services indicated a desire to improve their ability to serve LGB populations.

OFA funded (and ACF’s Office of Planning, Research, and Evaluation [OPRE] oversaw) the “Same-Sex Relationships: Updates to Healthy Marriage and Relationship Education Programming” (SUHMRE) study. This exploratory study identified themes, potential approaches, and a proposed framework for making HMRE programming more inclusive for LGB populations seeking to improve the stability of their relationships.

Key Terms and Definitions

The project’s target population was lesbian, gay, and bisexual (LGB) populations (i.e., same-sex couples and individuals that identify as lesbian, gay, or bisexual). SUHMRE searched for approaches to relationship education that may be relevant to participants of diverse sexual orientation. Sexual orientation generally refers to the sex of those to whom an individual is sexually and romantically attracted and generally includes the categories lesbian, gay, bisexual, and heterosexual (APA 2011). Gender identity, which is one’s sense of oneself as male, female, or transgender (APA 2011), was beyond the scope of the project.

We sought to identify ways that others have attempted to make HMRE programming “inclusive,” and we define inclusivity as “the degree to which programs are sensitive, responsive, and relevant to the diverse experiences and needs of same-sex couples and individuals of any sexual orientation.”1 There is a spectrum of inclusivity that ranges from programs that simply allow LGB individuals and same-sex couples to participate in services to programs that explicitly target LGB individuals or couples.

Project Goal and Data Collection

SUHMRE was an exploratory project. We aimed to identify a range of approaches HMRE programs use to be more inclusive of LGB populations, pulling from multiple data sources:

- a review of the HMRE and LGB literature

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1 This definition is borrowed and adapted from a statement in an Office of Adolescent Health Guide on LGBTQ-appropriate services (OAH 2015).
consultation with five experts in HMRE and LGB research and service delivery and consultation with government employees

interviews with seven HMRE program operators

a review of seven HMRE curricula commonly used by OFA HMRE grantees

We summarized what we found into key themes, potential approaches, and our proposed framework. This report is written primarily for OFA and its TA providers that work directly with healthy marriage grantees. Our goal is to provide them with approaches they can translate into concrete strategies to improve the inclusivity of HMRE curricula and programs to better serve people who may be LGB. The report may also be useful to HMRE program operators, curriculum developers, and technical assistance providers, who are encouraged to consult with OFA on whether and how to implement any of the strategies highlighted in this report.

Key Themes and Potential Approaches

Overall, we found a range of potential approaches to improve the inclusivity of HMRE services to LGB populations. However, more research is needed to determine the extent to which these approaches are implemented across HMRE programs and whether any approaches are effective at improving LGB populations' relationships.

Our review of existing research indicated that there are many similarities between same-sex couples and other couples, though notable differences exist. Like different-sex couples, LGB couples need commitment, stability, and effective conflict management skills (Gottman et al. 2003; Khaddouma, Norona, and Whitton 2015; Kurdek 2003, 2004, 2008; Markey et al. 2014; Peplau and Fingerhut 2007; Quam et al. 2010). However, research has documented additional challenges specific to same-sex couples that HMRE programs can also address. These challenges include stigma and discrimination. Furthermore, there is evidence that intimate partner violence (IPV), income inequality between partners, and lack of family support—pertinent issues for participants in HMRE services—have some different qualities for same-sex versus different-sex partners (Brown 2008; Brown and Herman 2015; Dispenza 2015; Kalmijn, Loeve, and Manting 2007; Weisshaar 2014).
There are nearly 1 million same-sex couples in the US who are married or in a domestic partnership, twenty percent of whom are raising children. Yet we do not have a good estimate of the number of LGB individuals or couples who attend HMRE services because programs do not typically track this data.  

Many same-sex couples and LGB adults and youth may seek out programs to help strengthen their present or future relationships (Hester and Donovan 2009).

Some HMRE programs have taken a proactive and intentional approach when focusing on inclusivity for LGB populations in HMRE programming and curricula. We identified numerous existing approaches, and organized them in a proposed “Framework for LGB Inclusive HMRE Programming” (figure ES.1). The Framework describes how external context, programs, and the educators and curricula used in HMRE programs may interact and influence inclusivity.

External context, such as the strength of the local LGB community, the language included in federal and other funding announcements, organizational values of a program’s host organization, and local politics influence the inclusivity of HMRE programs. Because the context is mostly outside the direct control of program operators, we reference its importance, but limit our proposed approaches to factors under the control of the HMRE program.

The program is defined as the organizational mission and values and the ways the program recruits and retains participants, provides classes, and offers HMRE services. Potential approaches include:

- Partner with local organizations that serve and are trusted by LGB individuals.
- Produce recruitment flyers and materials with examples or images of same-sex couples, to signal that the program is LGB-friendly.
- Assess and revise intake procedures, forms, and surveys to ensure they use language inclusive of LGB communities.

The educator is defined as the individual providing the curriculum to participants. Potential approaches related to program educators include:

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- Attend training on LGB relationship topics, bias, and language.
- Establish the workshop as an inclusive, welcoming environment by emphasizing the benefits of diversity and the importance of respect for all participants.
- Connect with and mentor each other to discuss experiences, improve understanding of key issues related to serving LGB populations, and identify opportunities to improve inclusivity.
The curriculum is defined as the set of standardized modules or lessons that form the core instruction of the program. Potential approaches related to curricula include:
Develop a bank of images, vignettes, and discussion questions that offer a variety of choices for educators to present to participants based on the makeup of their group.

Ensure content does not assume heterosexuality or gender-based stereotypes, and make appropriate modifications to the curriculum where necessary.

Develop supplemental materials that cover LGB-specific topics (e.g., how same-sex couples can negotiate about sharing information with others about their relationship and sexual orientation (“outness”).

Conclusion

HMRE services have been publicly available through OFA grants for more than a decade. In response to legal changes in the definition of marriage and the desire of HMRE programs to be more inclusive, this exploratory project used data from multiple sources to inform OFA and its TA providers about strategies to increase inclusivity in HMRE programming. Understanding the distinct needs of LGB couples and individuals, and how those needs can be met within HMRE services, can strengthen HMRE services for all families.
Introduction

The HMRE field has evolved since it began in the mid-1900s (Ooms 2011). Rooted in lessons learned by psychologists working with predominantly white, middle-class married couples, the field grew to benefit couples from diverse ethnic, racial, and socioeconomic backgrounds (Ooms 2011). The field has also expanded to include HMRE services for youth and adult individuals not in a relationship. HMRE today is focused on skill building and is typically delivered to groups using classroom-style instruction.

The federal government began funding Healthy Marriage and Relationship Education (HMRE) grants in 2005. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Family Assistance (OFA) administers these grants. Grantees are located all over the US and serve a variety of populations, including (but not limited to) youth in high schools, engaged couples, expectant women, veterans, and married couples of diverse racial, religious, and cultural backgrounds.

In addition to HMRE grants, OFA has invested in research and evaluation to further explore and improve service delivery. Past exploratory projects have identified, for example, strategies for serving couples in stepfamilies (Robertson et al. 2006) and for serving Hispanic families (Scott et al. 2015).

To further the field, the “Same-Sex Relationships: Updates to Healthy Marriage and Relationship Education Programming” (SUHMRE) project was funded to explore possible approaches to serving lesbian, gay, and bisexual (LGB) individuals and couples. SUHMRE was an exploratory project, and as such it collected data from multiple sources to identify strategies that could meet the relationship education needs of same-sex couples and other LGB individuals regardless of their relationship status. SUHMRE was conducted by the Urban Institute and Public Strategies, along with researchers from the Williams Institute at the University of California, Los Angeles (UCLA). This project was funded by OFA and overseen by ACF’s Office of Planning, Research, and Evaluation (OPRE).

The primary audience for this report is OFA and its technical assistance (TA) providers.

This report begins with a brief background on HMRE programming and then discusses a proposed “Framework for LGB-Inclusive HMRE Programming” and a detailed table of “Levers for Inclusion” (these are distilled from data collected during this project). We then briefly discuss the methods for data
collection and analysis. Following this is the core of the report: a discussion of the themes and potential approaches to serving LGB populations in HMRE programs. We conclude by discussing implications of this study. Additionally, a series of technical appendixes (e.g., an annotated bibliography, data collection instruments) provides more detail on the project.

The primary audience for this report is OFA and its technical assistance (TA) providers. It contains strategies that can be translated into concrete recommendations for HMRE programs serving LGB populations in a variety of settings. HMRE program operators, curriculum developers, and technical assistance providers may also find the report useful and are encouraged to consult with OFA on the implementation of the strategies described in this report.

BOX 1
Defining the Scope of SUHMRE

The Same-Sex Relationships: Updates to HMRE Programming (SUHMRE) project was an exploratory effort on possible approaches to serving lesbian, gay, and bisexual (LGB) individuals and couples. Although LGBT, the acronym for lesbian, gay, bisexual, and transgender, is commonly used, the SUHMRE project focused on sexual orientation (e.g., lesbian, gay, bisexual) not gender identity (e.g., transgender). Transgender is a broad term describing people whose self-identified gender or gender expression does not correspond to their biological sex or sex assigned at birth.

According to the American Psychological Association (2011):

- **Sexual orientation** refers to “the sex of those to whom an individual is sexually and romantically attracted” and generally includes the categories lesbian, gay, bisexual, and heterosexual.
- **Gender identity** refers to “one’s sense of oneself as male, female, or transgender.”
- **Gender expression** is “the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics.”

In this report, we use the term LGB to refer to individuals who are, or may be, in same-sex relationships. It may appear exclusionary to remove “T” from the acronym LGBT in this report, but this does not imply that transgender people have been or should be excluded from HMRE programming. To the contrary, individuals who identify as transgender may have relationship needs and challenges that are distinct from other groups. Generalizations about recommended approaches across the constructs of sexual orientation and gender identity may not be appropriate. Further work is needed to continue to refine and update HMRE programming to be inclusive of transgender people.

*a From a research perspective, conflating sexual orientation and gender identity—and the needs and topics relevant to participants based on their identities within each of these domains—is problematic and unspecific.
Background

Previous research suggests that divorce, negative couple communication, and poor conflict management negatively affect children, women, and men (as just a few examples, see Amato 2014; Couch, Tamborini, and Reznik 2015; Lavelle and Smock 2012). Healthy marriage and relationship education (HMRE) teaches individuals and couples how to improve their skills in active communication, conflict resolution, and other aspects of healthy, stable marriages and relationships. The goal of HMRE is to better equip couples (or prepare individuals who may eventually be in romantic relationships) for healthy marriage, satisfying relationships, and family stability. Studies have demonstrated that relationship education positively impacts communication, relationship quality or satisfaction, and the quality of family life and parenting and can reduce the likelihood of separation (Halford and Bodenmann 2013, Halford et al. 2015; Hawkins and Erickson 2015; Hawkins et al. 2012; Lebow 2013; Owen, Antle, and Barbee 2013; Quirk et al. 2014).

A substantial body of research has emerged on general marriage and relationship education practice and theory, yet there is a need for more in-depth research that explores the complex stages and aspects of relationships (Rauer et al. 2014) and the key characteristics of HMRE program implementation. Despite limited research in these areas, there are a few foundational studies. For example, the comprehensive framework proposed by Hawkins et al. (2004) draws attention to several elements that could affect the success of programs, such as content, intensity, method, timing, target, and delivery.

In the early 2000s, ACF began funding healthy marriage programs through demonstration grants and research projects in the Office of Child Support Enforcement (OCSE), the Office of Refugee Resettlement (ORR), and the Children’s Bureau (CB). In 2005, when the Temporary Assistance for Needy Families (TANF) program was reauthorized by Congress through the Deficit Reduction Act, it established specific legislation, along with funds, to support OFA’s implementation of demonstration programs for the HMRE and Responsible Fatherhood (RF) fields.3 This funding initially provided $150 million a year for five years to 123 healthy marriage programs (and 103 RF programs). In 2010, OFA provided three-year grants (which were later extended to a fourth year) to 60 healthy marriage programs (and 59 RF programs) (Ooms 2011). In 2015, OFA provided five-year grants to 46 healthy marriage programs (and 44 RF programs) (OFA 2016).

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3 Responsible Fatherhood (RF) legislation funds programs to encourage and educate fathers in three areas: responsible parenting, healthy marriage, and economic stability. RF programs frequently include HMRE curricula because healthy marriage and relationships must be addressed in programming.
Relationship education programs historically targeted and served married and engaged couples. However, cultural norms, social trends, and the definition of family have shifted over time. In particular, nonmarital childbearing rates began to rise dramatically in the last quarter of the 20th century, especially among low-income families (Child Trends 2015). Today, more than 40 percent of children are born to nonmarried parents. When looking for opportunities to stabilize low-income families and offer skills, the time around the baby’s birth, characterized as the “magic moment,” has been seen as a natural context in which to provide services to strengthen families since research has shown that, at the time of the birth, most unmarried parents are still in a romantic relationship and about half are living together (Child Trends 2015). Targeting the “magic moment” may be especially useful to engage lower-income couples for whom recruitment into relationship education services might otherwise prove challenging (Edin and Reed 2005).

The federal HMRE program also provides marriage education to other families and family structures beyond those experiencing the “magic moment.” For example, HMRE serves nonmarried adult populations, motivated by efforts to reduce nonmarital childbearing and increase the likelihood that children grow up with two parents who are in a stable and healthy marriage. Also, as permitted under the legislation, some of OFA’s healthy marriage grantees teach youth in high schools about the characteristics of healthy relationships and good decision making. High school-aged youth and older youth may also be served outside of high school. Similar to the adult-focused programs, services to youth are partially motivated by efforts to reduce teen and nonmarital childbearing.

Shifting state and federal laws defining marriage have also influenced the demand for HMRE programs to meet the needs of diverse family types, including same-sex couples. Two recent US Supreme Court rulings (U.S. v. Windsor, the 2013 decision striking down key portions of the US Defense of Marriage Act, and Obergefell v. Hodges, the 2015 ruling that protects the right of same-sex couples to marry) changed the legal landscape defining marriage in the US. As a result, there is continued interest in understanding how to provide HMRE programming for LGB individuals and same-sex couples.

Many same-sex couples and LGB adults and youth may seek out programs to help strengthen their present or future relationships (Hester and Donovan 2009).
In the US, there are almost 1 million same-sex couples who are married or in a domestic partnership, and nearly one in five same-sex couples are, in total, raising more than 200,000 children.\(^4\) Despite substantial changes in the legal and social climate for LGB populations, many still experience stigma and discrimination. This is especially true in parts of the country where social acceptance is lowest (Hasenbush et al. 2014). Same-sex couples and LGB individuals confront social stigma that affects their relationships (Institute of Medicine 2011). Similarly, substantial research documents negative outcomes LGB youth may develop as a result of the treatment and stresses they face, such as increased risk for suicide, homelessness, involvement in the child welfare system, and alcohol and substance abuse (Hatzenbueler 2011). Programming that addresses healthy relationships and is inclusive of same-sex relationships may build protective factors that offset some of the negative outcomes commonly experienced by LGB individuals. Many LGB populations and youth may seek out programs to help strengthen their present or future relationships (Hester and Donovan 2009).

A growing body of research has identified more commonalities than differences between same- and different-sex couples. For both same- and different-sex couples, a number of skills and characteristics such as personal traits, relationship support, and positive conflict resolution correlate with relationship commitment and stability (Gottman et al. 2003; Khaddouma et al. 2015; Kurdek 2003, 2004, 2008; Markey et al. 2014; Peplau and Fingerhut 2007; Quam et al. 2010). Additionally, for both same- and different-sex couples, the effects of relationship quality on the individuals in the relationship are similar. For example, there is a negative association between relationship quality and depressive symptoms (Whitton and Kuryluk 2014). Scholars have also found that same- and different-sex couples argue with similar frequency and disagree over the same types of issues, such as finances and household tasks (Kurdek 2004). In terms of parenting, children raised by same- and different-sex couples experience similar outcomes in self-esteem, quality of life, psychological health, and academic achievement (Goldberg et al. 2014).

Despite these similarities, key differences appear to exist between same- and different-sex couples in communication and conflict, division of finances and household tasks, social support, stress, discrimination, and parenting. Research demonstrates that in same-sex couples, partners have a more positive tone, argue more effectively, and are more equal in who initiates talking about issues as compared to different-sex couples (Kurdek 2004; Solomon et al. 2005). However, some research suggests higher rates of intimate partner violence among bisexual men and women, although most of

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the violence against bisexual women is perpetrated by male partners (Brown 2008; Brown and Herman 2015).

Research shows that same-sex couples experience less conflict in the division of finances and household tasks as compared to different-sex couples (Kurdek 2004; Solomon et al. 2005). Same-sex couples share finances and chores (e.g., cooking, cleaning, child care, repairs) more equally (Kurdek 2004; Solomon et al. 2005). Several studies also find that same-sex couples respond differently to earnings inequality between partners (Dispenza 2015; Kalmijn, Loeve, and Manting 2007; Weisshaar 2014). For example, earning the same amount of money reduces the likelihood of breakup for same-sex couples but increases it for different-sex couples (Weisshaar 2014).

Perhaps the most marked differences between same- and different-sex couples arise because of differences in social support and stigma. Same-sex couples experience more social marginalization and stigma and lower social support from their families compared to different-sex couples, and they are more likely to name friends, rather than family, as sources of support (Kurdek 2004; Elizur and Mintzer 2003). Armstrong and Reissing (2013) point to negative feelings toward one’s own homosexuality as contributing to relationship stress and negative relationship outcomes. Previous research has focused on how minority stress, particularly discrimination and internalized stress with accepting one’s sexual orientation, along with lack of familial support affect same-sex couples (Otis et al. 2006; Rostosky et al. 2004). Some LGB individuals and same-sex couples may be further marginalized not just for their sexual orientation but also their identification with other racial, ethnic, and/or religious minority groups (Sears and Badgett 2012).

Same-sex parents experience obstacles due to lack of both social and legal support. Notably, same-sex couples face extra costs associated with becoming parents and lack parental rights in some states (Goldberg et al. 2014).

Overall, the differences between LGB and non-LGB individuals have been attributed mainly to existing stigma and discrimination against LGB populations rather than to any inherent quality or functioning (Burwick et al. 2014). Therefore, it is essential to consider same-sex relationships within the framework of existing stigma, discrimination, and the possible lack of familial and societal support that influences LGB individuals.
It is essential to consider same-sex relationships within the framework of existing stigma, discrimination, and the possible lack of familial and societal support that influences LGB individuals.

Previous federally funded HMRE efforts focused on adapting curricula and implementation strategies to address the unique needs of particular target populations such as unmarried expectant couples and Latino individuals and couples (e.g., the Building Strong Families study\(^5\) and Hispanic Healthy Marriage Initiative,\(^6\) respectively). Similarly, in the context of the distinct needs of LGB youth, adults, and couples, it is important to consider approaches to better serve these target populations. SUHMRE explores the state of the research and the field to identify HMRE curricula and implementation strategies to address the needs of LGB populations.


Focus on Inclusion

SUHMRE focused on how HMRE programs could be inclusive of LGB populations. “Inclusive” is a broad term that encompasses a set of qualities that enable potential program participants to utilize HMRE services. For this project, we define inclusivity as the degree to which programs are sensitive, responsive, and relevant to the diverse experiences and needs of same-sex couples and individuals of diverse sexual orientation.7

Inclusivity, as defined for this project, is the degree to which programs are sensitive, responsive, and relevant to the diverse experiences and needs of same-sex couples and individuals of diverse sexual orientation.

Figure 1 depicts a hypothesized spectrum of inclusivity, with examples of program practices that indicate where on the spectrum a HMRE program may fall. Practices may vary from simply allowing LGB individuals and same-sex couples to participate in programming to proactively addressing the experiences and needs of LGB individuals or same-sex couples.

FIGURE 1
Spectrum of Inclusivity

7 Borrowed and adapted from a statement in an Office of Adolescent Health guide on LGBTQ-appropriate services (Office of Adolescent Health 2015).
Framework and Levers

The project team sorted and organized approaches that could make HMRE services more inclusive for LGB participants and developed two resources that summarize these approaches.

1. The “Framework for LGB-Inclusive HMRE Programming” is a visual structure that can help OFA and its TA providers conceptualize the key domains (program, educator, and curriculum) that may impact inclusivity (figure 2).

2. The “Levers for Inclusion of LGB Populations in HMRE Services” is a detailed table that highlights actionable “levers” or conditions that influence the LGB inclusivity of a program or curriculum. The levers are organized according to the three domains of the framework (summarized in table 1 and presented in full in appendix A).

Framework

The “Framework for LGB-Inclusive HMRE Programming” identifies three broad overlapping domains in which to pursue LGB-inclusive programming:

1. **Program**: the organizational mission and values and the ways in which a program recruits and retains participants, provides classes, and offers services.

2. **Educator**: the individual(s) delivering the curriculum to HMRE participants.

3. **Curriculum**: a standardized set of modules or lessons which form the core instruction of the program.

These domains build on the “Framework for Best Practices in Family Life Education” (Ballard et al. 2016) and “family theory curricular change” (Few-Demo et al. 2016) models. The framework also considers the influence that external context may have on inclusivity. The external context and three domains are related to each other and may be considered together holistically when considering approaches to enhancing inclusivity. Specific approaches in each domain are discussed later in the report.
FIGURE 2
Framework for LGB-Inclusive HMRE Programming
Levers for Inclusion

Within the domains of program, educator, and curriculum, we identify levers, or specific conditions that may influence the LGB inclusivity of a program or curriculum (see table 1 for a summary with examples and appendix A for more details).

**TABLE 1**
Summary and Examples of Levers for Inclusion of LGB Populations in HMRE Services

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>EDUCATOR</th>
<th>CURRICULUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points of Entry/Retention</td>
<td>Knowledge</td>
<td>Research-Informed</td>
</tr>
<tr>
<td>Programs have inclusive recruiting, intake, screening, and referral practices. Sites develop appropriate community and referral partnerships.</td>
<td>Educators receive training on LGB populations and LGB inclusive resources.</td>
<td>When possible, curriculum is grounded in research on LGB populations in relationships and is assessed for appropriateness of use with LGB participants.</td>
</tr>
<tr>
<td>Environment</td>
<td>Interpersonal</td>
<td>Topics/Content</td>
</tr>
<tr>
<td>Programs provide safe and inclusive experiences via setting and size of program and classes. Sites use inclusive and diverse visuals, brochures, and materials.</td>
<td>In their work, educators can convey open, warm, affirming support to all participants, including LGB participants.</td>
<td>Curriculum addresses topics of relevance to LGB participants, such as “coming out,” dealing with discrimination, stigma, minority stress, harassment, identity, health, and well being.</td>
</tr>
<tr>
<td>Culture/Systems</td>
<td>Group Management</td>
<td>Language/Assumptions</td>
</tr>
<tr>
<td>Programs have inclusive policies and procedures (e.g., hiring practices, diversity statements, nondiscrimination policies, mission, vision).</td>
<td>Educators can facilitate groups with LGB participants, integrate relevant examples into the curriculum, and manage participant reactions toward creating a safe, inclusive tone.</td>
<td>Curriculum uses inclusive terms, such as “they, spouse, partner, etc.” and avoids gender based stereotypes.</td>
</tr>
<tr>
<td>Leadership/Staff</td>
<td></td>
<td>Material</td>
</tr>
<tr>
<td>Program staff promote inclusion and are trained in and understand antidiscrimination laws and inclusive service delivery.</td>
<td></td>
<td>Curriculum positively depicts diverse couples, including LGB couples, and incorporates examples relevant to LGB participant experiences.</td>
</tr>
<tr>
<td>Funding</td>
<td></td>
<td>Training/Ongoing Collaboration</td>
</tr>
<tr>
<td>Programs consider how each of their funding streams impact inclusivity practices.</td>
<td></td>
<td>Curriculum training discusses inclusivity enhancing strategies, clarifies processes for curriculum adjustments if needed.</td>
</tr>
</tbody>
</table>
Methods

To explore different aspects of HMRE curricula and programming, we gathered information from multiple sources using an iterative process:

- First, we drafted the “Framework for LGB-Inclusive HMRE Programming” and the “Levers for Inclusion” based on two activities:
  - Data Source #1: An extensive review of the existing literature.
  - Data Source #2: In-person consultation with five external experts (researchers, HMRE practitioners, youth service providers, and curriculum developers), our project officers, and other government staff.

- Second, we collected more information to further refine the “Framework” and the “Levers for Inclusion”:
  - Data Source #3: Interviews with a diverse set of seven former or current HMRE programs.
  - Data Source #4: A review of seven HMRE curricula.

- Third, we conducted a cross-cutting analysis by aggregating and analyzing the data using the “Framework” and “Levers for Inclusion.” We used qualitative and quantitative methods to analyze all data sources. This step resulted in the key themes and potential approaches listed in the next section of the report.

- Lastly, we summarized the study’s methods and key themes and potential approaches in this report. A variety of stakeholders (see the front of the report for a list of stakeholders) were engaged to review and provide feedback on this report.

Throughout the project, we focused on triangulating data sources to develop key themes and proposed approaches. See appendix B for further detail on our data collection and analysis.
Key Themes and Potential Approaches

The “Framework” identifies three domains in which to pursue LGB-inclusive HMRE programming (program, educator, and curriculum). For each domain, we:

- Provide a summary of key themes from our data analysis;
- Present potential approaches that OFA and its TA providers could further develop to enhance inclusivity of HMRE programs and address the distinct needs of LGB populations.

This section also contains text boxes that highlight how the external context may influence the inclusivity of HMRE programs.

**BOX 2
External Context Consideration: Local and Regional LGB Communities**

Some programs interviewed reported that they were in areas with large, visible, and active LGB communities. Some respondents noted that this strong community provided support and a sense of belonging for LGB individuals. They also explained how the community helped HMRE programs build connections to work with LGB populations. Speaking to this point, one respondent noted that it was important that their program be seen as an ally in the LGB community so participants did not have to guess whether they would be accepted or not.

Even programs in more accepting climates saw challenges in the cohesion of the LGB community. One program director interviewed noted the difference between an LGB community that was spread out versus a city with a concentrated LGB population and a long history of being associated with the LGB population. Overall, respondents emphasized that it is easier to have successful programs when the community (within a specific area or neighborhood and city/region-wide) was more inclusive.

**Domain: Program**

**Summary of Key Themes**

Through our data collection and analysis, we found that programs that are proactive rather than reactive report more success at recruiting and serving LGB individuals in HMRE programs. We found
that very few of the seven programs we spoke with report serving a sizeable proportion of LGB individuals. Program staff who were interviewed often referenced difficulties in even estimating the number of LGB individuals they served, mainly because their programs do not explicitly collect this information. Cowan and Cowan (2014) underscore the need to seek and serve same-sex couples in a proactive way:

> [S]ame-sex couples should not only be eligible but also sought out for inclusion in CRE [couple relationship education] programs. Gay and lesbian couples struggle with challenging issues as partners and as parents, just as male–female couples do, and by any logic, helping to strengthen their relationships should foster more attentive parenting and their own and their children's well-being.

To successfully serve same-sex couples, programs may need to consider their overall program. This requires thought about every aspect of service, from points of entry, program environment, culture and systems, to leadership and staff, noting the impact each of these has on inclusivity. We discuss each in turn.

**POINTS OF ENTRY**

**Recruitment.** Of the five programs that had active recruitment strategies, three were proactively recruiting LGB individuals by leveraging current partnerships and relationships to work with LGB-inclusive partners. For example, after serving a few same-sex couples who had worked with an adoption agency, one HMRE program requested materials and consultation from the executive director of the adoption agency. This program also worked to communicate with same-sex parent groups and other partners that served LGB populations. One of the three programs proactively recruiting LGB participants is in the process of partnering with the local LGB center to deliver relationship education classes specifically for youth. Another program is developing a partnership with a transitional living program that routinely serves LGB youth to deliver relationship education.

Program staff from the other two programs with recruitment strategies felt that they had a strong network for recruitment and outreach but shared that they had not conducted targeted outreach to LGB populations.

**Intake.** Throughout data collection, intake procedures arose as an important consideration for inclusion. Particularly, there was a focus on the language used in intake forms. For example, literature from the health care field emphasizes the needs and sensitivities of LGB youth around the language used, stigma, and unique health and social issues addressed in the intake process (Garofalo and Harper 2013).
Gender norms have led people to assume LGB couples are equal in terms of power, so abuse is often disregarded or misunderstood (Brown 2008).

Programs reported having inclusive language in their intake forms. All seven of the programs noted that they used neutral terms such as partner and parent instead of gender-specific terms such as husband and wife, boyfriend and girlfriend, and mother and father. At one program, staff spoke about using neutral language on the actual intake form but asked the participants how they liked to be referred to in the intake process. None of the programs interviewed used eligibility criteria that would exclude same-sex couples or LGB individuals.

**Screening for Intimate Partner Violence.** Screening at intake for intimate partner violence (IPV) has been important for HMRE programs to ensure that participants feel safe in talking about relationship issues. Some experts have noted, however, that gender norms have led people to assume LGB couples are equal in terms of power, so abuse is often disregarded or misunderstood (Brown 2008). This point highlights the need for programs to pay attention to IPV for all participants, especially same-sex couples, to counter such biases.

Programs took different approaches to screening for IPV. Two programs that we interviewed screen for IPV on their intake form. When potential cases were identified, however, clients were often referred to other organizations that may not have experience with IPV in same-sex relationships. Some programs, especially those that are part of larger organizations, had case managers meet with some or all participants individually before beginning the class, allowing an opportunity for sensitive information such as IPV to be shared.

No program discussed IPV screening specific to same-sex couples, although one program expressed a need and desire for more training from partners about inclusive IPV screening for same-sex couples.

**PROGRAM ENVIRONMENT**

**Setting and Class Composition.** Program setting and the makeup of HMRE classes can influence a comfortable environment for LGB participants. Representatives from three programs recalled specific instances where the program setting had a direct influence on LGB participants. For example, two programs serving students in schools noted that the presence of younger, less mature students and the high level of familiarity with one another in the classroom contributed to an unwelcoming environment.
for LGB youth in HMRE. Another program facilitator noted that the environment at a men’s correctional facility was not conducive to sharing personal information or needs.

Program directors and educators said that classes with older populations (ages 45–70) were sometimes less inclusive, and program staff were uncertain about how an older audience would respond to LGB examples. In contrast, two nonschool-based programs that serve primarily 18- to 24-year-olds, a generation with a more welcoming attitude and acceptance of all types of diverse individuals, reported a highly inclusive HMRE environment.

Although no programs directly took this approach, experts and stakeholders noted that HMRE services could be housed within partner agencies that serve the LGBT community to ensure the setting and class composition are welcoming. This might be especially beneficial in environments where mixed groups (of LGB and non-LGB individuals) are less desirable (e.g., correctional facilities or traditional religious settings.)

**Class Size.** Class size was also seen as an important factor associated with an inclusive program environment where participants feel comfortable. Facilitators noted that, in a large class, they wanted to make everyone comfortable but not “out” anyone as LGB. In a smaller class size, it was easier to engage all participants and invite them to share. One facilitator mentioned that, in larger classes, adult same-sex couples were often isolated and not part of the group, but in one small class of four couples, the same-sex couple integrated more into the group and felt connected and comfortable. The ideal class size may depend on a variety of factors, including the setting, maturity of attendees, and composition of the class.

**Signaling Safety.** During the expert meeting, the group discussed the need for programs to create an open and welcoming environment where are all participants can freely express themselves. The health care literature confirms the importance of the program environment to supporting LGB inclusivity. In a report on the needs of LGB patients and the barriers they face, Mayer and colleagues (2008) suggest that a welcoming environment can be further reinforced by visual cues, including brochures and magazines or newsletters that signal acceptance and cover LGB-specific issues. Other reports recommended that providers display images that show LGB individuals and families along with symbols that reflect acceptance (e.g., rainbow flag, pink triangle, and safe zone sign) (The Joint Commission 2011). Although the often-used term “safe space” was unfamiliar to many interviewees, they described

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some of the tenets of safe spaces in their organization. For example, a respondent from one program referenced a video they used to promote an inclusive environment:

I have an amazing video that was on our website. We had a same-sex couple that came in—two women who had adopted—talking about how welcoming it was, how they were nervous at first, and the friends that they made. It's a two-minute video from the last day of class, where we would encourage our couples to stand up and share a bit.

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**BOX 3**

**External Context Consideration: Regional Social Climate and Local Community Support**

According to the program interviewees, the degree to which members of a broader LGB community felt support in their region depended heavily on the local politics, the history of local agencies and government working with the LGB community, and relevant local policies concerning sexual orientation. Staff from three programs noted that LGB individuals faced significant challenges and discrimination based on the local social climate. However, they also referenced improvements over time. Two representatives pointed to a reduction in discrimination among racial minority communities that they felt were historically discriminatory toward LGB individuals. One respondent noted:

When I was younger, growing up, people were not very receptive of [the] LGBTQ population. People would bully them a lot...Now it’s more that they’re included, everyone seems to accept them personally...In restaurants, you’ll see it. In the schools, no one is isolated because they are a part of that community.

Another respondent believed that increased acceptance could be attributed in large part to more political and cultural awareness about diversity generally.

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**CULTURE AND SYSTEMS**

**Hiring.** Programs approached the hiring process differently. They varied in the qualifications they looked for and the skills, experiences, and backgrounds they valued in applicants. While all programs had an education requirement, they placed different emphases on this qualification. For example, two programs prioritized a degree in education or a related field when hiring HMRE educators.

All programs emphasized prior experience in either facilitating or teaching. Educators generally had experience as classroom teachers or workshops facilitators for a variety of different youth and adult service programs. Some HMRE programs emphasized experience and comfort working in the community. A few programs mentioned that recruiting participants was an important part of the educator role, and thus an ability to work in the community and connect with a diverse population was important.
One program took a more intentional approach to LGB inclusion and used a proactive method to assess a potential HMRE educator’s comfort with LGB populations during the hiring process. In this program, prospective educators spent time with other team members and were asked questions to assess their comfort level with LGB individuals and their previous work and experiences with same-sex couples. This was in contrast to many programs that focused on facilitator awareness and attitudes about working with diverse populations in general but did not place any emphasis on comfort and experience with LGB populations.

In our expert meeting, participants mentioned that staff should represent the culture and background of the participants they serve. Programs sought out and hired staff that reflected the diversity of their population, but in many cases focused on racial, ethnic, and gender diversity rather than sexual orientation.

**BOX 4**

**External Context Consideration: HMRE Funding Criteria**

Staff from three programs mentioned that funding criteria influenced their program delivery. For example, under the first round of OFA HMRE funding, definitions of marriage in curriculum materials were limited to different-sex couples as defined under the Defense of Marriage Act. From their perspectives, these guidelines inhibited their ability to be inclusive and serve LGB populations. Staff noted that over time, laws have evolved to be inclusive of diverse populations. For example, two recent U.S. Supreme Court rulings (*U.S. v. Windsor*, the 2013 decision striking down key portions of the US Defense of Marriage Act, and *Obergefell v. Hodges*, the 2015 ruling that protects the right of same-sex couples to marry) changed the legal landscape defining marriage in the US. Another program leader noted that, while their core OFA funding did not prevent them from serving same-sex couples, supplemental funding from a different source would be withdrawn if they served same-sex couples.

**Nondiscrimination Policies.** Programs all reported having nondiscrimination policies, but respondents did not specifically mention whether the nondiscrimination policies covered sexual orientation. In many cases, programs used the nondiscrimination policy of their university affiliate or umbrella organization. When probed, respondents noted that nondiscrimination policies did not play a major role in day-to-day program management. Rather, programs noted that they were more concerned with implementation rather than policy. As one staff member noted:
We can have a policy for diversity, but so what? It has to come down to the attitudes and willingness of everyone to work together and understand the needs that each person may or may not have.

LEADERSHIP AND STAFF

Both experts and program staff highlighted that the organization’s leadership often set the tone for building a welcoming and inclusive culture and that staff views and actions on inclusivity affected implementation. When referencing the importance of strong leadership, one respondent noted, “This agency is very much about diversity...Leadership at the top that propels that and does a lot to ensure that the culture is receptive of that.”

Respondents also emphasized that leadership could set the right tone, but achieving full buy-in was important to realizing an inclusive environment. One program director noted:

I think it's about the attitudes and culture of the organization. As I'm sure you know, it can take just one person to rip it up and create things that are challenging. It really does speak to the culture we have. I think from an organizational standpoint, it is about inclusiveness and the attitudes of being open to hearing one another's differences and valuing each of them. I think that's the greatest piece.

Staff at one program noted the challenge of achieving inclusiveness across the organization. They reported that persistence was key to improving inclusivity. One program leader noted that having staff and leadership participate in training from partners on diversity and focus on the meaning of openness and inclusivity can help change perspectives, which may lead to changes in behavior. Regarding this type of incremental change, one program director noted:

People have to meet each other. I did have one member of [the organization] who was reluctant to serve gay and lesbian couples. But over time, you know, he said 'I'm still not in favor of gay and lesbian couples, it goes against my religious beliefs, but I believe everyone deserves to have a good and healthy relationship, and that should not be dependent on whether they're gay or lesbian.' For him, this was quite a change for his belief system, and it took being part of our organization for a long period of time for that acceptance to occur. It was not an automatic thing. It took several years before that kind of change occurred.

“I believe everyone deserves to have a good and healthy relationship”
Potential Approaches Related to Programs

We identified the following approaches that OFA and its TA providers can support for programs seeking to improve inclusivity of LGB individuals and same-sex couples in HMRE programming:

- Develop partnerships with local organizations well-versed in meeting the needs of LGB individuals:
  - Increase mutual understanding and develop strategies to improve inclusion. This could lead to trainings for staff, referral partnerships, or other offerings for same-sex couples or LGB individuals.
  - Determine how the experiences of LGB participants can affect relationships and HMRE. This may be further enhanced by programs exploring research about how the experiences of stigma, discrimination, and coming out among LGB populations can affect relationships.
  - Enhance recruitment efforts to include LGB populations. This may be accomplished by leveraging current partnerships or determining what referral sources have increased the diversity of participants and following up with these partners.
  - Highlight what other resources (agencies, organizations, etc.) LGB populations rely on, which could be helpful in better serving these populations and fully meeting their unique needs.
  - Conduct an inclusivity self-assessment. This self-assessment can increase awareness of implementation shortcomings, barriers to participation, and promising approaches to creating safe, relevant, and inclusive services. Self-assessments can also identify key internal staff and the role they may play in inclusivity efforts.
  - Review curriculum content and program services to provide feedback on all content and delivery to curriculum developers.
  - Offer HMRE services by or at LGB service organizations.

- Identify and discuss the key factors related to a welcoming, LGB-friendly program environment. Programs can explore the social climate of their communities, the influence of setting (e.g., where the program is located and the materials available or visuals once inside the building), class size, and the diversity and openness of all populations served. This may encourage a more proactive approach to setting ground rules and focusing on inclusion and planning specific activities that are relevant to LGB populations as well as non-LGB individuals.

- Produce recruitment flyers and materials with examples or images of same-sex couples to signal that the program is LGB friendly. Programs can also use written or video testimonials.
from all participants (including LGB individuals) on their website or program materials to demonstrate genuine inclusivity.

- Assess all intake procedures, forms, and surveys to ensure they use language inclusive of LGB communities (Lambda Legal 2010).

- Build on the intake practices currently in use to screen or process disclosure of IPV for all participants and assess their appropriateness for use with same-sex couples. Programs may need to implement universal education and screening (not just screening females for potential victimization), though this would need to be thoughtfully considered in collaboration with programs’ IPV partner organizations.

- Connect with organizations with expertise serving LGB individuals experiencing IPV.

- Outline how to assess facilitators’ experience and openness to working with LGB participants. For instance, during the hiring process, programs could prepare questions and scenarios to assess their comfort level with and knowledge about LGB individuals and same-sex couples.

- Focus on opportunities to increase awareness about inclusivity throughout the organization through trainings, presentations, and exposure to relevant topics and classroom experiences.

- Recognize the role of HMRE funding sources. Programs can choose to not seek funding that prohibits inclusive services.

- Train staff on bias, language, and diversity/inclusion and have staff apply insights specifically to the curriculum of choice.

- Inform curriculum developers of needs, areas of concern, or desired modifications and discuss how those changes can be made.

- Develop reference notes across curriculum sections that, for example, increase educator awareness of the issues that may come up for LGB individuals and same-sex couples on a given topic and assist with relevant discussion prompts when applying skills.

- Fill gaps in the curricula with guest presenters or local LGB agency support.
Domain: Educator

Summary of Key Themes

Educators, also referred to as facilitators, operate on the front lines of HMRE programs. Their comfort with inclusivity facilitates program goals and organizational culture, interaction with clients, and curriculum delivery. While educators come to programs with their own understanding and experience working with LGB participants, training also plays an important role in ensuring educators have accurate information and relevant skills to lead classes. Below, we outline key themes related to educator knowledge about LGB populations, interpersonal skills, and group management skills.

KNOWLEDGE

Awareness. Educator knowledge, which includes awareness and understanding of LGB populations, is important to making HMRE inclusive. In our interviews with programs, the educator awareness and knowledge of issues relevant to the LGB community varied but for the most part did not appear extensive. For example, one respondent used terms like “chosen lifestyle” rather than “sexual orientation” when referring to LGB individuals. Such language demonstrates a lack of understanding of LGB populations.

Similarities and differences between same- and different-sex couples were explored and identified during the expert meeting and the literature review (see relevant research in the “Background” section). When asked about similarities and differences between same- and different-sex couples, respondents from five of the seven programs said there were no clear differences and that all couples had similar challenges and needs. Respondents from two programs referenced key differences between same- and different-sex relationships, including societal and familial pressures and support, stigma, and IPV, as discussed above. As one program facilitator noted:

Some of the differences for same-sex couples come to the dynamics of having two of the same gender in a couple together. I think some of their relationship aspects get downplayed more than heterosexual couples, especially in terms of IPV. I think it doesn’t have enough understanding so
not as much help is available. And of course, the social issues that they deal with are more than what a heterosexual couple would deal with. But in terms of love and relationship issues and arguing, it will be pretty similar to a heterosexual couple.

Lived experience was another factor that influenced understanding of LGB populations. Two programs with educators who identified as gay spoke about being able to draw on their personal experiences and perspectives to help connect with LGB participants. One educator self-identified as openly gay and provided insights into how they use their own lived experience to inform their facilitation, including addressing the difficulty of coming out as a youth and breaking down gender norms in the household.

**Training.** During the expert meeting, participants noted the importance of training educators to support inclusive program delivery. Representatives from two programs also specifically noted the need for more training on inclusivity. During program interviews, respondents referenced trainings on curriculum, facilitation methods, and IPV. For some programs, the topic of working with LGB populations was embedded in cultural and diversity training. The majority of programs had some form of high-level one- or two-hour training focused primarily on language and inclusion, not specifically on same-sex relationships or challenges that same-sex couples or LGB individuals may face. This training was often provided by an LGBT center or organization in the community or at a university.

When discussing gaps in their program and needs, staff from four programs expressed interest in having more LGB-specific training. One program director wanted to have LGB research more readily available so educators could share this information with participants. Two respondents shared an interest in having more in-depth LGB training focusing not just on terms and language but on topics like similarities and differences between same- and different-sex couples, the lived experience of LGB individuals, and the challenges they face. Addressing IPV among same-sex couples was another area where programs desire additional training and content. Respondents from two programs shared their specific ideas for targeted training:

- Something that would help us would be how to deal with domestic violence or violence period with same-sex couples. We’re seeing it with adults and with youth we’re serving, getting into these same-sex relationships that are very unhealthy.

- Doing some online videos, interviewing gay and lesbian couples and talking about this, would expand our knowledge and experience with this population that we’re currently missing. That’s one thought, because we need more exposure and need to meet people, need to find out that they’re just like everyone else. If you’ve worked with gay and lesbian couples, they’re exceptional, and healthier than a lot of straight couples. That kind of information would be incredibly helpful in terms of staff training and board training to get word out that this is an important part of our work.
While some aspects of training may be best conducted by partner programs with specialized expertise, the need for training is a finding that cuts across each of the domains in the “Framework” and, as our research revealed, needs to be considered a component of each domain rather than as the responsibility of one domain alone.

INTERPERSONAL SKILLS

The interpersonal skills of educators are an important aspect of their ability to create a nonjudgmental, open, safe space to support all participants. Interpersonal skills surfaced in the expert meeting and were also a focus in program interviews. Respondents from most programs spoke about the influence educators have on the level of warmth and openness in classrooms, especially in setting the tone for all participants. As one respondent noted, “We’re the facilitators, we’re the face that they see upfront, and so once we’re open to [working with different populations], they feel that it’s okay. So we set the example and set the tone.”

All of the programs valued formal education less than educators’ ability to connect with participants and understand how to work with a diverse group of individuals. Staff from two programs spoke specifically to this point of prioritizing interpersonal skills:

One of the great things we encourage in using [our] curriculum is that our facilitators don’t have advanced degrees and can speak to participants in laymen terms.

[T]he interview process was extensive, actually having them present...watching them interact with our team, their familiarity and experience working with our target population, their openness to same-sex couples for sure.

Experts noted that the connection between the educator and group participants is critical to program effectiveness in general. The inclusive climate modeled by the educator through both their interactions with participants and the connections they foster within the class can have a strong impact on participants, particularly those who are marginalized in society. Another expert noted that educators who have empathy and an inclusive approach can counter the discrimination, stigma, and cultural assumptions faced by LGB populations.
GROUP MANAGEMENT

The educator’s role in managing the dynamics of the group can support or inhibit inclusivity. Educators ensure that the curriculum learning objectives are achieved and participants have the time and space to apply the lesson to their lived experience. If unsupportive participant comments are unmanaged, or if unproductive discussions sidetrack content, participants may perceive the workshop as less inclusive or not relevant.

Respondents from programs spoke about different approaches that facilitators took in leading classes and ensuring the inclusion and comfort of all (LGB and non-LGB) participants. Respondents noted that using inclusive language and examples started with the emphasis that leadership or program managers put on this point. In all cases, respondents noted that facilitators had the discretion to deliver the curriculum using their skills and facilitation techniques. This personalization of content can be important to ensuring topics are relevant to LGB populations.

Welcoming Environment. For the most part, the programs interviewed noted that educators worked to create a welcoming environment but did not emphasize the inclusion of LGB individuals. Most HMRE programs include a ground-rule exercise early on, where prompts are listed for creating an inclusive environment that respects diversity. One program’s ground rules emphasized the need to respect everyone regardless of race, ethnicity, religion, income, and sexuality and to be open to differing ideas. This program offered exercises focused on understanding the unique perspectives and different voices of the participants in the classroom.

One program’s ground rules emphasized the need to respect everyone regardless of race, ethnicity, religion, income, and sexuality and to be open to differing ideas.
**Facilitator Tools.** Facilitators from all programs used role-playing or breakout exercises when facilitating classes. In most cases, respondents noted that they allowed participants to drive the scenarios and examples for these activities but would not proactively use LGB examples themselves. In some instances, respondents felt that the environment was not conducive to using LGB examples. When asked about participant reactions to LGB examples, one respondent noted:

> I’m not quite sure. It seems like [non-LGB participants] are open to it, or open to being in the same room with an individual. But if talking about doing a role play, things like that, they may think differently. What I can say, when I use certain parts for the men and women, and even youth, we would use a card that says “my boyfriend” or “my girlfriend,” whatever the case may be. If a guy has a card that says “my boyfriend,” they would say, “Ooh,” and I would say, ”Just say, ‘my partner.’ That way it’s neutral.”

A facilitator at a different program focused on LGB inclusivity in his examples. As he described:

> As an educator, I was adamant in making things real. We have examples of situations in curriculum, but I personally like to make things as real as possible. ... We flipped to their realities and expose the entire classes. In my personal experience, I made that possible to my participants. I referred to Liz and Liza and Juan and Joel. It depended on the environment in my classes. I was trying to be as inclusive, down-to-earth, and real as possible.

HMRE curricula can be a tool to help facilitators manage a group. The curriculum review revealed variations in how curricula approach group management. Most focus on strategies to ensure the learning objectives are achieved. One curriculum identified areas where group discussion might be sidetracked and provided guidance on how to manage those situations. Another curriculum provided questions for group discussion followed by a list of potential answers and an example to share with the group. The curriculum also included an overarching goal statement for the discussion to help the educator guide participants toward appropriate answers. This kind of guidance can help the facilitator manage participant comments that inhibit inclusivity.

**Peer Support.** Two of the seven programs encouraged communication between educators via daily or weekly check-ins to discuss issues that emerged, including the needs of LGB participants. These two programs were proactive in emphasizing facilitator collaboration and cross-training staff on LGB perspectives to make sure educators were both comfortable with and accustomed to using LGB-welcoming language and examples in their classes.

**Potential Approaches Related to Program Educators**

To enhance educator knowledge and inclusive practices we note the following potential approaches that OFA and its TA providers may support:
- Incorporate relevant and up-to-date LGB research into educator training materials to ensure that staff members are aware of similarities and differences between same- and different-sex couples and the unique challenges that LGB individuals face.

- Leverage the experience of the facilitators, staff from other programs in the organization, and outside partners to help lead conversations, ad hoc training, and onboarding activities for educators on working with LGB individuals, understanding the LGB participants’ unique needs, and providing an inclusive and welcoming environment.

- Explore opportunities for more extensive training from partners or experts that dive deeper into LGB relationship topics to further prepare facilitators to create a safe space and address the needs of LGB participants.

- Seek opportunities to establish the workshop as a welcoming, safe environment. Emphasize the benefits of diversity (including other minority groups, so as not to single out LGB participants) and the importance of inclusion for healthy relationships.

- Provide time, space, and structure for facilitators to connect with each other and discuss their personal and classroom experiences to improve understanding of key issues and facilitation.

- Explore opportunities for facilitator shadowing or mentorship to focus specifically on the use of group management techniques that foster a welcoming environment and take a proactive approach towards being inclusive.

- Review curricula, examples, and breakout activities to assess opportunities to incorporate same-sex examples or materials into classes and discussions.

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**Domain: Curriculum**

**Summary of Key Themes**

Data collected during the project revealed the influence a program’s chosen curriculum has on inclusivity. The curriculum section of the “Framework” indicates that curricula should be flexible, normalizing, and relevant to more inclusively serve LGB participants.

References to LGB research to inform the topics and content covered in curriculum materials and the training and modification of curriculum materials can make curricula more inclusive.
From the data collected, we developed a proposed “curriculum inclusivity index.” Appendix I provides detail on how this index was developed. Importantly, this index is not a validated scale: we identified key areas related to inclusivity, assigned equal weight to each area, and assessed whether curricula demonstrated inclusivity in each area. Although this scale will likely need refinement, the spectrum provided an initial framework to quantify our review of curriculum.

We assessed the inclusivity of the seven curricula. The curricula reviewed for the project are plotted along the “Curriculum Inclusivity Index” below (figure 3) based on their inclusivity score.

None of the seven curricula could be categorized as “tailored specifically to LGB participants,” yet several had taken measures to ensure broad relevance or application for a variety of diverse audiences (e.g., socioeconomic, racial/ethnic diversity, married or unmarried couples). We found that although some curricula lacked examples of same-sex couples, curricula that focused on diversity and inclusion more broadly scored higher on the inclusivity scale for LGB participants (see appendix G for inclusivity variables). We also found that a curriculum’s inclusivity score did not always align with statements made by the developers (e.g., in the manual’s note to educators).

Curricula that focused on diversity and inclusion more broadly scored higher on the inclusivity scale for LGB participants.

RESEARCH-INFORMED
Most HMRE curricula are informed by research, but that research has been primarily conducted with different-sex couples. None of the curricula reviewed for this project, according to their bibliographies, documented research that included LGB couples, individuals, or families. One curriculum expert and panelist noted:
The research cited in youth relationship education materials primarily utilizes studies of two biological, opposite-sex parents. So, the programs will say, “Children raised by their own two parents, in general, will have better outcomes” [but do not incorporate research on children raised by LGB parents].

TOPICS/CONTENT

Our review of curricula revealed that most required little or no HMRE content modifications to make them appropriate for or relevant to people in same-sex relationships and marriages. Sections of curricula dealt with broadly applicable relationship issues such as conflict management, problem solving, or understanding the qualities of healthy relationships. However, none of the reviewed curricula addressed the unique needs of same-sex couples as identified in the literature search (e.g., negotiating outness, navigating discrimination, or limited family support). Several curricula had content that was broad enough for participants to discuss these topics during individual work (e.g., identifying stressors, navigating social support). In multiple programs, staff said that use of these types of examples was up to the educators themselves. Consequently, examples will depend on the range of facilitators’ comfort, expertise, background, and skill. As one staff member noted:

I can imagine if there were instructors not knowing how to address certain aspects for things going on for anyone in the room from the LGBT community, and they may gloss over things and may not understand when someone is feeling uncomfortable, and they may think someone just isn’t participating that much.

While program interviewees corroborated this finding about not addressing content and topics for same-sex couples, curriculum developers felt that topics were addressed through overarching content. This may suggest a gap in perception of inclusivity of content between developers and programs.

LANGUAGE/ASSUMPTIONS AND MATERIALS

Language is critical, especially when working with youth. According to GLSEN’s 2015 National School Climate Survey, youth are more sensitive and susceptible than adults to subtle nuances in language that
may isolate, oppress, or marginalize them, particularly in their high school years (Kosciw et al. 2016). Through interviews, educators mentioned adapting their use of certain terms or language based on feedback, trainings, and the needs of their target population. Data collected indicated that language examples that may be problematic include: terms that suggest LGB relationships need to be called out separately (i.e., because they are "abnormal"); "transsexual" or any terms considered offensive, inaccurate, or dated; and "marriage/committed union" because the term "committed union" is not widely used today. For all but one curriculum, little or no adjustments to language are needed to avoid gendered pairings or exclusionary language (e.g., husband, wife). One of the curricula reviewed used the outdated term "committed union" to describe the equivalent of marriage for same-sex couples.

**BOX 5**

**External Context Consideration: Curriculum Developer’s Social Climate**

The influence of regional social climate on curricula was discussed in the expert meeting. One expert noted that curriculum developers are faced with professional and business-related decisions about inclusivity, often based not only on their personal or professional values but also on the social climate of their clients as well.

Gender-based stereotypes were more prevalent and often less obvious in curricula. For example, one curriculum says, “remember that sex can create a child.” LGB individuals would likely hear this statement quite differently than non-LGB individuals.

**TRAINING/ADAPTATION**

Curricula vary in their requirements for educator training. Some curricula require intensive, multiday, face-to-face trainings whereas others may be implemented without formal training. Curriculum trainings often include additional material about target audience, facilitation skills, educator bias, or HMRE research.

Curriculum and programs had varying degrees of openness to adaptation of curricula. Respondents from our program interviews generally felt that curricula were relatively inflexible for a variety of reasons, and therefore they had made little or no modifications of the curriculum. However, there was openness across interviewees and experts to improve curricula to be more inclusive through language and examples. Program interviews indicated that curricula rarely included examples or images depicting same-sex couples. Importantly, program interviewees expressed a range of attitudes about
inclusivity in all aspects of program delivery. Based on our interviews, these differences colored how they viewed and approached the feasibility of curriculum modification at the program level.

Potential Approaches Related to Curricula

To enhance the inclusivity of a curriculum, we offer the following potential approaches for OFA and its TA providers to consider as they work with curriculum developers:

- Partner with LGB experts to assess and discuss the curriculum content or delivery approaches that will best support inclusive services. Developers may also work directly with LGB participants to identify assumptions in the curriculum.

- Proactively address inclusivity issues at the curricular level rather than leaving it to the individual discretion of programs or educators.

- Integrate research, as it becomes available, on LGB individuals and same-sex couples into the curriculum's evidence base.

- Develop a bank of images, vignettes, and discussion questions that offer a variety of choices for educators to present or hand out to participants based on the makeup of their group. Curriculum developers may want to update the graphics, videos, visuals, scenarios and vignettes in their program materials to include more examples of same-sex couples or LGB individuals.

- Review content for heterosexual or gender-based stereotypes and make appropriate modifications to the curriculum.

- Develop supplemental sections, exercises, or modules that cover LGB-specific topics (e.g., negotiating outness) for use by programs.

- Include information about diversity, openness, and inclusivity in curriculum trainings, training materials, and facilitator tips.

Address whether and how curriculum adaptations or modifications should be handled by educators or programs.
Discussion

This exploratory study sought to identify approaches to making HMRE programs, educators, and curriculum more inclusive of same-sex relationships. This report is intended primarily to inform OFA and its TA providers working with HMRE grantees, though program staff may also find it useful. The project team reviewed relevant literature, convened an expert meeting, conducted interviews with seven programs throughout the country with varying levels of experience serving LGB individuals, and reviewed seven curricula that are commonly used in HMRE programming. We analyzed qualitative and quantitative data and identified numerous themes and potential approaches to foster inclusion. Our analysis informed the “Framework for LGB-Inclusive HMRE Programming” (figure 2 on page 10) and the more detailed “Levers of Inclusion” (appendix A). Finally, this report was reviewed and further informed by a panel of expert stakeholders (see the stakeholders section at the front of the report).

The programs and curricula that informed this report started at different points of inclusivity. But even programs, educators, and curriculum developers that have not focused on inclusivity as a goal of their programming or curricula shared a desire to improve their ability to serve LGB participants. This report proposes approaches for OFA and its TA providers to consider and offers the “Framework” as a tool to look across domains at the areas in which programs, educators, and curricula could improve inclusivity. The feasibility and implementation of these approaches will vary based on each program’s target population and organizational goals.

But even programs, educators, and curriculum developers that have not focused on inclusivity as a goal of their programming or curricula shared a desire to improve their ability to serve LGB participants.

A growing literature exists on both HMRE programming and the large set of similarities and notable differences between same- and different-sex couples. Research on minority stress, stigma, and societal support for LGB individuals, for example, could inform programmatic, educator, and curricular approaches to HMRE. A synthesis of this research could be shared with programs and curriculum developers to improve awareness and inclusivity.
Despite a growing body of research related to HMRE programming and same-sex relationships, there is still a dearth of information integrating the two. HMRE program operators and researchers have important roles in filling this void. Program operators may need to (further) modify services to meet the needs of LGB populations. Researchers may need to investigate both LGB-specific relationship education and classes with LGB and non-LGB individuals to better understand the experiences and needs of participants as well as educators.

Future research does not come without its challenges. For example, many programs cannot accurately estimate the number of LGB people they serve because they do not collect this data. This creates a barrier for a deeper exploration of programs and curriculum. However, current efforts by programs to be more inclusive of LGB populations provide a promising foundation for understanding the considerations for recruiting and effectively serving LGB individuals.

Many programs have the infrastructure in place to emphasize diversity, but in the majority of cases this has not extended to include LGB populations. For example, programs highlighted their open-door, nondiscrimination, and diversity policies and their respect for different populations. However, the implementation of these policies did not always address the unique strengths and needs of LGB populations. This was more common when the program did not have a staff member or leader catalyzing this work. In some programs, there appeared to be a lack of awareness about the unique strengths and needs of LGB individuals and couples. This may have been influenced by a program’s external context such as social climate, community support, partnerships, and the program setting (though more research would need to be done to confirm this hypothesis). In many cases, programs could improve upon their current diversity policies to ensure LGB individuals are welcomed and included in HMRE. Programs could draw on previous efforts to be inclusive of racial and ethnic minority groups.

Some programs thought strategically about where to find LGB participants and how best to meet their needs. Programs were able to leverage their umbrella organizations and partners to target their approach to include LGB individuals in HMRE. Programs emphasized the importance of personal outreach and recruitment and were opportunistic in attracting diverse populations. Additionally, these programs incorporated awareness of and comfort with working with LGB populations into their hiring and training processes.

Programs described the benefit of their current partnerships and the need for new partnerships in emphasizing inclusivity of LGB participants. Partnerships with local and national organizations and experts can help improve outreach, training, and program delivery enhancements focused on meeting the unique needs of LGB populations.
LIMITATIONS

The key limitation in this study was the relative dearth of program experience serving LGB individuals in HMRE programming. Due to this lack of experience, some programs had a difficult time addressing even basic questions about their policies and practices around the inclusion of LGB individuals. Those programs that had experience serving some LGB participants had little or no data on the population. Others had developed promising strategies related to inclusion, but they had difficulty implementing them or were planning implementation for the future.

There is also a significant lack of relevant published research on serving LGB individuals or same-sex couples in HMRE programs. Assessing inclusivity of curricula proved challenging because validated tools have not yet emerged in the literature. Thus, curricular analyses remain theoretical until further testing and validation can be performed. While this created challenges, it also provided an opportunity to learn from researchers and program staff about what they envision this work looking like in the future. The evolving nature of this work allowed respondents to think about approaches without strict parameters of existing work in this space, as well as about the kinds of information, tools, support, and resources that might benefit them going forward.

Another limitation of the SUHMRE project was that, due to limited project resources, we could not seek feedback directly from HMRE participants in general, and more specifically LGB individuals. Participants often provide a unique perspective about the implementation of policies and practices, educators, and curriculum. To lessen the impact of this limitation, we asked multiple questions in program interviews about the participant experience and feedback that program staff received from participants.

Finally, this project focused on LGB individuals and did not address the HMRE needs or services for transgender individuals. Future research on “T” populations is warranted.
Conclusion and Potential Next Steps

The key themes and potential approaches that emerged from this exploratory study suggest a range of activities that OFA and its TA providers could consider in assisting HMRE programs and curriculum developers as they serve LGB populations. We organized our findings into a “Framework for LGB-Inclusive HMRE Programming,” which highlights key domains for consideration and improvement: program, educator, and curriculum. Although we did not conduct an exhaustive review of current HMRE programs or curricula, our data suggest that programs and curriculum developers are at various places along a spectrum of inclusivity and that they are seeking support in the process of becoming more inclusive.

This work could move forward in at least two ways. First, it may be helpful to develop a guidebook, based on SUHMRE findings and further research, that outlines a proposed roadmap for recommended enhancements and available resources for the three areas of focus in this report. This tool would allow OFA and its TA providers to support curriculum developers and programs to enhance HMRE services to be more inclusive. This would also allow HMRE programs to employ the judgment and creativity of their staff to modify the HMRE services. Ultimately, the guidebook could support both curriculum developers in taking steps to modify curricula for increased inclusivity and program directors who wish to tailor curricula to the unique needs of their local communities.

Additionally, technical assistance providers could support programs as they assess their environment, strengths, and needs. Programs that were interviewed for this study expressed a desire to learn more about how to recruit and serve LGB individuals. Given the complexity of external and internal factors influencing how programs adapt to better include LGB individuals, it makes sense to help programs assess their capacity, needs, and goals. This is particularly true when considering the many different avenues of improving inclusion described in the “Framework” and the more detailed “Levers of Inclusion” (appendix A).

In the same way that further research is needed to understand participants and couple relationships with regard to diverse gender identity and gender expression, additional work is also warranted to explore inclusive program approaches and best practices for serving participants based on gender identity and expression. Sites can elect to extend the reach of program, curricular, and educator assessments to include gender identity and gender expression in partnership with local agencies and technical assistance providers as a step toward increased inclusivity.
HMRE programs hold promise for improving the well-being and stability of diverse populations, including LGB populations. This report provides a starting point for understanding this work and framing the next steps. With this report, OFA and its TA providers can tailor research-informed strategies to support curriculum developers, program operators, and educators to deliver inclusive HMRE services to LGB individuals, youth, and couples.
Appendix A. Levers for Inclusion of LGB Populations in Healthy Marriage and Relationship Education Services

<table>
<thead>
<tr>
<th>Framework Domain</th>
<th>Factor</th>
<th>Subfactor</th>
<th>Lever</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM</td>
<td></td>
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<tr>
<td>POINTS OF ENTRY</td>
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<tr>
<td>RECRUITMENT</td>
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<tr>
<td>Recruitment, marketing, and outreach materials use inclusive images and language.</td>
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<tr>
<td>Recruitment sources and referral partners include those who serve same-sex couples or LGB individuals.</td>
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<tr>
<td>INTAKE PROCEDURES</td>
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<tr>
<td>Intake forms and interviews include language appropriate for participants who are or could be in same-sex partnerships (e.g., spaces labeled &quot;parent&quot; rather than &quot;mother/father,&quot; or &quot;spouse/partner&quot; rather than &quot;husband/wife,&quot; avoiding gendered pairings).</td>
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<tr>
<td>IPV SCREENING</td>
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<tr>
<td>Procedures incorporate current knowledge of IPV in same-sex couples.</td>
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<tr>
<td>Screening is conducted on all participants (not just females), and does not assume male perpetration and female victimization.</td>
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<tr>
<td>IPV supports for participants consider unique needs and presentation of IPV in same-sex couples.</td>
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<tr>
<td>REFERRALS</td>
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<tr>
<td>Program referral lists (external services to which programs may refer participants) include those welcoming of and equipped to serve LGB populations.</td>
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<td></td>
<td></td>
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<tr>
<td>COMMUNITY &amp; REFERRAL PARTNERSHIPS</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Programs partner with LGBT-focused agencies for recruitment, referral, training, and general program support.</td>
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<td></td>
<td></td>
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<tr>
<td>ENVIRONMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants experience a welcoming, accepting, and emotionally and physically safe atmosphere.</td>
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</tbody>
</table>
Facility includes positive images depicting diverse individuals and a variety of relationship types and language such as “safe zone” or “ally.” LGB-specific brochures and information are accessible.

Group composition and size is appropriate for the program site based on a range of well-considered factors like social climate, program environment, local participant preference, program goal, and curriculum (e.g., group composition: groups integrate non-LGB individuals/different-sex couples with LGB individuals/same-sex couples; groups provide separate targeted services for LGB participants/same-sex couples).

Degree to which physical location (e.g., community service agency, high school, clinic, church, etc.) is perceived as “friendly” by members of the broader local LGB community.

### Culture and Systems

**Inclusive Policies and Procedures**
- Hiring practices are inclusive, nondiscrimination policies explicitly include sexual orientation, diversity statements and privacy protections are explicit.

**Inclusive Values and Culture**
- Program mission and vision set the tone for inclusivity and honoring diversity.

### Leadership and Staff

- Staff are united in the promotion of inclusion and honoring diversity.
- Staff are trained in inclusive interpersonal skills, language, practices, and policies (e.g., inclusive recruitment, intake, case management, referral, and privacy procedures).
- Staff have current understanding of laws impacting LGB individuals and same-sex couples regarding antidiscrimination (e.g., housing, workplace, health care), estate planning, adoption, parenting rights, child custody, reproduction, sexual behavior, common-law marriage, and so on.

### Funding

- Programs consider funding goals/restrictions and whether they align with program/agency goals around inclusion before applying for or accepting additional funding.
- Additional funders support the program in its efforts to include LGB participants.

### Educator Knowledge

**Received Training on LGB Populations, Bias, and Diversity/Inclusion**
- Educators understand distinctions between same-sex and different-sex couples.
- Educators are aware of unique needs of or issues faced by same-sex couples, LGB individuals (youth and adult). Examples from the literature include coming out, internalized conflict with accepting one’s sexual orientation, social stigma, minority stress, discrimination, and decreased social support.
- Educators are aware of LGB-inclusive support services in the community.
Educators keep abreast of current language and can differentiate between sexual orientation, gender identity, gender expression, and biological sex and understand intersections between them.

Educators understand institutionalized assumptions and bias and avoid them when teaching.

### INTERPERSONAL SKILLS

- Educator is able to convey open, warm, inclusive support of all participants.
- Educator has experience with the target population and is able to form strong working alliance with all participants.

### GROUP MANAGEMENT

- Educator is able to tailor content to audience, integrate relevant examples, create group cohesion, ensure emotional and physical safety of participants, remain focused on curriculum goals while honoring participant experiences.
- Educator fosters an environment of inclusivity and acceptance of all participants.

### CURRICULUM

#### RESEARCH-INFORMED

Research and theory, whether explicitly referenced or undergirding content, are assessed for appropriateness/applicability to same-sex couples or LGB individuals.

When possible, curriculum is grounded in research including same-sex couples and individuals who may be in same-sex relationships.

### TOPICS/CONTENT

Curricula address topics of relevance to LGB populations.

#### YOUTH TOPICS

- “Coming out” both as in sharing one’s sexual orientation with others and as in revealing one’s relationship status with a same-sex partner (this is both a point on the developmental trajectory for individuals [“I came out when I was 16”] and an ongoing process of revealing one’s sexual orientation/relationship to others).
- Social and family support (e.g., acceptance of sexual orientation, identity, and relationship).
- Dealing with discrimination, stigma, minority stress.
- Institutionalized and internalized conflict with accepting one’s sexual orientation.
- Antibullying/antiharassment strategies, dealing with microaggressions.
- Specific health-related information that pertains to sexual orientation and sexual behavior as well as relevant to the LGBT population at large (e.g., suicide risk, sexual risk and protection).
- Navigating one’s identity (diversity and inclusiveness).

#### ADULTS/SAME-SEX COUPLES (SOME CONTENT LISTED UNDER YOUTH MAY ALSO APPLY FOR ADULTS AND COUPLES)

- “Negotiating Outness”: The extent to which each partner is comfortable being open about their relationship with others.
- Understanding and managing the influence of external factors such as discrimination and stigma on their relationships.
- Institutionalized and internalized conflict with accepting one’s sexual orientation.
| **Social and family support/acceptance of both sexual orientation and relationship.** |
| **Navigating family formation—if and how to have children, roles for each partner in the process, and so on.** |
| **Role expectations—negotiating who will do what in the absence of gender-role stereotypes.** |
| **Sexual intimacy/connectedness—note differences based on gender (expectations about monogamy, frequency, etc.).** |
| **Antibullying/antiharassment strategies, dealing with microaggressions.** |
| **Dealing with discrimination, stigma, and minority stress.** |
| **Health disparities (mental and physical health and well-being).** |
| **Navigating one’s identity (diversity and inclusiveness).** |

**LANGUAGE/ASSUMPTIONS AND MATERIALS**

- Content uses inclusive language, giving preference to terms that apply to all relationships (e.g., “spouse,” “partner,” or “significant other” instead of “husband/wife”).
- Educator scripts avoid bias, and where scripts are not used, guidance helps steer educators toward the inclusive presentation of materials.
- Gendered pronouns are used thoughtfully, ensuring appropriate representation of same-sex couples.
- Currently accepted terms are used when referencing the LGB community (e.g., “sexual orientation” rather than “chosen lifestyle”).
- Assumptions in language are avoided (e.g., using “sex” synonymously with penile-vaginal intercourse without defining the term).
- Gender-role stereotypes in content are avoided (e.g., “men tend to withdraw,” “women are born with a nurturing instinct,” “men typically manage the finances”).
- Content assumes all participants and all couples are unique.
- Definitions and examples of healthy relationships do not imply preference for or recommend “the nuclear family” or specific relationship characteristics (e.g., monogamy) that are not linked to quality and stability of same-sex relationships.

**MATERIAL**

**VIDEOS, GRAPHICS, VISUALS, VIGNETTES**

Program materials include positive and diverse examples of LGB individuals and same-sex couples.
Curriculum does not rely on educators to locate images/videos/music that includes same-sex relationships.

**DISCUSSION TOPICS, EXERCISES**

Discussion topics allow couples to identify issues relevant to their own unique lives.

**TRAINING/ONGOING COLLABORATION**

Trainings incorporate information about bias, language, and diversity/inclusivity and how to apply that insight specifically to the curriculum delivery.
Developers address if and how curriculum adaptations or modifications should be handled by educators/programs.

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* Levers are those conditions that influence the range of LGB inclusivity of a program or curriculum. On one end of the range is “allowing LGB individuals/same-sex couples to participate.” On the other is “tailoring offerings to promote inclusion and optimal services for LGB individuals/same-sex couples.” This table includes examples of possible levers.
Appendix B: Data Collection and Analysis

Data Collection

In this appendix, we discuss the tools and methods used to collect data in this exploratory study. While this section focuses on our formal data activities, informal activities such as iterative discussions among project team members and with stakeholders also played an important role in the project. These discussions often informed data collection plans, instruments, analysis approaches, and findings.

Data Source #1: Literature Review

The project team first conducted a targeted review of the existing literature. Based on conversations and suggestions from the project officer and project team, the review focused on three main themes. First, it examined the theory and research behind Healthy Marriage and Relationship Education (HMRE) programming to provide a strong conceptual background for this work. Second, it examined the similarities and differences between same-sex and different-sex couples to better understand how these differences may inform curricula and programming. Finally, it examined the experiences of LGB populations in HMRE programs to catalogue the extent to which these issues have been studied in the past and to draw on key findings from these studies for the current project. To accomplish this goal, we first drew on the institutional knowledge of experts on our team for recommendations about specific reports and authors to review. We then compiled a list of key terms to conduct the literature search. Search terms were logged, and all research reviewed was annotated in a master document. Databases used include Web of Science, JSTOR, EconLit, and PsycINFO. See table B.1 below for examples of search terms and see appendix B for an annotated bibliography of the articles reviewed.
TABLE B.1
Examples of Search Terms for Targeted Literature Reviews

<table>
<thead>
<tr>
<th>Theory undergirding HMRE programming</th>
<th>Similarities and differences between same-sex and different-sex couples</th>
<th>Methods and techniques of relationship education or couples therapy used with same-sex couples</th>
</tr>
</thead>
<tbody>
<tr>
<td>“healthy marriage”</td>
<td>“same-sex couples” AND “relationship quality” OR “communication” OR “intimate partner violence”</td>
<td>“same-sex couples” AND “couples therapy” AND “relationship counseling” AND “minority stigma”</td>
</tr>
<tr>
<td>“relationship education”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“healthy marriage initiative”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“theory”</td>
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</tr>
</tbody>
</table>

Note: HMRE = Healthy Marriage and Relationship Education.

Data Source #2: Engagement of Experts

At the onset of SUHMRE, the project team drew on their extensive connections to HMRE programming operators, LGBT researchers, and similar individuals to identify a list of experts (see a list of experts at the front of the report). These experts were selected because they are experienced academic researchers in the fields of HMRE and/or LGBT relationships, HMRE practitioners in youth and/or adult HMRE programs for LGB participants, or HMRE curriculum developers. They also represented expertise in intimate partner violence (IPV) among LGB populations and youth services providers from the LGB community. Once engaged, experts were first individually interviewed to vet initial impressions of the project plan and collect recommendations to frame the work. Following the literature review, the project team convened an in-person meeting with the experts in addition to our project officers and other government staff. During the meeting, experts discussed relationship interventions for LGB populations that they had developed, explored the findings from the literature review, and offered feedback and discussion about the draft “Levers for Inclusion” (see appendix A) and other important considerations for LGB-inclusive services.

Data Source #3: Program Interviews

The project team conducted in-depth interviews with seven former and/or current HMRE programs. Interviewees were selected from programs that are diverse across multiple characteristics, including geography, sociopolitical climate, population served (race/ethnicity, age), and previous experience serving LGB youth and same-sex couples. When deciding on which programs to include in our sample, the project intentionally selected both programs with extensive experience serving LGB populations and those with little or no experience in serving these populations to understand the range of program
experiences and perspectives. An interview guide was developed based on the “Framework,” the “Levers for Inclusion,” and conversations between key team members and project officers. The guide covered a wide range of topics, including agency policies and practices, program environment, staff competency and training, the curriculum used, and any experiences serving same-sex couples and/or LGB youth (see appendixes D and E for the interview guides).

### TABLE B.2
Characteristics of Sampled Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Region</th>
<th>ACF HMRE funding status</th>
<th>Target population</th>
<th>Approximate service population size per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>West</td>
<td>Former</td>
<td>Adult</td>
<td>600</td>
</tr>
<tr>
<td>2</td>
<td>South</td>
<td>Current</td>
<td>Youth</td>
<td>1,000</td>
</tr>
<tr>
<td>3</td>
<td>Midwest</td>
<td>Former</td>
<td>Youth and Adult</td>
<td>1,300</td>
</tr>
<tr>
<td>4</td>
<td>South</td>
<td>Current</td>
<td>Adult</td>
<td>1,200</td>
</tr>
<tr>
<td>5</td>
<td>South</td>
<td>Current</td>
<td>Youth and Adult</td>
<td>500</td>
</tr>
<tr>
<td>6</td>
<td>South</td>
<td>Current</td>
<td>Youth</td>
<td>4,000</td>
</tr>
<tr>
<td>7</td>
<td>Midwest</td>
<td>Current</td>
<td>Youth and Adult</td>
<td>1,200</td>
</tr>
</tbody>
</table>

Notes: ACF = Administration for Children and Families, HMRE = Healthy Marriage and Relationship Education.

We conducted two in-depth phone interviews with each program, each lasting 60 minutes: one with an HMRE program manager and one with a small group of HMRE program facilitators. These were sometimes combined into a single interview to accommodate respondents. In-depth interviews were led by a senior researcher aided by a research assistant. Interviews were recorded, and the research assistant also took verbatim notes of the conversation. Recordings were used to fill in gaps in the verbatim notes as necessary.

### Data Source #4: Curricular Review

Following the expert in-person meeting, we conducted a separate review of seven curricula. Curricula that have been used in federally funded HMRE programming were listed. To select curricula to review, we checked HMRE grantee applications for the grant cycle beginning in 2015. Curricula in the current cohort of HMRE funding were considered for review if they were used by two or more programs. There was some overlap between the curricula reviewed and those being implemented by SUHMRE interview respondents. The review included two steps: First, a comprehensive assessment of the components, language, approach, and content of the curriculum. Second, an assessment scoring the curriculum on an index of inclusivity (this two-step process is detailed in the “Data Analysis” section below). The following curricula were assessed:
Data Analysis

In this section, we describe the methods used to analyze and integrate data from the literature and curricula reviews, feedback from experts, and interviews with programs.

Data Source #1: Literature Review

In the literature review, we documented core research questions, methodologies, and findings from the various studies. For each of the three focal areas of the review (theory undergirding HMRE programming, similarities and differences between same-sex and different-sex couples, and inclusion of LGB populations in HMRE programming), we created a summary table that documented the citation for the publication, its research aims, the data source, the methods, and the key results. Next, we discussed and analyzed this table to identify key themes and concepts across articles in each of the domains. From this review, the project team developed an initial list of levers that influence the LGB inclusivity of a given program or curriculum (see the “Levers for Inclusion,” appendix A), which informed data collection and analysis in subsequent stages. Additionally, findings from this literature review are incorporated in the discussion throughout this final report.

Data Source #2: Engagement of Experts

We solicited feedback from the experts during the one-day meeting as well as through prior and subsequent communications via phone and email. Feedback from the experts focused on the overall research design of the project, the literature review, and the initial set of levers (for the “Levers for Inclusion”). Verbatim notes were taken during the in-person meeting. These notes were later cleaned and synthesized into a summary memorandum detailing the major decisions made and key feedback
Data Source #3: Program Interviews

Based on the “Framework” and other key documents from the project (the interview guide, “Levers for Inclusion,” and the expert meeting notes), the project team discussed a thematic coding structure for analyzing qualitative data (appendix F). The project team then began the coding process, grouping excerpts from interview and expert meeting notes into specific thematic categories, for data from the program interviews using NVivo qualitative analysis software. To start, one primary researcher coded all of the interview note documents for the seven programs, while a secondary coder double-checked coding to ensure all key themes were being captured. Tests were run on two interview note documents to determine consensus estimates of inter-rater reliability (IRR). In the first document, the agreement between the two coders was 86 percent, and the second document showed 94 percent agreement, which are both acceptable levels (Neuendorf 2002).

Data Source #4: Curricular Review

For the first step of the curricular review, we developed an instrument (appendix G) that aligns with the curriculum domain in the “Levers for Inclusion,” our literature review, and feedback from experts. The purpose of the instrument was to provide a systematic protocol for reviewing curricula and detailed instructions to ensure consistency across curriculum reviewers. The instrument included a coding matrix and procedures to ensure quality control (appendix F). The instrument was designed to help reviewers cull out data which would, in step two, aid in a more quantitative analysis of the extent to which curricula were appropriate for use with LGB individuals and same-sex couples. Items reviewed included instructor manuals, participant workbooks, PowerPoint slides, videos, and other available program materials. The instrument included space for any additional curricular observations as well.

For the second step, a 10-item scale (see appendix G) was developed by the project team to capture inclusion variables. The scale was generated based on emerging themes from each of the project’s data sources (including literature review and expert discussion) and was cross-walked against the “Framework for LGB-Inclusive HMRE Programming” (Figure 2) and the “Levers for Inclusion” (appendix A). The construction of these variables also involved a process used in other research focused on developing curriculum inclusivity variables (Amato 2014). While not a validated scale, the spectrum provides a framework to quantify our review of curriculum. Statements made by curricula as to whether
or not they are inclusive were not considered in this analysis. All variables in the scale were given equal weight, as we do not have further data about the impact of each variable on perceived inclusion by LGB persons or on LGB individuals’ outcomes.

Following the first step of the curriculum review, reviewers examined the curricula against the 10-item scale, assigning a point for each inclusivity variable present in each curriculum. The sum of the points represents an “inclusivity score,” which was then plotted on an inclusivity index (see figure B.1 below) with a possible total score of 10. An IRR check of the inclusivity scores was performed across four of the seven curricula using two reviewers to test whether the same inclusivity score was achieved by different reviewers (appendix H). The reviewers were in 90 percent agreement across individual scores and 100 percent agreement across the index categories. Once plotted, the index allowed for comparisons across curricula and created potential benchmarks for improving inclusivity at both an individual and aggregate level (please see the “Domain: Curriculum” subsection of the “Key Themes and Potential Approaches” section for the plotted index).

In developing the “Curriculum Inclusivity Index,” we proposed assigning labels to four “inclusive” categories (after “not inclusive”). These categories emerged from our data analysis and in project team discussions and they describe the approach to including participants of diverse sexual orientation. Inclusive curricula could be categorized as:

1. **Do No Harm** to LGB individuals: these curricula avoid outright discrimination and use inclusive language.
2. **Opening the Door** to inclusivity: these curricula offer examples of same-sex couples.
3. **Proactive, Inclusive, Relevant**: these curricula explicitly or implicitly address LGB-relevant topics.
4. **Tailored to LGB Participants or Same-Sex Couples**: these curricula are written specifically for LGB participants and demonstrate the greatest degree of inclusion.
Cross-Cutting Analysis

We sought to integrate all data sources to inform our proposed approaches for inclusion of LGB populations. To begin the cross-cutting analysis, the literature review tables and expert meeting notes were coded in NVivo using the same coding structure as described above for the analysis of program interview data (appendix F). Once all data (interview notes, literature review tables, expert meeting notes, and interview data) were coded, the project team ran a battery of queries to draw out key content. Queries included searches of codes (specific themes), key words, word frequency, and compound searches (searches for specific keywords and themes). After running queries, the project team developed short write-ups on elements of the “Framework” and "Levers for Inclusion" drawing on key themes.

Once the curricular review was completed, the project team discussed the overlap between key themes from the review and the other data sources. Ultimately, the project team worked together using the “Framework” and targeted queries (e.g., curriculum modification, topics, and content) to assess how key findings from the literature, expert meeting, and interviews corroborated curriculum review findings or differed from these findings. Quotes and specifics examples were also pulled from NVivo to highlight curricular review findings. The project team assessed all data that was analyzed to map out the proposed approaches.

Stakeholder Review

A set of stakeholders provided comments on this report, including members of the expert work group as well as additional external stakeholders chosen for their expertise in the topic areas. The project team incorporated this feedback into the final version of the report.
## Table C.1
### Theory Undergirding HMRE Curricula and Programming, by Reference

<table>
<thead>
<tr>
<th>Aims</th>
<th>Data</th>
<th>Methods</th>
<th>Key Findings</th>
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</table>
| Review evidence on programs designed to strengthen the relationship between parents and to encourage fatherhood involvement and determine whether these programs could be beneficial to some types of families with unmarried parents. | N/A | Provide conceptual model; review literature on programs | - The authors develop a multidomain family risk model to explain why couple-relationship and father-involvement interventions can provide benefits for children of unmarried parents.  
- Very few programs for couples and only a handful of fatherhood programs have been evaluated. Of those that have, few have included unmarried couples and none have investigated differences for unmarried fathers living with or apart from their child.  
- Focusing on fragile families, evidence suggests that couple-oriented programs have a positive effect on father involvement, so the authors recommend integrating couple and fatherhood interventions to better reduce risk and enhance protective factors for children. |


Review best practices in relationship and marriage education and discuss conceptual and methodological issues that these practices present. | N/A | Literature review | Relationship and marriage education has a long history and has grown substantially in terms of both scholarship and practice in recent years.  
- Best practices include being based on evidence, research, and theory; being tailored to needs of audience; involving higher-risk couples; being offered at change points; and being widely accessible.  
- Each of these best practices presents dilemmas for Relationship and Marriage Education practitioners. |


Synthesizes developments in marital research from the past 10 years. | Literature from the past decade | Breaks current research into three topics:  
- Familiar topics like marital conflict, violence, and impact on health  
- Analysis of marriage in context of policy change | Marriage is becoming more complex to study. Research has been done and needs to continue to be conducted regarding the practicalities and challenges of marriage and policy implications.  
- Marital conflict is not as useful anymore at understanding marital distress, and intimate partner violence has become more nuanced and less understood.  
- The link between marriage and health was upheld. |
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<th>Aims</th>
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<tbody>
<tr>
<td><strong>Aims</strong></td>
<td><strong>Data</strong></td>
<td><strong>Methods</strong></td>
<td><strong>Key Findings</strong></td>
</tr>
<tr>
<td>Analyze the tension between research on couple relationship education (CRE) and social policy by examining the rationale, efficacy, and dissemination of CRE.</td>
<td>N/A</td>
<td>Literature review/theory</td>
<td>More research has been done on low-income populations, ethnic minorities, and military partners. The Social Relations Model and Actor Partner Independence Model are increasingly used research methods in marital studies.</td>
</tr>
<tr>
<td>Looks at previous research assessments with follow ups at least one year after the initial study that focus on the link between relationship education and relationship satisfaction.</td>
<td>Synthesis of 17 published studies with follow-up assessments.</td>
<td>Synthesis of previous research</td>
<td>There is sufficient evidence on the efficacy of CRE to begin dissemination now. Because dissemination will happen, researchers have a unique opportunity to conduct research and evaluation on CRE to promote evidence-based approaches, adding to the knowledge base. There can be a specific expansion of research on CRE for diverse populations.</td>
</tr>
<tr>
<td>To look at how Relationship Education affects couples with low satisfaction.</td>
<td>Two studies were carried out. In one, 182 different-sex couples in Australia participated in an RCT where some couples were assigned to RELATE with Couple CARE (flexible delivery program), some to RELATE without Couple CARE, and some to a self-directed reading group. In the other study, there was no control, and 119 white different-sex couples in</td>
<td>Study one had statistical analysis with regressions. For the second study (uncontrolled trial replication), the Partnership Questionnaire and a multilevel modeling analysis assessed relationship satisfaction and descriptive statistics were computed.</td>
<td>Both studies showed that couples with initially low levels of relationship satisfaction displayed a moderate increase in relationship satisfaction after the intervention. Both studies also showed that couples with initially high relationship satisfaction saw little to no change in relationship satisfaction after the intervention. There was no difference between genders.</td>
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</tbody>
</table>


### Aims

Switzerland were given the Couple Coping Enhancement Training (intense weekend delivery) and relationship satisfaction was monitored over time.

### Data

  - Looks at the link between government-supported Healthy Marriage Initiatives (HMIs) and family outcomes from a population standpoint.
  - Aggregated data from 2000 to 2010 on HMI funding and pulled American Community Survey data on family outcomes.
  - Statistical analysis with pooled time series regression by state and year fixed-effects models.
  - Results were mixed. When Washington, DC, was included, regressions suggested that states with more funding for HMI experienced small positive changes in family outcomes such as an increase in the percentage of married adults, an increase in the number of children living with two parents, a decrease in the number of nonmarital births, and a decrease in the percentage of children living in poverty. However, when Washington, DC (an outlier in the data) was removed and the regressions were recalculated, the results are no longer statistically significant.

  - Detail state and federal policy experiments to facilitate the formation and maintenance of healthy relationships and marriages, review the research to date, and suggest improvements of the policies.
  - N/A Review of literature and policy
  - Unlike many other public policy initiatives, healthy marriage programs have received some research attention shortly after their launch. The evidence on HMRE is mixed but shows encouraging signs.
  - The report makes several recommendations, including:
    - Implement the full range of HMRE services if possible
    - Support HMRE programs on a state-by-state basis
    - States should fund marriage licenses in state-supported HMRE efforts
    - If Temporary Assistance for Needy Families (TANF) is the primary funding source, the state TANF program should oversee and administer HMRE programs
  - The report offers the case of the Oklahoma Marriage Initiative as an example of a successful state-directed HMRE initiative.

  - A compilation of previous data/studies focusing on the effects of adult CRE on low-income couples. (The)
  - Review of 38 published and unpublished studies on adult CRE. These studies sampled 47 distinct
  - Twenty-two of the 38 studies had control groups. Sixteen were pre-post studies (with trim and fill analyses).
  - Studies with a control group found that couple and relationship education has a small positive effect on self-reported relationship quality, communication, and aggression among diverse low-income couples. Married couples, couples in relationship distress, and "near-poor" as
<table>
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<tr>
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<tbody>
<tr>
<td>orientation of couples included in the study was not explicitly stated.</td>
<td>populations where at least two-thirds of the participants were within 200 percent of the US poverty level. Most studies came from Building Stronger Families and Supporting Healthy Marriages.</td>
<td>sizes and moderators were coded separately for control studies and pre-post studies. Standard mean differences/change, inverse variance, and other statistical measures were conducted with effect size aggregated for each study.</td>
<td>opposed to poor participants had slightly stronger positive effects from Couple and Relationship Education.</td>
</tr>
<tr>
<td>Offer an education-focused framework for marriage education, with the goal of helping improve educators’ ability to think more thoroughly and systematically about programs.</td>
<td>N/A</td>
<td>Develop conceptual framework, drawing on literature.</td>
<td>Pre-post studies found that CRE had a significant moderate effect within relationship satisfaction/quality, communication, and coparenting. Variables for relationship stability and aggression were not statistically significant. In prepost studies, married participants did not vary from nonmarried participants, but “near-poor” participants still had greater positive effects than participants living at or below the poverty line. Programs with more non-white participants had greater positive effects from CRE.</td>
</tr>
<tr>
<td>Response to an article written by Johnson in the <em>American Psychologist</em> May–June 2012 regarding effectiveness of marriage and relationship education (MRE) within low-income couples and couples of color.</td>
<td>N/A</td>
<td>Response with claims backed in literature.</td>
<td>In large-scale studies, non-white couples were more likely to show positive benefits from Marriage and Relationship Education (MRE). Johnson did not cover all relevant literature/studies. There should be more optimism than Johnson expresses as to the potential positive effects of MRE, especially among low SES and minority couples, which could save significant tax dollars and increase family stability.</td>
</tr>
<tr>
<td>Explore programmatic moderators or common factors of the effectiveness of MRE programs.</td>
<td>148 evaluation reports</td>
<td>Meta-analysis, coding reports for factors associated with stronger intervention effects</td>
<td>Found positive effects for program dosage, where moderate-dosage programs were associated with stronger effects than low-dosage programs</td>
</tr>
<tr>
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<tr>
<td>Programs that emphasize couples' communication skills are associated with stronger effects on communication outcomes (though not statistically significant for relationship quality/satisfaction outcomes).</td>
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<td>No evidence that formal, institutionalized programs (those using formal manuals, instructor training, etc.) were associated with stronger effects, nor was there much evidence for differences in program setting.</td>
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</tr>
<tr>
<td>There is significant research that family strengthening programs can contribute to quality of family life over time if carried out correctly, and therefore funding streams should not be cut off for political reasons.</td>
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</tr>
<tr>
<td>There is some evidence that TANF may decrease divorce rates, CSE may reduce nonmarital fertility, and Medicaid and Title X may reduce fertility (through publically provided family planning).</td>
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</tr>
<tr>
<td>Most studies do not find a link between social policy and family complexity (defined as anything other than two married parents cohabitating and raising biological children).</td>
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</tr>
<tr>
<td>Most program participants are not aware of the nuances of policy such as tax notches in the earned income tax credit. This is a drawback in drawing linkages to how changes in these nuances will affect behavior.</td>
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</tr>
<tr>
<td>Participants' perception of group cohesion had a statistically significant effect on relationship functioning (relationship adjustment, communication quality, and relationship confidence).</td>
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</tr>
<tr>
<td>Interpersonal learning through more group engagement and more group support may provide a framework for enhanced relationship functioning.</td>
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</tr>
<tr>
<td>Intergroup conflict was linked to positive changes in relationship adjustment postintervention.</td>
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<td>Intergroup conflict was linked to positive changes in relationship adjustment postintervention.</td>
</tr>
<tr>
<td>Participants' perception of alliance with leaders did not have a statistically significant effect on relationship functioning.</td>
<td>Participants' perception of alliance with leaders did not have a statistically significant effect on relationship functioning.</td>
<td>Participants' perception of alliance with leaders did not have a statistically significant effect on relationship functioning.</td>
<td>Participants' perception of alliance with leaders did not have a statistically significant effect on relationship functioning.</td>
</tr>
<tr>
<td>Higher quality alliances are linked to higher levels of positive communication and relationship dedication.</td>
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<td>Higher quality alliances are linked to higher levels of positive communication and relationship dedication.</td>
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</table>
**Aims**

Changes in communication for couples of racial/ethnic minorities in Prevention and Relationship Education Programs (PREP). (The orientation of couples included in the study was not explicitly stated).

**Data**

(88 percent who were African American, 10 percent Latin@, and 1 percent Caucasian). Pregnant couples or couples with children under 3 were specifically targeted. Couples self-selected into 16 hours (about 8 sessions) of group or couples PREP.

**Methods**

The short-form Working Alliance Inventory were conducted for all participants. Survey results were then statistically analyzed using actor-partner modeling and core-partner modeling (APIMs, ANOVA, regressions, etc.)

**Key Findings**

- The link between participants’ rating of the alliance and negative communication was large, while the link between participants’ rating of the alliance and positive communication was small.
- Men’s alliance with CRE leaders had a positive effect on their partner’s dedication and positive communication, but women’s alliance with CRE scores was not statistically significantly linked to their partner’s outcomes.
- Within the group format, levels of dedication were higher than in the couple format.


### Aims

- There are several potential areas of intervention for individuals, including mate selection, self-awareness, relationship development, communication, relationships and children, and safety.
- Within My Reach is a relationship education program targeted toward individuals and developed to address gaps in relationship education.
- There are challenges to individual-oriented relationship education, including access and the lack of an obvious entry point.
- The report offers several suggestions, including reducing stigma of relationship education, reducing structural barriers, allowing interested individuals to begin immediately, and integrating individual programs into the existing system.

### Data

- Review the benefits of using relationship education for individuals to prevent aggression
- Review the literature concerning mechanisms of change in relationship education, discuss some limitations and barriers, and present recommendations for change

### Methods

- Review of literature and one curriculum
- Literature review

### Key Findings

- The article argues that relationship education for individuals, rather than couples, is an innovative way to help prevent future relationship aggression.
- Relationship education has historically focused on couples, but research suggests that couple-focused HMRE programs may be the least effective way to reach those most at risk for relationship distress and aggression.
- Individual-oriented relationship education can have content that specifically addresses aggression as well as communication, conflict management, decisionmaking, parenting, and gender.
- The report provides an overview of the Within My Reach curriculum, which is targeted toward individuals. This was one of the first relationship education programs designed for individuals.

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### TABLE C.2
Methods and Techniques to Address Same-Sex Relationship Issues

<table>
<thead>
<tr>
<th>Aims</th>
<th>Data</th>
<th>Methods</th>
<th>Key findings</th>
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</table>
| Synthesize knowledge related to therapeutic interventions with gay and lesbian couples, with the aim of supporting psychologists in their reflection and search for adequate interventions. | Blais, K., D. Collin-Vezina, K. Marcellin, and A. Picard. 2004. “Current reality of homosexual couples: Clinical implications in the context of partnership counseling.” *Canadian Psychology* 45 (2): 174–86. | Random control trial, with statistical analysis comparing the three time intervals and the control group versus the treatment group. Descriptive statistics, event size calculations, and t-tests were among the statistical tools used. | ▪ Couples have several motives for seeking help, including homophobia, lack of conjugal models, “coming out” or disclosing their sexual orientation, and socialization.  
▪ There have been a number of changes in the theoretical frameworks that are relevant to same-sex couples, including to psychoanalytic, Adlerian, and cognitive behavioral frameworks. |
▪ At the three-month follow up, those who had participated in the intervention had increased improvements in mechanisms of change (e.g., communication, stress, support) and relationship functioning (e.g., quality, confidence) in comparison to the waitlisted group.  
▪ The program generated statistically significant improvements in problem-solving and negative communication when comparing pre- and postintervention assessments and when comparing the control group to the treatment group.  
▪ Some couples requested additional coverage of activities designed to foster sexual connectedness. |

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<tbody>
<tr>
<td>Discuss policy context, summarize meta-analytic research and discussion, and discuss new sets of findings.</td>
<td>N/A</td>
<td>Literature review</td>
<td>Discuss interventions and same-sex marriages: “[S]ame-sex couples should not only be eligible but also sought out for inclusion in CRE programs. Gay and lesbian couples struggle with challenging issues as partners and as parents, just as male–female couples do, and by any logic, helping to strengthen their relationships should foster more attentive parenting and their own and their children’s well-being.”</td>
</tr>
<tr>
<td>Few-Demo, April L., Áine M. Humble, Melissa A. Curran, and Sally A. Lloyd. 2016. “Queer Theory, Intersectionality, and LGBT-Parent Families: Transformative Critical Pedagogy in Family Theory.” <em>Journal of Family Theory &amp; Review</em> 8 (1): 74–94.</td>
<td>Directed toward family studies educators to share a model on how to move curriculum from exclusionary discussions toward inclusionary discourse regarding same-sex couples who are parenting.</td>
<td>Grounded in literature, but no data used.</td>
<td>Educators and students must be actively self-reflexive in understanding how LGBT families are being taught within family studies.</td>
</tr>
<tr>
<td>Proposing a model for curriculum change based on literature and authors’ experiences in higher education within this topic.</td>
<td></td>
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<td>Poses five phases for how LGBT families are integrated into curriculum:</td>
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<td>▪ Only heteronormative families are taught.</td>
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<td></td>
<td>▪ Acknowledgement that LGBT families have been left out and examples of LGBT families are used but within a heteronormative curriculum.</td>
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<td>▪ Realization that traditional theories may not apply to all groups and that LGBT parents are marginalized. Other theories (feminist, minority stress) are included.</td>
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<td>▪ LGBT parenting is included with breakdowns of L, G, B, and T as well as heteronormative, cisnormative, and demographic differences. Transforms pedagogy and discourse.</td>
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<td></td>
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<td></td>
<td>▪ Queer theory and intersectionality are integrated, fluidity in studying all families is explored.</td>
</tr>
<tr>
<td>Greene, George J., Kimberly A. Fisher, Laura Kuper, Rebecca Andrews, and Brian Mustanski. 2015. “Is This Normal? Is This Not Normal? There Is No Set Example: Sexual Health Intervention Preferences of LGBT Youth in Romantic Relationships.” <em>Sexuality Research and Social Policy</em> 12 (1): 1–14.</td>
<td>To study concerns about relationships and sex among same-sex couples and how diverse LGBT youth interacted with/felt about content and format of couple based intervention programs.</td>
<td>36 racially/ethnically diverse same-sex couples recruited from two longitudinal cohort research studies (Project Q2 and Crew450) where one partner was under the age of 25. All participants participated in self-reported interview survey, and then the couples did semistructured coded interviews.</td>
<td>Opinions were that participants should be recruited through the internet for interventions using catchphrases about healthy relationships and LGBT language/symbols.</td>
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<td>Desired content issues included sexual risk and protection (more in terms of healthy relationships than on HIV specific programs), family and relationship violence, communication, LGBT role models, and support systems.</td>
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<td></td>
<td>Preference for small group interventions and mixed format approach with regards to the style of intervention (e.g., small group and one-on-one).</td>
</tr>
<tr>
<td>Aims</td>
<td>Data</td>
<td>Methods</td>
<td>Key findings</td>
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| Examine the role that families have historically and currently play in the lives of gay men and lesbians. | N/A                   | Literature review                            | - In the first wave of research and theory, family dysfunction was blamed as the cause for homosexuality, specifically having an overbearing mother and absent father. However, researchers at the time were blinded by negative social bias and did not consider the possibility of the causal relationship going in the opposite direction.  
- In the second wave, gay men and lesbians cut off ties with their families. This could have been a result of rejection or avoidance of coming out.  
- In the most recent and current wave, both researchers and gay men and lesbians themselves have begun to see the family as an important resource. Societal views on sexual orientation have progressed, and young adults who have supportive families are less likely to experience mental health or substance abuse issues.  
- Ultimately, in order to be most effective with gay and lesbian individuals, it is important for social workers and others in mental health and clinical professions to understand how the evolution of the family in the lives of gay men and lesbians has influenced family therapy. |


| Pepping, Christopher A., and W. Kim Halford. 2014. “Relationship Education and Therapy for Same-sex Couples.” Australian and New Zealand Journal of Family Therapy 35 (4): 431–44. | N/A                   | Literature review                            | - LGB individuals suffer higher rates of psychological issues and break up at higher rates than their heterosexual counterparts. These differences are closely linked to discrimination based on homophobia and sexual orientation.  
- Relationship education and couples therapy can improve same-sex relationships and individual adjustment of gay and lesbian people.  
- Existing evidenced-based approaches to couple therapy and relationship education are likely to be able to serve same-sex couples too.  
- There also distinctive challenges faced by same-sex couples, including discrimination, internalized homophobia, and low social support, which warrant adaptation and modification to existing approaches to enhance effectiveness for same-sex couples. |


Aims | Data | Methods | Key findings
--- | --- | --- | ---
To look at young gay, bisexual, and questioning men’s (YGBQM) experiences with school-based sex education. | 30 in-depth interviews over the phone or in person with YGBQM men ages 18–24 who used online dating platforms in the past three months in Michigan. | Interviews were transcribed and then coded in NVivo by emerging themes | Many YGBQM needs are excluded from sex education lessons, leaving participants unprepared to advocate and protect their sexual needs, health and desires and they are left to seek other resources, usually on the internet. In school-based sex ed, most participants learned about abstinence and the negative consequences of sex. Sexual education beyond this point was framed around heterosexual relationships. No participant reported receiving useful information about their sexual behavior.


Examine experience of minority stress among same-sex couples. | Interviews with 40 couples’ conversations about committed partnerships. | Qualitative analysis | Couples minority stress when they interact with their family members, coworkers, and communities. Coping strategies used by couples include reframing negative experiences, concealing their relationship, creating social support, and affirming self and partnership. Practitioners should implement screenings for minority stress.


Review research on couples therapy among same-sex couples. | N/A | Literature review | Very little of the research in marriage and family journals addresses LGB issues, and same-sex couples are minimally represented in articles specifically focusing on family therapy, sex therapy, and couples therapy. The literature suggests that there are significant differences in sexual functioning between same-sex and different-sex couples, specifically in the sex roles that partners fulfill, the role models they have for relationships, and their norms for sexual behavior. For lesbian couples, clinical issues include “lesbian bed death,” or a decrease in sexual activity over time, internalized homophobia, and relationship fusion, or an extreme degree of emotional closeness. For gay couples, clinical issues include sexual difficulties, behavior outside of the relationship (i.e., whether the relationship is monogamous), and issues related to HIV status. There are several important areas related to therapy among same-sex couples that still need to be researched, including models of the sexual response cycle, the impact of gender-role variations, and the impact of coming out at both the individual and the couple levels.

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<td>Evaluate perceived barriers to and potential content/process changes for relationship education for female same-sex couples</td>
<td>Focus groups with 32 women who had been or were in a same-sex relationship.</td>
<td>Qualitative analysis (grounded theory)</td>
<td>▪ There has been little research on relationship dynamics for lesbian couples, and many have called for research on same-sex couples in order to adapt relationship education programs to address their specific needs.</td>
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<td>▪ Women in same-sex couples perceive several barriers to accessing relationship education, including a lack of services perceived to be affirming of lesbians, concerns of safety and comfort, and skepticism about the program leaders’ competence and the relevance of the program itself.</td>
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<td>▪ Women in same-sex couples offered some suggestions, including program content that addresses the external relationship challenges lesbians face (such as family and society) and is sensitive to lesbian relationship dynamics (such as communication and intimacy).</td>
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To look at the effect of a new 10-hour relationship education program with curriculum specifically targeted toward male same-sex couples.

Students in 20 couples (committed for at least six months and cohabitating) with dyadic longitudinal data (pre-post program and one three-month follow up). Self-reported surveys were conducted at each of the three intervals as well as an independent rating of the audio of the meetings.

Randomized control trial with dyadic overtime multilevel modeling

Social support, satisfaction, and relationship instability did not show up as individual program effects post-program but did show up at the three-month follow up. Relationship communication was most impacted by the intervention.

After the intervention, couples reported high levels of satisfaction with the intervention.


Discuss unique challenges that same-sex couples face, highlight the need for culturally sensitive relationship education, and provide evidence on efficacy of current programs.

Reviews program evaluations of Strengthening Same-Sex Relationships Programs (SSSR)

Evaluations use pre- and post-treatment assessments; qualitative interviews

 Same-sex couples, though similar to different-sex couples in many ways, face unique challenges that can be addressed with relationship education.

Programs designed to promote same-sex relationship health and stability could potentially help reduce disproportionate rates of mental health issues for LGBT individuals.

Current RE programs contain heterosexist bias, and many same-sex couples would prefer programs designed specifically for them.

The SSSR Programs are recent programs that teach core relationship skills and address the unique needs of same-sex couples. Data from pilot
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<td>studies suggest they have high acceptability among participants and evidence of efficacy.</td>
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<td>• Same-sex relationship education curriculum for adolescent has shown promising results.</td>
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### Aims
To analyze sexual inclusivity and aspects of monogamy in gay relationships.

### Data
Participants include 70 gay men in relationships in Toronto. This study was part of a larger study on HIV transmission, but this study focuses on the responses to the question “Do you have a mutual understanding regarding sex outside your relationship?”

### Methods
Interviews were conducted with all participants, grouped by theme, and analyzed.

### Key findings
- 26 percent of participants reported sexually exclusive monogamy. Monogamy scripts were most common for younger men and men new to gay relationships. In most couples in the study, monogamy was not an assumed state.
- Couples in the study who engaged in three-way relationships did not form equal relationships with the third member.
- Most “open” relationships were ongoing, emotionally committed relationships with understandings of extra-relationship sexual affairs.

### TABLE C.3
**Research and Theory on Same-Sex Relationships and How They Are Similar and Different from Different-Sex Relationships**

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<th>Aims</th>
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<td>Adam, Barry D. 2006. “Relationship Innovation in Male Couples.” <em>Sexualities</em> 9 (1): 5–26. Buzzella, Brian A., Sarah W. Whitton, and Martha C. Tompson. 2012. “A Preliminary Evaluation of a Relationship Education Program for Male Same-Sex Couples.” <em>Couple and Family Psychology: Research and Practice</em> 1 (4): 206–322.</td>
<td>Participants include 70 gay men in relationships in Toronto. This study was part of a larger study on HIV transmission, but this study focuses on the responses to the question “Do you have a mutual understanding regarding sex outside your relationship?”</td>
<td>Conducted a lit review by dividing articles according to the ecological framework (microsystem level, mesosystem level, exosystem level, macrosystem level)</td>
<td>- Age, income, religion, cultural - Recognition, relationship duration, sexual satisfaction, psychological well-being, and relationship satisfaction may contribute directly to sexual function. - Sexual frequency, desire discrepancy. - Between partners, internalized homonegativity, power, social support, emotional intimacy, and a discrepancy between partners in level of being “out” as a lesbian or bisexual woman may indirectly contribute to sexual function.</td>
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<td>Armstrong, Heather L., and Elke D. Reissing. 2013. “Women who have sex with women: A comprehensive review of the literature and conceptual model of sexual function.” <em>Sexual and Relationship Therapy</em> 28 (4): 364–99.</td>
<td>Reviewed 26 articles</td>
<td>Literature review</td>
<td>- All relationships are influenced by social and ideological gender frameworks. As a result, viewing intimate partner violence (IPV) through a same-sex lens removes gender-based assumptions about the manifestations of IPV and allows one to see how other cultural and systemic factors may contribute to IPV. - Changing the focus of IPV allows us to understand that it occurs within a complex interaction of culture, social structures,</td>
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### Aims
To look at Vermont after same-sex marriage was legalized, and analyze the effects of sexual orientation and legal relationship status on the development of relationships longitudinally.

### Data
Received all civil union certificates from the Vermont Office of Vital Records of the Vermont Department of Health for those married within one year of the legislation. Then used those married couples to recruit their friends in same-sex, noncivil union relationships as well as their siblings in married heterosexual relationships. Sent out a questionnaire to the resulting participants.

### Methods
Hierarchical linear modeling analyses. Three-level random intercepts model, nonlinear Bernoulli models.

### Key findings
- Lack of differences between same-sex couples not in civil unions and same-sex couples in civil unions, except that those not in civil unions were more likely to terminate their relationship.
- Same-sex couples (regardless of civil union or not) reported more positive relationships.
- There were differences between same-sex male and female relationships. For men, having short relationships and high levels of “outness” were predictors of positive relationship quality. Same-sex female couples had sex less often, but sex was a predictor of relationship quality.

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- There were differences between same-sex male and female relationships. For men, having short relationships and high levels of “outness” were predictors of positive relationship quality. Same-sex female couples had sex less often, but sex was a predictor of relationship quality.

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To look at whether partner/family relationships, child outcomes (learning behavior emotional difficulties, coping behavior and health) and parenting stress differed between same-sex (female) and different sex households.

### Data
95 same-sex (female) parents and 95 different-sex parents with biological children 6–17 years old were interviewed. One parent was interviewed via phone. A population based sample was taken from the

### Methods
Multivariate analysis of variance and multiple linear regressions

### Key findings
- There were no significant differences between same-sex (female) parents and different-sex parents on family relationship outcomes, or child outcomes.
- Same-sex (female) parents reported higher levels of parenting stress.
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<td>Examine the factors that influence how intimate partner violence among same-sex couples is viewed and researched.</td>
<td>National Survey of Children’s Health (2011–12).</td>
<td>Literature review</td>
<td>There are both similarities and differences in intimate partner violence between different-sex and same-sex couples. LGBT survivors of partner abuse experience similar psychological effects, but also must live as a minority in a heterosexist and homophobic society (i.e., minority stress). Because the majority of reported IPV occurs when a woman is abused by a man, people have internalized these gender roles to believe that only women can be victims and only men can be perpetrators. People assume LGB couples are equal in terms of power, so abuse is often trivialized or disregarded. Abuse in heterosexual relationships is taken more seriously than in same-sex relationships, and gender was an even stronger predictor than sexual orientation: women were more likely to be believed and violence against women was perceived as more serious. In order to better help victims of same-sex partner abuse, helping professionals must address their own bias and homophobia and be provided with education on issues facing same-sex couples.</td>
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<td>Provide an overview of existing research on intimate partner violence and sexual abuse among LGBT people.</td>
<td>N/A</td>
<td>Literature review</td>
<td>Bisexual women have higher rates of lifetime experiences of IPV than heterosexual women, but most bisexual women only report male perpetrators. Bisexual men are more likely and gay men are less likely than heterosexual men to have ever experienced IPV. Transgender people may have similar or higher levels of IPV than both sexual minority men and women and cisgender individuals. Many LGBT people face barriers in seeking assistance.</td>
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<td>Burgoyne, Robert W. 2001. “The Relationship Assessment Measure for same-sex couples (RAM-SSC): A standardized instrument for evaluating gay couple functioning.” <em>Journal of Sex &amp; Marital Therapy</em> 27 (3): 279–87.</td>
<td>The RAM-SSC was self-administered by 25 gay</td>
<td>Mean, standard deviation, and statistical significance of differences</td>
<td>As predicted, the survey found that nonclinical gay male couples have more positive scores than those in clinical settings, with the</td>
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| relationship assessment tool for same-sex couples modeled off of the Waring Intimacy Questionnaire). | male couples in a clinical setting (self-identified as having relationship problems) and by 32 gay male couples not in therapy, recruited through media and community connections. | between mean scores for clinical and nonclinical couples compared to heterosexual marriages. | exception of questions revolving around identity where results were similar for those in clinical and nonclinical settings.  
- This is a promising tool for assessing same-sex relationships. |
- There is a lack of research on same-sex couples’ transition to parenting, reflecting that these experiences are culturally tense, lead to adaptive techniques, and are further complicated by demographic factors. |
- Internalized homophobia and the expectation of stigma could predict perceived career development satisfaction and dyadic adjustment.  
- Internalized homophobia, outness, and the expectation of stigma were correlated.  
- Internalized homophobia negatively predicts dyadic adjustment, and may contribute to perceptions of being less adjusted.  
- Expectation of stigma was related to positive ratings of dyadic adjustment.  
- Expectation of stigma correlated negatively with career development. Internalized homophobia did not correlate with career development satisfaction. |
| Elze, Diane E. 2002. “Against All Odds: the Dating Experiences of Adolescent Lesbian and Bisexual Women.” *Journal of Lesbian Studies* 6 (1): 17–29. | To look at dating patterns in young lesbian and bisexual women. | Participants completed self-reported questionnaires that were analyzed using descriptive statistics and chi squares. | Most of the women dated in the past year (usually with more than one partner, usually in steady dating relationships, usually with someone around their age, and usually with another woman).  
- Most women experienced a breakup in the past six months. |
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<td>function in LGB youth participated in the study.</td>
<td>The most popular activities included going to the movies and “hanging out.”</td>
<td>N/A</td>
<td>Health care providers treating gay and bisexual male youth should be attentive to the unique risks of this population (HIV/AIDS, stigma/heterosexism, suicide, club drugs/circuit parties, STIs, substance use, body image/disordered eating, homelessness, violence/victimization, and access to care).</td>
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<td>To look at challenges in physical and psychological development among gay and bisexual male adolescents and look at the resulting interactions between this population and health care.</td>
<td>67 percent of women were “very” or “extremely satisfied” with their primary relationship.</td>
<td>Literature review</td>
<td>Health care provider and patient relationships must stem from trust and respect (avoid heterosexist language and use nongendered terms in intake and interview).</td>
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<td>Literature review</td>
<td>Bisexual women experienced more abuse than lesbians, and bisexual women faced more victimization and lower self-esteem when in relationships than when single.</td>
<td>Many risks associated with young gay and bisexual men are preventable, and therefore primary care providers have the potential to have a positive impact if they adjust their routine toward culturally appropriate early interventions.</td>
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<td>In the past decade, trends are changing such that same-sex couples are less likely to raise children than 10 years ago, but those who do are more likely to have children born to stable families with same-sex parents via reproductive technologies. In 2000, there were more children being raised by same-sex couples, but more of these children were born within unstable families to different-sex parents where one parent came out and is now raising the child in a same-sex household.</td>
<td>Women involved in same-sex dating were more open with their friends but not necessarily their family.</td>
<td>Gates, Gary J. 2015. “Marriage and Family: LGBT Individuals and Same-Sex Couples.” The Future of Children 25 (2): 67–87.</td>
<td>Public support for same-sex relationships, marriage, and adoptive rights is increasing.</td>
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<td>Same-sex marriage</td>
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<td>The number of people identifying as LGBT has increased. The number of married same-sex couples has increased.</td>
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<td>Changing climates (legal, social, etc.) and the resulting effect on demographics</td>
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<td>Same-sex couples with children are more likely to be living in poverty than different-sex couples with children.</td>
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<td>Whether gender of parents impacts well-being of children</td>
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<td>To look at how children fare when they start off in a same-sex family that dissolves and then their parents repartner. Specifically looking at custody arrangements when nonbiological parents do not have legal ties to their children, how children integrate into their step families, and what challenges and opportunities children recognize within the transition.</td>
<td>20 young adults (age 15–29) who grew up in households with same-sex parents who split up and formed subsequent stepfamilies.</td>
<td>Qualitative coded thematic analysis</td>
<td>- Same-sex couples and different-sex couples are equally as good at parenting.</td>
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<td>- Almost all families dealt with changing family relationships at an informal level without legal recourse.</td>
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<td>- Children felt that there were benefits and drawbacks to having a family with a nonlegal status.</td>
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<td>- As parents separated and stepfamilies were formed, the relationship between the child and biological mother remained strongest.</td>
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<td>- It was difficult on children’s interpersonal closeness when they moved to places that were far away from their nonbiological parents.</td>
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<td>- Children reported that their families were “strong and competent” in approaching their changing families.</td>
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<td>The first observational study of gay and lesbian relationships.</td>
<td>Two samples of heterosexual couples and two samples of gay/lesbian couples were observed having three conversations (events of the day, conflict resolution, pleasant topic) and then these conversations were coded.</td>
<td>Mathematical modeling using a 2x2 factorial design based on who initiated the conflict.</td>
<td>- In steady-state, in same-sex relationships, the initiator brought up the conflict positively, was less domineering and less belligerent and showed more humor/affectation, while in different-sex relationships it was done negatively. There is less fear/tension among both initiator of conflict and receiver of conflict in same-sex relationships.</td>
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<td>- Same-sex couples are more likely to maintain a positive steady state after conflict.</td>
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<td>- Lesbian couples tended toward positive attractors.</td>
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<td>- In gay couples, when an initiator became negative, the partner was likely to not react well. This repair aspect was weakest among gay partners.</td>
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<td>- These results suggest that equity is more important and therefore a lived out value in same-sex relationships. And that there are less consequences/barriers to leaving a same-sex relationship so there is less negativity/hostility in the relationships.</td>
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To analyze relationship dissolution/stability relationship satisfaction through observational studies among cohabitating gay and lesbian couples as well as these couples' self-perception of the interactions.

Participants (same as above, so heterosexual as well as gay/lesbian) were asked to have an “events of the day” conversation and a conversation on conflict, which were recorded on video. There was then a questionnaire and three lab sessions (one with both partners and two individually) where physiological measures were recorded.

Multi-method study. Participants watched video footage of their interactions and self-perception among the participants on their interactions with their partner was self-reported. The interactive behavior and physiology of the partners was observed by the researchers and coded to specific emotions using the Specific Affect Coding System. This was a 12-year longitudinal study.

- Physiological reaction was connected to relationship satisfaction and a predictor for relationship splits for “pulse transit time to the ear, finger pulse amplitude, and interbeat interval.” For different-sex couples, high physiological reactions were linked with low relationship satisfaction while for same-sex couples, low physiological reactions were linked with low relationship satisfaction.
- In gay relationships, high skin conductance was linked to low levels of relationship satisfaction but high levels of relationship satisfaction for lesbian couples.
- Higher benefits, low cost, higher expectancy of empathy and positive interactions were linked with high relationship satisfaction. Expectancy and empathy were able to predict whether the relationship would dissolve. Contempt, disgust, and defensiveness were linked to low levels of relationship satisfaction and fear/tension, humor, and affection were linked to high levels of relationship satisfaction.
- For lesbians, affection was more important and validation less important than for gay couples.
- General findings are that apart from cardiovascular indicators, same-sex relationships operate along similar principles as different-sex relationships.


To look at the quality of relationships of same-sex couples versus different-sex couples and dating couples versus cohabitating couples.

5,175 respondents pulled from the National Longitudinal Study of Adolescent to Adult Health fourth wave (2007–08).

In-home interviews to capture data points related to love and commitment, satisfaction, trust, sexual frequency, and exclusivity, as well as demographic information. Descriptive statistics and regression models (least squares, ordered logits, and logistic regression) were then conducted.

- Cohabitating couples reported more positive outcomes within all five categories of data points than dating couples.
- In descriptive and multivariate analyses, there were no statistically significant differences between same-sex and different-sex couples.
- Men in same-sex couples report less exclusivity than women in same-sex couples and different-sex couples.
- Women in same-sex couples report less frequent sex than men in same-sex couples and different-sex couples.
- Men and women in same-sex couples reported levels of love and commitment, trust, and satisfaction that were not statistically significant.

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<td>To look at differences between same-sex couples (male and female) and different-sex couples in terms of relationship stability from the start of the relationship.</td>
<td>National Longitudinal Study of Adolescent to Adult Health fourth wave (2007–08).</td>
<td>Hazard models to find the monthly rate at which couples break up as well as descriptive statistics and multivariate regressions.</td>
<td>After controlling for heterogamy, same-sex male couples have the highest dissolution rates (341 percent higher than different-sex couples) and different-sex couples have the lowest dissolution rates, while same-sex female couples are in the middle (59 percent higher than different-sex couples).</td>
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<td>Same-sex couples move in around 6 months, different-sex couples move in together around 19 months. But different-sex partners are most likely to co-reside (73 percent), female-female (65 percent), and male-male (48 percent).</td>
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<td>Black respondents, younger respondents, high SES, and high rates of previous marriages/sex partners all indicate higher odds of dissolution.</td>
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<td>Living together in the month of risk reduces the risk of dissolution by 25 percent.</td>
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<td>Co-residence is more protective for male same-sex couples than different-sex couples and less protective for female same-sex couples than different-sex couples.</td>
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Retests the hypothesis that specialization (income inequality between partners) is a stabilizing factor for married couples and increases the risk of dissolution in cohabitating couples.


Examine predictors of relationship stability for same-sex couples.


Examines psychological well-being and relationship stability among gay, lesbian, and bi-affectional men and women.
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<th><strong>Aims</strong></th>
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<th><strong>Methods</strong></th>
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| Compares gay and lesbian couples on a variety of relationship variables. | Primary data collection: recruited 80 gay and 53 lesbian cohabiting couples to complete surveys for first assessment and additional couples for later assessments. | Quantitative analysis on several measures, including demographic variables, individual differences, relationship beliefs and attitudes, conflict resolution, social support, and relationship quality. | ▪ Overall, gay and lesbian couples are more similar than different to each other.  
▪ Gay and lesbian individuals did not differ on beliefs of masculinity and femininity.  
▪ Very few differences exist between gay and lesbian partners, those in lesbian couples were more likely to hold more positive beliefs about relationships and to be more satisfied with their relationships. |

Empirically question how and to what extent gay and lesbian partners differ from heterosexual spouses on variables important to successful long-term relationships. | Both partners from gay and lesbian cohabiting couples without children were compared longitudinally with both partners from heterosexual married couples with children | Quantitative analyses | For 50 percent of the comparisons, gay and lesbian partners did not differ from heterosexual partners.  
▪ 78 percent of the comparisons with differences suggest that gay or lesbian partners function better than heterosexual partners.  
▪ Because the variables that predicted relationship quality and stability for heterosexual partners were the same for same-sex couples, the author concludes that the processes that regulate relationship functioning generalize across gay, lesbian, and heterosexual couples. |

Evaluates whether a model of relationship commitment that had previously been tested for different-sex couples could also be applied to same-sex couples. | Survey data from 304 same-sex couples living together in the United States. | Examined links between variables using structural equation modeling. | Of the predicted effects between variables such as personality traits, relationship support, effective arguing, and dependence on relationship, almost all were significant.  
▪ Findings support the model’s use for diverse couples, including same-sex couples. This model integrates both the distal and proximal factors discussed above. Additionally, results suggest that this model could be used as a basis for clinical intervention. |

Assess a measure of monitoring relationship health, defining monitoring as “an ongoing awareness and understanding of how well things are going within a relationship.” | Primary data collection: self-reported surveys completed by dating heterosexual, married heterosexual, and cohabiting gay and lesbian couples | Quantitative analysis: hypothesis testing and regression | The study suggests that it’s possible to reliably assess monitoring in diverse types of relationships.  
▪ Monitoring is closely tied to commitment, through both intra- and interpersonal processes.  
▪ Monitoring provides a positive context for commitment-related processes to occur.  
▪ Monitoring holds promise for clinical work and interventions with partners from diverse types of couples. |

Compares the level and correlates of union stability | Draws on two British birth cohort studies: National | Event-history analyses | Same-sex relationships where the partners are cohabitating have higher rates of dissolution than do different-sex unions. |
### Aims

Among 4 types of couples: male same-sex cohabitation, female same-sex cohabitation, different-sex cohabitation, and different-sex marriage.

### Data

- Child Development Study (N=11,469) and British Cohort Study (N=11,924)

### Methods

- Qualitative interviews with mixed methods analysis

### Key findings

- Among same-sex couples, male couples had slightly higher dissolution rates than female couples.
- Same-sex couples from the 1958 and 1970 birth cohorts had similar levels of union stability.
- Demographic correlates of union stability are similar for same-sex and different-sex unions.

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To better understand LGBT couples.

- Primary data collection: 36 couples

### Key findings

- In many ways, the processes of relationship formation were similar between LGBT couples and heterosexual couples.
- There were some slight differences between same-sex and different-sex couples, mostly due to the lived experience of being LGBT and one's emerging adulthood. These factors created additional stress.
- Couples assigned male at birth went into greater depth negotiating the relationship and safe sex than did couples assigned female at birth.
- The study suggests it is necessary to modify existing relationship development models to include the impact of sexual orientation and gender identity and the process of emerging adulthood for young LGBT couples.

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Within same-sex couples, this study looks at relationship quality and interpersonal problems.

- 72 gay couples and 72 lesbian couples with exclusive relationships longer than six months completed assessments (Inventory of Interpersonal Problems – Short Form Circumplex).

### Key findings

- As in previous literature on IPs in different-sex relationships, individual participants with high global interpersonal problems experienced relationship discord. This study showed that in same-sex relationships, individuals with partners with high IPs also experienced relationship discord, which is unlike previous literature on IPs in different-sex relationships.
- For gay couples, the magnitude of the IP was a better predictor for relationship quality than the type of global IP.
- Lesbian women with partners who had overly domineering interpersonal problems were at risk for high relationship discord.

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<tr>
<th>Aims</th>
<th>Data</th>
<th>Methods</th>
<th>Key findings</th>
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<tbody>
<tr>
<td>Studies collective identity among same-sex couples in the context of relationship functioning.</td>
<td>Primary data collection: 274 female and 187 male same-sex couples.</td>
<td>Quantitative analysis</td>
<td>The results suggest that there is a degree of similarity in the identities of partners, specifically surrounding internalized homonegativity and identity superiority.</td>
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<td>Internalized homonegativity, identity superiority, identity confusion, and stigma sensitivity were all associated with relationship quality.</td>
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<td>The degree to which partners viewed their identities similarly mediated part of the link between identity and relationship quality.</td>
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<tr>
<td>Oswald, Ramona Faith. 2016. “Theorizing LGBT-Parent Families: An Introduction to the Special Collection.”</td>
<td>Four articles</td>
<td>Summary of previous literature</td>
<td>The first article describes higher levels of equality in heterosexual couples than heterosexual couples, but that with the possibility of marriage, same-sex couples might become more specialized.</td>
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<td>The second article posits that LGB parents develop parent identities by negotiating stressors, many of which are heteronormative and based in stigma as there is a lag between legal rights and social equality.</td>
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<td>The third article looks at trans identity adoption of parents within our current cisgender-biased framework of gendered parenting.</td>
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<td>The fourth article is a reflexive piece about the challenges of teaching LGBT inclusive parent-family theory.</td>
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<tr>
<td>Peplau, Letitia Anne, and Adam W. Fingerhut. 2007. “The close relationships of lesbians and gay men.” Annual Review of Psychology 58:405–24.</td>
<td>N/A</td>
<td>Literature review</td>
<td>Provides up-to-date (as of 2007) estimates of the number of same-sex couples—600,000, according to the US Census.</td>
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<td>Identifies major findings in empirical literature, notably around relationship formation, division of household labor and power, love and satisfaction, conflict and partner violence, and commitment and relationship stability.</td>
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<td>Research has been revitalized, focusing on the legalization of same-sex relationships, the experiences of same-sex couples raising children, and the impact of societal prejudice and discrimination on same-sex partners.</td>
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<td>Literature has contributed to understanding of close relationships of lesbians and gay men, including challenging the accuracy of negative social stereotypes. For example, they are able to establish enduring intimate relationships that are similar</td>
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### Aims

To analyze the relationship satisfaction, relationship nature, and relationship functioning of older same-sex couples across the US.

### Data

Nonprobability sampling was used to select 145 individuals age 50 or over in long-term (10 years +) same-sex relationships who completed online or on paper the ENRICH Couple Scales Survey (35 items) to collect data on relationship satisfaction. An additional questionnaire (34 items) was added to the ENRICH survey that asked questions on the roles of each partner in the relationship, relationship longevity, shared assets, relationship protections, caretaking, perception on marriage, relationship support, etc.

### Methods

ANOVA tests, Tukey and Bonferroni applications, and other descriptive and statistical analyses

### Key findings

- Same-sex couples in this study scored higher on couple satisfaction, communication, and conflict resolution than data previously published on the ENRICH scale among heterosexual couples. Women in same-sex relationships scored higher in communication and conflict resolution.
- Participants attributed relationship longevity to maturity, integration, compatibility, complementarity, and management of external supports.
- Participants reported sharing roles equally in a large degree of tasks such as planning vacations, picking movies, initiating sex, and yard work, with slightly less equality in paying bills and cooking. Females reported greater equality in relationships than men.
- Many participants felt married after 10 or 20 years in a relationship and had established power of attorney, wills, and other legal protections. Few were likely to pursue legal marriage out of state, but the majority indicated a preference for the opportunity to marry and noted that they would marry if it brought Social Security or other financial/legal benefits.
- Younger participants (50–65) were more likely to buy homes with their partner, share incomes, marry in another state, and more closely resemble heterosexual couples than older (65+) couples.
- More females than males had children. Some participants reported very little or lack of support from their biological families (including their children). 40.7 percent of respondents noted caring for another adult. Religion was a source of support and stress.

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<th>Aims</th>
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<th>Methods</th>
<th>Key findings</th>
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<tbody>
<tr>
<td>Examines assortative matching trends among same-sex and different-sex couples.</td>
<td>1990 and 2000 US Census data</td>
<td>Quantitative—log-linear models</td>
<td>Although both same-sex and different-sex couples display assortative matching on age, race/ethnicity, and education, same-sex couples exhibit statistically significantly less assortative matching. Same-sex male cohabiting couples are the least likely to resemble each other, followed by same-sex female couples.</td>
</tr>
<tr>
<td>Reviews how same-sex relationships are currently being studied and the significant challenges these approaches present.</td>
<td>N/A</td>
<td>Literature review</td>
<td>It is important to distinguish whether the focus is on individuals in same-sex relationships or on same-sex couples (i.e., dyadic data). To date, most research has focused on individual-level data. The majority of research on individuals in same-sex couples comes from small, non-probability samples, as larger, longitudinal data sets with probability samples usually do not have variables designed to assess relationship quality. Dyadic data allow for greater understanding of relationship dynamics, drawing on surveys, interviews, ethnographies, and narrative analysis. Challenges with studying same-sex couples include identifying individuals who are in same-sex relationships, sample size, issues of gender and sexual identity, the recruitment of individuals for studies, and difficulties in identifying the proper comparison group. One strategy for future research is to shift the focus away from gender (i.e., being a man or being a woman) to a focus on gendered relational contexts (i.e., men with men, men with women, women with women, and women with men). Another strategy is to increase the collection and analysis of dyadic data. The authors suggest that the relationship biography approach, which focuses on relationship history and how relationship status changes over time, serve as an organizing framework for research on same-sex couples.</td>
</tr>
<tr>
<td>Examines which factors promote relationship stability among couples, comparing How Couples Meet and Stay Together data set</td>
<td>Discrete-time event history models; regression</td>
<td>Two competing theories on earnings and relationship quality: neoclassic economic theory posits that specialization of home and work duties lead to stability because partners fill complementary roles. Gender scholars argue that when couples</td>
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<th>Key findings</th>
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| same-sex and heterosexual couples. | Primary data collection: 571 individuals who volunteered to take part in a larger, IRB-approved study of same-sex relationship development. Had to be over 18 and in committed, cohabiting relationship. | Means, correlations, and hierarchical regressions | violation traditional male-as-breadwinner model, they are more likely to experience relationship strain and breakup.  
- Earning the same amount reduces the likelihood of breakup for same-sex couples but increases it for heterosexual couples.  
- Same-sex couples report higher relationship quality if both partners have equal earnings.  
- As relationships progress, heterosexual couples are less likely to have equal earnings, whereas same-sex couples are more likely.  
- The economic model does not hold in same-sex relationships, suggesting that the effect of earnings equality is dependent on gender norms in heterosexual relationships. When earnings power is separated from gender, as in the case of same-sex couples, equality in earnings allows for greater relationship stability. |

Appendix D: Interview Protocol for Program Managers

SUHMRE Program Manager Protocol

INTRODUCTORY SCRIPT:

The purpose of our discussion today is to learn more about your program, staff training, and any experiences working with same-sex couples in healthy marriage/healthy relationship programs, along with Lesbian, Gay, or Bisexual youth or other adults you serve. Your point of view as a program manager in the field is extremely valuable. The interview should last about 60 minutes.

The notes from this discussion will not be shared with anyone beyond the research team. Your responses will be kept private and used only for research purposes. Information from this conversation will be combined with information from other discussions with similar individuals to help provide a general portrait of Healthy Marriage and Relationship Education programs.

Please keep in mind:

There are no right or wrong answers to these questions. Our questions are designed to collect information about and gain an understanding of your organization.

Your participation in this conversation is completely voluntary.

You do not need to answer any questions you do not wish to answer during our discussion today.

Introduction

1. To start with, would you please tell us your job title, how long you’ve been in this position, and provide a brief description of your primary role and responsibilities?
2. What’s your background in this work?
3. What led you to become involved in this work?

Program History and Staffing

4. Tell us a little about your program's history and structure
   a. Probes: What’s your mission?
   b. What programs and services are offered?
   c. How was the program developed?
5. How many staff do you have?
6. How many program facilitators?
7. What is the typical background of program facilitators? Are there minimum education or other requirements for facilitators?
   a. How are the staff representative of the participants they serve?
8. What training is given to program facilitators?
   a. Does any of this training address issues around sexual orientation or same-sex relationships?

Non-Discrimination Policy

9. Does your organization have any of the following: non-discrimination policy, anti-bullying policy, or an anti-harassment policy?
10. How would you describe your organization's culture?
    a. What are your values?
    b. What is your mission?
    c. What are the goals of the organization?
11. What does the term “safe space” mean to you?
    a. What do you think the term means to a Lesbian, Gay, or Bisexual person?
    b. In what ways is your organization a “safe space” for Lesbian, Gay, or Bisexual people?
    c. In what ways could your organization be made more of a “safe space” for Lesbian, Gay, or Bisexual people?

Population and Community Served

12. Tell us about the people that you serve in your healthy marriage/relationship education program.
    a. Probes: How many people are served?
    b. What are the characteristics of the people you serve? Age? Race? Married/unmarried? Parents? Eligibility criteria?
    c. What needs do you see in the community for healthy marriage/relationship education? Have these needs changed over time?
13. How does your program typically reach the people and couples it serves? How do people typically hear about the program?
    a. Probes: Do you work with any organizations for recruitment?
    b. Do you do outreach in the community?
    c. What type of recruitment materials do you have?
14. Do you screen participants for intimate partner violence?
    a. Are all participants screened?
15. How are participants identified in intake forms? E.g., husband/wife; boyfriend/girlfriend; etc.

Serving LGB People
16. How do you think same-sex relationships are different from different-sex relationships? How are they similar?

17. How does your community support Lesbian, Gay, and Bisexual individuals and same-sex couples? What is the social climate like for Lesbian, Gay, and Bisexual individuals and same-sex couples?
   a. Any specific organizations or programs that focus on serving LGBT individuals?
   b. Are there any neighborhoods or areas that have a large LGBT presence in terms of residents, business, activities and events, etc.?

18. Do you know whether your program has served any Lesbian, Gay, or Bisexual individuals or couples in a same-sex relationship?
   a. If yes: About how many same-sex couples of LGB individuals have you served? About what proportion of the total number you have served is that?
   b. Have any Lesbian, Gay, or Bisexual individuals or couples applied in the past?
   c. Do you know whether the program is currently serving any Lesbian, Gay, or Bisexual individuals or couples in a same-sex relationship?
   d. Does your organization do any specific outreach or recruitment to this population? How did current or past Lesbian, Gay or Bisexual adults find your program?

19. Would you be interested in serving Lesbian, Gay, or Bisexual individuals or same-sex couples in the future?

Curriculum/a

20. What curriculum or curricula do you currently use in your program(s)?
21. Does the curriculum directly address the subject of same-sex couples or same-sex relationships?
   a. How does this curriculum define a couple or a relationship?
22. Does the curriculum use any examples of same-sex couples or Lesbian, Gay or Bisexual individuals, or use couple names that could indicate a same-sex couple?
23. Do you use role-playing exercises in your curriculum?
   a. If so, do any of the exercises involve a same-sex couple or Lesbian, Gay or Bisexual individuals?
24. How do you think the people you serve would react if the curriculum used the example of a same-sex couple or Lesbian, Gay, or Bisexual individuals (including youth) to describe a concept or theme?
   a. Why is that?
   b. Do you think reactions have changed over time?
25. How do you think your staff would feel if your curriculum used the example of a same-sex couple or Lesbian, Gay, or Bisexual individuals?
   a. Why is that?
   b. Do you think their reaction would change over time?
26. Does the curriculum use breakout sessions, where participants are broken out into groups? 
   a. If so, are the groups ever divided by gender?
27. Does the curriculum talk about sexual activity? 
   a. Is pregnancy the only outcome of sex discussed? 
   b. Do these discussions ever include sexual activity amongst same-sex couples or Lesbian, Gay, and Bisexual individuals?
28. Does the curriculum address contraception and safe sex? 
   a. Do these discussions ever include issues of safe sex and sexually transmitted diseases specific to same-sex couples or Lesbian, Gay, and Bisexual individuals?
29. There are some aspects of same-sex relationships and experiences of Lesbian, Gay, and Bisexual individuals that experts and researchers have identified as particularly unique and challenging. Do any of these topics (list topics below) ever arise in classes with same-sex couples or Lesbian, Gay, and Bisexual youth or adults? 
   a. If so, how have program facilitators addressed them?
   b. Are they represented in the curriculum?
   c. If so, how are they covered in the curriculum?

**Topics**

- Stigma?
- Internalized conflict with accepting one’s sexual orientation?
- Experiences of discrimination?
- Different understanding of gender?
- Process of coming out, both as an individual and as a couple?
- High rates of suicide among youth?
- High rates of negative experiences, e.g., IPV, mental health issues?
- Invisibility of bisexuals?
- Experiences of minority youth?
- Same-sex families with children from previous opposite sex relationships?

30. Every HMRE program talks about social supports—does your curriculum specifically talk about external social support of same-sex relationships and Lesbian, Gay, and Bisexual individuals (e.g., amongst family, friends, colleagues, communities)?

**Program Delivery**

31. What are the major challenges of service delivery for the clients you serve? 
   a. Some of the topics in healthy marriage/relationship education can be uncomfortable for people to discuss. How do you deal with this discomfort?
b. Have you ever had issues with participants expressing discomfort with topics addressed? How was this dealt with?

c. Have you ever had issues with participants expressing discomfort with other participants? How was this dealt with?

32. Are any of the challenges mentioned above specific to or different for Lesbian, Gay, and Bisexual individuals?

Potential Issues to Revision and Program Delivery

33. Under what conditions have you modified/would you modify your curriculum?
   a. Have you ever modified your curriculum based on the people you serve?

34. What is the process to modifying the curriculum?
   a. Who is involved?
   b. How do you determine if the modifications are successful?

35. Under what circumstances might you modify your curriculum or program delivery to address Lesbian, Gay, and Bisexual relationship issues?
   a. What would you need in terms of resources?
   b. Materials?

36. What sort of responses would you expect to receive if you modified your curriculum or program delivery in this way?
   a. From participants?
   b. From the wider community?

37. Do you think that same-sex couples (or youth or other adult Lesbian, Gay, and Bisexual individuals) would feel comfortable in relationship education classes with different-sex couples or straight youth or adults?
   a. Do you think that different-sex couples or straight youth or adults would feel comfortable in relationship education classes with same-sex couples and other Lesbian, Gay, and Bisexual individuals?

38. What additional training, if any, would be helpful to work with Lesbian, Gay, and Bisexual people in the program?

Besides training, what additional support, if any, would be helpful to you to feel comfortable working with Lesbian, Gay, and Bisexual people in the program?
Appendix E: Interview Protocol for Program Facilitators

SUHMRE Facilitator Protocol

INTRODUCTORY SCRIPT:

The purpose of our discussion today is to learn more about your program, staff training, and any experiences working with same-sex couples in healthy marriage / healthy relationship programs, along with Lesbian, Gay, or Bisexual youth or other adults you serve. Your point of view as a program manager in the field is extremely valuable. The interview should last about 60 minutes.

The notes from this discussion will not be shared with anyone beyond the research team. Your responses will be kept private and used only for research purposes. Information from this conversation will be combined with information from other discussions with similar individuals to help provide a general portrait of Healthy Marriage and Relationship Education programs.

Please keep in mind:

There are no right or wrong answers to these questions. Our questions are designed to collect information about and gain an understanding of your organization.

Your participation in this conversation is completely voluntary.

You do not need to answer any questions you do not wish to answer during our discussion today.

Introduction

1. To start with, would you please tell us your job title, how long you’ve been in this position, and provide a brief description of your primary role and responsibilities?
2. What’s your background in this work?
3. What led you to become involved in this work?

Program History and Staffing

4. What is the typical background of program facilitators? Are there minimum education or other requirements for facilitators?
   a. How are the staff representative of the participants they serve?
5. What training is given to program facilitators?
Does any of this training address issues around sexual orientation or same-sex relationships?

Non-Discrimination Policy

6. Do you know whether your organization has a non-discrimination policy?
   a. If so, what is it?

7. Do you know if your organization has an anti-bullying policy?
   a. If so, what is it?

8. Do you know if your organization has an anti-harassment policy?
   a. If so, what is it?

9. How would you describe your organization’s culture?
   a. What are your values?
   b. What is your mission?
   c. What are the goals of the organization?

10. Do you know the term “safe space“?
    b. What does it mean to you?
    c. What do you think the term means to a Lesbian, Gay, or Bisexual person?
    d. In what ways is your organization a “safe space” for Lesbian, Gay, or Bisexual people?
    e. In what ways could your organization be made more of a “safe space” for Lesbian, Gay, or Bisexual people?

Population and Community Served

11. Tell us about the people that you serve in your healthy marriage/relationship (or youth) education program(s).
   b. What needs do you see in the community for healthy marriage/relationship education? Have these needs changed over time?

Serving LGB People

12. How do you think same-sex relationships are different from different-sex relationships? How are they similar?

13. How does your community support Lesbian, Gay, and Bisexual individuals and same-sex couples? What is the social climate like for Lesbian, Gay, and Bisexual individuals and same-sex couples?
   a. Any specific organizations or programs that focus on serving Lesbian, Gay, and Bisexual individuals?
   b. Are there any neighborhoods or areas that have a large Lesbian, Gay, and Bisexual presence in terms of residents, business, activities and events, etc.?
14. Do you know whether your program has served any Lesbian, Gay, or Bisexual individuals or couples in a same-sex relationship?
   e. Have any Lesbian, Gay, or Bisexual individuals or couples applied in the past?
   f. Do you know whether the program is currently serving any Lesbian, Gay, or Bisexual individuals or couples in a same-sex relationship?
   g. Does your organization do any specific outreach or recruitment to this population? How did current or past Lesbian, Gay or Bisexual adults find your program?
15. Would you be interested in serving Lesbian, Gay, or Bisexual individuals or same-sex couples in the future?

**Curriculum/a**

16. What curriculum or curricula do you currently use in your program(s)?
17. Does the curriculum directly address the subject of same-sex couples or same-sex relationships?
   a. How does this curriculum define a couple or a relationship?
18. Does the curriculum use any examples of same-sex couples or Lesbian, Gay or Bisexual individuals, or use couple names that could indicate a same-sex couple?
19. Do you use role-playing exercises in your curriculum?
   a. If so, do any of the exercises involve a same-sex couple or Lesbian, Gay or Bisexual individuals?
20. How do you think the people you serve would react if the curriculum used the example of a same-sex couple or Lesbian, Gay, or Bisexual individuals (including youth) to describe a concept or theme?
   a. Why is that?
   b. Do you think reactions have changed over time?
21. Does the curriculum use breakout sessions, where participants are broken out into groups?
   a. If so, are the groups ever divided by gender?
22. Does the curriculum talk about sexual activity?
   a. Is pregnancy the only outcome of sex discussed?
   b. Do these discussions ever include sexual activity amongst same-sex couples or Lesbian, Gay, and Bisexual individuals?
23. Does the curriculum address contraception and safe sex?
   a. Do these discussions ever include issues of safe sex and sexually transmitted diseases specific to same-sex couples or Lesbian, Gay, and Bisexual individuals?
24. **There are some aspects of same-sex relationships and experiences of Lesbian, Gay, and Bisexual individuals that experts and researchers have identified as particularly unique and challenging.** Do any of these topics (list topics below) ever arise in classes with same-sex couples or Lesbian, Gay, and Bisexual youth or adults?
   a. If so, how have program facilitators addressed them?
b. Are they represented in the curriculum?
c. If so, how are they covered in the curriculum?

**Topics**
- Stigma?
- Internalized conflict with accepting one’s sexual orientation?
- Experiences of discrimination?
- Different understanding of gender?
- Process of coming out, both as an individual and as a couple?
- High rates of suicide among youth?
- High rates of negative experiences, e.g., IPV, mental health issues?
- Invisibility of bisexuals?
- Experiences of minority youth?
- Same-sex families with children from previous opposite sex relationships?

25. Every HMRE program talks about social supports—does your curriculum specifically talk about external social support of same-sex relationships and Lesbian, Gay, and Bisexual individuals (e.g., amongst family, friends, colleagues, communities)?

**Program Delivery**

26. What are the major challenges of service delivery for the clients you serve?
   a. Some of the topics in healthy marriage/relationship education can be uncomfortable for people to discuss. How do you deal with this discomfort?
   b. Have you ever had issues with participants expressing discomfort with topics addressed? How was this dealt with?
   c. Have you ever had issues with participants expressing discomfort with other participants? How was this dealt with?

27. Are any of the challenges mentioned above specific to or different for Lesbian, Gay, and Bisexual individuals?

**Potential Issues to Revision and Program Delivery**

28. Under what conditions have you modified/would you modify your curriculum?
   a. Have you ever modified your curriculum based on the people you serve?

29. What is the process to modifying the curriculum?
   a. Who is involved?
   b. How do you determine if the modifications are successful?

30. Under what circumstances might you modify your curriculum or program delivery to address Lesbian, Gay, and Bisexual relationship issues?
   a. What would you need in terms of resources?
   b. Materials?
31. What sort of responses would you expect to receive if you modified your curriculum or program delivery in this way?  
   a. From participants?  
   b. From the wider community?  
32. Do you think that same-sex couples (or youth or other adult Lesbian, Gay, and Bisexual individuals) would feel comfortable in relationship education classes with different-sex couples or straight youth or adults?  
   a. Do you think that different-sex couples or straight youth or adults would feel comfortable in relationship education classes with same-sex couples and other Lesbian, Gay, and Bisexual individuals?  
33. What additional training, if any, would be helpful to work with Lesbian, Gay, and Bisexual people in the program?  

Besides training, what additional support, if any, would be helpful to you to feel comfortable working with Lesbian, Gay, and Bisexual people in the program?
Appendix F. Coding Structure for Program Interview Analysis

Coding Structure Document

Format:

Parent Node

- Child Node
  - Description of child node

Coding Structure

Educator

- Staff requirements, background, and skill
  - Staff recruitment
  - Educational requirements, typical background, etc.
  - Able to facilitate mixed groups, integrate relevant examples, and manage participant reactions
  - Representative of population

- Attitude/Awareness
  - Thoughts on same-sex vs. different-sex relationships
  - Facilitator bias

- Training

Program

- Outreach/Points of Entry
  - Recruitment, Intake, Screening Practices

- Organizational Culture and Environment
  - Setting, inclusive/diverse, visuals, brochures.
  - Organization priorities
  - Organization values

- Funding
  - Permits inclusive services
Population Served
- Numbers, age, race, sexual orientation, etc.

History
- History of program

Curriculum and Instruction

Program Details

Topics/Content
- Address topics of particular importance to LGB individuals

Language/Assumptions
- Inclusive terms

Facilitation Methods

Materials
- Videos, workbooks

Modification Process and Program Delivery

Context

Social Climate in Community

Community Support

Partnerships

Best Practices/Recommendations

Challenges Faced

Gaps or areas for improvement

Additional support needed

Services for LGBT

Good Quotes

Notes
Appendix G. Curriculum Review Instrument

Curriculum Review Instrument

Introduction

The instrument to review curricula will enable users to see whether or not a particular curriculum is appropriate for use with LGB individuals and same-sex couples. Items to be reviewed include instructor manuals, participant workbooks, and other available program materials. We will gather information about the following criteria: inclusion of gender-neutral and/or same-sex-appropriate terminology; inclusion of same-sex couple-related content and/or examples; the presence of concepts or basic teaching that are irrelevant, incompatible, or antagonistic to same-sex relationships/marriage; and the amount of modification required to make content appropriate for same-sex couples.

The reviewer instrument and curriculum review memo are presented as this document, in the form of a codebook. The purpose of the codebook is to provide a protocol and detailed instructions to the coders on the project. This codebook includes overall instructions, the coding matrix, and the quality control procedures.

Instructions to Coders

STEP ONE – THE CODING MATRIX

The selected curriculum must be coded one at a time and read in its entirety prior to beginning the coding process. Use memos and highlights to mark specific information to which you will return. Any questions about the coding process should be directed to Rich Batten. All questions should be raised and addressed promptly in case there are implications for future (or past) coding.

While the codebook is as detailed and specific as possible, it will also grow in response to new content and questions that arise during the coding process. As a research team, we must be aware of situations that may warrant a change in our process or codebook. For example, if a topic area appears that is not accounted for with our current codes, this may indicate an important subject area that we have not taken into consideration. Please make a note of this and alert Mr. Batten. There are opportunities to make notes throughout the coding process.
Any alterations to procedure or codes will be a group decision by the SUHMRE team and COR. Alterations will be logged, and curricula that have already been coded will be revisited to determine whether any changes or additions are required.

Coding should reflect only information that is provided by the developers (authors of the curricular materials). No inferences, assumptions, or attributions should be made at any point. Coders should reference the materials on-hand.

The Coding Matrix
The coding matrix is the instrument that will be used to code each curriculum. The following bullets explain the matrix components.

- **Item** – The item number for each piece of information that you are coding. This is used as a fast way to bring members of the research team and COR to the same point during discussions.
- **Code Name** – This is the name that we have assigned to the content that you are looking for.
- **Definition** – A definition has been provided for all but the most straightforward codes.
- **Examples** – Where possible we have provided examples from curricula.
- **Instructions** – This column shows or explains exactly how to record the appropriate code. For example,
  
  » Y, N, N/S indicates that you should use one of these options to indicate Yes, No, Not/Specified (respectively) regarding whether the curriculum contains or addresses the code.

- **Notes** – Not shown here. This is a blank field for you to use to record any details. Details include page numbers where information was located for the specific code or issues encountered during coding.

STEP TWO – THE INCLUSIVITY INDEX
Using the information gathered in the Coding Matrix for any given curriculum coders assign a number 1 if “yes” or a 0 if “no” for each statement. The sum of the numbers represents the curriculum's inclusivity score. Plot the score on the inclusivity index.
- Each content topic (as per table of contents and sub-sections) is appropriate to all (diverse) relationships (e.g., skills for successful communication, managing stress, choosing a partner, etc.)
- Terms are defined in ways that meet the needs of diverse populations (e.g., “sex”)
- Curriculum uses inclusive language (partner) (gay or straight) (LGB)
- Gender role stereotypes are not present (e.g., “boys/men do this,” girls/women do this)
- Examples featuring same-sex couples and individuals of diverse sexual orientation are included in the curriculum
- Topics relevant to same-sex couples are explicitly addressed (e.g., negotiating outness, navigating routes to parenthood, minority stress, etc.)
- Topics relevant to participants of diverse sexual orientation can be addressed within content areas as needed by participants (e.g., when discussing stress, the curriculum incorporates exercises or discussion prompts that could incorporate discussion of stress due to discrimination; when discussing social support, there are prompts that could allow for discussion of lack of social support)
- Curriculum does not assume heterosexuality
- Evidence base for curriculum, or research on the curriculum includes populations of diverse sexual orientation

Curriculum direction to educators/facilitators expresses the need to be inclusive, may incorporate recommendations for facilitator training on diversity, inclusivity, LGBT issues.
<table>
<thead>
<tr>
<th>Code Name</th>
<th>Definition</th>
<th>Examples or what to look for</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>Short summary of the curriculum</td>
<td><em>Curriculum integrates content that addresses positive youth development, life skills, healthy relationships, dating violence, and pregnancy prevention through a comprehensive relationship skills program that builds assets and strengthens protective factors.</em></td>
<td>3-4 sentences describing the curriculum based on text in the curricular materials. If the materials include an appropriate paragraph, use it, noting the page number.</td>
</tr>
<tr>
<td>Summary Paragraph</td>
<td>The stated purpose/reason/goal of the curriculum</td>
<td><em>Curriculum is “relationship intelligence for couples” that modifies or enhances those dimensions of relationships that research and theory have linked to effective marital functioning. Using techniques of cognitive-behavioral therapy and communication-oriented marital enhancement programs, curriculum aims to help couples maintain high levels of functioning and prevent relationship problems from developing. Topics covered include communication, conflict management, commitment, friendship, sensuality, problem-solving, and emotional supportiveness, among others.</em></td>
<td>Provide 2-3 sentences that summarize what is stated as the purpose of the curriculum.</td>
</tr>
<tr>
<td>Curriculum Purpose</td>
<td>Total number of hours to complete the curriculum</td>
<td><em>The curriculum is a 12-lesson series, with each lesson lasting approximately 1 hour.</em></td>
<td>Numeric --can be a range, or N/S</td>
</tr>
<tr>
<td>Total Hours</td>
<td>Method or format in which the curriculum should be offered according to the developer</td>
<td>Online, In-person, Blended, or N/S</td>
<td></td>
</tr>
<tr>
<td>Delivery Format</td>
<td>Edition that is being reviewed</td>
<td>Edition Number.</td>
<td></td>
</tr>
<tr>
<td>Edition</td>
<td>Is this curriculum available in another version intended for a particular language or population?</td>
<td>Year <em>if edition is not specified.</em></td>
<td></td>
</tr>
<tr>
<td>Other Versions Available</td>
<td>Spanish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
<td>N/S (Neither edition nor year is specified).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y, N, or N/S</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Describe other versions.</td>
<td></td>
</tr>
<tr>
<td>Code Name</td>
<td>Definition</td>
<td>Examples or what to look for</td>
<td>Instructions</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Optional Topic Areas Available</td>
<td>Additional subject matter can be included in the curriculum</td>
<td>Y - Additional lesson plans available for Stepfamilies, Parent and In-law issues, Domestic Violence, Parenting as a Couple, New and Expectant Parents, Separations from military deployment, business, health, or jail</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Supplemental Facilitator Aids Available</td>
<td>Additional (optional) teaching aids such as props, worksheets, or video are available</td>
<td>Y, posters, PowerPoints, DVDs, suggested links to other video or audio content online</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Curriculum Has Been Evaluated</td>
<td>The curriculum has been evaluated as a program (i.e., more than research-based)</td>
<td>Yes – and is listed in SAMHSA’s NREPP</td>
<td>Y, N, or N/S</td>
</tr>
</tbody>
</table>

### Learner Characteristics

<table>
<thead>
<tr>
<th>Age</th>
<th>Curriculum is written for a specific age group</th>
<th>Numeric – can be a range (if specified), or N/S</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Status</td>
<td>Curriculum is written for a specific type or stage of relationship</td>
<td>Committed</td>
<td></td>
</tr>
</tbody>
</table>

### Curriculum Contact Information

| URL                              | Curriculum website                                                        | Provide website link.                                                                        |              |

### Implementation Factors

<table>
<thead>
<tr>
<th>Facilitator Qualifications</th>
<th>Education and characteristics required to be an effective facilitator</th>
<th>N/S</th>
<th>Describe any education or other characteristics required to be a facilitator, or N/S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator Training Required</td>
<td>Mandatory training or certification for someone to teach the curriculum</td>
<td>Y</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Who Attends</td>
<td>A description of the “unit” that the materials state should attend sessions, e.g., individuals, couples, etc.</td>
<td>Couples</td>
<td></td>
</tr>
</tbody>
</table>

### Curricula Content

---

**APPENDIX G**
<table>
<thead>
<tr>
<th>Code Name</th>
<th>Definition</th>
<th>Examples or what to look for</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topics</strong></td>
<td>Topics covered by the curriculum</td>
<td>Getting Started Together – finding the partner for you and having the skills</td>
<td>Record all chapter titles, headings, and subheadings. Do not use the table of contents (it is being recorded separately). Do not include headings unrelated to content, e.g., introduction, conclusion, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Being a Strong Team – commitment, personal issues, cooperation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Two Worlds-One Relationship – cross-cultural couples, family and ethnicity issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Know What You Want – know what you want for you and your relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Say and Get What You Want – working together and resolving conflict</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blowing On the Embers – love for the ages (intimacy)</td>
<td></td>
</tr>
<tr>
<td><strong>Assumptions or Lack Thereof</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td>Gendered pronouns are used with caution, ensuring appropriate representation of same-sex couples</td>
<td>Y</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td></td>
<td>Content uses inclusive language, giving preference to terms that apply to all relationships</td>
<td>“spouse”, “partner” or “significant other” instead of husband/wife</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td></td>
<td>Currently-accepted and widely-used terms are used when referencing the LGB community</td>
<td>“sexual orientation” rather than “chosen lifestyle”</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Program Materials</td>
<td>Graphics, videos, visuals, scenarios, and vignettes are varied across heterosexual, same-sex couples or LGB individuals</td>
<td>Y - Promotional videos include same-sex couples, The curriculum is very “low-tech” and “high-touch”. There are a lot of roleplays and “sculpting” exercises in which guidance is provided to instructors but not limiting of situation.</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td></td>
<td>Discussion topics, exercises allow couples to identify issues relevant to their own unique lives</td>
<td>Y</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Stereotyping</td>
<td>Gender-based assumptions are avoided</td>
<td>“men tend to withdraw”, “women are born with a nurturing instinct”, “men typically manage finances”</td>
<td>Y, N, or Mixed</td>
</tr>
<tr>
<td>Code Name</td>
<td>Definition</td>
<td>Examples or what to look for</td>
<td>Instructions</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Research</td>
<td>Research and theory (whether explicitly referenced or undergirding content) are appropriate/applicable to same-sex couples or LGB individuals</td>
<td>N/S</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Healthy Relationships</td>
<td>Definitions and examples of healthy relationships do not imply preference for or recommend “the nuclear family,” or specific relationship characteristics that are not linked to quality and stability of same-sex relationships</td>
<td></td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Expectations &amp; Values</td>
<td>Developing healthy and realistic beliefs about relationships that promote realistic expectations of self, partner &amp; one’s relationship, including different levels of commitment</td>
<td></td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>Curriculum discusses how IPV may look (including same-sex relationships) and discusses resources</td>
<td></td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Training materials specifically address issues related to working with LGBT individuals and same-sex couples Other:</td>
<td>Training on beliefs/identities that participants &amp; facilitators may bring to the program, ways to work with participants with different beliefs/identities</td>
<td>Diversity and inclusion training Education re: family formation, negotiating outness, stigma, minority stress, health resource utilization and health outcomes, internalized conflict with accepting one’s sexual orientation, and family/social support p. #</td>
<td>Narrative</td>
</tr>
<tr>
<td>Content Specific to Youth</td>
<td>“Coming out” both as in sharing one’s sexual orientation with others</td>
<td>N - Note: during relationship pyramid exercise (unit 3) there is attention on which qualities signify</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Code Name</td>
<td>Definition</td>
<td>Examples or what to look for</td>
<td>Instructions</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Social Networks</td>
<td>Social and family support/acceptance, or lack thereof, of both sexual orientation and relationship including family of origin issues related to being raised by parents that are “different”</td>
<td>“feeling good about being known as a couple...being exclusive” = while this doesn’t say “being out” it could be heard by a teen in that way.</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Minority stress, stigma &amp; discrimination</td>
<td>Addresses ways to understand and manage the influence of external factors such as discrimination and prejudice on relationships, including multiple minority statuses</td>
<td>Y, briefly - while family of origin relationship patterns and examples are discussed, support for the relationship is mentioned but not explored in depth.</td>
<td>Y, N, or N/S</td>
</tr>
</tbody>
</table>
| Internalized conflict and self-acceptance     | Internalized conflict with accepting one’s sexual orientation represents “the gay or bisexual person’s direction of negative social attitudes toward the self” (Meyer & Dean, 1998, p. 161) and in its extreme forms, it can lead to the rejection of one’s sexual orientation. This is further characterized by an intrapsychic conflict between experiences of same-sex affection or desire and | Addresses how minority stress, external stigma & discrimination affects relationships.  
Addresses how external stigma may trigger higher rates of depression.  
Curriculum has “Smart, Not So Smart” Activity cards to be completed as a group. One of the cards reads: “My friend says it’s cool to be bi. I’m not sure what I am, but I have lots of time to figure it out when I’m older.” (implies this is a smart response, implies that one’s sexual orientation can be “discovered” later) | Y, N, or N/S |
<table>
<thead>
<tr>
<th>Code Name</th>
<th>Definition</th>
<th>Examples or what to look for</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling a need to be heterosexual (Herek, 2004)</td>
<td></td>
<td>N</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Anti-bullying/anti-harassment strategies</td>
<td></td>
<td>e.g., suicide risk, pregnancy prevention, STIs, health care access and utilization, sexual health education, alcohol and drug abuse, etc.</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Health-related information</td>
<td></td>
<td>N, Y, or N/S</td>
<td></td>
</tr>
<tr>
<td>Specific health-related information of importance to LGBT participants including physical, mental health, health disparities</td>
<td></td>
<td>Y, N, or N/S</td>
<td></td>
</tr>
<tr>
<td>Content Specific to Adult LGB Individuals and/or Same-sex Couples</td>
<td>The extent to which an individual or each partner is comfortable being open about their sexuality or same-sex relationship with others, and public displays of affection</td>
<td>N - Given that the curriculum addresses committed couples, there is an assumption that the couple is known as a couple among peers, family, social network, etc.</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Negotiating “outness”</td>
<td></td>
<td>N - with caveat: Stress is indeed covered, but not with specific attention to minority stress or discrimination. That said, the same chapter covers Anger content and includes more categories that (as overarching headers) get at the impact of discrimination, stigma, or lack of support: “Trouble with in-laws,” “You’re mocked by a small group of people as you pass them,” “You are joked about or teased” “You were singled out for correction, while the actions of others go unnoticed.” P.#</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Minority stress, stigma &amp; discrimination</td>
<td></td>
<td>N - Addresses how external stigma may trigger higher rates of depression p.#</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Assortative matching</td>
<td>The extent to which partners in a relationship resemble each other along identifiable characteristics such as age, race/ethnicity, education and other traits. Same-sex couples are less homogamous</td>
<td>Y - Addresses stresses caused when people from different communities or characteristics are in an intimate relationship p.#</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Code Name</td>
<td>Definition</td>
<td>Examples or what to look for</td>
<td>Instructions</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Social networks</td>
<td>than different-sex couples, particularly male same-sex couples.</td>
<td>N/S – the importance and challenges of social and family support or lack thereof is addressed but not specific to same-sex couples. This material is easily adapted to the population participating in the sessions p.#</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Family formation</td>
<td>Social and family support/acceptance of both sexual orientation and relationship</td>
<td>N/S - While the content does not address routes to parenthood specifically, it does offer a road mapping section wherein couples can co-create their future together and use communication skills from the lessons to discuss parenthood, etc.</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Gender fluidity</td>
<td>If and how to have children, roles for each partner in the process, etc.</td>
<td>N/S - While the content does not address routes to parenthood specifically, it does offer a road mapping section wherein couples can co-create their future together and use communication skills from the lessons to discuss parenthood, etc.</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Relationship roles &amp; expectations</td>
<td>Notes differences in sexual functioning based on gender of partners</td>
<td>N/S - The content on expectations provides excellent framing for discussion of who will do what and how. While specifics about same-sex relationships are not called out, there is ample opportunity to explore them at the couple level. P. #</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Sexual intimacy &amp; connectedness</td>
<td>Note differences in sexual functioning based on gender of partners</td>
<td>N/S There is little content on physical intimacy/sex. However, there is content in the Love Styles chapter that addresses “When sensual or sexual touch matters more to your mate” and provides ways to avoid negative assumptions, and supports working to achieve shared expectations and meet each other’s needs. P.#</td>
<td>Y, N, or N/S</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>No content on such issues as a total lack of physical intimacy or open relationships, etc.</td>
<td>Narrative</td>
</tr>
</tbody>
</table>
Appendix H. Data Quality Review

Data Quality Review

There are several protocols in place to maintain data quality throughout the coding process. Each quality control (QC) is reviewed below:

Training and Interrater Reliability

- Codebook is shared with coders. Each code/variable and example is reviewed
- Coders complete CURRICULUM 1 together
- Completed coding checked as follows:
  - SUHMRE team experts check difficult items
  - Those reviewing coding complete a worksheet consisting of three categories per code: incomplete information, incorrect information, missing information. Each time a reviewer encounters one of these, the reviewer assigns a “1” (an assigned code that is correct is assigned “0.” A summary measure will provide a fast determination of coder reliability as well as highlight items/areas where further discussion (or codebook revision) is necessary.
    - Debrief on review results with SUHMRE Team. Adjust codebook as necessary.
- Coders complete CURRICULUM 2 independently of one another
- Checking is repeated as above
  - Issues or differences are logged
  - Debrief to reconcile any issues and differences
  - If the coding on CURRICULUM 2 is in agreement with reviewer's coding, it will be considered complete (i.e., it will not be coded again)
- Coders complete CURRICULUM 3 independently of one another
- Checking is repeated as above
  - Issues or differences are logged
  - Debrief to reconcile any issues and differences
» If the coding on CURRICULUM 3 is in agreement with reviewer's coding, it will be considered complete (i.e., it will not be coded again)

- Coders complete CURRICULUM 4–7 independently of one another
Appendix I. Inclusivity Index

Curriculum Name

Using the information gathered in the Coding Matrix for any given curriculum, coders assign a number 1 if “yes” or a 0 if “no” for each of the following statements. Total the numbers and plot the curriculum on the continuum arrow.

<table>
<thead>
<tr>
<th>Inclusivity Measure</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each content topic (as per table of contents and sub-sections) is appropriate to all diverse relationships (e.g., skills for successful communication, managing stress, choosing a partner, etc.)</td>
<td></td>
</tr>
<tr>
<td>Terms are defined in ways that meet the needs of diverse populations (e.g., “sex”)</td>
<td></td>
</tr>
<tr>
<td>Curriculum uses inclusive language (partner) (gay or straight) (LGB)</td>
<td></td>
</tr>
<tr>
<td>Gender role stereotypes are not present (e.g., “boys/men do this,” girls/women do this)</td>
<td></td>
</tr>
<tr>
<td>Examples featuring same-sex couples and individuals of diverse sexual orientation are included in the curriculum</td>
<td></td>
</tr>
<tr>
<td>Topics relevant to same-sex couples are explicitly addressed (e.g., negotiating outness, navigating routes to parenthood, minority stress, etc.)</td>
<td></td>
</tr>
<tr>
<td>Topics relevant to participants of diverse sexual orientation can be addressed within content areas as needed by participants (e.g., when discussing stress, the curriculum incorporates exercises or discussion prompts that could incorporate discussion of stress due to discrimination; when discussing social support, there are prompts that could allow for discussion of lack of social support)</td>
<td></td>
</tr>
<tr>
<td>Curriculum does not assume heterosexuality</td>
<td></td>
</tr>
<tr>
<td>Evidence base for curriculum, or research on the curriculum includes populations of diverse sexual orientation</td>
<td></td>
</tr>
<tr>
<td>Curriculum direction to educators/facilitators expresses the need to be inclusive, may incorporate recommendations for facilitator training on diversity, inclusivity, LGBT issues.</td>
<td></td>
</tr>
</tbody>
</table>

Total:

FIGURE I.1

Curriculum Inclusivity Index
References


Lambda Legal. 2010. *When Health Care Isn’t Caring: Lambda Legal’s Survey on Discrimination Against LGBT People and People Living with HIV.* New York: Lambda Legal.


ABOUT THE URBAN INSTITUTE

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