



## Early Learning About Healthy Relationships

The federal government has a long-standing commitment to supporting healthy relationships and stable families. Since 2005, Congress has funded \$150 million each year in healthy marriage (HM) and responsible fatherhood (RF) grants. The Office of Family Assistance (OFA) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, has awarded and overseen three cohorts of these grants. HM grantees promote healthy marriage and relationships through eight legislatively authorized activities to support the long-term success of families (see Box 1 for a description of HM services). OFA works with the Office of Planning, Research, and Evaluation, also within ACF, to conduct research on how to best serve families through these grants.

This snapshot describes youth and young adults (ages 13 to 30) served by the 2015 cohort of HM grantees. It also describes the services the youth received, and the changes they experienced from the beginning to the end of the program. As they become adults, youth will be faced with decisions about relationships and parenthood, with implications for their long-term well-being. HM programs can offer services in high schools,

### Box 1. What are HM program services?

HM grantees in the 2015 cohort may use grant funds for eight allowable activities:

- Public advertising campaigns
- Education in high schools
- Marriage and relationship education and skills that may include job and career advancement
- Premarital education
- Marriage enhancement
- Divorce reduction
- Marriage mentoring
- Reduction of disincentives to marriage

The primary service that HM grantees provide is group-based workshops, which typically range from a few days to a few months in length. Under the 2015 funding opportunity announcement, grantees were also required to offer case management (unless they received an exemption from ACF), during which clients receive individualized attention and might receive referrals to other services.

for example as part of a health curriculum, or in other settings. Topics might include romantic relationships, teen dating violence, and effective communication and conflict-management skills.

## Methods

Of the 45 HM grantees that received five-year grants in September 2015, 31 served youth. The data for the snapshot came from those grantees and their youth clients:

- **Services and referrals.** Grantee staff must report information on all services provided through the grant, such as workshops and case management.
- **Client surveys.** Youth clients complete up to three surveys as they progress through the program: (1) an applicant characteristics survey when they enroll; (2) an entrance survey at the first workshop they attend; and (3) an exit survey, which they typically complete at the final workshop.

The snapshot covers program operations from July 2016 (the last quarter of the first grant year) through March 2019 (the first half of the fourth grant year). An interim report describes more findings, including client characteristics, the services grantees provided, and how the clients changed from the beginning to the end of the program.<sup>1</sup> See Box 2 for practice tips on using the data reported here.

### Box 2. Practice tips

This brief describes the youth served by 31 HM grantees. This information is intended to increase the field’s understanding of youth served in HM, including their characteristics, their participation in services and, how they changed from the beginning to the end of the program. However, the brief does not assess whether the program practices described here are associated with better program performance.

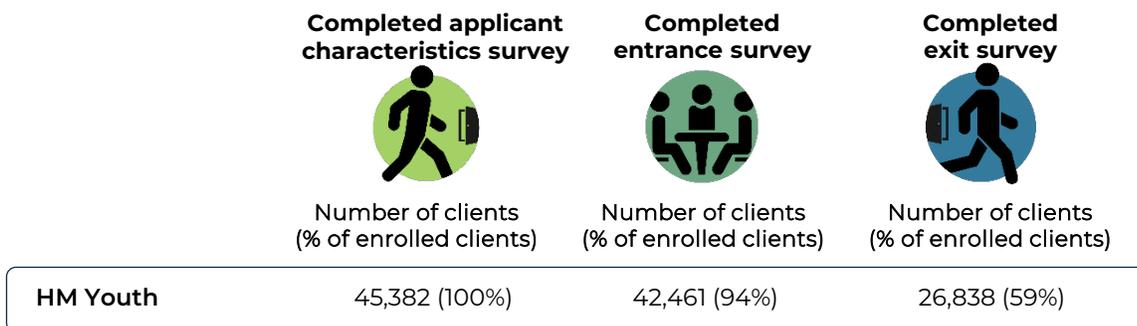
For practitioners serving youth, when designing and improving your programs:

- **Develop or modify recruitment methods and program services so that they are appropriate and relevant for your typical clients.** See the section “Youth served by HM programs” for the characteristics of young people who enroll in HM programs.
- **Plan how to encourage the youth clients’ participation in services.** The section “HM services for youth” describes patterns of participation in services across HM grantees.
- **Consider how your services can support changes in the youth’s attitudes and behaviors.** For average changes, please review the section “HM youth clients’ changes from the beginning to the end of the program.”

## Youth served by HM programs

**Grantees enrolled more than 45,000 youth into their programs.** In the nearly three-year period covered in this snapshot, HM grantees enrolled 45,382 youth in their programs (Figure 1). Most of

**Figure 1.** Enrollment of and data collection from youth clients



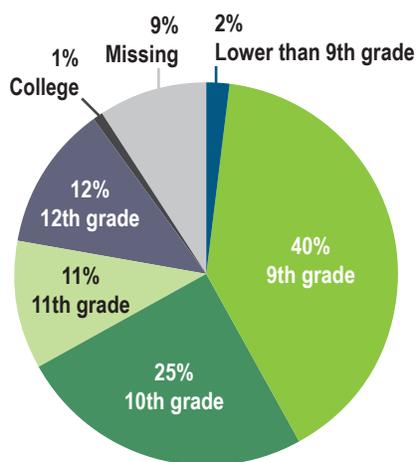
<sup>1</sup>Avellar, Sarah, Alexandra Stanczyk, Nikki Aikens, Mathew Stange, and Grace Roemer (2020). The 2015 Cohort of Healthy Marriage and Responsible Fatherhood Grantees: Interim Report on Grantee Programs and Clients, OPRE Report 2020-67. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

the youth (94 percent) completed their entrance survey—typically at the first workshop. Almost 60 percent of those enrolled completed an exit survey—usually during the last workshop.

**HM youth clients included males and females who were mainly younger than 18 years and racially and ethnically diverse.** Enrolled clients were almost evenly split between females and males. Most of them were younger than 18; less than 10 percent were 18 or older (Table 1). The most common races and ethnicities were Hispanic or Latinx (32 percent), White (29 percent), and Black or African American (18 percent). Most youth spoke English as their primary language at home. Among those for whom English was not their primary language at home, about two-thirds reported that they spoke English very well or well.

**Most HM youth were enrolled in high school.** About 96 percent of the youth were in school when they enrolled in the HM program. About two-thirds of these youth were in 9th or 10th grade, about 10 percent were in 11th grade and in 12th grade, and only a small percentage (1 percent) were in college (Figure 2).

**Figure 2.** Current grade of HM youth in school



Source: Applicant characteristics survey, July 2016 through March 2019.

**Table 1.** HM youth client demographic characteristics at enrollment

Characteristics	Percentage of youth
<b>Gender</b>	
Female	48
Male	45
Missing	8
<b>Age at survey</b>	
Under 18 years	84
18–24 years old	9
25 years or older	< 1
Missing	8
<b>Race/ethnicity</b>	
Hispanic/Latinx	32
Black, non-Hispanic	18
White, non-Hispanic	29
American Indian/Alaska Native, non-Hispanic	2
Asian/Pacific Islander, non-Hispanic	3
Multi/bi-racial, non-Hispanic	5
Other, non-Hispanic	2
Missing	10
<b>Primary language spoken in the home</b>	
English	71
Spanish	17
Other language	4
Missing	8
<b>How well speaks English, if not primary language in the home<sup>a</sup></b>	
Very well	43
Well	23
Not well or not at all	6
Missing	28
<b>Sample size</b>	<b>45,382</b>

Source: Applicant characteristics survey, July 2016 through March 2019.  
<sup>a</sup> The survey asked only those who reported not speaking English primarily at home how well they speak English (sample size = 13,093 youth).

## HM services for youth

### Most enrolled youth participated in HM services.

The average duration of services for enrolled youth—from their first workshop or individual service contact to their last—was 64 days. About half of them participated in services for up to 37 days. More than 90 percent of them participated in a workshop (Figure 3). Youth attended eight workshop sessions for 14 hours, on average. Enrolled youth also participated in an average of one individual service contact (lasting at least 15 minutes), such as a meeting with a case manager.

## Changes in HM youth clients from the beginning to the end of the program

To understand how youth changed over the course of the program, we compare their answers on the surveys from the time they entered the program to their last workshop session. There are, however, several important caveats about these findings:

- The outcomes represent goals of the HMRP programs, but they do not necessarily represent the effects of the programs, that is, changes caused by the programs. An impact study is the only way to identify program effects.<sup>2</sup>
- We limited the analysis to clients who responded to both program entrance and exit surveys. This group includes about 60 percent of HM youth clients who enrolled in the programs and completed an applicant characteristics survey. As a result, the group for which we analyze changes might differ from all youth enrolled in the program.
- We report statistically significant changes at the 0.05 level or less. Because of the large number

**Figure 3.** HM youth's participation in services

	Enrolled youth who attended at least one workshop session	92%
	Duration of services for youth	64 days (mean) 37 days (median)
	Mean number of workshop sessions attended by youth	8 sessions
	Mean total workshop hours that youth received	14 hours
	Mean number of youth's individual service contacts	1 contact

Source: nFORM data from July 1, 2016 through March 31, 2019.

of youth clients included in the analysis, some statistically significant changes are small or modest. Readers should consider the magnitude of changes when assessing their importance.<sup>3</sup>

### Youth's expectations about communication in relationships generally remained stable.

A majority of youth agreed with concepts of healthy communication at program entry and exit (Table 2). For example, at both points in time, almost 90 percent of youth disagreed or strongly disagreed that a relationship is stronger if a couple does not talk about their problems. There was a small decline in the percentage of youth who agreed that even in a good relationship, couples will occasionally have trouble talking about their feelings; about 89.4 percent of youth endorsed this statement at program entry, and 88.5 percent did so at program exit.

<sup>2</sup> An impact study would include a comparison group of youth who did not receive HM services but were initially similar to those who did.

<sup>3</sup> We describe only changes in outcomes that were greater than 0.1. We do not describe changes at the one-hundredth level (such as an average score that changed from 3.81 to 3.82) that were statistically significant. However, all results are available in the interim report (Avellar et al. 2020).

**Youth’s expectations of their future relationships and parenting generally remained stable.** About 30 percent of youth at both program entry and exit expected to live with a partner before marriage, and about 11 percent expected to have children

before marriage (a good or almost certain chance; Table 2). A higher proportion of youth reported at program exit (54.9%) compared with program entry (53.5%) that they expected marriage to be lifelong.

**Table 2.** Changes in HM youth’s outcomes

Outcome	Entrance (% unless otherwise noted)	Exit (% unless otherwise noted)
<b>Attitudes about healthy communication</b>		
<b>In a healthy relationship it is essential for couples to talk about things that are important to them</b>		
Strongly agree or agree	87.8	87.2
Strongly disagree or disagree	12.1	12.8
<b>Even in a good relationship, couples will occasionally have trouble talking about their feelings</b>		
Strongly agree or agree	89.4	88.5
Strongly disagree or disagree	10.6	11.4
<b>A relationship is stronger if a couple doesn’t talk about their problems</b>		
Strongly agree or agree	10.3	10.0
Strongly disagree or disagree	89.7	89.5
<b>Relationship expectations</b>		
<b>I expect marriage will be lifelong</b>		**
Almost no chance or some chance (but probably not)	16.2	15.4
A 50-50 chance	30.4	29.7
A good chance or almost certain	53.5	54.9
<b>I expect to live with a partner before marriage</b>		
Almost no chance or some chance (but probably not)	37.8	38.5
A 50-50 chance	33.2	33.1
A good chance or almost certain	29.0	28.4
<b>I expect to have children before marriage</b>		
Almost no chance or some chance (but probably not)	66.5	66.1
A 50-50 chance	22.2	22.5
A good chance or almost certain	11.3	11.5

Source: HM entrance and exit surveys, July 2016 through March 2019.

Note: We combined some response categories for a better presentation, but we conducted statistical tests on the full range of responses. The sample sizes varied by question, ranging from 23,254 to 23,414.

\*\*Statistically significant change from entrance to exit at the .01 level.

**Most youth did not endorse violence in relationships.** The surveys asked youth to report their level of agreement or disagreement with the following four statements about violence in relationships:

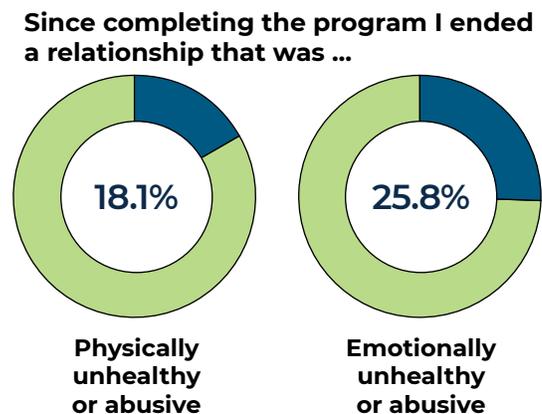
1. A person who makes their partner angry on purpose deserves to be hit
2. Sometimes physical violence, such as hitting or pushing, is the only way to express your feelings
3. Violence between dating partners is a personal matter, and people should not interfere
4. It's okay to stay in a relationship even if you're afraid of your boyfriend/girlfriend.

Youth's scores on a combined scale of 1 to 4 declined from 1.6 (program entry) to 1.5 (program exit); higher scores indicate greater acceptance of violence in relationships.

**About 20 to 25 percent of youth ended an unhealthy relationship, but youth in relationships recognized more unhealthy relationship behaviors at program exit than they did at program entry.** Youth in relationships were asked questions about their boyfriend's or girlfriend's frequency of healthy or unhealthy relationship behaviors, such as making the client feel good or wanting to control what the client does, respectively.<sup>4</sup> A summary score, ranging from 1 to 5, increased from 1.30 (program entry) to 1.37 (program exit); lower scores indicate the absence of unhealthy relationship behaviors.

This change indicates that youth who were in a relationship at both the beginning and end of the program reported more unhealthy behaviors in their relationship at the end of the program than at the beginning. However, in response to a separate question asked of all youth (regardless of relationship status at the time of the survey), many of them reported that they had ended an unhealthy relationship by program exit (Figure 4). Youth might be better able to recognize unhealthy behaviors at program exit than at program entry, leading to an increase in reported unhealthy behaviors. However, we do not know whether the reason for the increase was an increase in unhealthy behaviors by the youth's boyfriend or girlfriend, in the perception of behaviors as unhealthy, or both.

**Figure 4.** HM youth who ended an unhealthy relationship



Source: HM exit surveys, July 2016 through March 2019.

<sup>4</sup>The unhealthy relationships summary score is based on seven items: (1) My boyfriend/girlfriend makes me feel good about myself; (2) My boyfriend/girlfriend pressures me to do risky things I don't want to do; (3) My boyfriend/girlfriend wants to control what I do; (4) My boyfriend/girlfriend tries to make me look bad; (5) My boyfriend/girlfriend puts down my physical appearance or how I look; (6) My boyfriend/girlfriend insults or criticizes my ideas; (7) My boyfriend/girlfriend blames me for his/her problems. One item (My boyfriend/girlfriend makes me feel good about myself) was reverse coded.

**Youth reported an increase in traditional attitudes about sex in relationships.** Youth were asked five questions about their attitudes toward sex in relationships, including whether a person should have sex only with someone they love and whether youth would feel comfortable having sex with someone whom they were attracted to but did not know very well.<sup>5</sup> We used a summary score, ranging from 1 to 4, for attitudes toward sex; higher

scores indicated more traditional attitudes about sex. The score increased from 2.80 (program entry) to 2.83 (program exit). For example, the percentage of youth who strongly agreed or agreed with the statement, “A person should only have sex if they are married or made a lifelong commitment,” increased from about 51 percent at program entry to 55 percent at program exit.

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<sup>5</sup>The summary score for attitudes about sex is the mean of the youth's responses to five items: (1) A person should only have sex with someone they love; (2) A person should only have sex if they are married or made a lifelong commitment; (3) I would feel comfortable having sex with someone I was attracted to but didn't know very well; (4) At my age right now, having sexual intercourse would create problems; and (5) At my age right now, it is okay to have sexual intercourse if I use protection. For each item: 1 = strongly agree; 2 = agree; 3 = disagree; and 4 = strongly disagree. Three items (1, 2, and 4) were reverse coded. Mean scores ranged from 1 to 4, with higher scores indicating more traditional attitudes about sex.

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