



Research Brief

Child Welfare and Healthy Marriage and Relationship Education: A Research to Practice Brief

By: David Schramm, Ph.D., Extension Specialist, University of Missouri; Ted Futris, Ph.D., Extension Specialist, University of Georgia; and Renay Bradley, Ph.D., University of Georgia

Introduction

The goal of child welfare services is to “promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to care for their children successfully” (Child Welfare Information Gateway, 2011a). Many families enter the child welfare system because of suspected instances of child abuse or neglect. Child welfare professionals work to examine those cases, support families that need help caring for children, arrange for foster care when needed (i.e., when a child’s safety is jeopardized), and facilitate permanent, long-term solutions for child placement (e.g., reunification with the biological family, adoption). Child welfare services also provide support for foster care youth (i.e., emerging adults who age out of the system). As such, child welfare professionals come into contact with a variety of individuals and families, including biological parents of children, their extended families, foster and adopting families, and exiting foster youth as they begin to establish their own adult romantic relationships (Child Welfare Information Gateway, 2011a).

Due to their immediate contact with this host of individuals and family members, child welfare professionals are in an ideal position to engage in family strengthening efforts, including couple and co-parenting relations between biological and non-biological (e.g., kinship, step-, foster, adoptive) parents. Such efforts can assist child welfare professionals in reaching their goals of helping families become stable and safe havens that promote optimal child health and well-being, which will ultimately lead to more permanent placements.

The purpose of this brief is to provide a summary of key research findings related to the child welfare field and describe how strengthening couple and co-parenting relationships encourages family stability and consequently child safety, permanence, and well-being, and how integration of healthy marriage and relationship education strategies into child welfare services can contribute to this effort.

Risk Factors and Child Welfare Services

Compared to the general population, children and adults involved with child welfare services often exhibit more challenges to mental, emotional, social, and economic well-being (Leve, Fisher, & Chamberlain, 2009). For example, parents involved with child welfare services are more likely than the general population to have experienced substance use (Forrester, 2000), have been incarcerated (Phillips & Dettlaff, 2009), and have histories of abuse themselves (Kaufman & Zigler, 1993). In addition, parents from “fragile families” (i.e., born to unwed parents/raised by a single parent) are more likely to experience poor quality intimate relationships (Waldfoegel, Craigie, & Brooks-Gunn, 2010). Poverty is strongly associated with child maltreatment, particularly child neglect (Brown, Cohen, Johnson, & Salzinger, 1998; Office of Child Abuse and Neglect & DePanfilis, 2006). Low-income parents tend to face increased stressors and life challenges that make stable couple relationships especially

Child Welfare Services

- In 2009, about 3.3 million referrals were made involving alleged maltreatment of approximately 6 million children; over 700,000 referrals were substantiated cases.
- 78% of cases involved child neglect (i.e., inadequate child supervision; failure to attend to the child's physical, emotional, or educational needs; spousal abuse in the child's presence; parental drug or alcohol use that interferes with parenting abilities; and inadequate medical care for the child);
- 18% involved physical abuse (i.e., inflicting injury on the child through behavior such as kicking or burning);
- 10% involved sexual abuse (i.e., inappropriate sexual behavior with a child, such as fondling); and
- 8% involved psychological abuse (i.e., conveying that a child is not wanted or worthless, threatening a child).
- In 2010, 400,000 children were in foster care.

Source: U.S. Department of Health and Human Services (2010)

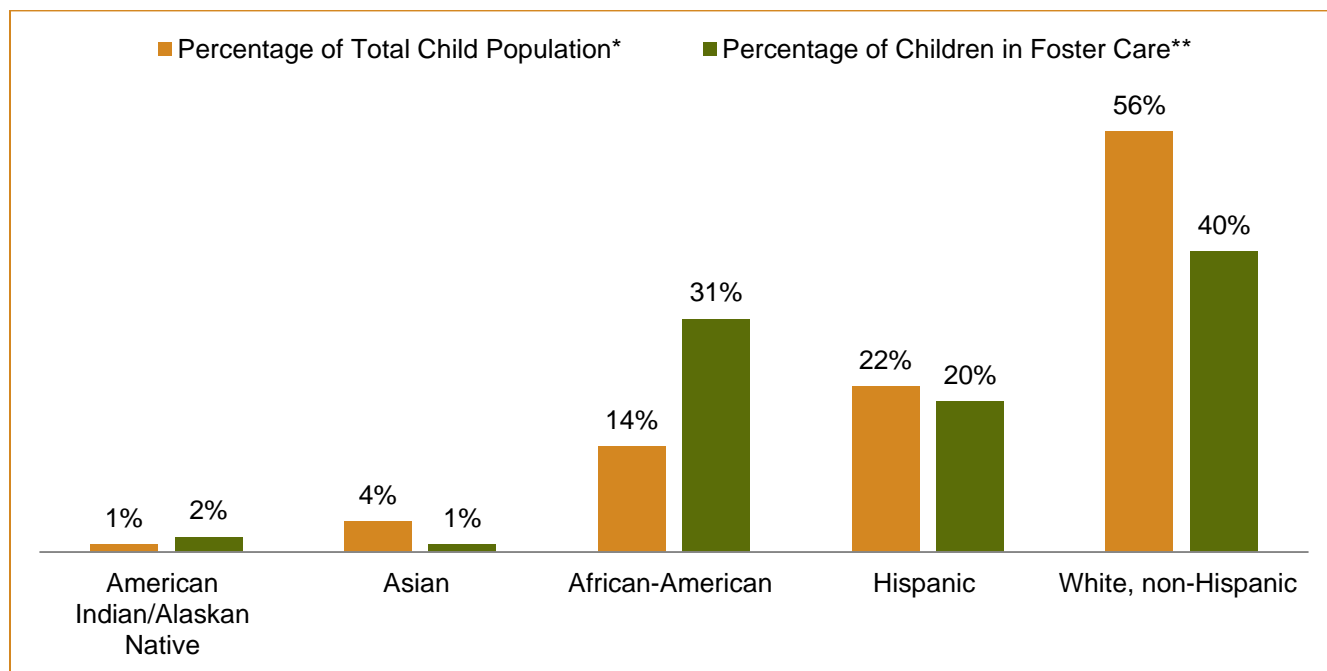
challenging. Such challenges and stressors may include histories of prior abuse, low levels of trust and commitment, and lack of healthy relationship models. Similarly, lower levels of educational attainment, which are often found in lower socioeconomic groups, are associated with higher divorce rates, lower marital satisfaction, and more accepting views of divorce (Wilcox, 2010).

Furthermore, low income blended or fragile families are more likely to experience high conflict within the household, which has the potential to reduce the investment that non-resident parents make in their children, diminish the quality and quantity of parenting and decrease the ability of non-resident parents to contribute to their children financially (McLanahan, 2009). Taken together, characteristics of parents in the child welfare system coupled with the stressors and life challenges they often experience make it difficult for them to develop and maintain a healthy couple relationship that, in turn, creates a stable, supportive and safe environment for children.

Disproportionality and Access to Services

Nationally, African American and Native American children are disproportionately represented in the child welfare system, with certain states having particularly high percentages of disproportionality. For example, 2% of all foster care children in the nation are Native American, but in Hawaii, Minnesota, and South Dakota more than 7% of each state's foster children are Native American (Child Welfare Information Gateway, 2011b). Although both groups are disproportionately poor and poverty is strongly associated with incidences of child maltreatment, poverty alone does not explain the disproportionate representation (Fluke, Harden, Jenkins & Ruehrdanz, 2010). Scholars disagree as to which and how other factors impact disproportionality in the child welfare system, though they agree that there are several that are interrelated (Fluke et al., 2010).

Chart 1: Race-Ethnicity of Children in Total Population vs. in Foster Care in 2008



Source: Child Welfare Information Gateway (2011b).

One such factor is family structure, which is important to achieving a safe and stable home environment. Single parenthood is a significant risk factor for child maltreatment and children are most at risk when their parent is living with, but not married to a partner (Fluke et al., 2010; Gillham et al., 1998; Sedlak & Broadhurst, 1996).

Despite documented disproportionality in child welfare system involvement and disparities in child welfare experiences, as well as benefits of healthy relationships on child well-being outcomes, economically disadvantaged and minority groups often have limited access to healthy marriage and relationship education services (Halford, 2011). This is not due to lack of interest; several researchers have found high levels of interest across races and classes in receiving such information and education (Johnson et al., 2002; Karney et al., 2003;

Ooms & Wilson, 2004). Having child welfare professionals offer healthy marriage and relationship education services to families, regardless of family structure or demographics, provides another potential means of strengthening families within the child welfare system.

Healthy couple relations can buffer the impact of financial strain on children.

Economic stressors can contribute to more negative parenting practices. Healthy couple relationships can offset the impact of financial strain on negative child outcomes. This link has been found across married, non married, and single parent households as well as across racial groups (see Conger, Conger, & Martin, 2010).

* U.S. Census Bureau's 2008 American Community Survey, which provides statistics on children and youth under 18 as one-year estimates.

** U.S. Department of Health and Human Services' (2009) AFCARS data for FY 2008, which provides statistics on children and youth in the child welfare system up to age 20 (although only 5% are 18+ years) on September 30, 2008. The two columns of percentages show the disparity between each race's representation in the general population vs. its representation in the foster care population. Note that this does not show each group's representation in the child welfare system as a whole, just representation in out-of-home care.

Spillover effect of couple relations on parenting.

When high amounts of stress are present in couple and co parenting relationships, parents are more likely to be overly punitive, harsh, or hostile toward their children. Certain negative emotional states can increase parents likelihood of abusing their child (Lundahl, Nimer, & Parsons, 2006). In contrast, positive and supportive couple and co parenting relationships are associated with more positive parental engagement (Carlson & McLanahan, 2006).

Child Safety

Multiple studies have shown that unhealthy or abusive relationships between parents and romantic partners can be harmful to children's health, development, and safety (Gerard, Krishnakumar, & Buehler, 2006; Taylor, Guterman, Lee, & Rathouz, 2009). This association has been found for both mothers and fathers and in both marital and non-marital relationships. The quality of dynamics between parents can spill over into child functioning in a variety of ways, prompting potentially adverse and unsafe outcomes for children (Carlson & McLanahan, 2006). For example, when couples are violent toward one another, they are also more likely to be violent and abusive toward their children (Taylor, Guterman, Lee, & Rathouz, 2009). Couples who experience high levels of conflict may also be more likely to display unhealthy parenting practices that can be unsafe for children (Cowan & Cowan, 2002; Lundahl, Nimer, & Parsons, 2006). Direct experiences of violence or inadequate parenting can have serious consequences for children's overall health and development

(Moylan et al., 2010). Being a witness to violence or conflict between parents can indirectly impact children (Moylan et al., 2010) and exposure to violence in the home is considered to be a form of neglect (Centers for Disease Control, 2012). Neglectful families often have problems interacting and communicating in positive ways; family members often experience less empathy, lack emotional closeness, and have poor negotiation skills (Office of Child Abuse and Neglect & DePanfilis, 2006).

Child Permanency

The quality of parent-couples' relationships contributes to the overall stability of the family, which can have consequences for all family members, including children (Cummings & Davies, 2002). Child welfare services strive to arrange for alternate living arrangements for children when there is an unsafe home environment and to assist with reunification, adoption, or other permanent family connections for children leaving foster care. In either case, families must be highly stable for permanency to occur (Wulczyn, 2005).

Unfortunately, many forms of family instability remain high or are on the rise (Lebow, Chambers, Christensen, & Johnson, 2012), which may hinder permanent placements. For example, almost half of all first marriages end in divorce (Raley & Bumpass, 2003; Tejada-Vera & Sutton, 2010). Instances of couples who choose to live together (i.e., cohabit) and not marry have also increased in recent years; cohabitators provide much less stable environments for their children (Kline et al., 2004). Additionally, approximately 40% of children are now born to unwed parents, whether they live together or not (Ventura, 2009), which can also impact children adversely (Dunifon & Kowaleski-Jones, 2002). Thus, strengthening parental relationships and encouraging family stability may ultimately promote child permanency.

Foster and Adopting Parents Also Need Support

Foster children often enter the home with a number of emotional, behavioral, psychological, and medical needs. Foster families must strive to be warm and supportive despite these many challenges (Orme & Buehler, 2001). Children's experiences in out-of-home placements can either help or hinder their opportunity for permanent placement. Ensuring that children experience stability and achieve optimal developmental outcomes involves placement with foster parents who will protect and nurture them (Harden, 2004). Upon entry of a foster child into a home, the stress experienced by foster parents may exacerbate existing problems between them or heighten their risk for conflict (Buehler, Cox, & Cuddeback, 2003). In addition, the effects of marital conflict on foster children may be particularly detrimental given the already unstable attachments and dysfunctional home environments these foster children have already experienced. In general, the challenges associated with becoming a foster family, including limited support from child welfare agencies and caring for children with complex issues, can leave foster parents feeling overwhelmed and frustrated, causing many to leave within their first year of service (Chipungu & Bent-Goodley, 2004). Overall, because relationship problems can have adverse effects on children, consideration needs to be given to couple functioning in foster families (Harden, 2004; Lindsey, 2001).

Post-foster care adoption has witnessed a dramatic increase over the last two decades as a means of providing permanent placement for children in the child welfare system. In 1995, approximately 26,000 foster children were adopted (Houston & Kramer, 2008), whereas over 53,000 were adopted in 2010 (U.S. Department of Health and Human Services, 2011). Adoptive families and adoptees vary widely with respect to such characteristics as nationality, age at adoption, developmental capabilities, and past experiences of abuse and neglect. Given this variability, the nature of impact on a family from an adoption is difficult to generalize, though certain trends do appear.

Why is it important to prepare foster youth who age out of the system for healthy relationships?

These soon to be adults are at an increased risk for harmful outcomes including homelessness, early pregnancy, incarcerations, victimizations, and poverty (Avery, 2010). Post foster care adults who become homeless are also more likely to have their own children in foster care compared to homeless parents who did not (Roman & Wolfe, 1995). In addition, foster care alumni report feelings of isolation and loneliness following their exit, with an absence of caring, stable relationships (Geenen & Power, 2007).

Overall, when adopted children have histories of abuse and neglect, adopting families are likely to encounter a variety of stressors that contribute to family discord (Houston & Kramer, 2008). For instance, adoptive parents of special-needs

children experience higher than average levels of stress and difficulty with family cohesion (McGlone, Santos, Kazama, Fong, & Mueller, 2002). A successful transition for adoptive parents is also heavily shaped by the degree of informal and formal support received by the adoptive individual or couple (Houston & Kramer, 2008; Zosky, Howard, Smith, Howard, & Shelvin, 2005). Strengthening the couple relationship offers one additional means to buffer against stressors experienced by adoptive families and increase the likelihood of adoption permanency.

Providing Support for Parents Also Provides Support for Children

Estimates suggest that 7% of all children will have some involvement in the child welfare system during their lifetimes (Barth et al., 2005). As such, child welfare service agencies are highly involved in the lives of millions of individuals and families across the nation, including biological, kinship, foster, and adoptive families. Child welfare professionals promote the well-being of children by ensuring safety, achieving permanency, and strengthening families so that they may care for children successfully (Child Welfare Information Gateway, 2011a). Improving long-term outcomes for children in the child welfare system seems difficult to accomplish without strengthening relationships among parents and caregivers.

Children living in a household in which the parental relationship is marked by high support for partners and low parental conflict are at less risk for a variety of undesirable outcomes (Cowan & Cowan, 2002). Exposure to parental conflict has been associated with both externalizing (e.g., conduct disorder, aggression, antisocial behavior) and internalizing (e.g., depression, anxiety) problems among children (Grych & Fincham, 1990). Beyond exposure to conflict, having parents know how to manage conflict appropriately appears highly important to how children are impacted by it. When parents employ more constructive strategies to manage conflict, children demonstrate more pro-social behaviors (McCoy, Cummings, & Davies, 2009) and less aggressive tendencies (Cummings, Goeke-Morey, & Papp, 2004) over time. Connections between parental conflict and child outcomes may also be partially due to poor parenting practices that are often the result of couple conflict (Krishnakumar & Buehler, 2000).

Child welfare professionals can work to encourage child safety and well-being by providing holistic support that includes strengthening parents' couple and co-parenting relationships. By helping couples and co-parents learn how to strengthen their relationships, manage conflict, and jointly navigate parental responsibilities, child welfare professionals can increase family stability and reduce levels of risk to which children are exposed. Such efforts may ultimately lead to a reduction in the number of children that are placed outside of the home due to parent-based risk factors (e.g., domestic violence, substance abuse). Improvements in family stability may also lead to earlier reunification and placement permanency.

Child Welfare Services and Family Life Education

The primary objective of family life education, defined as "the educational effort to strengthen individual and family life through a family perspective" (National Council on Family Relations, 2012) is to enrich and improve the quality of individual and family life. As noted previously, with a primary focus on children, child welfare services has a similar objective. Historically, there have been many efforts within the child welfare system to develop and deliver a variety of services, including voluntary or mandated parent training. Parent-training programs have been referred to as a "linchpin of governmental responsibility...to provide reasonable efforts to preserve, maintain, or reunify families who become involved with child welfare services" (Barth et al., 2005). In previous decades, these services included homemaker sessions where economic skills and parenting assistance were provided (Hutchinson & Sudia, 2002). Some agencies expanded their parenting programs to include training associated with money management, health, safety training, job finding, and

overcoming addictions (Lutzker, Bigelow, Doctor, & Kessler, 1998).

In addition to parenting education and other services focused on family reunification, child welfare service agencies also offer programs for youth aging out of foster care. These independent living programs provide services that focus on teaching discrete and concrete skills with the overarching goal to prepare older foster youth to be self-sufficient when they leave foster care (Lemon, Hines, & Merdinger, 2005). Skills such as money management, housekeeping, nutrition, postsecondary education preparation, job readiness and retention, and transitional living arrangements are frequently taught (U.S. General Accounting Office, 1999). To date, however, there has been little to no focus on relationship education.

Integrating Healthy Marriage and Relationship Education into Child Welfare

Despite the established role that a parent's relationships play in children's welfare, child welfare professionals often focus on interventions that only contribute distally to relationship functioning. Shifting to a more direct focus on improving relationship skills, as a holistic approach to strengthening families, may have positive impacts on adults and children alike. Child welfare professionals cannot be expected to focus on relationship education without proper training. Arming child welfare professionals with the skills and resources needed to provide relationship education to the families they serve is a critical step toward improving child health and safety.

Programs that teach healthy marriage and relationship skills include structured education to individuals and couples about relationship knowledge, principles, and skills. Similarly structured educational programs exist for a variety of other family issues, including parenting, nutrition, finances, and divorce. As

previously noted, parenting education is frequently advocated and utilized in child welfare services as the primary intervention to preserve or reunify families (Barth et al., 2005), yet there is little focus on relationships outside the primary parent-child relationship.

Misconceptions related to healthy marriage and relationship education.

The purpose of healthy marriage and relationship education is not to drive people to marriage; rather, the aim is to support individuals in developing healthy romantic relationships (regardless of marital status) and help those who choose marriage to reach their goal of a lasting, stable, mutually satisfying marriage.

Healthy marriage and relationship education is part of a holistic approach to preserving and reunifying families. However, there are some common misconceptions related to healthy marriage and relationship education. To begin, healthy marriage and relationship education is explicitly distinct from couples counseling or therapy. Whereas couple therapy is more specific to the individual or couple and focuses on improving particular problems that are often serious, healthy marriage and relationship education is a type of family life education that focuses on increasing individual and couple understanding of relationship principles and skills by sharing information, tools, and strategies (Myers-Walls, Ballard, Darling, & Myers-Bowman, 2011).

More specifically, the focus of healthy marriage and relationship education is not advocating that people 'get married,' rather, the aim is:

- To assist individuals in developing healthy romantic relationships (regardless of marital status), which includes making active choices about

relational commitment and encouraging the safe dissolution of dangerous, violent relationships; and

- To help those who choose marriage to reach their goal of a lasting, stable, mutually satisfying marriage (Ooms, 2005).

Thus, programs and services designed to teach healthy marriage and relationship skills aim to equip individuals and couples with resources and skills (e.g., positive communication and conflict management) that can facilitate the development and maintenance of healthy and safe couple and marital relationships (Halford, Markman, Kline, & Stanley, 2003). Such information and behaviors can then, in turn, help parents work together to meet their children's needs, protect them from harm, and provide stability and permanency in their lives. As noted earlier, the need for healthy marriage and relationship education services

may be greatest among low-income populations, as such groups often have limited access to such services (Halford, Markman, & Stanley, 2008) and are at high risk for relationship instability (Cherlin, 2005).

Regarding the effectiveness of healthy marriage and relationship education, comprehensive reviews of such programs show improvements in both communication skills and relationship quality among general and low-income populations (Hawkins et al., 2008; Hawkins & Fackrell, 2010). For example, programs targeting unwed single parents have demonstrated positive program impacts, including helping parents learn skills that are

conducive to establishing and maintaining healthy relationships (e.g., listening, anger management, acceptance of criticism) (Cox & Shirer, 2009). In addition, intervention services that combine relationship and parenting education have been shown to result in more positive relationship and parenting behaviors and higher levels of father engagement than parenting education services alone (Cowan, Cowan, Pruett, Pruett, & Wong, 2009). Thus, through participation in healthy marriage and relationship education services, individuals and couples can demonstrate attitudinal and behavioral changes associated with improved relationship and parenting quality.

Child welfare professionals experience heavy demands as they work with full caseloads, which often limit the amount of time they have with each family. Child welfare professionals may find shorter tools more useful, and select them based on what the parents want or need at the time. *The Merging Marriage and Relationship Education into Child Welfare Services* tip sheet (available at www.HealthyMarriageandFamilies.org) provides lessons learned and strategies for incorporating healthy marriage and relationship education into child welfare services

To date, there have been few efforts to integrate healthy marriage and relationship education into child welfare services. There is some evidence, however, that individuals, foster youth, and families in the child welfare system may be open to receiving healthy marriage and relationship

education training (Antle, Johnson, Barbee, & Sullivan, 2009; Antle, Frey, Sar, Barbee, & van Zyl, 2010) and adoptive parents have also expressed interest (Mooradian, Hock, Jackson, & Timm, 2011). In recent years, grantees have worked to develop curricula, tools, and training for child welfare professionals so that they can have the background knowledge and skills to provide basic healthy marriage and relationship education to families. In this way, educating child welfare professionals on the value of healthy marriage education and strategies to address the topic with families they serve can be incorporated into their body of knowledge and skills.

Conclusion

The impact of couple and co-parenting relationship problems on the well-being of adults and children has received increasing recognition by federal and state government services (Halford, Markman, & Stanley, 2008; Hawkins et al., 2008). As outlined in this review, children whose parents have healthy relationships—whether married or non-married—are at less risk for abuse, experience greater stability, and fare better on a broad range of child outcomes. The promotion of a safe and supportive home environment for a child is inextricably linked to creating a safe and supportive couple and co-parenting relationship between parents. Healthy marriage and relationship education offers a direct means for creating this safe and supportive family environment. Thus, incorporating healthy marriage and relationship education into child welfare services could be viewed as adding a “tool” to their existing toolbox of knowledge and skills, which can be used to help individuals or couples when needed. Though clearly not a cure-all, healthy marriage and relationship education represents an underutilized resource within child welfare that, if appropriately and effectively implemented, can strengthen families and help ensure the safety, permanency, and well-being of children in the child welfare system.

Healthy marriages matter.

When adults have more supportive and less conflicted couple and co-parenting relationships, the entire family system is equipped to better handle stressors in their lives, which helps to maintain family cohesion and child safety and permanency.

Integrating healthy marriage and relationship education into child welfare services—tips for child welfare professionals.

The following is a sample of ideas for how child welfare professionals can teach clients healthy relationship skills within their current work roles. This model was used to develop the Healthy Relationship and Marriage Education Training curriculum for child welfare professionals, funded by the Administration for Children, Youth, and Families, Children’s Bureau (Grant 90CT0151). The goal of this project was to meet the safety, permanency, and well-being needs of vulnerable children in the child welfare system by increasing child welfare workers’ access to and implementation of relationship and marriage education.

- **Care for Self:** Encourage clients to identify the stressors in their lives and consider how they typically cope with those stressors. Are any of the coping mechanisms unhealthy? Ask what the children see and learn when the client takes care of his or her own health, such as with exercise and healthy food. Help the client to identify small steps toward improved health, such as budgeting and cooking meals and walking or running routinely.
- **Choose:** Consider asking clients to identify barriers or obstacles that prevent them from establishing or maintaining healthy relationships. How can they make a conscious effort to overcome those obstacles?
- **Know:** Encourage single parents and youth to move slowly into new relationships as they get to know new

partners. Help them explore important things to learn about new partners and the influence of their relationship choices on their children's safety and well-being.

- **Care:** Ask caregivers to share happy memories of time spent with their partners, families, or foster children. Ask them to describe why the experience was positive and what their partners did to contribute to it.
- **Share:** Ask clients to describe a close friendship and what that relationship is like (e.g., What made you want to be friends with the person to begin with? Why do you remain friends with that person? What have you done together that has made you closer and strengthened the friendship?). After hearing about the friendship, ask the client how they incorporate – or could incorporate – those same characteristics/factors into their romantic relationship.
- **Manage:** Help to normalize low levels of conflict by telling clients that all couples argue—and that it is *how* they argue that is important and contributes to relationship satisfaction. Just knowing that all couples face similar challenges can help partners feel better about their situations and feel like the issues they face are not insurmountable.
- **Connect:** Families live within the context of a larger community of relationships. Help clients identify meaningful connections in their lives, including friends, family and community members, for support in managing their challenges and supporting their goals. Strong relationships with others can form a collective “safety net” for individuals and families.

References

- Antle, B. F., Frey, S. E., Sar, B. K., Barbee, A. P., & van Zyl, M. A. (2010). Training the child welfare workforce in healthy couple relationships: An examination of attitudes and outcomes. *Children and Youth Services Review, 32*(2), 223-230.
- Antle, B. F., Johnson, L., Barbee, A., & Sullivan, D. (2009). Fostering interdependent versus independent living in youth aging out of care through healthy relationships. *Families in Society, 90*(3), 309-315.
- Avery, R. J. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Children and Youth Services Review, 32*(3), 399-408.
- Barth, R. P., Landsverk, J., Chamberlain, P., Reid, J. B., Rolls, J. A., Hurlburt, M. S., & Kohl, P. L. (2005). Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. *Research on Social Work Practice, 15*(5), 353-371.
- Brown, J., Cohen, P., Johnson, J. G., & Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse & Neglect, 22*(11), 1065-1078.
- Buehler, C., Cox, M. E., & Cuddeback, G. (2003). Foster parents' perceptions of factors that promote or inhibit successful fostering. *Qualitative Social Work, 2*(1), 61-83.
- Carlson, M. J., & McLanahan, S. S. (2006). Strengthening unmarried families: Could enhancing couple relationships also improve parenting? *Social Service Review, 80*(2), 297-321.
- Cherlin, A. J. (2005). American marriage in the early twenty-first century. *The Future of Children, 15*(2), 33-55.
- Child Welfare Information Gateway. (2011a). *How the child welfare system works*. Washington, DC: U.S. Government Printing Office.
- Child Welfare Information Gateway (2011b). *Addressing racial disproportionality in child welfare*. Washington, DC: U.S. Government Printing Office.
- Chipungu, S., & Bent-Goodley, T. B. (2004). Meeting the challenges of contemporary foster care. *The Future of Children, 14*(1), 74-93.
- Conger, R. D., Conger, K. J., & Martin, M. J. (2010). Socioeconomic status, family processes, and individual development. *Journal of Marriage and Family, 72*(3), 685-704.
- Cowan, P. A., & Cowan, C. P. (2002). Interventions as tests of family systems theories: Marital and family relationships in children's development and psychopathology. *Development and Psychopathology, 14*(4), 731-759
- Cowan, P. A., Cowan, C. P., Pruett, M. K., Pruett, K., & Wong, J. J. (2009). Promoting fathers' engagement with children: Preventive interventions for low-income families. *Journal of Marriage and Family, 71*(3), 663-679.
- Cox, R. B., & Shirer, K. A. (2009). Caring for my family: A pilot study of a relationship and marriage education program for low-income unmarried parents. *Journal of Couple & Relationship Therapy, 8*(4), 343-364.
- Cummings, E. M., & Davies, P. T. (2002). Effects of marital conflict on children: Recent advances and emerging themes in process-oriented research. *Journal of Child Psychology and Psychiatry, 43*(1), 31-63.

- Cummings, E. M., Goeke-Morey, M. C., & Papp, L. M. (2004). Everyday marital conflict and child aggression. *Journal of Abnormal Child Psychology*, 32(2), 191-202.
- Dion, M. R. (2005). Healthy marriage programs: Learning what works. *The Future of Children*, 15(2), 139-156.
- Dunifon, R., & Kowaleski-Jones, L. (2002). Who's in the house? Race differences in cohabitation, single parenthood, and child development. *Child Development*, 73(4), 1249-1264.
- Fluke, J., Harden, B. J., Jenkins, M., & Ruehrdanz, A. (2010, September). Research synthesis on child welfare disproportionality and disparities. In Alliance for Racial Equity in Child Welfare (2011, December). Disparities and Disproportionality in Child Welfare: Analysis of the Research (papers for a research symposium).
- Forrester, D. (2000). Parental substance misuse and child protection in a British sample: A survey of children on the Child Protection Register in an inner London district office. *Child Abuse Review*, 9(4), 235-246.
- Geenen, S., & Powers, L. E. (2007). Tomorrow is another problem: The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review*, 29(8), 1085-1101.
- Gerard, J. M., Krishnakumar, A., & Buehler, C. (2006). Marital conflict, parent-child relations, and youth maladjustment: A longitudinal investigation of spillover effects. *Journal of Family Issues*, 27(7), 951-975.
- Gillham, B., Tanner, G., Cheyne, B., Freeman, I., Rooney, M., & Lambie, A. (1998). Unemployment rates, single parent density, and indices of child poverty: Their relationship to different categories of child abuse and neglect. *Child Abuse & Neglect*, 22(2), 79-90.
- Grych, J. H., & Fincham, F. D. (1990). Marital conflict and children's adjustment: A cognitive-contextual framework. *Psychological Bulletin*, 108(2), 267-290.
- Halford, W. K., Markman, H. J., Kline, G. H., & Stanley, S. M. (2003). Best practice in couple relationship education. *Journal of Marital & Family Therapy*, 29(3), 385-406.
- Halford, W. K., Markman, H. J., & Stanley, S. (2008). Strengthening couples' relationships with education: Social policy and public health perspectives. *Journal of Family Psychology*, 22(4), 497-505.
- Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14(1), 31-47.
- Hawkins, A. J., Blanchard, V. L., Baldwin, S. A., & Fawcett, E. B. (2008). Does marriage and relationship education work? A meta-analytic study. *Journal of Consulting and Clinical Psychology*, 76(5), 723-734.
- Hawkins, A. J., & Fackrell, T. A. (2010). Does relationship and marriage education for lower-income couples work? A meta-analytic study of emerging research. *Journal of Couple & Relationship Therapy*, 9(2), 181-191.
- Houston, D. M., & Kramer, L. (2008). Meeting the long-term needs of families who adopt children out of foster care: A three-year follow-up study. *Child Welfare*, 87(4), 145-170.
- Hutchinson, J. R., & Sudia, C. E. (2002). *Failed child welfare policy: Family preservation and the orphaning of child welfare*. New York, NY: University Press of America
- Kaufman, J. & Zigler, E. (1993). The intergenerational transmission of abuse is overstated. In R. J. Gelles & D. R. Loseke (Eds.), *Current controversies on family violence*. Newbury Park, CA: Sage.
- Kline, G. H., Stanley, S. M., Markman, H. J., Olmos-Gallo, P. A., St. Peters, M., Whitton, S. W., & Prado, L. M. (2004). Timing is everything: Pre-engagement cohabitation and increased risk for poor marital outcomes. *Journal of Family Psychology*, 18(2), 311-318.
- Krishnakumar, A., & Buehler, C. (2000). Interparental conflict and parenting behaviors: A meta-analytic review. *Family Relations*, 49(1), 25-44.
- Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy*, 38(1), 145-168.
- Lemon, K., Hines, A. M., & Merdinger, J. (2005). From foster care to young adulthood: The role of independent living programs in supporting successful transitions. *Children and Youth Services Review*, 27(3), 251-270.
- Leve, L. D., Fisher, P. A., & Chamberlain, P. (2009). Multidimensional treatment foster care as a preventive intervention to promote resiliency among youth in the child welfare system. *Journal of Personality*, 77(6), 1869-1902.
- Lindsey, E. W. (2001). Foster family characteristics and behavioral and emotional problems of foster children: Practice implications for child welfare, family life education, and marriage and family therapy. *Family Relations*, 50(1), 19-22.
- Lundahl, B. W., Nimer, J., & Parsons, B. (2006). Preventing child abuse: A meta-analysis of parent training programs. *Research on Social Work Practice*, 16(3), 251-262.
- Lutzker, J. R., Bigelow, K. M., Doctor, R. M., & Kessler, M. L. (1998). Safety, health care, and bonding within an ecobehavioral approach to treating and preventing child abuse and neglect. *Journal of Family Violence*, 13(2), 163-185.
- McCoy, K., Cummings, E. M., & Davies, P. T. (2009). Constructive and destructive marital conflict, emotional security and children's prosocial behavior. *Journal Of Child Psychology And Psychiatry, And Allied Disciplines*, 50(3), 270-279.
- McGlone, K., Santos, L., Kazama, L., Fong, R., & Mueller, C. (2002). Psychological stress in adoptive parents of special-needs children. *Child Welfare*, 81(2), 151-171.
- McLanahan, S. (2009). Fragile families and the reproduction of poverty. *The Annals of the American Academy of Political and Social Science*, 621(1), 111-131.
- Mooradian, J. K., Hock, R. M., Jackson, R. & Timm, T. M. (2011). What couples who adopt children from child welfare want professionals to know about supporting their marriages. *Families in Society*, 92(4), 390-396.
- Moylan, C. A., Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Russo, M. J. (2010). The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behavior problems. *Journal of Family Violence*, 25(1), 53-63.
- Myers-Walls, J. A., Ballard, S. M., Darling, C. A., & Myers-Bowman, K. S. (2011). Reconceptualizing the domain and boundaries of family life education. *Family Relations*, 60(4), 357-372.
- National Council on Family Relations. (2012). *What is family life education?* Retrieved from <http://www.ncfr.org/cfle-certification/what-family-life-education>.
- Office of Child Abuse and Neglect, Children's Bureau & DePanfilis, D. (2006). *Child neglect: A guide for prevention, assessment and intervention*. Washington, DC: U.S. Government Printing Office.

Child Welfare and Healthy Marriage and Relationship Education: A Research to Practice Brief

- Ooms, T. (2005). *The new kid on the block: What is marriage education and does it work?* (Couples and Marriage Policy Brief No. 7). Washington, DC: Center for Law and Social Policy.
- Ooms, T. & Wilson, P. (2004). The challenges of offering relationship and marriage education to low-income populations. *Family Relations*, 53(5), 440-447.
- Orme, J. G. & Buehler, C. (2001). Foster family characteristics and behavioral and emotional problems of foster children: A narrative review. *Family Relations*, 50(1), 3-15.
- Phillips, S. D. & Dettlaff, A. J. (2009). More than parents in prison: The broader overlap between the criminal justice and child welfare systems. *Journal of Public Child Welfare*, 3(1), 3-22.
- Raley, R. K. & Bumpass, L. L. (2003). The topography of the divorce plateau: Levels and trends in union stability in the United States after 1980. *Demographic Research*, 8, 245-260.
- Roman, N. P., & Wolfe, P. (1995). *Web of failure: The relationship between foster care & homelessness*. Washington, DC: National Alliance to End Homelessness.
- Sedlak, A. J. & Broadhurst, D. D. (1996). *Third national incidence study of child abuse and neglect (NIS-3)*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect.
- Stokes, J. & Schmidt, G. (2011). Race, poverty and child protection decision making. *British Journal of Social Work*, 41(6), 1105-1121.
- Taylor, C. A., Guterman, N. B., Lee, S. J., & Rathouz, P. J. (2009). Intimate partner violence, maternal stress, nativity, and risk for maternal maltreatment of young children. *American Journal of Public Health*, 99(1), 175-183.
- Tejada-Vera, B., & Sutton, P. D. (2010). Births, marriages, divorces, and deaths: Provisional data for 2009. *National Vital Statistics Reports*, 58(25). Hyattsville, MD: National Center for Health Statistics.
- U.S. Center for Disease Control and Prevention (2012). *Injury Center: Violence Prevention*. 10. Retrieved from <http://www.cdc.gov/ViolencePrevention/childmaltreatment/definitions.html>.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2010). *Child maltreatment*. Washington, DC: Government Printing Office.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010*. Retrieved from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.
- U.S. Department of Health and Human Services. (2011). *Adoption and Foster Care Analysis Reporting System: FY 2010 Estimates (Report 18)*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2012). *Child maltreatment: Definitions*. Retrieved from <http://www.cdc.gov/ViolencePrevention/childmaltreatment/definitions.html>.
- U.S. General Accounting Office. (1999). *Foster care: Effectiveness of independent living program services unknown* (Report No. GAO/HEHS-00-13). Washington, DC: Author.
- Ventura, S. J. (2009). *Changing patterns of nonmarital childbearing in the United States* (NCHS Data Brief No. 18). Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.
- Waldfogel, J., Craigie, T., & Brooks-Gunn, J. (2010). Fragile families and child well-being. *The Future of Children*, 20(2), 87-112.
- Wilcox, W. B. (2010). *When marriage disappears: The new middle America*. Charlottesville, VA: National Marriage Project/Institute for American Values.
- Wulczyn, F., Barth, R. P., Yuan, Y. T., Jones-Harden, B., & Landsverk, J. (2005). *Beyond common sense: Child welfare, child well-being, and the evidence for policy reform*. New York, NY: Aldine De Gruyter.
- Ybarra, G. J., Wilkens, S. L., & Lieberman, A. F. (2007). The influence of domestic violence on preschooler behavior and functioning. *Journal of Family Violence*, 22(1), 33-42.
- Zosky, D. L., Howard, J. A., Smith, S. L., Howard, A. M., & Shelvin, K. H. (2005). Investing in adoptive families: What adoptive families tell us regarding the benefits of adoption preservation services. *Adoption Quarterly*, 8(3), 1-23.

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