CONCEPTUAL MODELS FOR ADULTHOOD PREPARATION SUBJECTS WITHIN THE PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

PMAPS
Studies of **Performance Measures** and **Adult Preparation Subjects**

PREP: Studies of Performance Measures and Adulthood Preparation Subjects
OPRE Report Number 2021-21
February 2021

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Mathematica:

Elizabeth Clary
Heather Zaveri
Christopher Jones
Katie Eddins
Katie Adamek

Child Trends:

Kristin A. Moore
Mindy E. Scott
Deana Around Him
Monica Arkin
Isabel Griffith

Suggested Citation: Clary, Elizabeth, Heather Zaveri, Kristin A. Moore, Mindy E. Scott, Christopher Jones, Katie Eddins, Katie Adamek, Deana Around Him, Monica Arkin, and Isabel Griffith. (2021). “Conceptual models for Adulthood Preparation Subjects in PREP.” OPRE Report #2021-21. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

VII. CONCEPTUAL MODEL FOR ADDRESSING HEALTHY RELATIONSHIPS IN PREP

For the APS conceptual models study, the study team developed conceptual models for the six APSs (adolescent development, educational and career success, financial literacy, healthy life skills, healthy relationships and parent-child communication). The team then developed a unified framework to identify connections across subjects. Together, the models and framework are intended to help ACF support effective programs by providing PREP grantees with guidance on what constitutes adulthood preparation programming, what infrastructure is needed to support it, how such programming should be offered within adolescent pregnancy prevention programs, and what outcomes are anticipated. Each conceptual model draws on the theoretical and empirical research literature. Other sources included consultations with stakeholders and experts; feedback from staff in FYSB and OPRE; and interviews with PREP grantees about their experiences designing and implementing APS programming.

The Family and Youth Services Bureau (FYSB) and the Office of Planning, Research, and Evaluation (OPRE), both within the Administration for Children and Families (ACF), contracted with Mathematica and its partner, Child Trends, to develop conceptual models for the adulthood preparation subjects (APSs) and to determine how they fit within PREP programming.

PREP grantees must adhere to four program requirements: (1) implement evidence-based or evidence-informed curricula; (2) provide education on both abstinence and contraception for the prevention of pregnancy, sexually transmitted infections (STIs), and HIV; (3) educate youth on at least three of six APSs; and (4) focus on high-risk populations, such as youth residing in geographic areas with high teen birth rates, adjudicated youth, youth in foster care, minority youth, and pregnant or parenting teens. PREP grantees are also required to implement a positive youth development (PYD) approach in their programs. Grantees have discretion in how to meet these requirements. This discretion allows them to tailor their programs to fit the needs of the targeted population and their priorities.

The intention of supplementing pregnancy prevention programs with APS content is to further prepare youth for the transition to adulthood. It is hypothesized that incorporating APS content will strengthen the ability of programs to reduce sexual risk behaviors and expand the range of outcomes that programs affect.

This report is a first step toward helping PREP grantees understand issues of integrating and implementing APSs into their programming. The information presented herein reflects grantee perspectives and published literature on the APSs. The primary aim of this report is to provide grantees with a framework to support the implementation of APSs in their projects.

This chapter presents the conceptual model for healthy relationships through a schematic and supporting narrative. It starts by defining healthy relationships (Section A) and briefly describing how the study team developed the conceptual model (Section B). Sections C through H review each component and the supporting literature. Section I describes conclusions and suggests areas for future research.

A. Working definition of healthy relationships

The legislation authorizing PREP provided a limited definition for each APS.[17] To guide the APS study, the study team developed a working definition that built from the language included in the legislation. The study team then shared the working definition with APS consultants,

[17] https://www.ssa.gov/OP_Home/ssact/title05/0513.htm.

librarians, and ACF and refined it based on their feedback. The study team continued to refine the working definition throughout the development of the conceptual model based on reviewed literature and feedback from ACF, PREP grantees, and stakeholders. Each APS is multifaceted, with a range of potential applications to youth. The working definition for healthy relationships is:

> Healthy relationships are based on trust, honesty, listening, and respect and allow adolescents to feel supported, connected, and independent. In healthy relationships, adolescents must communicate and establish boundaries. They can learn to communicate, demonstrate empathy, manage conflict, and resist peer pressure. They can learn to recognize the characteristics of healthy (and unhealthy) relationships and develop skills to form healthy relationships and avoid unhealthy ones, including those that involve physical violence, emotional and verbal abuse, and coercion. Adolescents experiencing healthy relationships are less likely to engage in risk-taking behaviors. Such relationships can include peer and romantic relationships, but having healthy relationships with parents, family members, and other adults (guardians and caregivers) is also important and provides a foundation for the skills and behaviors needed to establish healthy relationships and boundaries with peers and partners.

B. Overview of the model development process

The study team developed each APS conceptual model through a multi-step process (described in more detail in Chapter II). First, they conducted a review of the research literature on each individual APS. Then they held semi-structured interviews with representatives of PREP grantees and providers to understand how they covered each one. Finally, the team solicited feedback on each APS from additional experts and stakeholders through a series of conference calls and semi-structured interviews. Throughout development, staff from FYSB and OPRE provided feedback on the process, and on the evolving content of the developing conceptual models. Next, the study team describes the process of developing the conceptual model for healthy relationships.

Primary keywords: Healthy relationships

Secondary keywords: Relationship building, relationship skills, communication, conflict management, characteristics of a good relationship, friendships, peer relationships, dating, partner violence, building trust, honesty in relationships, respect in relationships, support in relationships, establish boundaries, programming, sexual health

Research literature review. The study team started by conducting a targeted review of research literature on healthy relationships. They systematically searched, screened, and reviewed articles and documents, and then extracted and summarized findings using a template that included sections for each intended component of the healthy relationships conceptual model. In total, for healthy relationships, the team reviewed 66 documents. Most were published between 2002 and 2017, but several related to foundational theories were published before 2002. The documents included 22 literature reviews or meta-analyses, 22 empirical studies, four program evaluations or proposed program models, one program implementation report, and 17 other articles (such as resource guides, fact sheets, and research briefs). Literature reviews and meta-analyses may have summarized research published in the 1990s or earlier. Among the documents that included a description on the youth

population, 20 focused on adolescents (ages 13–19), three on young adults (ages 20–30), and 14 on adolescents and young adults.[18] (See Appendix A for a list of references by chapter, and Appendix B for detailed tables describing the literature review process.

Interviews with PREP grantees and providers. The study team interviewed existing PREP grantees and providers about their APS programming and implementation. The interviews addressed APS program design and implementation, curricula or materials used to cover the APSs, and youth receptivity to APS programming. Altogether, the team spoke with 26 respondents from 19 states, across 25 PREP grantees. Respondents represented 16 State PREP, seven Competitive PREP, and two Tribal PREP grantees.[19] On average, respondents reported covering four APSs in their programs, ranging from the required minimum of three subjects to as many as six.

All 26 grantees interviewed said they covered healthy relationships.

Expert and stakeholder feedback. The study team engaged four groups of experts and stakeholders to provide feedback on the models. These people reviewed the models to ensure they included relevant theories and research on the subject, and that the proposed model could enhance or expand the PREP outcomes, if operationalized as described. Experts and stakeholders represented four groups: (1) experts with content knowledge on specific APSs; (2) State PREP, Competitive PREP, and Tribal PREP grantees; (3) representatives of federal agencies that work on adolescent pregnancy prevention or youth programming related to the APS; and (4) representatives of selected external organizations involved with adolescent pregnancy prevention or youth programming related to the APS.

C. Healthy relationships conceptual model

Figure VII.1 shows the conceptual model for healthy relationships. The definition of healthy relationships and the theory of change are at the top, above the conceptual model. The model includes precursors that influence youth who participate in healthy relationships programming as part of PREP, such as developmental tasks and risk and protective factors. The model also identifies topics for inclusion in programs that address healthy relationships, design and implementation features for PREP programs, and outcomes that may be affected by offering this programming. Outcomes are presented as enhanced and expanded for the PREP program. Enhanced outcomes refers to changes to the outcomes related to the prevention of pregnancy and STIs among youth targeted by PREP: sexual activity; contraceptive use; and incidence of pregnancy and sexually transmitted infections. Expanded outcomes refers to changes in outcomes not related to the prevention of pregnancy and STIs among youth. Sections D through H describe each component of the conceptual model in Figure VII.1, expanding on information contained in the figure, based on the supporting literature. For some components of the conceptual model, the text presents additional detail beyond what is included in the figure.

[18] Note that most of the studies reviewed showed associations rather than causal relationships; findings that report correlations cannot be used to infer causality.

[19] As reported in the 2017-2018 PREP performance measures, there are 51 State PREP, 20 Competitive PREP, and eight Tribal PREP grantees.

D. Precursors

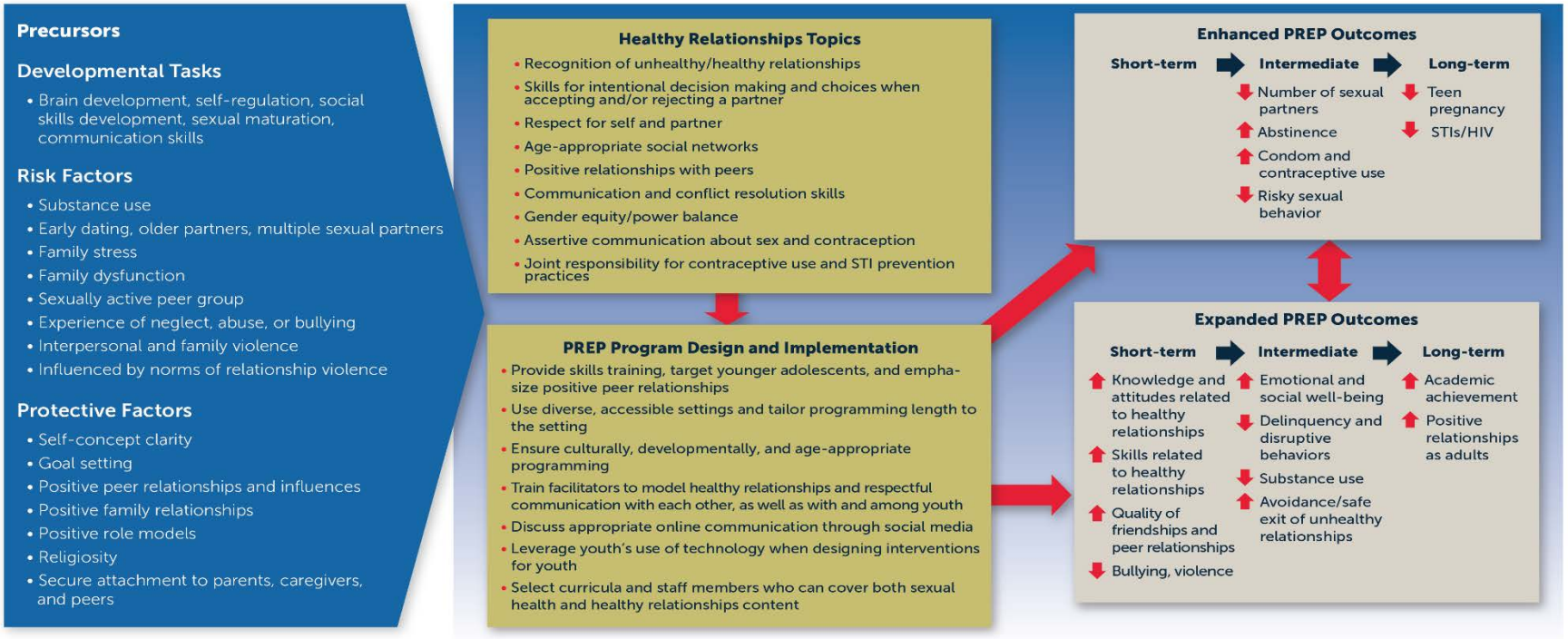
The conceptual model starts with three sets of precursors for healthy relationships: developmental tasks, risk factors, and protective factors. Some individual, peer, family, school, and community factors interact and influence how youth develop. These contextual factors often reflect characteristics and experiences that youth bring to a program, but they are not factors that programs should or can expect to change through youths' participation. While not included in the conceptual model figure, programs should consider these factors for their target population and recognize that their relevance may vary, depending on the APS. For healthy relationships, contextual factors to consider are youth and parent demographic and economic characteristics and family structure and dynamics. Contextual factors may encourage youth to avoid negative or risky behaviors, or they may place youth at higher risk for involvement in activities that contribute to poor developmental and behavioral outcomes. Also, certain individual-level factors (such as age, grade level, or sex) may moderate youths' experiences in the program and their outcomes.

The team included developmental tasks to recognize that adolescents start at different places and progress at different rates through expected trajectories that occur in interconnected social, emotional, cognitive, and physical domains. Risk factors make youth more likely to engage in negative behaviors or to harder for them to develop strengths. In contrast, protective factors promote positive development by making youth less likely to engage in negative behaviors and helping them to mitigate risks and promote resilience. Although not specified in the model, promotive factors enhance positive development generally among youth, regardless of any individual, familial, or community risk factors. Promotive factors overlap with protective factors (for example, positive family relationships) but are beneficial for all youth, whereas protective factors come into play in the context of risk (National Research Council and Institute of Medicine 2009). Examples of promotive factors include ethnic identity, social support, and prosocial involvement.

Figure VII.1. Healthy Relationships Conceptual Model

Healthy relationships are based on trust, honesty, listening, and respect and allow adolescents to feel supported, connected, and independent. In healthy relationships, adolescents must communicate and establish boundaries. They can learn to communicate, demonstrate empathy, manage conflict, and resist peer pressure. They can learn to recognize the characteristics of healthy (and unhealthy) relationships and develop skills to form healthy relationships and avoid unhealthy ones, including those that involve physical violence, emotional and verbal abuse, and coercion. Adolescents experiencing healthy relationships are less likely to engage in risk-taking behaviors. Such relationships can include peer and romantic relationships, but having healthy relationships with parents, family members, and other adults (guardians and caregivers) is also important and provides a foundation for the skills and behaviors needed to establish healthy relationships and boundaries with peers and partners.

Theory of Change: To foster healthy relationships throughout adolescence and promote them in young adulthood, PREP programs should support the development of adolescents' (1) knowledge of the characteristics of healthy (and unhealthy) relationships, (2) beliefs that they can create healthy relationships and avoid unhealthy relationships, and (3) skills to form healthy relationships and avoid or remove themselves from unhealthy ones. PREP programming can help build this knowledge, and these beliefs and skills. When these three objectives are achieved in PREP programming, they should be reflected in adolescents' immediate behaviors, and ideally carried forward into young adulthood. Strengthening adolescents' knowledge, beliefs, and skills regarding healthy relationships could help improve overall reproductive health outcomes (for example, decrease in number of sexual partners, increase in abstinence), and outcomes related to fostering healthy reltionships (for example, increased quality of friendships and peer relationships, emotional and social well-being, and positive relationships as adults).



Developmental tasks. Brains continue to develop, not only in adolescence but throughout life, contributing to the development and refinement of self-regulation, social skills, sexual maturation, and communication skills. Brain development during adolescence enhances the capacity to think more abstractly, self-regulate emotions and behaviors, and take the perspective of others. This development allows youth to establish relationships with open communication, trust, and reassurance more effectively than younger children can. These enhanced social skills are important because adolescents continue to widen their social circles and spend more time with their peers and, eventually, in dating relationships (Farley and Kim-Spoon 2014). Although peer relationships take on greater importance as youth mature, the process of relationship exploration is unique to each individual. Youth progress through various stages at different times, depending on developmental tasks such as hormonal changes, sexual maturation, and social learning (Ayers and Davies 2011). Although some youth feel prepared for intimate relationships, the social skills, self-regulatory abilities, and communication skills necessary to establish healthy relationships are still developing, and therefore youth may need support and guidance to make positive choices.

Risk factors. Some factors may influence one another and place youth at a disadvantage for forming healthy relationships. On the most basic level, poverty and lack of resources for key needs are factors that place adolescents at a greater risk for unhealthy relationships, transactional sex (exchanging sex for money), and unintended pregnancy (Svanemyr et al. 2015). In addition, youth who drink alcohol or use drugs are at risk for both dating aggression and risky sexual behaviors (Ayers and Davies 2011; Claxton and van Dulmen 2013; Lundgren and Amin 2015; Moore et al. 2015). Similarly, youth who begin having sex at younger ages tend to have unhealthy relationships later in adolescence (Cooksey et al. 2002; Giordano et al. 2010). Friendships and peer norms also influence the formation of healthy relationships. For example, having sexually active friends puts young adolescents at a greater risk for forming unhealthy romantic relationships, which are characterized by incidences of violence, jealousy, verbal abuse, cheating, and the perceived power imbalance between partners (Giordano et al. 2010).

Trauma in its various forms can create challenges to forming and maintaining healthy adolescent and adult relationships. Family stress and dysfunction caused by poverty, household instability, neglect and abuse, or poor parenting practices all impede a youth's ability to form healthy relationships (Briggs et al. 2012; Lundgren and Amin 2015; Moore et al. 2015; Tobin and Duncan 2007; Vézina and Hébert 2007). Neglect and abuse, in addition to harsh parenting styles, may hinder emotional development in children and generate mistrust in relationships, creating a greater likelihood of forming unhealthy relationships throughout life (Vézina and Hébert 2007). In addition, being in foster care puts youth at higher risk for engaging in early sex and inconsistently using contraceptives (Scott et al. 2012).

Programs must consider whether youth have been exposed to violence. For instance, experiencing aggression in family or other relationships—as either victim or perpetrator—has been linked to unhealthy, aggressive relationships in adolescence (Card 2010; Center for Assessment and Policy Development and Healthy Teen Network 2006; Josephson and Pepler 2012; Moore et al. 2015; Vézina and Hébert 2007). Furthermore, witnessing conflict and violence between family members can contribute to dysfunction in other relationships later in life (Ayers and Davies 2011; Josephson and Pepler 2012; Lundgren and Amin 2015; Scott et al. 2012; Tobin and Duncan 2007). Exposure to aggression in relationships, whether within the

family or between peers, can contribute to the formation of attitudes condoning aggression. Research indicates that youth who believe that violence is justified or tolerable are more likely to experience intimate partner violence, as either the perpetrator or the victim (Josephson and Pepler 2012; Lundgren and Amin 2015; Vézina and Hébert 2007).

Protective factors. Some factors support youth development to facilitate the creation of healthy relationships. For example, clarity around how youth value and perceive themselves (self-concept) predicts a variety of positive relationship outcomes, including increased romantic relationship satisfaction and commitment. Research has found that increased psychological well-being, self-esteem, and positive identity construction are key mediating variables between self-concept clarity and quality romantic relationships (McIntyre et al. 2017). Defining and emphasizing life and educational goals can also play a protective role. For instance, setting goals and outlining the steps to build healthy relationships with peers, family, and romantic partners can help align youths' decision making with their goals (Moore et al. 2013). Positive relationships with family members (for example, parents, guardians, and caregivers), peers, and role models are protective against negative youth outcomes. Research has found that youths' relationships with parents, friends, and mentors are important precursors of behaviors and attitudes relating to reproductive health, social interactions, and risky behaviors (Roehlkepartain et al. 2017).

Although parents are important, on the subject of dating, adolescents prefer to talk to peers and value their opinions more than those of others; thus, friends are important influences (Briggs et al. 2012). Having secure attachments with close friends may allow youth to express and regulate their emotions (Gorrese 2016).

Role models also set examples for healthy relationships. Research finds that youth who have positive role models are more likely than youth without them to engage in healthy dating behaviors (Briggs et al. 2012). Moreover, youth who are highly involved in religious activities are less likely to be in risky or violent dating relationships (Ayers and Davies 2011; Claxton and van Dulmen 2013; Vézina and Hébert 2007). Some factors can be framed as risk or protective. For example, religiosity is often protective, but it can intersect with factors such as sexual orientation and become a risk.

Research is somewhat inconsistent about the importance of a large peer network. Social isolation is linked to difficulties with self-regulation and engagement in unhealthy relationships (Farley and Kim-Spoon 2014). However, people who are social are more likely to engage in casual sex (Claxton and van Dulmen 2013), and youth are more likely to engage in risky behaviors when their friends or their peers from extracurricular activities do the same. Collectively, this suggests that having high quality peer relationships is important, but peer influences may be problematic for youth who socialize with large groups, particularly those that engage in risky behaviors.

E. Theory of change for healthy relationships

Theory of change

To foster healthy relationships throughout adolescence and promote them in young adulthood, PREP programs should support the development of adolescents' (1) knowledge of the characteristics of healthy (and unhealthy) relationships, (2) beliefs that they can create healthy relationships and avoid unhealthy relationships, and (3) skills to form healthy relationships and avoid or remove themselves from unhealthy ones. PREP programming can help build this knowledge, and these beliefs and skills. When these three objectives are achieved in PREP programming, they should be reflected in adolescents' immediate behaviors, and ideally carried forward into young adulthood. Strengthening adolescents' knowledge, beliefs, and skills regarding healthy relationships could help improve overall reproductive health outcomes (for example, decrease in number of sexual partners, increase in abstinence), and outcomes related to fostering healthy relationships (for example, increased quality of friendships and peer relationships, emotional and social well-being, and positive relationships as adults).

The theory of change for healthy relationships builds on the principle that relationships can (1) shape youths' behaviors (both positive and negative), (2) contribute to identity development, and (3) affect romantic relationships into adulthood (Wildsmith et al. 2013). The influence of romantic relationships on youths' behaviors and future outcomes demonstrates the need for promoting healthy such relationships in PREP. Numerous studies suggest that adolescents may lack knowledge of the characteristics of healthy and unhealthy romantic relationships, frequently have low expectations that they can form healthy romantic relationships, and may lack the knowledge and skills to avoid unhealthy ones. In addition, factors such as poor communication, weak decision-making skills, exposure to violence, and risky sexual behaviors further complicate a youth's ability to develop healthy relationships (Gardner and Steinberg 2005; Giordano et al. 2010; Office of Family Assistance 2012; Wildsmith et al. 2013). Research finds that, when a youth is in a romantic relationship, its dynamics often influence sexual health behaviors within the partnership, such as consistent contraceptive use and communication about safe sex practices (East et al. 2007). These behaviors have implications for outcomes related to the prevention of pregnancy and STIs or HIV. Based on these findings, programming should aim to help adolescents develop (1) knowledge of the characteristics of healthy and unhealthy relationships, (2) beliefs that healthy relationships are important and attainable, and (3) skills to form healthy relationships and avoid and remove themselves from unhealthy ones (Child Trends 2014).

Many theoretical frameworks inform how the characteristics of adolescents' early relationships shape their future relationships, as well as behaviors and outcomes in other domains, including outcomes related to the prevention of pregnancy and STIs among youth. Attachment theory, for example, proposes that children's initial relationships with their parents or other caregivers provide a model for future peer and romantic relationships (Bowlby 1969, 1973, 1980; Hazan and Shaver 1987; Waters et al. 2000). The lifespan developmental perspective proposes that the consequences of dating experiences (both positive and negative) among adolescents can affect the quality of their adult relationships (Caspi 1987; Elder 1998). These theories promote understanding of how adolescents develop their beliefs, attitudes, and behaviors regarding romantic relationships. In addition, researchers propose that relationship dynamics change as youth progress through the stages of a relationship (Farley and Kim-Spoon 2014). When children are younger, they attach to and depend on their parents, but when they grow older, they tend to depend on their peers and then their dating partners (Connolly et al. 2004; Connolly et al. 2000; Nickerson and Nagle 2005). Furthermore, the quality of new relationships builds on the quality

of older ones. Findings suggest that adolescents with higher quality parent and peer relationships have more committed, intimate romantic relationships (Farley and Kim-Spoon 2014). When promoting positive knowledge, beliefs, and behaviors in programming, one must consider how adolescents' previous experiences and other spheres of influence contribute to their decisions and actions related to romantic relationships.

As discussed above, research suggests that peers can strongly influence adolescents' decisions and behaviors in romantic and sexual relationships. Adolescents often talk to peers about their dating experiences, and most value their peers' opinions (Briggs et al. 2012). If the peer group accepts and endorses dating violence and aggression, the strength of the peer networks may well have negative implications for youth, as they will be more likely to engage in violent dating relationships (Briggs et al. 2012). Adolescents' romantic relationships are influenced by peer and social networks, and PREP programs should incorporate components that address how to promote positive relationships within both spheres.

Decision making plays an important role in adolescent relationships, so decision-making theories are relevant to the theory of change for healthy relationships. Programs that want to understand and shape adolescent choices can consider two broad approaches to adolescent decision making: (1) focus on the factors that shape behavior goals and decision making, such as social pressures to perform a behavior, including approval and disapproval from important persons in the adolescent's life (for example, parents) and perceptions of what peers are doing; and (2) focus on the steps in the decision-making process and the skills needed to apply thoughtful decision analysis. For example, programs may engage youth in role playing a situation that requires them to make a quick but high-risk decision prior to facing the situation in real life (National Research Council and Institute of Medicine 2004). While youth do not always have a choice in what happens to them, key takeaways for programs are that decision making is a multi-step process influenced by internal and external factors, and programs can support healthy adolescent decision-making through their programming activities.

Healthy adolescent romantic relationships serve as a precursor for relationships during early adulthood (Karney et al. 2007). Empirical evidence connecting adolescent and early adulthood romantic relationships is limited by a lack of longitudinal research. However, research finds that high quality adolescent romantic relationships may be associated with positive relationships and relationship commitment in early adulthood. Longer such relationships may prepare youth for higher quality romantic relationships in early adulthood (Collins et al. 2009; Karney et al. 2007).

In contrast, engaging in unhealthy romantic relationships has implications for youths' immediate beliefs, attitudes, and behaviors and the quality of future romantic relationships. The literature finds that the occurrence of interpersonal violence (defined as any intent or action taken to control one's partner) within a dating relationship increases the likelihood that either victimization or perpetration of violence will occur in future relationships (O'Leary and Smith Slep 2003). Based on these findings, programming should emphasize how to develop healthy relationships and how to identify characteristics of—and avoid—unhealthy relationships during adolescence and into young adulthood.

F. Healthy relationship topics

Based on the research review, the study team identified several topics that programs should incorporate as valuable for healthy relationships:

- **Recognition of unhealthy/healthy relationships** refers to youths' ability to identify such relationships by their characteristics. Beyond the ability of youth to recognize those characteristics, healthy relationship programs should aim to help youth develop the skills and self-efficacy to form a healthy relationship and to avoid or remove themselves from an unhealthy one (Child Trends 2014). In addition, research suggests that youth desire guidance from parents, educators, and other influential adults on how to navigate healthy relationships and avoid unhealthy ones (Weissbourd et al. 2017).
- **Skills for intentional decision making and choices when accepting or rejecting a partner** refers to youth making informed and intentional healthy decisions when selecting a potential romantic and/or sexual partner. Research indicates that adolescents and young adults often feel unprepared to form caring, lasting relationships and desire guidance from their parents, educators, and other influential adults. Based on this finding, researchers recommend that parents and educators have open discussions with youth to help them understand the characteristics of mature love as opposed to other forms of intense attraction (such as infatuation), which often influence youths' choice of partner (Weissbourd et al. 2017). Moreover, research suggests that youth who make certain choices, such as having multiple sexual partners, often do not use contraception and are at risk for STIs (Kelley et al. 2003). Encouraging youth to develop knowledge of their own values and future goals can protect against unhealthy relationships and risky health behaviors (Lewandowski et al. 2010). Programs should discuss the various types of romantic relationships, encourage youth to be aware of the type they are seeking, and provide youth with skills to make level-headed choices when selecting a partner.
- **Respect for self and partner** refers to youth having a positive regard for themselves and their sexual or romantic partners. One study recommended that relationship programming should conceptualize and elaborate on self-respect and respectful behaviors toward one's partner (Weissbourd et al. 2017). For instance, educators could discuss specific examples of caring for oneself and for one's partner, drawing from depictions in books and media that show how thoughtful, self-aware adults manage common challenges and conflicts. Furthermore, educators could use those examples to engage in discussions with youth and provide them with skills on how to develop and maintain healthy relationships with one another and their partners (Weissbourd et al. 2017).
- **Age-appropriate social networks** refers to youth forming friendships with peers in their age range and engaging in activities appropriate to their development. One study that examined friendship and dating patterns among young adolescents (ages 13–14) indicated that youth having friends in higher grades or "going steady" with anyone was associated with earlier sexual initiation (Cooksey et al. 2002). In addition, a review of literature on the prevalence of adolescent dating violence suggests that some youth seek dating relationships before they are developmentally ready, which puts them in the position of being unprepared for the social, emotional, and psychological effects of involvement in intimate relationships (Ayers and Davies 2011). Programs could include components that

encourage youth to form positive and healthy social networks appropriate to their developmental stage. Because most youth use technology and access online social network sites, programs should consider including information on how to safely use dating applications, text services, and other online resources.

- **Positive relationships with peers** refers to youth engaging in healthy communication and prosocial behaviors with their peers. Although parents remain an important influence, peers become more relevant during adolescence, and research finds that peer opinions and norms can be more influential than parents for some behaviors (Briggs et al. 2012). In addition, research supports that antipathetic relationships among peers, which are characterized by mutual dislike, are associated with numerous negative outcomes, including rejection by peers, low positive peer regard, and fewer friendships (Card 2010). These findings demonstrate the importance of promoting positive peer-to-peer relationships and communication in programming.
- **Communication and conflict resolution skills** refers to youth having the ability to effectively communicate and manage stressful situations within their close relationships, such as with friends, family, and co-workers. Research findings suggest that many adolescents lack adequate problem-solving and conflict resolution skills, which are important to ensure that close relationships do not become violent (Ayers and Davies 2011). Frequent verbal conflict is associated with violence in romantic relationships (Giordano et al. 2010), and skills such as clear communication, active listening, cooperation, and conflict resolution can be helpful in preventing violence in these relationships, and could prevent bullying (Lawner and Terzian 2013). Further, the nature and content of communication among partners is important (Giordano et al. 2010; Holcombe et al. 2008). For instance, when sexually active youth communicate about sex and contraception with their partners, they are more likely to use condoms (Widman et al. 2014; Markham et al. 2010). These findings demonstrate the importance of having a component of programming that focuses on providing youth with the skills and self-efficacy to communicate effectively and manage conflict within their sexual or romantic partnerships. Although the studies reviewed are limited to intimate relationships, these skills may also benefit youth in other close relationships.
- **Gender equity/power balance** refers to partners, including both heterosexual and same-sex partners, having an equal share of power, responsibility, and ability to communicate their needs and concerns within a relationship. Numerous research findings suggest that societal and cultural norms perpetuate male dominance and female passivity in sexual encounters, which could hinder consistent contraceptive use, result in unsafe sexual practices, and lead to fear of emotional or physical abuse (East et al. 2007; Tang et al. 2001; Ehrhardt et al. 2002). In a national study of adolescents and young adults, almost half the respondents reported that they do not perceive gender-based degradation to be a problem in our society, despite 87 percent of female respondents indicating at least one experience of misogyny, sexual harassment, or other forms of gender-based degradation in their lifetime (Weissbourd et al. 2017). Programs should emphasize the importance of incorporating components that promote gender-equitable norms within relationships and in society.

- **Assertive communication about sex and contraception** refers to youth being able to effectively communicate their needs and concerns regarding sex and contraceptive use in a relationship. This includes skills to guard against possible reproductive coercion, violations of consent, and other unhealthy situations and instead to promote healthy relationship dynamics. While assertive communication applies to youth of all genders, research supports that male dominance and female passivity in sexual encounters are likely to hinder women's ability to negotiate contraceptive use and limit their assertiveness (East et al. 2007). Programs may consider providing youth with skills reflective of clear, assertive communication on topics such as consent, refusal of sex, and exiting unhealthy relationships, each with an emphasis on gender-equitable concepts and norms.
- **Joint responsibility for contraceptive use and STI/HIV prevention practices** refers to both partners promoting regular contraceptive use within their relationship. For example, these behaviors may include asking a partner to be tested for STIs (including HIV), reminding a partner to use a birth control method on a regular basis, looking for information on contraceptives with their partner, and, if possible, going with their partner to a doctor or clinic for clinical services to obtain contraceptives. Research findings suggest that consistent condom use among couples declines as the relationship progresses and may be hindered by feelings of mistrust within adolescents' relationships (Civic 2000; Kirkman et al. 1998). In addition, male partners sometimes believe that contraception is the woman's responsibility. Findings demonstrate that this attitude is a significant barrier to condom use (Skidmore and Hayter 2000; Flood 2003). Therefore, programs should emphasize the importance of both partners being involved in decision making about contraceptive use for both pregnancy and STI/HIV prevention, and encourage consistent contraceptive and prevention practices throughout their relationship. In addition, programs should provide youth with practical negotiation skills related to contraception and STI/HIV prevention within their relationships.

Grantees and providers teaching healthy relationships also noted multiple topics covered under this APS, including decision making and communication in relationships, dating violence, staying safe in relationships, what unhealthy relationships look like, age of consent, what consent looks like, sexual orientation and identity, and sex trafficking.

G. Program design and implementation

PREP grantees will need to consider how and when to provide healthy relationships programming. Designing and implementing this APS will require that grantees choose who should deliver the content, when to deliver this information, and how to teach it so that youth can absorb it to the greatest extent possible.

The study team identified seven design considerations for healthy relationships:

1. **Provide skills training, target younger adolescents, and emphasize positive peer relationships.** To be effective, programs should provide youth with skills training to practice healthy relationship skills (Poobalan et al. 2009). One PREP grantee mentioned that they host a "date night" on which they provide youth with skills on how to have a fun and safe date free of alcohol and drugs. Programs should also try to reach youth when they are young, ideally before they are sexually active (Poobalan et al. 2009; Svanemyr et al. 2015). Programs also benefit from focusing on positive peer-to-peer communication and strong friendships, particularly when they are working with younger populations who may not yet be engaged in romantic relationships (Briggs et al. 2012; Jeon and Goodson 2015; Svanemyr et al. 2015). Furthermore, several PREP grantees shared that they cover content on how to establish and maintain healthy relationships with friends, family, work colleagues, and acquaintances.
2. **Use diverse, accessible settings and tailor programming length to the setting.** To serve youth across diverse backgrounds, multiple authors recommended providing programming in a wider array of settings than just schools (Ayers and Davies 2011; Child Trends 2014; De Koker et al. 2014). One report on healthy relationship education for youth explained that, when schools partner with community-based organizations to deliver programming, it increases flexibility for students, strengthens community support, and boosts the ability to reach at-risk youth by expanding access outside schools (Scott et al. 2017). For example, youth who have dropped out of school or are suspended/expelled will not be reached in school-only settings, and they might be the ones most in need of healthy relationship education (Ayers and Davies 2011). The settings should also be accessible to youth, with transportation provided both ways if necessary (Child Trends 2014). When possible, healthy relationship education should also be provided over a relatively long duration and with multiple sessions; reviews of evaluations of intimate partner violence prevention, adolescent pregnancy prevention, and healthy marriage and relationship education curricula have found that longer programs are more often effective (De Koker et al. 2014; Svanemyr et al. 2015; Lundgren and Amin 2015; Child Trends 2014). Child Trends (2014) recommended at least 12 sessions for school-based programs over a period of 3–6 months. For out-of-school programs, they suggest a shorter, more intensive duration to account for retention issues that are more frequently faced by programs not operating in a school. PREP grantees shared that they often implemented shorter curricula for transient populations (for example, court-system-involved or homeless youth), youth in residential treatment centers, and pregnant or parenting youth. The grantees expressed that, with limited time to deliver content to these populations, it was important to use a curriculum that covered both sexual health and the APS content in a short time.
3. **Ensure culturally, developmentally, and age-appropriate programming.** Some healthy relationship education programs were adapted from programs originally designed for and tested with adults; therefore, they may need further adaptation and testing for youth (Karney et al. 2007). In addition, programs should ensure that their material is culturally tailored to the populations they serve. For example, Malhotra et al. (2015) note that one effective program to prevent dating violence among adolescents adapted its curriculum for Hispanic families by including joint sessions with youth and

their families after Hispanic adolescents expressed this preference in focus groups. Karney et al. (2007) note that providing culturally appropriate curricula can be difficult and that programs will likely need help in tailoring curricula to the target population. Some PREP grantees said that their programs tailored content or discussion topics by age, gender, or the needs or interests of a group. The decision to tailor content to youth based on their individual characteristics, such as age or developmental level, may help to ensure that the curriculum addresses their needs (Scott et al. 2017). For instance, this may include reviewing a curriculum to ensure that it is sensitive to the circumstances of diverse youth, such as pregnant and parenting youth or youth who have experienced trauma (Poobalan 2009).

4. **Train facilitators to model healthy relationships and respectful communication with each other, as well as with and among youth.** Youth may know what a healthy relationship should look like, but they might never have seen one (Guzman et al. 2009). Facilitators should be encouraged to find positive examples in books, television, and film to demonstrate characteristics of healthy relationships (Weissbourd et al. 2017) and to use language and resources that are inclusive of diverse subgroups. For example, PREP grantees described reviewing program content to ensure it represents diverse youth and discussing how circumstances may vary for different groups of youth as they plan role-plays and other activities. In addition, research on healthy marriage and healthy relationship programming for youth finds that utilizing "active sessions" during curriculum delivery is a promising approach to educating youth about healthy relationships. Examples of such sessions include role-playing, skits, and journaling activities (Scott et al. 2017). Facilitators should also be encouraged to model behaviors such as appropriate boundary setting and reflection on one's own emotions in relationships with program participants and staff. Youth who have positive role models are more likely to engage in healthy dating behaviors (Briggs et al. 2012). In addition, facilitators should be trained to intervene whenever they witness degrading language or behavior between youth. If facilitators do not step in, it may be perceived by youth as permission for the behavior to continue (Weissbourd et al. 2017).

5. **Discuss appropriate online communication through social media.** Social media and the use of other technology are important means of communication in youth relationships (Lenhart et al. 2015). However, online communication can expose youth to inappropriate content or behaviors such as graphic sexual imagery and unwanted sexual solicitations. Exposure to this content online is correlated with increased sexual risk (Kachur et al. 2013). Programs have the opportunity to teach youth about the dangers of online communication, especially with people they do not know, and promote positive aspects of online communication and social media. For example, social media could be a mechanism for engaging families of program participants and a way to connect youth to resources and supports when access in their community is limited (Guilamo-Ramos et al. 2015). Several PREP grantees reported that they taught lessons or led discussions about social media or technology as a part of their programming. Specifically, topics included (1) identifying social media outlets youth are using and the appropriate use of each, and (2) applying critical-thinking skills to social media and practices such as "sexting."

6. **Leverage youths' use of technology when designing interventions for youth.** Many programs have responded to the increase in youth online activity by incorporating

technology into their programming. Program staff can model how technology can foster and support healthy relationships by using it in their communication with participants and their families. A few PREP grantees expressed that they delivered some programming with iPads or a through a web-based format. One grantee mentioned that they used social media platforms (for example, Snapchat, Facebook, and Instagram) to engage with the youth in their program. Studies provide preliminary evidence that utilizing social media and text messaging to reach youth can increase knowledge regarding the prevention of STIs (Jones et al. 2014). Interventions that utilize digital and social technology can increase accessibility by allowing youth to access content at convenient times, anonymously, and in private locations (Strasburger and Brown 2014).

7. **Select curricula and staff members who can cover both sexual health and healthy relationships content.** PREP grantees indicated that they typically used a curriculum for the prevention of pregnancy and sexually transmitted infections among youth that also included APS content. Further, although some facilitators specialized in either sexual health or APSs, most grantees used the same staff to deliver both types content. Selecting a curriculum that combines sexual health and APS content helped maintain student interest and allowed programs to be more efficient with their time. Staff who deliver both sexual health and healthy relationships content may cover topics that overlap with each other. For instance, one PREP grantee mentioned that their program delivers content on the age of consent, what sexual consent looks like, and the legality of sexting.

H. Outcomes

The reviewed literature suggested several outcomes that might be realized by addressing healthy relationships. The study team organized outcomes into two categories—enhanced and expanded—based on whether they focus on changes the core outcomes related to the prevention of pregnancy and STIs among youth targeted by PREP (enhanced) or outcomes not related to the prevention of pregnancy and STIs among youth (expanded). The model is limited to outcomes supported by the literature review. The outcomes are relevant to both casual relationships and committed romantic and sexual relationships.

The team further organized outcomes as short-term, intermediate, and long-term. *Short-term* outcomes are observed directly following a program. Typically, such outcomes include initial changes in knowledge and attitudes, but they can include more immediate behavior changes. *Intermediate* outcomes, the step between short- and long-term outcomes, can include improved skills or changes in behavior that result from the acquisition of new knowledge and skills. Programs can expect to see these outcomes six months to a year after completion. *Long-term* outcomes are those one would expect to see a year or more after program completion. Depending on when youth attend the program, this could be during middle or high school or even after high school, in young adulthood (beyond which the model does not identify outcomes). The reviewed literature did not include articles on the effects of healthy relationship programming in adulthood.

Enhanced outcomes. Programs that incorporate healthy relationship education might affect outcomes related to the prevention of pregnancy and STIs among youth targeted by PREP, either directly or indirectly through the expanded outcomes described in the subsequent section. In the

short-term, it is expected that incorporating healthy relationship education will primarily impact changes in knowledge, attitudes, and skills related to healthy relationships, as described in the expanded outcomes. The study team did not find research that examined short-term knowledge and attitudes specifically about pregnancy and STI prevention, so none are included in the model.

Intermediate enhanced outcomes that might be affected by positive relationships with peers and partners include fewer sexual partners, increased chance of practicing abstinence or use of contraception, and reduced risky sexual behaviors, such as being sexually active under the influence of alcohol or drugs. Reduced risky sexual behaviors is associated with positive role models (Briggs et al. 2012). In contrast, dating violence is associated with an increased number of sexual partners, increased alcohol use, and riskier sexual behavior (Claxton and van Dulmen 2013). Having stronger relationships with romantic partners has been found to be associated with increased abstinence (Markham et al. 2010), though these findings vary by race and gender. Specifically, Markham et al. (2010) identified two longitudinal studies that found a protective association between emotional commitment to a partner and abstinence. One of these studies found the association for African American males only (emotional commitment was found to be a risk factor for sexual initiation among white, Asian, and Hispanic males and for females), and another study reported a protective association for emotional commitment among females but not males. In addition, Manlove et al. (2004) found that associations between relationship commitment and contraceptive use vary by gender. For example, contraceptive use was more likely among males who reported a greater connection to their partners before having sex. However, the odds of ever or consistent contraceptive use among females was lower for those in romantic versus nonromantic relationships (Manlove et al. 2004).

In general, youth who have only a single romantic relationship are more likely to use condoms compared with youth who have multiple, concurrent, or sequential romantic relationships where issues such as alcohol use and low self-efficacy to use contraceptives may contribute to sexual risk (Kelley et al. 2003).Youth who have only a single romantic relationship are also less likely than youth in sequential or concurrent sexual relationships to contract STIs in the long-term (Kelley et al. 2003). Furthermore, youth in foster care who demonstrate healthy relationship skills also are less likely to become pregnant (Scott et al. 2012). In contrast, intimate partner victimization is associated with increased unintended pregnancy and increased risk of STIs (Moore et al. 2015; Ayers and Davies 2011).

Expanded outcomes. The literature suggests that incorporating healthy relationship topics in PREP may also result in changes to outcome domains beyond a youth's sexual health. One of the most immediate outcomes expected is that youth may improve their knowledge and attitudes regarding healthy relationships. This includes attitudes against intimate partner violence, their skills to develop and maintain healthy relationships, such as being able to identify characteristics of healthy/unhealthy romantic relationships, and communication and conflict management skills (Lundgren and Amin 2015; Office of Family Assistance 2012). Other short-term outcomes expected are that the quality of their friendships and peer relationships will improve, while the incidence of bullying and violence among peers will decrease (Josephson and Pepler 2012).

In turn, these outcomes may lead to better emotional and social well-being, decreased delinquency and disruptive behavior, decreased substance use, and avoidance of or safe exit from

unhealthy relationships as intermediate outcomes. Positive relationships (peer and romantic) are also associated with increased self-awareness and emotion regulation (Gorrese 2016; Roehlkepartain et al. 2017). Poor-quality relationships, including bullying, are associated with increased internalizing behaviors, including depression, anxiety, and suicidal ideation (Ayers and Davies 2011; Card 2010; Tobin and Duncan 2007). Poor-quality peer relationships are also associated with delinquency and disruptive behaviors, a result in part of adolescents avoiding school or participating in other environments where bullying and other negative interactions occur (Tobin and Duncan 2007). Therefore, increasing relationship quality with peers may lead to decreased delinquency and disruptive behaviors. In addition, Briggs et al. (2012) found that having a positive role model is associated with a decreased risk of substance use.

In the long term, research suggests that healthy relationship education is expected to lead to increased academic achievement and more positive relationships as young adults. Specifically, when youth have more positive relationships, they have fewer unexcused absences from school, which often leads to improved academic outcomes (Briggs et al. 2012; Farley and Kim-Spoon 2014; Roehlkepartain et al. 2017). The literature finds that negative and violent relationships can lead to worse outcomes later in life. For example, youth who experience victimization are more likely to be victims of interpersonal violence as adults (Ayers and Davies 2011). In addition, bullying perpetration is a risk factor for verbal and physical aggression in early romantic relationships, which in turn is a risk factor for intimate-partner violence among adults (Josephson and Pepler 2012). Preventing these negative experiences can help improve relationships during young adulthood. Furthermore, having the skills to manage healthy romantic relationships has been linked to better quality and greater stability of relationships during young adulthood among vulnerable youth in foster care (Scott et al. 2012). This finding further supports the idea that promoting healthy relationships (as opposed to just preventing or avoiding unhealthy ones) will also lead to positive long-term outcomes.

I. Conclusions

Overall, programming to enhance healthy relationships has important implications for adolescent peer and romantic relationships, as well as pregnancy and STI prevention and a host of other outcomes that contribute to both immediate and long-term well-being. More research is needed that considers the importance of healthy relationships in combination with the importance of avoiding dysfunctional relationships. Most research studies currently focus either on the avoidance of violence (for example, dating/intimate partner violence, or bullying) or on promoting positive features (for example, communicating effectively). In practice, these two constructs are not distinct and programs that focus on violence prevention may offer content that is complementary to programs that focus on healthy relationships. Similarly, research that focuses on improving relationships seldom considers outcomes outside romantic relationships, such as relationships with peers. Peer and romantic relationships are often studied separately, though peers clearly influence romantic relationships and vice versa. Additional research is needed to identify outcomes for some of the most vulnerable youth populations (for example, homeless and runaway youth, youth who trade sex or are sexually trafficked) or other youth subpopulations, such as youth in foster care or youth in single-parent homes. Also, research is needed on the topic of social media and digital technology, and the ways in which interactions with these platforms can influence short- and long-term outcomes.