

Executive Summary 1 Background

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Reducing Domestic Violence: How the Healthy Marriage Initiative Can Help

Melissa G. Pardue and Robert Rector

In the United States today, one child in three is born outside marriage. The decline of marriage is a prominent cause of child poverty, welfare dependence, and many other social problems. In response to these concerns, President George W. Bush has proposed a Healthy Marriage Initiative to promote and encourage strong marriages. The proposed program would provide \$300 million in federal and state Temporary Assistance to Needy Families (TANF) money to state-level programs that promote marriage and marriage-skills training, particularly among low-income and “fragile” families. All participation in the President’s marriage program would be voluntary. The project would utilize existing marriage-skills programs that have proven effective in decreasing conflict—and increasing happiness and stability—among target couples.

Erroneous Criticisms of the Healthy Marriage Initiative. Critics of the President’s Healthy Marriage Initiative assert that such a program would encourage or force vulnerable women into violent and dangerous relationships. Specifically, critics argue that a substantial portion of low-income women who would participate in the marriage program are in abusive relationships and that the program would push women into marriages with abusive men, thus increasing the rate of domestic abuse.

These claims are erroneous for a number of reasons:

1. Marriage education programs that would be funded under the President’s Healthy Marriage Initiative have been shown to reduce—not increase—domestic abuse. In Oklahoma’s prototype program, 14,000 individuals have received training, and not a single instance of domestic abuse linked to the program has been reported.
2. The primary target groups for the healthy marriage programs would be unmarried couples at the time of a child’s birth or young, at-risk couples prior to conception. The rate of domestic abuse in these groups is extremely low—around 2 percent.
3. The prevalence of domestic abuse among low-income women is often exaggerated by citing figures on whether or not a woman has *ever* been abused in her lifetime rather than whether or not abuse is occurring in a *current* romantic relationship.
4. Critics incorrectly assume that the target population for the Healthy Marriage Initiative would be older, single mothers in the TANF program. Generally, older welfare mothers have already severed ties with their children’s fathers. Such relationships have often been terminated for

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several years: These mothers, therefore, are not good candidates for a marriage program. Healthy marriage programs would seek to improve the stability and quality of relationships for low-income women at a younger age. Couples at this stage of life—generally termed “fragile families”—have relatively good prospects for entering into healthy, stable marriages.

As noted, the rate of domestic violence among these couples is low—around 2 percent. It is true that the rate of current domestic abuse suffered by *older* mothers on welfare is far higher—around 20 percent to 30 percent—but these mothers would not be a target group of the marriage initiative.

Thus, the assertion that welfare mothers experience high rates of domestic abuse is irrelevant to an assessment of the Healthy Marriage Initiative. By intervening at a younger age, the Healthy Marriage Initiative would seek to improve the well-being of children and to reduce future problems of child poverty and welfare dependence.

5. Many low-income mothers are trapped in patterns of serial cohabitation—moving through a sequence of fractured, failed relationships with men. It is within this pattern of serial cohabitation that domestic violence is most likely to occur. The Healthy Marriage Initiative could help prevent couples from falling prey to this destructive pattern by giving them the knowledge and skills needed to build healthy, stable marriages. The proper time for such training is when couples are at a relatively young age—either prior to conception or at the time of a child’s birth—before self-defeating patterns of distrust and acrimony have developed.

By helping couples to avoid the pitfalls of serial failed relationships, the Healthy Marriage Initia-

tive will substantially reduce, rather than increase, domestic violence. Indeed, unless couples are equipped with the skills they need to develop healthy relationships, it is difficult to imagine how the current rates of domestic violence in low-income communities can be reduced.

There is overwhelming evidence that marriage-skills training helps couples increase happiness, improve their relationships, and avoid negative behaviors that can lead to marital breakup. No fewer than 29 peer-reviewed social science journal articles provide ample evidence (from actual experience) that marriage education, training, and counseling programs significantly strengthen the marriages of couples that take advantage of such programs. These studies—integrating findings from well over 100 separate evaluations—illustrate that a wide variety of marriage-strengthening programs can reduce strife and conflict, improve communication, increase parenting skills, increase stability, and enhance marital happiness.

Conclusion. By specifically targeting young adult men and women and at-risk high school students with information about the long-term value of marriage, the Healthy Marriage Initiative is preventative, not reparative, in nature. It seeks to prevent the isolation and poverty of welfare mothers by intervening at an early point—*before* a pattern of broken relationships and welfare dependence has emerged. By fostering better life decisions and stronger relationship skills, marriage programs will increase the well-being of both children and adults and will reduce the likelihood of poverty, welfare dependence, and violent relationships.

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In the United States today, one child in three is born outside of marriage. The decline of marriage is a prominent cause of child poverty, welfare dependence, and many other social problems.

In response to these concerns, President George W. Bush has proposed the Healthy Marriage Initiative to promote and encourage strong marriages. The proposed program would provide \$300 million annually in federal and state Temporary Assistance to Needy Families (TANF) money to state-level programs that promote marriage and marriage skills, particularly among low-income and “fragile” families. All participation in the President’s marriage program would be voluntary. The program would utilize existing marriage-skills education that has proven effective in decreasing conflict—and increasing happiness and stability—among target couples.

However, critics of the President’s Healthy Marriage Initiative often assert that such a program would encourage or force vulnerable women into violent and dangerous relationships. Specifically, critics argue that a substantial portion of many low-income women who would participate in the marriage program are in abusive relationships and that the program would push women into marriages with abusive men, thereby increasing the rate of domestic abuse.

Erroneous Criticisms

These arguments by opponents of the Healthy Marriage Initiative are erroneous for a number of reasons:

Talking Points

- The Healthy Marriage Initiative seeks to improve the stability and quality of relationships of low-income couples of a relatively young age, when they have comparatively good prospects for entering into healthy, stable marriages.
- Domestic abuse within the group targeted by the marriage initiative is approximately 2 percent.
- Participation in the marriage program will be voluntary; the skills training that will be provided by the program has been shown to reduce, not increase, domestic violence.
- Domestic violence is most likely to occur in non-married cohabiting relationships. Marriage dramatically reduces the risk that mothers will suffer from domestic violence.

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1. Marriage-education programs that would be funded under the President's Healthy Marriage Initiative have been shown to reduce—not increase—domestic abuse.
2. The primary target groups for the healthy marriage programs would be unmarried couples at the time of a child's birth, or young, at-risk couples prior to a child's conception. The rate of domestic abuse in these groups is extremely low—around 2 percent.
3. The prevalence of domestic abuse among low-income women is often exaggerated by the use of statistics regarding whether or not a woman has *ever* been abused in her lifetime rather than whether or not abuse is occurring within a *current* romantic relationship.
4. Critics incorrectly assume that the target population for the Healthy Marriage Initiative would be older, single mothers in the TANF program. Typically, older welfare mothers have already severed ties with the fathers of their children. Such relationships have often been dead for several years: These mothers, therefore, are not good candidates for a marriage program. Rather, healthy marriage programs would seek to improve the stability and quality of relationships for low-income women at a younger age. Couples at this stage of life—generally termed “fragile families”—have relatively good prospects for entering into healthy, stable marriages.

The rate of domestic violence among these couples is low—around 2 percent.¹ Although the rate of current abuse suffered by *older* mothers on welfare is far higher—around 20 to 30 percent—as noted, these women would not be a target group of the Healthy Marriage Initiative.

Thus, the assertion that welfare mothers experience high rates of domestic abuse is irrelevant to an assessment of the prospects of the Healthy Marriage Initiative. By intervening at a younger age, the Healthy Marriage Initiative would seek to

improve the well-being of children and to reduce future child poverty and welfare dependence.

5. Many low-income mothers are trapped in patterns of serial cohabitation, moving through a sequence of fractured, failed relationships with men. Domestic violence is most likely to occur within this pattern of serial cohabitation. The Healthy Marriage Initiative could help prevent couples from falling prey to this destructive pattern by providing them with the knowledge and skills needed to build healthy, stable relationships. The proper time for such training is when couples are at a relatively young age—either prior to a child's conception or at the time of a child's birth—before self-defeating patterns of distrust and acrimony have developed.

By helping couples to avoid the pitfalls of serial failed relationships, the Healthy Marriage Initiative will substantially reduce, rather than increase, domestic violence. Indeed, unless couples are equipped with the skills they need to develop healthy relationships, it is difficult to imagine how the current rates of domestic violence in low-income communities can be reduced.

6. Prototype healthy marriage programs, such as the Oklahoma Marriage Initiative, have not led to increases in domestic violence. In Oklahoma, more than 14,000 individuals have received training, but not a single instance of domestic abuse linked to the program has been reported. The marriage initiative works closely with local domestic violence prevention groups, and these groups have made no complaints regarding the operation of the program.²

Domestic Violence and Welfare Mothers

Opponents of the President's Healthy Marriage Initiative claim that the policy will target women who are likely to be in abusive relationships. Critics also charge that the marriage program will push these vulnerable women further into dangerous and

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1. Roughly three-quarters of the couples who are unmarried at the time of their child's birth are cohabiting or romantically involved. The domestic violence rate for such cohabiting or romantically involved couples, who would be the main target for pro-marriage programs, is slightly less than 2 percent.
 2. Information provided by Mary Myrick, Program Manager, Oklahoma Marriage Initiative.

violent relationships and possibly even endanger their lives. For example, the NOW Legal Defense Fund asserts:

Because of the prevalence of intimate violence among women receiving public assistance, promotion of marriage will jeopardize the safety and lives of women and children. As many as 60 percent of welfare recipients are survivors of domestic violence. Marriage-promotion programs, which target a population that is made up to such a large degree of women who are domestic violence survivors, can have disastrous results.... [I]f [the healthy marriage initiative] goes forward, survivors may well be coerced into abusive marriages that they may not survive.³

These ominous claims are based on a misunderstanding of marriage-promotion programs and the characteristics of the couples who would participate in them. First, the figure that 60 percent of welfare mothers are “survivors of domestic violence” indicates that a high percentage of welfare mothers have experienced some level of domestic violence at some point during their lives; it does not mean that 60 percent of welfare mothers are experiencing violence in a current relationship. The figures for current (or recent) domestic abuse among welfare mothers are considerably lower: Some 20 percent to 30 percent have experienced violence in a current relationship or within the past year.⁴ While these figures are still regrettably high, they indicate that most welfare mothers, at present, are *not* in abusive relationships.

Furthermore, participation in marriage programs will be voluntary; no one will be “coerced” to participate. In addition, marriage-promotion programs do not assume that all relationships should be saved. In fact, rather than pushing women further into abusive relationships, the programs would

urge women to leave situations where significant abuse is occurring. Marriage education programs teach couples how to resolve disagreements peacefully: A primary effect of these programs is to de-escalate conflict and significantly reduce strife and acrimony within relationships. Consequently, the programs have been shown to *reduce* domestic violence, not increase it.⁵

The NOW Legal Defense Fund also incorrectly assumes that the main target group of the Healthy Marriage Initiative would be older, single mothers on welfare (i.e., mothers enrolled in the TANF program). However, because most older welfare mothers have relationships with the fathers of their children that collapsed years ago, they would not be a suitable target group for marriage-promotion programs. Instead, the Healthy Marriage Initiative will provide skills to unmarried couples before their relationships turn bitter and acrimonious. By providing skills training at an early stage in a relationship, marriage-promotion programs will help couples to build happy and stable families in the future.

The Healthy Marriage Initiative will focus primarily on unmarried, young adult couples around the time of their child’s birth or—even better—prior to their child’s conception. These couples have been referred to as “fragile families.” The domestic abuse rate among “fragile family” couples—the targets for healthy marriages programs—is only around 2 percent. This represents *one-tenth* of the domestic abuse level found among current welfare mothers. By helping these couples build enduring and harmonious relationships, the Healthy Marriage Initiative can substantially reduce future domestic abuse.

What the Fragile Families Survey Shows

The Fragile Families and Child Wellbeing Study provides the best information about the low-income couples who would be the focal point of the President’s Healthy Marriage Initiative. The study, which has been conducted by a team of researchers at Princeton University’s Center for Research on

3. NOW Legal Defense and Education Fund, “Why NOW Legal Defense Opposes Federal Marriage Promotion in TANF Reauthorization,” p. 2, at www.nowdef.org/html/issues/wel/marriagebackgrounder.pdf.
4. Richard Tolman and Jody Raphael, “A Review of Research on Welfare and Domestic Violence,” *Journal of Social Issues*, Vol. 56, Issue 4 (2002).
5. Patrick F. Fagan, Robert W. Patterson, and Robert E. Rector, “Marriage and Welfare Reform: The Overwhelming Evidence that Marriage Education Works,” Heritage Foundation *Background* No. 1606, October 25, 2002.

Child Wellbeing and Columbia University's Social Indicators Survey Center, is a joint academic survey of new parents. The study is based on a nationally representative sample of parents—both married and unmarried—at the time of a child's birth.⁶

Overall, the Fragile Families Survey reveals much surprising information.

- Most out-of-wedlock births occur among young adult women—not teenagers in high school. The median age for women having children out of wedlock is 22.
- Roughly half of unmarried mothers were cohabiting with the child's father at the time of the baby's birth. Nearly 75 percent were romantically involved with the father at the time of the child's birth.
- Very few unmarried fathers had drug or alcohol problems. About 98 percent of fathers had been employed during the prior year. Overall, the median annual income of the unmarried fathers was \$17,500.
- Most of the unmarried couples had a strong interest in marriage: Approximately 73 percent of mothers and 88 percent of fathers believed that they had at least a 50-50 chance of marrying each other in the future.
- Among all the unmarried couples in the Fragile Families Survey, the domestic violence rate was 4 percent; however, among the roughly 75 percent of unmarried couples who were cohabiting or romantically involved, the domestic violence rate was lower—1.8 percent. These cohabiting and romantically involved couples would be the main target group of healthy-marriage programs.

Marriage as a Protective Institution

Contrary to the views of the NOW Legal Defense Fund, marriage tends to protect women from domestic abuse rather than increasing it. In general, domestic violence is more common in cohabiting relationships than in marriages. Analysis from the National Crime Victimization Survey (NCVS), administered by the Department of Justice, also shows that mothers who are, or have been, married are far less likely to suffer from violent crime than are mothers who have never married. Specifically, data from the NCVS survey show that:⁷

- **Marriage dramatically reduces the risk that mothers will suffer from domestic abuse.** The incidence of abuse by a spouse, boyfriend, or domestic partner is twice as high among mothers who have never been married as it is among mothers who have been married (including those who have separated or divorced).⁸
- **Marriage dramatically reduces the prospect that mothers will suffer from violent crime in general at the hands of intimate acquaintances or of strangers.** Mothers who have never married—including those who are single and living either alone or with a boyfriend, and those who are cohabiting with their child's father—are twice as likely to be victims of violent crime as are mothers who have been married.⁹

The pattern of cohabiting relationships among low-income women is a major factor in the increased risk for partner violence. More than half of all children in poverty come from homes with a never-married mother, and nearly two-thirds of welfare dependence occurs among households with mothers who have never married.¹⁰ By intervening

6. The initial, or baseline, interviews for the Fragile Families project began in Austin, Texas, and Oakland, California, in the spring of 1998 and were completed in 18 other cities by the fall of 2000. The baseline set of data includes 4,898 completed interviews with mothers (representing 3,712 non-marital births and 1,186 marital births) and 3,830 completed interviews with fathers. The national sample from 20 U.S. cities is representative of all non-marital births to parents in these cities as well as parents residing in U.S. cities with populations over 200,000. The baseline survey was conducted by interviewing new mothers at the hospital within 48 hours of giving birth; fathers were interviewed either at the hospital or elsewhere as soon as possible after the birth. Three follow-up interviews are to be conducted when the children are approximately 12 months, 30 months, and 48 months of age. The results of the first follow-up interview were released in 2003.

7. *National Crime Victimization Resource Guide*, at <http://www.icpsr.umich.edu/NACJD/SDA/ncvs.html>.

8. Robert E. Rector, Patrick F. Fagan, and Kirk A. Johnson, Ph.D., "Marriage: Still the Safest Place for Women and Children," Heritage Foundation *Background* No. 1732, March 9, 2004.

9. *Ibid.*

at an early point in the lives of women, marriage programs would seek to break this cycle of cohabitation and out-of-wedlock childbearing. They would provide the skills and training needed to help women form loving, stable, and committed relationships before becoming pregnant or moving in with a violent or abusive partner.

How the Healthy Marriage Initiative Would Make Women Safer

The 1996 welfare reform law established national goals of reducing out-of-wedlock childbearing and increasing two-parent families. President Bush's Healthy Marriage Initiative would seek to meet these original goals of welfare reform by proposing—as part of welfare reauthorization—a new model program to promote strong marriages. His proposed program would seek to increase healthy marriage by providing at-risk individuals and couples with:

- Accurate information on the value of marriage in the lives of men, women, and children;
- Marriage-skills education that will enable couples to reduce conflict and increase the happiness and longevity of their relationships; and
- Experimental reductions in the financial penalties against marriage that are currently contained in all federal welfare programs.

All participation in the President's marriage program would be voluntary. The initiative would utilize existing marriage-skills education programs that have proven effective in decreasing conflict and increasing happiness and stability among couples. These programs have also been shown to be effective in reducing domestic violence.¹¹ The pro-marriage initiative would not merely seek to increase marriage rates among target couples, but would also provide ongoing support to help at-risk couples maintain healthy marriages over time.

A well-designed marriage initiative would target participants early in their lives, when attitudes and relationships are initially being formed. Typically, such marriage-promotion programs would provide

information to at-risk high school students about the long-term value of marriage. They would teach relationship skills to unmarried adult couples *before* the women become pregnant—with a focus on preventing pregnancy before couples have made a commitment to healthy marriages. The programs would also provide marriage-skills training and relationship education to unmarried couples at the “magic moment” of a child's birth and would offer marriage-skills training to low-income married couples to improve the quality of their marriage and to reduce the likelihood of divorce.

The primary focus of these marriage programs would be preventative, not reparative. They would seek to prevent the isolation and poverty of welfare mothers by intervening at an early point, *before* a pattern of broken relationships and welfare dependence has emerged. By fostering better life decisions and stronger relationship skills, marriage programs can increase child well-being and adult happiness and reduce child poverty and welfare dependence.

The Record of Success of Marriage Programs

Critics of the President's initiative often claim that there is no evidence showing that the marriage education and enrichment programs envisioned by the Healthy Marriage Initiative would work. This charge is simply false. There is overwhelming evidence that programs that provide marriage-skills training help couples to increase happiness, improve their relationships, and avoid negative behaviors that can lead to marital breakup.

No fewer than 29 peer-reviewed social-science journal articles provide ample evidence (from actual experience) that marriage education, training, and counseling programs—some of which have been around for more than 30 years—have significantly strengthened the marriages of the couples that have taken advantage of such programs.¹² These studies—integrating findings from well over 100 separate evaluations—show that a wide variety of marriage-strengthening programs can reduce strife,

10. National Longitudinal Survey of Youth, 1979–96.

11. Fagan *et al.*, “Marriage and Welfare Reform: The Overwhelming Evidence that Marriage Education Works.”

12. *Ibid.*

improve communication, increase parenting skills, increase stability, and enhance marital happiness.

- One analysis—referred to by scientists as a “meta-analysis”—integrated 85 studies involving nearly 4,000 couples enrolled in more than 20 different marriage-enrichment programs. It found that the average couple, after participating in a program, was better off than more than two-thirds of couples that did not participate.¹³
- A 1999 meta-analysis of 16 studies of one of the oldest marriage-enhancement programs, Couple Communication, observed meaningful program effects with regard to numerous measures: Couples who took the training experienced moderate-to-large gains in communication skills, marital satisfaction, and other relationship qualities.¹⁴ For example, in the critical area of marital communication, the average Couple Communication-trained participants outperformed 83 percent of couples who had not participated in the program.
- An analysis of the Relationship Enhancement program shows that it significantly improves marital relationships. As a result of the program, participating couples reported better relationships than 83 percent of couples that did not participate. (Participants in the Relationship Enhancement program were predominantly lower-income couples.)
- A study conducted in 2002 documents the effectiveness of premarital inventory questionnaires and counseling in preventing marital distress. This approach yielded a 52 percent increase in the number of couples classified as “most satisfied” with their relationship. Among the remaining couples, more than half reported improved assessments of their relationship. Among the

highest-risk couples, more than 80 percent moved up into a more “positive” category.¹⁵

- A 1993 meta-analysis of marriage and family counseling noted that, among 71 studies that compared the results of counseling to no-counseling, couples who participated in marriage counseling were better off than 70 percent of couples that did not participate in counseling.¹⁶
- An extensive review of the literature on the effectiveness of marital counseling in preventing separation and divorce found dozens of studies demonstrating that counseling was effective in reducing conflict and increasing marital satisfaction.¹⁷

This scientific research demonstrates that marriage programs—whether they are called marital preparation, enhancement, counseling, or skills training—are effective. These studies make a strong case that marriages are not merely enabled to *survive*, but can also *thrive* when couples learn the skills necessary to make their relationships work. Moreover, the research shows that these programs are effective in a variety of socioeconomic classes. Polls also indicate that the overwhelming majority of low-income couples that are at risk for out-of-wedlock childbearing or marital breakup would like to participate in programs that would help them improve their relationships.

Conclusion

The institution of marriage has been shown to be overwhelmingly beneficial to children, adults, and society. However, for more than 50 years, government policy has discouraged marriage through the penalties inherent in the means-tested welfare system. There is now a broad consensus that this trend should be reversed and that government should promote healthy marriage. Marriage promotion has the potential to significantly decrease poverty and

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13. P. Giblin *et al.*, “Enrichment Outcome Research: A Meta-Analysis of Premarital, Marital, and Family Interventions,” *Journal of Marital and Family Therapy*, Vol. 11 (1985), pp. 257–271.
14. Mark H. Butler and Karen S. Wampler, “A Meta-Analytic Update of Research on the Couple Communication Program,” *American Journal of Family Therapy*, Vol. 27 (1999), p. 223.
15. L. Knutson *et al.*, “Effectiveness of the PREPARE Program with Premarital Couples,” in journal review, 2002.
16. William R. Shadish *et al.*, “Effects of Family and Marital Psychotherapies: A Meta-Analysis,” *Journal of Consulting and Clinical Psychology*, Vol. 61 (1993), p. 922.
17. James H. Bray and Ernest N. Jouriles, “Treatment of Marital Conflict and Prevention of Divorce,” *Journal of Marital and Family Therapy*, Vol. 21 (1995), p. 461.

dependence, increase child well-being and adult happiness, and provide the safest environment for women and children.

Opponents of the President's Healthy Marriage Initiative, who claim that such a program would force women into violent and dangerous relationships by coercing or encouraging them to get married, misrepresent the goals of the program. By specifically targeting young adult men and women and at-risk high school students with information about the long-term value of marriage, marriage programs are preventative, not reparative, in nature. They seek to prevent the isolation and pov-

erty of welfare mothers by intervening at an early point, before a pattern of broken relationships and welfare dependence has emerged. By fostering better life decisions and stronger relationship skills, marriage programs can increase the well-being of both children and adults and can reduce the likelihood of poverty, welfare dependence, and violent relationships.

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