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Strengthening Couple Functioning to Enhance Child Outcomes in Low-Income Families: A Randomized Controlled Trial

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Objective: Large-scale efforts have disseminated couple and relationship programs to strengthen couple relationships among low-income families, with the hope that doing so would yield benefits for partners and their children. The present study provided a rigorous test of this hypothesis by examining indirect effects of a couple-focused preventive intervention on child outcomes in a large sample of low-income families. ***Method:*** Data were drawn from the Supporting Healthy Marriage evaluation, in which 6,298 low-income married couples with children were randomized to a relationship education intervention with supplemental activities and family support services or to a control condition. Couple relationship functioning was assessed 12 months postrandomization, and five child outcomes (self-regulation, internalizing behavior problems, externalizing behavior problems, cognitive and academic performance, and social competence) were assessed 30 months postrandomization. ***Results:*** Structural equation models revealed that the intervention had significant indirect effects on children's self-regulation, internalizing behavior problems (children younger than 14 years), externalizing behavior problems (children younger than 14 years), cognitive and academic performance (children older than 5 years), and social competence, through enhanced couple functioning. ***Conclusions:*** Participation in a couple-focused intervention had significant indirect effects on low-income couples' children 30 months later through intervention-derived improvements in the couple relationship. These results suggest that strengthening couple relationships may be a viable option to indirectly promote child well-being in low-income families.

What is the public health significance of this article?
Families living with low incomes face numerous stressors that pose risks to their individual and relational well-being. This randomized controlled trial of low-income married couples with children shows that participation in a couple-focused intervention had positive indirect effects on children's outcomes through enhanced couple functioning.

Keywords: couples, relationship education, children, low-income families, prevention

Supplemental materials: https://doi.org/10.1037/ccp0000988.supp

Stable, satisfying romantic relationships are associated with a range of positive outcomes for adults and their children (e.g., S. L. Brown, 2010; Proulx et al., 2007; Robles et al., 2014). Unfortunately, high rates of divorce and relationship distress (e.g., Whisman et al., 2008) mean that these benefits prove elusive for many families. This is particularly true for couples living with low incomes, whose difficult financial situations increase risk for negative relational outcomes due to factors such as increased psychological distress, limited tangible resources, poor health, and reduced time for partners to spend together (Karney, 2021; Perez & Karney, 2025).

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The data reported in this article were obtained from publicly available data (the Supporting Healthy Marriage evaluation; https://www.icpsr.umich.edu/web/DSDR/studies/34420) available through the Interuniversity Consortium for Political and Social Research (ICPSR) data repository (ICPSR Study No. 34,420). A bibliography of journal articles, working articles, conference presentations, and dissertations using the Supporting Healthy Marriage evaluation is available at https://www.icpsr.umich.edu/web/DSDR/studies/34420/publications. Analysis code is available at https://osf.io/ax4dq. The variables and associations examined in the present article have not been examined in any previous or current articles or to the best of the authors' knowledge in any articles that will be under review soon. The authors have no known conflicts of interest to disclose.

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In light of these patterns, there have been a number of efforts to strengthen relationships among low-income couples, including large-scale federal initiatives to disseminate couple and relationship education (CRE) to this population. Meta-analytic work indicates that CRE has significant positive effects on low-income couples' relationship satisfaction and communication (Hawkins & Erickson, 2015; Hawkins, Hokanson, et al., 2022), although these programs have also been critiqued given that some of their effects are quite small (e.g., Johnson, 2012; Lavner et al., 2015). Potential benefits for these couples' children have been cited as a motivating force behind these programs' development and dissemination as well (Knox & Fein, 2008). To date, however, there has been less research attending to children's outcomes, and there are methodological concerns with the work that has been done. Accordingly, we are limited in our ability to draw robust conclusions about the potential effects of preventive couple interventions on low-income couples' children.

The present study aimed to address these gaps. Leveraging secondary data from a large randomized controlled trial of CRE with supplemental activities and family support services among 6,298 low-income married couples, we examined indirect effects of the intervention on children's psychosocial outcomes through enhanced couple functioning and considered whether any such effects differed depending on the age of the child.

Background

The idea that enhancing couple relationships will benefit their children is grounded in theoretical and observational research. A range of theoretical perspectives, including social learning theory, family systems theory, and emotional security theory (e.g., Davies & Woitach, 2008; Margolin et al., 2001), highlight positive associations between positive couple functioning and children's outcomes. In addition, decades of observational research have shown that couples' relationships are associated with their children's social, emotional, behavioral, and academic functioning (for reviews, see S. L. Brown, 2010; Cummings & Davies, 2002; Grych & Fincham, 1990). Efforts to improve children's outcomes through enhancing their parents' romantic relationship build on this work and provide an experimental test of these correlational associations.

A growing body of intervention research has examined children's outcomes following their parents' involvement in a couple-focused prevention program. Evidence from these studies is mixed. A recent meta-analysis of 28 control-group studies examining child well-being outcomes found that CRE programs yielded statistically significant but very small ($d = .056$) effects at the last follow-up (Hawkins, Hill, et al., 2022). Among low-income families specifically, another meta-analysis found no significant intervention effects on child well-being outcomes ($d = .027$) among families participating in CRE programming funded by the U.S. Administration for Children and Families (Hawkins, Hokanson, et al., 2022).

At first glance, these meta-analytic findings appear to suggest that improving couples' relationships has minimal effects on children in low-income families. Such a conclusion is premature, however. Specifically, these meta-analytic findings consider only *main* effects of these interventions on children's outcomes. Yet, the effects of these interventions on children's outcomes are typically hypothesized to be *indirect*, operating through improvements in couple functioning (e.g., Lundquist et al., 2014). For example, as part of the Healthy Marriage Initiative's efforts to bolster low-income families' well-being, the researchers began by conceptualizing "how a marriage education program might affect the relationships of low-income couples and, *ultimately, about how changes in couples' relationship quality might affect the well-being of their children*" (Knox & Fein, 2008, p. 2, emphasis added). Indirect effect models would thus provide a more exact test of the theory underlying these efforts by specifically examining this hypothesized pathway (for additional discussion, see Feinberg & Jones, 2018; Lavner et al., 2020). These models have the added benefit of providing more statistical power than tests of main effects, particularly when associations are small or in cases when the total effect and mediated effect are equal (e.g., Hayes et al., 2011; O'Rourke & MacKinnon, 2018; Rucker et al., 2011).[1]

There is already some work examining the effects of couple and family prevention programs on child outcomes in low-income families that underscores the value of considering indirect effects in addition to main effects. One study of a couple- and family-focused prevention program that included 346 Black couples with a preadolescent child (68% of families had incomes below 150% of the federal poverty level) found that there were no main effects of the intervention on several child outcomes 25 months postintervention (Lavner et al., 2020). There were, however, indirect effects on these outcomes: the intervention led to improvements in couple functioning from baseline to 9 months postintervention, which promoted better parent–child relations at 17 months postintervention, which led to better child outcomes at 25 months postintervention. Another study of a couple-based fatherhood intervention among 1,042 low-income fathers (average pretax income ~$10,000) did not find significant main effects on child behavior problems 1 year after baseline (Cowan et al., 2022). Once again, however, there was a significant indirect effect, this time through reductions in parents' personal distress and improvements in couple relationship quality and parent–child relationship quality (all measured 1 year after baseline). Together, these results underscore the importance of considering both main and indirect effects when evaluating effects of couple and relationship programs on child outcomes. To date, however, this approach remains underutilized, resulting in an incomplete test of theory and an incomplete picture of these programs' effects.

The Present Study

The present study built on these findings to more rigorously test and better understand the effects of couple-focused prevention programs on children's psychosocial outcomes among low-income families. To do so, we drew on longitudinal data from 6,298 low-income couples who participated in the Supporting Healthy Marriage (SHM) evaluation, which was funded through the U.S. Federal Healthy Marriage Initiative. Participating couples had a child up to age 14 or were expecting a child. Initial results from SHM revealed significant benefits for children's social competence 30 months postrandomization (a secondary child outcome) but no statistically significant effects on any of the four primary child outcomes (self-regulation, internalizing behaviors, externalizing behaviors, cognitive

[1] For example, one simulation study showed that the power to detect the mediated (*ab*) effect based on two small effect sizes (.14) for the *a* and *b* paths was more than 10 times as large as the power to detect the total effect (the *c* path; .02), despite the effects being equal in size (.14 × .14 = .02; O'Rourke & MacKinnon, 2018).

and academic performance; Lundquist et al., 2014). However, these results are difficult to interpret because the analyses collapsed across age groups after standardizing outcomes within each group, rather than using latent variable approaches that would have ensured the same construct was being assessed. Furthermore, these analyses considered only main effects, despite the program specifically hypothesizing indirect effects through improvements in marital quality (Lundquist et al., 2014). As noted above, such an approach would have provided more statistical power to detect small effects as well as a better test of the program's underlying theory of change by specifically testing the hypothesized pathway from intervention to enhanced couple functioning to improved child outcomes. SHM is ideally suited to test this type of indirect effect model given that the intervention has already been shown to improve couple functioning 12 months postrandomization (Hsueh et al., 2012; Williamson et al., 2023).[2] We addressed the following research questions:

1. Are there significant indirect effects of the intervention on child outcomes 30 months postrandomization through enhanced couple functioning 12 months postrandomization? We focus our study on the four primary child outcomes from SHM—self-regulation, internalizing behaviors, externalizing behaviors, and cognitive and academic performance—as well as social competence, one of the secondary outcomes.[3]
2. Do these effects differ by child age? Changes across development make it likely that the association between parents' relationship functioning and their children's functioning may vary at different ages (e.g., Goldberg & Carlson, 2014), but whether this also influences the degree to which couple-focused prevention programs affect children's outcomes has yet to be tested. Supplemental analyses from the SHM evaluation indicated that main effects were only significant among 2- to 4-year-old children (Lundquist et al., 2014), suggesting that indirect effects might also be strongest for younger children. However, these patterns must be interpreted cautiously given the concerns about measurement noted earlier.

The present study has several notable strengths, including a large sample that increases power to detect small effects; a large age range of children, allowing for tests of differential effects by child age; a sample with a broad set of demographic characteristics, increasing the generalizability of results; a long follow-up period, providing more time for the effects of improved couple functioning on children's outcomes to emerge; and multimethod measurement of child outcomes through parent, child, and observer reports. It thus provides an especially robust test of whether there are indirect effects of couple-focused programming on child outcomes among low-income families through enhancements in couple functioning.

Method

Transparency and Openness

We report how we determined our sample size, all data exclusions (if any), all manipulations, and all measures in the study, and we follow Journal Article Reporting Standards (Kazak, 2018). Data and materials are available through the Interuniversity Consortium for Political and Social Research data repository (ICPSR Study no. 34,420). Analysis code is available at https://osf.io/ax4dq. This study's design and its analyses were not preregistered.

Participants and Procedure

Married[4] couples ($N = 6,298$) who had or were expecting a child together and had a household income below $50,000[5] took part in the study, which was implemented at eight sites in seven different U.S. states. Enrollment occurred from February 2007 to December 2009. After providing informed consent, partners separately completed self-report questionnaires (T1) and then received their random assignment to the intervention condition or to the no-treatment control condition. After baseline data collection, a child under the age of 14 who was living at home or who was in utero at study entry was selected to be the focal child of the study.

A follow-up telephone interview was conducted separately with fathers and mothers about 12 months after enrollment (T2), and a second follow-up telephone interview was conducted separately with fathers and mothers about 30 months after enrollment (T3). After at least one parent had completed the 30-month adult survey and given consent for the couple's child to participate, focal children ages 2 years to 8 years, 5 months, were assessed in their home, and focal children ages 8 years, 6 months, to 17 years, 11 months, were interviewed by phone.

Response rates for the T2 interview were 80% for fathers and 85% for mothers; response rates at T3 were 74% for fathers, 80% for mothers, and 65% for children. Participant demographics are shown in Table 1, and a CONSORT flowchart is provided in Figure 1. The secondary analyses reported in this article received institutional review board approval from the University of Texas at Austin.

The SHM Program

The SHM program consisted of three parts: curriculum-based relationship and marriage education skills workshops in small groups, supplemental activities, and family support services. Local sites used one of four different curricula for their relationship skills workshops, all of which focused on common themes such as commitment, trust, conflict management, and promoting positive connections and intimacy. These four curricula offered 24–30 hr of programming, which local sites were free to deliver however they chose. For example, some sites chose to start participants with a full-day Saturday workshop,

[2] Kanter et al. (2025) used data from a subsample of the SHM evaluation ($n = 431$ families) to examine whether the intervention produced indirect effects on preadolescent and adolescent children's distress related to parental conflict through changes in parents' observed negative communication. However, because that study did not find significant effects on parents' negative communication, it cannot speak to whether improving couple functioning leads to improved child outcomes.

[3] The other secondary outcomes focused primarily on children in relation to their parents' relationship (e.g., perceptions of interparental conflict, reactivity to interparental conflict) and were thus less relevant to our focus on children's outcomes. The exception was children's delinquent activities, which we excluded because it was only asked of children aged 11 to 17.

[4] Although couples were required to be married at the time of enrollment, proof of marriage was not requested. Couples were asked to report their marital status at the 12-month assessment, where it was discovered that 80.9% of couples were married at the time of enrollment (Miller Gaubert et al., 2012).

[5] $60,000 for programs located in Seattle and the Bronx.

Table 1
Participant Demographics

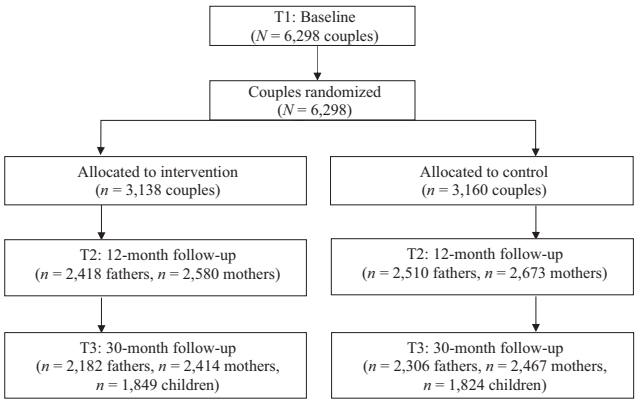
Variable	Proportion/*M*
Married (%)	82%
Average age of parents at baseline	31.4 years
Either parent currently employed	81%
Poverty level (%)	
<100% of the federal poverty level	43%
Between 100%–200% of the federal poverty level	39%
Receiving public assistance	72%
Education (%)	
Neither parent had at least a high school diploma	20%
Only one parent has at least a high school diploma	20%
Both parents have at least a high school diploma	50%
At least one parent graduated from a 4-year college	16%
Race/ethnicity (%)	
Both parents Hispanic	43%
Both parents African American, non-Hispanic	11%
Both parents White, non-Hispanic	21%
Some other combination	25%
Average age of focal child at 30-month follow-up	6.7 years
Gender of focal child	
Female	48%
Male	52%
Average no. of children residing in the home	2

Note. N = 6,298 couples. All variables were assessed at baseline (T1), except child age and gender, which were assessed at 30-month follow-up (T3). T = time.

followed by weekly sessions, while others delivered the curriculum in a series of 9–15 weekly sessions. Sessions were attended by both spouses; 83% of couples attended at least one workshop session, and couples received 60% of workshop hours, on average (17 hrs).

In addition to the relationship skills workshops, supplemental activities offered couples opportunities to attend educational events (e.g., seminars on financial management and parenting), participate in social events (e.g., date nights, family outings), practice skills from the workshops, and build networks with other couples in the program. Couples averaged 6 hrs of supplemental activities. Finally, couples were paired with a family support staff member who had three goals: to maintain contact with couples to facilitate their participation in the other two program components, to help couples reduce family stressors and address family needs by linking them to community resources, and to reinforce key workshop themes in personal meetings with couples. Couples averaged 4 hrs of in-person family support meetings. The average overall cost per couple was $9,100 (Lundquist et al., 2014). See Miller Gaubert et al. (2012) for additional details regarding recruitment, implementation, and intervention curricula.

Figure 1
CONSORT Diagram



Note. Analyses include reports of couple functioning from mothers and fathers at 12-month follow-up and reports of child outcomes from mothers, fathers, and children at 30-month follow-up. T = time.

Measures

Couple Relationship Functioning

A second-order latent variable was constructed to represent couple-level relationship functioning at 12 months postrandomization (see Figure 2). This construct equally incorporated self-reports from fathers and mothers, with each parent's relationship functioning measured using the five primary self-report couple relationship outcomes from the SHM evaluation (Hsueh et al., 2012). *Relationship happiness* was assessed by asking participants, "All things considered, on a scale from 1 to 7, where 1 is *completely unhappy* and 7 is *completely happy*, how happy are you with your marriage to SPOUSENAME?" *Marriage in trouble* was measured by asking participants whether they thought that their marriage was in trouble in the past 3 months, coded as 1 = *yes* and 0 = *no*. *Warmth and support* was a seven-item scale measuring expressions of affection and caring toward the partner (e.g., "My spouse expresses love and affection toward me"). Items were scored on a 1 to 4 scale and averaged to form the scale score (fathers' α = .83; mothers' α = .86). *Positive communication* was a seven-item scale measuring how well the couple communicates during disagreements (e.g., "We are good at working out our differences"). Items were scored on a 1 to 4 scale and averaged to form the scale score (fathers' α = .76; mothers' α = .82). *Negative interaction* was a seven-item scale measuring negative interactions that occur during disagreements (e.g., "My spouse was rude and mean to me when we disagreed"). Items were scored on a 1 to 4 scale and averaged to form the scale score (fathers' α = .87; mothers' α = .88).

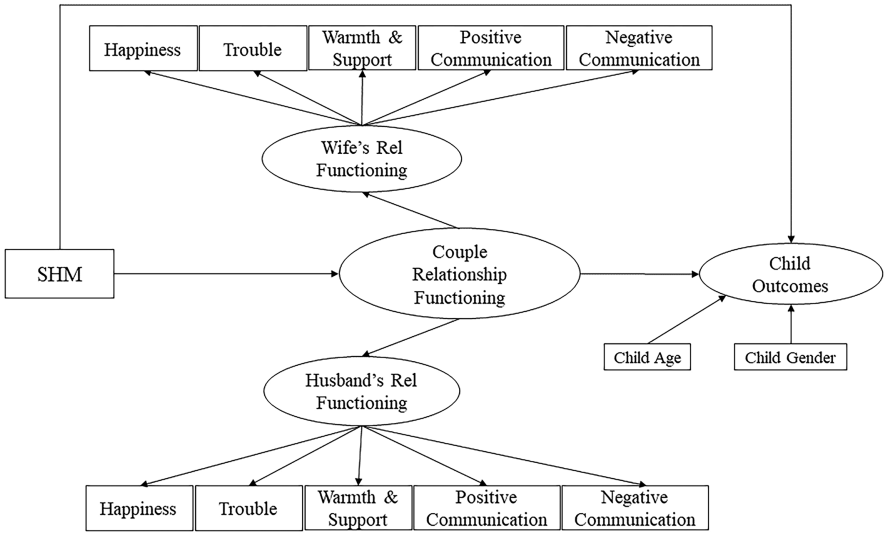
Child Outcomes

Five child outcomes were assessed 30 months postrandomization: self-regulation, internalizing behavior problems, externalizing behavior problems, cognitive and academic performance, and social competence (Lundquist et al., 2014). The measurement approach for each outcome varied based on domain and on the focal child's age at the 30-month postrandomization assessment.

Self-Regulation. This construct reflects the child's ability to manage behaviors, emotions, and attention in response to situational demands. For families with a child younger than 8 years and 5 months, self-regulation was measured with a latent variable with four indicators: two direct child assessments (the Bierman assessor report for children age 2 years to 8 years, 5 months, and the Head–Toes–Knees–Shoulders task for children age 3 years, 6 months, to 8 years, 5 months) and two parent-reported measures (one from mothers and one from fathers). In the Bierman assessor report, the assessor responds to 13 items that measure the child's task orientation during the assessments and capture behavioral and cognitive dimensions of

Figure 2

Example Structural Equation Model Examining Indirect Effects of the SHM Intervention on Child Outcomes Through Couple Functioning



Note. Although child outcomes are represented by a latent variable in this example model, they were measured with an observed variable in some models (as described in the Measures section). All other variables were consistent across models. T = time; SHM = Supporting Healthy Marriage.

children's self-regulatory skills, as well as the capacity for goal orientation. Items were rated on a 4-point scale and averaged to form the scale score (α = .95). The Head–Toes–Knees–Shoulders task assesses behavioral self-regulation and three key dimensions of cognitive self-regulation: attentional focusing, working memory, and inhibitory control in a task similar to the game of Simon Says. Possible scores range from 0 to 40. The parent-reported self-regulation scale consisted of ten items (e.g., "CHILDNAME thinks before acting") scored on a 3-point scale. Scores were averaged to form the scale score, with higher scores reflecting higher levels of self-regulation (fathers' α = .83; mothers' α = .84).

For families with a child older than 8 years and 6 months, self-regulation was measured with a single variable composed of 16 child self-report items (e.g., "I wait my turn during activities"). Items were scored on a 3-point scale and averaged to form the scale score, with higher scores reflecting higher levels of self-regulation. Cronbach's α was .85.

Internalizing Behavior Problems. This construct reflects feelings of anxiety and depression in the child and was measured with a latent variable with three indicators. All children were assessed with mother and father reports, and children older than 8 years and 6 months were also assessed with self-reports. Parents' reports consisted of eight items (e.g., "CHILDNAME is unhappy, sad, or depressed"). Child reports consisted of 12 items (e.g., "I worry about things"). Items were scored on a 3-point scale and averaged to form the scale score, with higher scores indicating more internalizing behavior problems. These scales demonstrated acceptable to good internal consistency, with Cronbach's α values ranging from .61 to .82.

Externalizing Behavior Problems. This construct reflects behaviors including aggression, acting out, and hyperactivity and was measured with a latent variable with three indicators. All children were assessed with mother and father reports, and children older than 8 years and 6 months were also assessed with self-reports. Parents' reports consisted of eight items (e.g., "CHILDNAME is disobedient at home"). Child reports consisted of 12 items (e.g., "I fight or argue with adults"). Items were scored on a 3-point scale and averaged to form the scale score, with higher scores indicating more externalizing behavior problems. These scales demonstrated good internal consistency, with Cronbach's α values ranging from .77 to .89.

Cognitive and Academic Performance. This construct reflects academic skill and achievement. For children aged 2 years to 4 years and 11 months, it was measured with a single variable reflecting the child's score on the Peabody Picture Vocabulary Test (Dunn & Dunn, 2007), a measure of receptive language. For children aged 5 years to 17 years, it was measured with a latent variable with three indicators. The first two indicators were each parent's response to the item: "Based on your knowledge of CHILDNAME's schoolwork, how well is he/she currently doing in school?" These items were scored from 1 to 4, with higher scores indicating better academic performance. The third indicator was the child's response to the item: "Overall, what grades did you receive last year or the last full year of school that you completed?" This item was scored from 1 to 8, with higher scores indicating better academic performance.

Social Competence. This construct reflects the child's ability to help other people, understand others' feelings, and resolve problems appropriately. For families with a child younger than 8 years and 5 months, it was measured with a latent variable with two indicators: each parent's responses to nine items on a 3-point scale (e.g., "CHILDNAME shows concern for other people's feelings"), which were averaged to form a scale score for each parent. For families with a child older than 8 years and 6 months, social competence was measured with a single variable: the child's responses to five self-report items (e.g., "I try to understand other people's feelings"). These items were scored on a 3-point scale and averaged to form the scale

score, with higher scores reflecting greater social competence. Internal consistency was acceptable to good across measures, with Cronbach's α values ranging from .62 to .85.

Analytic Plan

Data were analyzed using Mplus, Version 8.7 (Muthén & Muthén, 1998/2017). Because children in the study ranged in age from 2 to 18 years old, different measurement strategies were needed to measure outcomes in a developmentally appropriate manner. We first attempted to create a single latent variable for each child outcome, which incorporated all measures of the outcome across all age ranges. For three of the five outcome variables (self-regulation, cognitive and academic performance, and social competence), this was not possible because the measures were mutually exclusive across ages, which prevented the measurement model from converging. Thus, for these three outcomes, we were forced to estimate two separate models, one for younger children and one for older children. For internalizing behavior problems and externalizing behavior problems, there was enough overlap in the measures across ages to allow for a single latent variable (one for each outcome) to be estimated for all children in the study. Accordingly, we estimated eight different structural equation models to test indirect effects of the intervention on child outcomes through couple functioning. All models controlled for child age and gender, consistent with previous work examining indirect effects of couple-based interventions on child outcomes (Lavner et al., 2020).

Our second research question addressed whether indirect effects differed by child age. As noted above, for three of the five outcomes (self-regulation, cognitive and academic performance, and social competence), analyses had to be dichotomized by child age based on measurement. For the other two outcomes (internalizing and externalizing behavior problems), we examined effects of age continuously in moderated mediation models in which child age was added as a continuous moderator of the impact of the intervention.

Missing data were handled using full information maximum likelihood (FIML) estimation, which uses all available data points and produces unbiased estimates in a structural equation modeling framework. However, for the two moderated mediation models, it was not possible to use FIML, so maximum likelihood estimation was used instead. Notably, the parameter estimates from these two models were quite consistent with those in the models estimated using FIML. The original SHM evaluation found no evidence of nonresponse bias (Lowenstein et al., 2014).

Results

Preliminary Analyses

Descriptive statistics and correlations among study variables are presented in Table 2. Tests of main effects of the SHM intervention on child outcomes (i.e., without couple functioning as an intervening variable) are provided in Table 3. There were significant main effects of the intervention on externalizing problems ($\beta = -.037$, $p = .045$), cognitive and academic performance for children older than 5 years ($\beta = .046$, $p = .011$), and social competence for children younger than 8.5 years ($\beta = .060$, $p = .005$), but not for the other five models.[6]

Table 2
Descriptive Statistics for All Study Variables

Variable	*M*	*SD*	*N*
SHM intervention	0.50	0.50	6,298
Father marriage in trouble	0.33	0.47	4,819
Mother marriage in trouble	0.41	0.49	5,112
Father marital happiness	6.00	1.16	4,587
Mother marital happiness	5.77	1.32	4,764
Father warmth and support	3.44	0.45	4,588
Mother warmth and support	3.35	0.53	4,769
Father positive communication	3.22	0.53	4,850
Mother positive communication	3.19	0.60	5,115
Father negative communication	2.20	0.76	4,848
Mother negative communication	2.15	0.79	5,108
Bierman assessor report	3.37	0.70	2,432
Head–Toes–Knees–Shoulders	20.78	16.37	1,239
Father-report child self-regulation	2.30	0.40	2,737
Mother-report child self-regulation	2.27	0.41	3,029
Child-report child self-regulation	2.76	0.38	1,131
Father-report child internalizing behavior problems	1.23	0.27	3,920
Mother-report child internalizing behavior problems	1.23	0.28	4,353
Child-report child internalizing behavior problems	1.72	0.48	1,131
Father-report child externalizing behavior problems	1.33	0.32	3,916
Mother-report child externalizing behavior problems	1.35	0.34	4,352
Child-report child externalizing behavior problems	1.59	0.44	1,130
Peabody Picture Vocabulary Test	96.84	15.96	1,260
Father-report child cognitive and academic performance	3.42	0.78	2,014
Mother-report child cognitive and academic performance	3.38	0.81	2,225
Child-report child cognitive and academic performance	6.42	1.36	1,076
Father-report child social competence	2.59	0.37	2,733
Mother-report child social competence	2.58	0.37	3,034
Child-report child social competence	3.15	0.51	1,128

Note. Relationship variables were assessed at 12-month follow-up (T2), and child outcomes were assessed at 30-month follow-up (T3). T = time; SHM = Supporting Healthy Marriage.

Indirect Effect Analyses

Table 4 summarizes beta statistics for the paths of interest from the eight structural equation models examining linkages between intervention condition, couple relationship functioning 12 months postrandomization, and child outcomes at 30 months postrandomization. Full results for these indirect effect models are presented in the Supplemental Materials; all models had good model fit, as assessed by the comparative fit index (CFI), the root-mean-square error of approximation (RMSEA), and standardized root-mean-square residual (SRMR).

[6] The final SHM evaluation (Lundquist et al., 2014) reported significant effects on social competence ($p < .01$), marginal effects on self-regulation and externalizing behaviors ($p < .10$), and no significant effects on internalizing behaviors or cognitive and academic performance ($p > .10$). Differences in the pattern of results may be due to the fact that the SHM evaluation used observed variables, rather than latent variables, and tested the full sample by using standardized observed scores in a multilevel model.

Table 3
Summary of Main Effect Models

Child outcome	Main effect	
	b	95% CI
Self-regulation (younger than 8.5 years; $n = 5{,}167$)[a]	.002	[−.017, .020]
Self-regulation (older than 8.5 years; $n = 1{,}131$)[b]	.009	[−.049, .067]
Internalizing behavior problems ($n = 6{,}298$)[c]	−.030	[−.067, .007]
Externalizing behavior problems ($n = 6{,}298$)[d]	−.037*	[−.073, −.001]
Cognitive and academic performance (younger than 5 years, $n = 1{,}260$)[e]	−.008	[−.061, .044]
Cognitive and academic performance (older than 5 years, $n = 5{,}038$)[f]	.046*	[.011, .082]
Social competence (younger than 8.5 years, $n = 5{,}167$)[g]	.060*	[.018, .102]
Social competence (older than 8.5 years, $n = 1{,}131$)[h]	.009	[−.049, .067]

Note. Each child outcome was examined in a separate model. All models controlled for child age and gender (not presented). CFI = comparative fit index; CI = confidence interval; RMSEA = root-mean-square error of approximation; SRMR = standardized root-mean-square residual.
[a] $\chi^2 = 328.031$, $p < .001$; RMSEA = .075, 90% CI [.068, .082]; CFI = .852; SRMR = .056. [b] $\chi^2 = 0$; RMSEA = 0.0, 90% CI [0, 0]; CFI = 1.0; SRMR = 0.0 (just-identified). [c] $\chi^2 = 80.259$, $p < .001$; RMSEA = .044, 90% CI [.036, .053]; CFI = .917; SRMR = .127. [d] $\chi^2 = 3.202$, $p = .783$; RMSEA = .000, 90% CI [.000, .011]; CFI = .999; SRMR = .011. [e] $\chi^2 = 0$; RMSEA = 0.0, 90% CI [0, 0]; CFI = 1.0; SRMR = 0.0 (just-identified). [f] $\chi^2 = 16.916$, $p = .010$; RMSEA = .019, 90% CI [.009, .030]; CFI = .993; SRMR = .038. [g] $\chi^2 = 1.813$, $p = .612$; RMSEA = .000, 90% CI [.000, .019]; CFI = .999; SRMR = .005. [h] $\chi^2 = 0$; RMSEA = 0.0, 90% CI [0, 0]; CFI = 1.0; SRMR = 0.0 (just-identified).
* $p < .05$.

As expected based on earlier findings from the SHM evaluation (Hsueh et al., 2012; Williamson et al., 2023), results indicated significant intervention effects on couple functioning at 12 months postrandomization across all models (ranging in magnitude from .08 to .14), such that intervention participants reported better couple functioning than participants in the no-treatment control group. In addition, there were significant positive associations between couple functioning at 12 months and all child outcomes at 30 months, with the exception of cognitive and academic performance for children younger than 5 years (see Table 4).

We tested indirect effects from intervention to 30-month child outcomes through 12-month couple functioning using 2,000 bias-corrected bootstrapped samples with 95% confidence intervals (CIs) involving unstandardized parameter estimates (e.g., path $a_i \times$ path b_i; Hayes, 2009). Although these models produce traditional tests of statistical significance for the indirect effect estimates, and we include those statistics in Table 4, we focus our reporting below on indirect effects for which the confidence interval does not contain 0, consistent with recommendations from Hayes and Scharkow (2013).

As shown in Table 4, there were significant indirect effects of the intervention on all child outcomes at the 30-month follow-up assessment, with the exception of cognitive and academic performance for children younger than 5 years (i.e., seven of eight models). Specifically, participation in the intervention was indirectly associated with higher self-regulation (for children younger than 8.5 years and for children older than 8.5 years), fewer internalizing behavior problems, fewer externalizing behavior problems, higher cognitive and academic performance for children older than 5 years, and higher social competence (for children younger than 8.5 years and for children older than 8.5 years), through enhanced couple functioning. Of the three main effects that were significant initially, only one (self-regulation for children younger than 8.5 years) remained significant after including couple functioning in the model.

As a final step, we conducted moderated mediation models testing age as a moderator of the significant indirect effects of the intervention on child internalizing and externalizing behavior problems. These analyses indicated that age was a significant moderator (Supplemental Figures S4 and S7), with Johnson–Neyman tests for the region of significance indicating that the indirect effect for both outcomes

Table 4
Summary of Indirect Effect Models

Child outcome	Intervention effect on couple functioning		Effect of couple functioning on child outcome		Indirect effect of intervention on child outcome through couple functioning		Direct effect on child outcome	
	b	95% CI	*b*	95% CI	*b*	95% CI	*b*	95% CI
Self-regulation (younger than 8.5 years; $n = 5{,}167$)	.089***	[.052, .131]	.220***	[.149, .286]	**.020*** **	**[.010, .032]**	.080*	[.023, .140]
Self-regulation (older than 8.5 years; $n = 1{,}131$)	.144***	[.075, .215]	.080*	[.013, .152]	**.011**	**[.002, .026]**	−.003	[−.062, .055]
Internalizing behavior problems ($n = 6{,}298$)	.096***	[.062, .129]	−.284***	[−.338, −.229]	**−.027*** **	**[−.038, −.017]**	−.006	[−.043, .032]
Externalizing behavior problems ($n = 6{,}298$)	.095***	[.062, .129]	−.248***	[−.295, −.199]	**−.024*** **	**[−.034, −.015]**	−.017	[−.053, .019]
Cognitive and academic performance (younger than 5 years, $n = 1{,}260$)	.083*	[.010, .156]	−.001	[−.065, .068]	.001	[−.007, .007]	−.005	[−.058, .051]
Cognitive and academic performance (older than 5 years, $n = 5{,}038$)	.103***	[.067, .143]	.152***	[.092, .215]	**.016** **	**[.008, .026]**	.030	[−.022, .077]
Social competence (younger than 8.5 years, $n = 5{,}167$)	.089***	[.052, .130]	.167***	[.106, .225]	**.015** **	**[.007, .024]**	.082*	[.031, .130]
Social competence (older than 8.5 years, $n = 1{,}131$)	.144*	[.075, .215]	.080*	[.010, .155]	**.012**	**[.001, .027]**	−.009	[−.070, .047]

Note. Each child outcome was examined in a separate model. All models controlled for child age and gender (not presented). Indirect effects for which the confidence interval does not contain 0 are bolded for emphasis. CI = confidence interval.
* $p < .05$. ** $p < .01$. *** $p < .001$.

became weaker as child age increased, until it became nonsignificant at approximately 14 years of age (Supplemental Figures S5 and S8).

Discussion

This study used data from the SHM evaluation to examine whether participating in a couple-focused prevention program had significant indirect effects on low-income couples' children through enhanced couple functioning. SHM and other federally funded projects aiming to enhance relationships among low-income families were partly motivated by the hope that improving couple relationships would benefit these couples' children (Knox & Fein, 2008; Wood et al., 2014), yet these indirect pathways were not tested in previous evaluations. As a result, the central hypothesis underlying these programs' theory of change remains untested, and the full scope of these programs' effects remains unclear.

Findings from the present study indicated that the intervention had significant indirect effects in seven of the eight models. Specifically, through enhanced couple functioning, the intervention had significant indirect effects on higher child self-regulation, fewer child internalizing behavior problems, fewer child externalizing behavior problems, higher child cognitive and academic performance (for children older than 5 years only), and higher child social competence. The only indirect effect that was not significant was for cognitive and academic performance for children less than 5 years old, for whom this outcome was assessed by a single measure of children's receptive language (the Peabody Picture Vocabulary Test). Accordingly, the overall pattern of results was one in which there was robust evidence of significant indirect effects across psychosocial domains.

The initial SHM evaluation (Lundquist et al., 2014) focused solely on main effects on child outcomes and found few significant results (the effect on children's social competence was the only significant effect among the outcomes tested here). Indirect effect models can have more statistical power than tests of main effects and provide a more precise test of the theorized mechanism of change for how the intervention would predict children's outcomes (see also Feinberg & Jones, 2018). It is important to note that we found more evidence for significant, albeit small, main effects of the intervention (i.e., three of eight models: externalizing problems, cognitive and academic performance for children older than 5 years, social competence for children younger than 8.5 years) compared to the initial SHM evaluation, likely because we used latent variable modeling approaches, which provided a more robust examination of these constructs. Nonetheless, this does not explain away the robust indirect effect results, of which more than twice as many were significant. Furthermore, two of the three significant main effects were no longer significant once couple functioning was entered in the model, which is consistent with the idea that they arose through enhancing the parents' romantic relationship. Taken together, these results highlight how testing indirect effects can provide novel insights into the pathways by which couple-focused prevention programs can affect child outcomes.

Our second research question concerned whether these indirect effects differed by child age. For three of the outcomes (self-regulation, cognitive and academic performance, and social competence), models were dichotomized by child age (based on measurement). These analyses revealed significant indirect effects for children younger and older than 8.5 years for both self-regulation and social competence, and only for children age 5 and older for cognitive and academic achievement. For the other two outcomes (internalizing behavior problems and externalizing behavior problems), we examined age as a continuous moderator within the same model. These analyses revealed that indirect effects for both outcomes were strongest for younger children and no longer significant after approximately age 14. Collectively, these results suggest that the positive indirect effects were generally significant for a wide range of youth, though perhaps somewhat weaker for the oldest children/adolescents, a group who we would expect to be increasingly reliant on peer versus family relationships (e.g., B. B. Brown, 2004; Schacter & Margolin, 2019). Further understanding differential indirect effects on child outcomes by child age will be an important task for future research on couple-focused prevention programs.

In considering these findings, it is important to acknowledge some caveats. First, although we included a range of parent, child, and observed measures and used latent variable approaches to model most outcomes, this measurement was still somewhat limited in several cases. Expanded assessment of children's outcomes in future work would provide an even more robust assessment of these constructs, including measures that could be more easily compared across ages. Relatedly, it would be valuable for future work to expand beyond children's psychosocial outcomes to consider their physical health outcomes, particularly given linkages between the family environment and children's health (Repetti et al., 2002). Second, our models included couple functioning at 12-month follow-up and child outcomes at 30-month follow-up but did not include earlier levels of these variables because they were not measured at earlier time points. As such, these findings should not be interpreted as reflecting changes over time. Third, because child outcomes were assessed only at the 30-month follow-up, the youngest children were 2 years old at the time of that assessment. As such, these findings cannot speak to indirect effects on children's outcomes earlier in development. Fourth, although the lagged study design was a notable strength of the study, different follow-up periods may yield different patterns. Finally, indirect effects on child outcomes were small in magnitude, albeit fairly robust across outcomes and child ages and substantially larger than those observed in previous work.

Notwithstanding these limitations, these findings underscore the importance of examining couple prevention programs' effects on child outcomes (and likely other outcomes) through analytic approaches that specifically test the often-hypothesized *indirect* mechanism of change rather than relying solely on tests of main effects. As shown here, failing to consider indirect effects may result in an incomplete picture of the potential effects of these types of interventions (for additional discussion, see O'Rourke & MacKinnon, 2018). Accordingly, future evaluations of these programs should include both conceptual precision regarding the types of effects that are anticipated—that is, whether the intervention is expected to impact outcomes directly or indirectly—and analytic precision to accurately test whichever type(s) of effects are hypothesized. In doing so, it is important to recognize that different programs might have indirect effects on child outcomes through different pathways, including through couple functioning, coparenting (e.g., Solmeyer et al., 2014), or more general indicators of family functioning (e.g., family cohesion), further necessitating careful consideration of hypothesized mechanisms of change. More generally, these findings also suggest the need for caution when interpreting meta-analytic results that have focused exclusively on main effects of CRE on child outcomes among low-income families (Hawkins, Hokanson, et al., 2022), as such results likely underestimate the full scope of these interventions' potential effects.

Regarding the specific indirect effects observed in this study, the present findings are particularly noteworthy in highlighting a significant path from the intervention to child outcomes solely through couple functioning. To our knowledge, this is the first study to show evidence for this singular pathway, as the two prior studies with low-income families reviewed earlier (Cowan et al., 2022; Lavner et al., 2020) found evidence of significant indirect effects through serial mediated pathways but not through couple functioning alone. Accordingly, the current findings provide the strongest evidence to date of a causal relationship directly between enhanced couple functioning and better child outcomes. Besides its practical importance, this knowledge is important theoretically in suggesting that strong couple relationships are important for children's functioning in their own right and not simply through benefiting the parent–child relationship.

In sum, these findings add to an emerging body of research showing that couple and family prevention programs for low-income families have indirect effects on children's outcomes through enhancing couple and/or family functioning. These effects are particularly notable given the large evidence base showing that poverty and low-income negatively affect couples (e.g., Karney, 2021), families (e.g., Masarik & Martin, 2025), and children (Chaudry & Wimer, 2016). Although enhancing couple relationships will not eliminate these disparities, couple-focused interventions might be used alongside child-focused (e.g., Farahmand et al., 2011; Shaw et al., 2021) and structural interventions (e.g., Amso & Lynn, 2017) to help bolster family functioning and parent- and child-well-being in the face of socioeconomic disadvantage.

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