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Impact of a statewide home visiting program to prevent child abuse[☆]

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Abstract

Objectives: To assess the impact of a voluntary, paraprofessional home visiting program in preventing child maltreatment and reducing the multiple, malleable psychosocial risks for maltreatment for which families had been targeted.

Methods: This collaborative, experimental study focused on 6 Healthy Families Alaska (HFAK) programs; 325 families were enrolled in 2000–2001, randomized to intervention and control groups, and interviewed to measure baseline attributes. Follow-up data were collected when children were 2 years old (85% follow-up rate). Outcomes included maltreatment reports, measures of potential maltreatment and parental risks, for example, poor mental health, substance use, and partner violence. HFAK records were reviewed to measure home visiting services. Home visitors were surveyed to measure perceived effectiveness and training adequacy.

Results: Parental risks were common at baseline, and one-sixth of families had a substantiated child protective services report in the child's first 2 years of life. There was no overall program effect on maltreatment reports, and most measures of potential maltreatment. Home visited mothers reported using mild forms of physical discipline less often than control mothers. The groups were similar in their use of more severe forms of physical discipline. There was no program impact on parental risks. There was no impact on outcomes for families with a 'high dose' of home visiting. Home visitors often failed to address parental risks and seldom linked families with community resources. Contradictions in the model compromised effectiveness.

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Conclusions: The program did not prevent child maltreatment, nor reduce the parental risks that had made families eligible for service. Research is needed to develop and test strategies to improve the effectiveness of home visiting. © 2007 Elsevier Ltd. All rights reserved.

Keywords: Home visiting; Child abuse prevention; Substance abuse; Depression; Domestic violence

Introduction

Based on the promising results of early research (Breakey & Pratt, 1991; Gray, Cutler, Dean, & Kempe, 1979; Olds, Chamberlin, & Tatelbaum, 1986), influential reports in the early 1990s endorsed home visiting to prevent child maltreatment. In 1991, the U.S. Advisory Board on Child Abuse and Neglect reported that home visiting along the lines of Hawaii's Healthy Start model was the most promising child abuse prevention strategy (United States Advisory Board on Child Abuse and Neglect, 1991). Two years later, the National Research Council endorsed home visiting (National Research Council and Panel on Research on Child Abuse and Neglect, 1993).

These reports stimulated great interest in home visiting (Gomby, Culross, & Behrman, 1999). National initiatives arose to assist communities wishing to implement home visiting. Healthy Families America (HFA) is perhaps the most prominent. It was inspired by Hawaii's Healthy Start Program (HSP) and is defined by critical elements of training, staffing and service delivery (Frankel, Friedman, Johnson, Thies-Huber, & Zuiderveen, 2000). HFA recommends voluntary home visiting targeted to at-risk families identified using standardized protocols to assess psychosocial risks. By 2002, 39 states and the District of Columbia had developed home visiting programs through HFA (Healthy Families America, 2002).

Two recent systematic reviews of the literature conclude that home visiting *can* be effective in preventing child abuse (Centers for Disease Control and Prevention, 2003; Sweet & Appelbaum, 2004). The reviews considered studies using actual abuse (reports) and potential abuse (e.g., emergency department visits) as outcomes. The Task Force on Community Preventive Services concluded that home visiting decreased child maltreatment and that programs staffed by professionals versus paraprofessionals yielded stronger, more consistent results (Centers for Disease Control and Prevention, 2003). Sweet and Appelbaum did not find a significant impact on child abuse reports, partly because few studies used this as an outcome. They found a significant but small decrease in potential abuse measures. In contrast to the Task Force, they found that impact was greater for programs staffed by paraprofessionals, targeting at-risk families, and focusing on child abuse prevention.

There are substantial gaps in the understanding of how to achieve this potential. The American Academy of Pediatrics has recommended experimental study of home visiting and the use of results from careful research in advocating for home visiting (American Academy of Pediatrics Council on Child and Adolescent Health, 1998). Gomby, Culross, and Behrman have made similar recommendations based on home visiting trials in which the impact was modest and actual service delivery departed from program models (Gomby et al., 1999). As Guterman has noted, the actual duration and intensity of home visiting is key to achieving intended outcomes (Guterman, 2001). We found that randomized trials of home visiting programs to prevent child abuse rarely described the services actually delivered (Duggan et al., 2000).

Home visiting programs to prevent child abuse usually aim to achieve this goal by improving family functioning and parenting. Substantial research has demonstrated the link between unmanageable environmental stress and child maltreatment (Garbarino & Gilliam, 1980; Guterman, 2001). Social support

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