
The Effectiveness of Early Childhood Home Visitation in Preventing Violence

A Systematic Review

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Overview

In early childhood home visitation programs, parents and children are visited at home during the child's first 2 years of life by trained personnel who provide some combination of information, support, or training about child health, development, and care. Home visitation has been used to meet a wide range of objectives, including improvement of the home environment, family development, and the prevention of child behavior problems. The Task Force on Community Preventive Services (the Task Force) has conducted a systematic review of scientific evidence of the effectiveness of early childhood home visitation for preventing violence, with a focus on violence by and against juveniles. The Task Force recommends early childhood home visitation for preventing child abuse and neglect, on the basis of strong evidence of effectiveness. The Task Force found insufficient evidence to determine the effectiveness of early childhood home visitation in preventing violence by visited children, violence by visited parents (other than child abuse and neglect), or intimate partner violence in visited families. This report gives additional information about the findings, including diverse outcome measures and results in study population subsamples, describes how the reviews were conducted, provides information that can help in applying the intervention locally, and recommends additional research.

Introduction

Early childhood home visitation has been used to address a wide range of public health goals for both

visited children and their parents, including not only violence reduction but also other health outcomes, as well as health-related outcomes such as educational achievement, problem-solving skills, and greater access to resources.^{1,2}

In our review, "home visitation" is defined as a program that includes visitation of parent(s) and child(ren) in their home by trained personnel who convey information about child health, development, and care; offer support; provide training; or deliver any combination of these services. Visits must occur during at least part of the child's first 2 years of life, but can begin during pregnancy and can continue after the child's second birthday. We allowed for programs in which participation in home visitation programs was either voluntary or mandated (e.g., by a court), but found no program in which participation was mandated. Visitors can be nurses, social workers, other professionals, paraprofessionals, or community peers.

In the United States, home visitation programs have generally been offered to specific population groups, such as low income; minority; young; less educated; first-time mothers; substance abusers; children at risk of abuse or neglect; and low birth weight, premature, disabled, or developmentally compromised infants. (Home visitation programs are common in Europe and are most often universal [i.e., made available to all childbearing families, regardless of estimated risk of child-related health or social problems]).³ Visitation programs are often "two generational,"⁴ addressing problems and introducing interventions of mutual benefit to parents and children. Programs may include (but are not limited to) one or more of the following components: training of parent(s) on prenatal and infant care; training on parenting to prevent child abuse and neglect; developmental interaction with infants and toddlers; family planning assistance; development of problem-solving and life skills; educational and work opportunities; and linkage with community services. Home visitation programs may be accompanied by the provision of day care; parent group meetings for support, instruction, or both; advocacy; transportation;

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and other services. When such services are provided in addition to home visitation, we refer to the program as “multicomponent.”

Several theoretical orientations indicate the potential beneficial effects of home visitation on violence and other outcomes.^{5,6} Human ecology theory⁷ clarifies the importance of the social environment—including not only the influence of parents, but also of social networks, neighborhoods, communities, and cultures—in child development. Evidence shows that an environment of community disorganization and poverty can be a source of crime and violence.⁸ Home visitation is seen as strengthening the capacities of parents in successfully relating to their social environment and gaining access to social resources. Because the effects of parenting are critical in the development and prevention of child violence,⁸ home visitors also teach effective parenting and work to strengthen the support of family members and friends.

Enhancing parents’ sense of self-efficacy also strengthens their capacities as parents. The underlying theory of self-efficacy is that people are more likely to act when they believe both that they are capable of carrying out a given action and that this action will accomplish a desired goal.⁹ Home visitors may contribute here by encouraging and facilitating successful, achievable modifications in parents’ lives, possibly including steps toward career development. Increased occupational independence may provide not only needed resources, but a sense of accomplishment and relief from stresses that distract from child care. Self-efficacy may also improve family planning and child spacing, thereby reducing maltreatment, which is more likely with greater numbers of children and children close to one another in age.¹⁰ Finally, attachment theory^{11,12} stresses the importance of a close relationship with parents for healthy child development; home visitors can play a role in strengthening attachment by giving guidance on effective parenting. Home visitors may work to modify harmful patterns of relationship that were learned in the parents’ own upbringing.¹³ Strong parental involvement can protect against the development of child violence.⁸

The purpose of this review is to assess the effectiveness of home visitation programs in preventing violence. Therefore, we reviewed studies of home visitation only if they assessed violent outcomes. We reviewed studies whether or not violence was the primary target or outcome of the visitation, as long as the study qualified by specified inclusion criteria (see “Search for Evidence” section) and assessed violent outcomes. The effects on other outcomes were not systematically assessed, but are selectively reported if addressed in the studies reviewed. We reviewed studies examining any of four violent outcomes:

1. Violence by the visited child, against self or others, including violence in school, delinquency, crime, or other observed or reported violent behavior
2. Violence by the visited parent, other than child maltreatment
3. Intimate partner violence
4. Violence against the child, specifically maltreatment (which includes all forms of child abuse and neglect)

Violence in which juveniles are offenders, victims, or both is a substantial problem in the United States. Over the last 25 years, juveniles have been involved as offenders in at least 25% of serious violent victimizations.¹⁰ Since at least 1976, the highest rates of homicide in the United States have occurred among people aged 18 to 24 years.¹⁰ In 1994, 33% of juvenile homicide victims were killed by a juvenile offender. Rates of homicide victimization among youth aged <15 years are five times higher in the United States than they are in the combination of other industrialized nations and regions for which data are available (Australia, Austria, Belgium, Canada, Denmark, England and Wales, Finland, France, Germany, Hong Kong, Ireland, Israel, Italy, Japan, Kuwait, Netherlands, New Zealand, Northern Ireland, Norway, Scotland, Singapore, Sweden, Spain, Switzerland, and Taiwan). Rates of firearm-related homicide are approximately 16 times higher in the United States than in those same nations.¹⁴ Rates of suicide also rise substantially during adolescence, reach a plateau among people aged 35 to 44 years, and rise substantially again only after age 65 years.¹⁵ The rate of suicide among children aged <15 years in the United States is twice that of the combination of industrialized nations noted above.¹⁴

Although intimate partner violence victimizes men as well as women in the United States, women are three times more likely to be victims than are men.¹⁶ During her lifetime, one out of four women in the United States will be the victim of partner violence: 7.7% will be victims of rape and 22.1% will be victims of other physical assaults.¹⁶ Violent victimization of women, including threats of rape and sexual assault, is greatest among women aged 16 to 19 years. Such violence can have severe physical and mental consequences for victims.¹⁷

In 1999, 4.1% of children (aged <18) were reported to be victims of maltreatment. Many of those reports (33.8%) are investigated and not confirmed by child protective services. Further complicating this picture, national survey data indicate that additional cases of maltreatment are not reported.^{10,18,19} Child maltreatment can include physical, sexual, or emotional abuse; physical, emotional, or educational neglect; or any combination of these. Not only is child maltreatment a form of violence in and of itself, but it is associated with

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