



APSAC Research-to-Practice Brief

Study Title: The Prevention of Child Maltreatment Through the Nurse Family Partnership Program: Mediating Effects in a Long Term Follow-Up Study

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Introduction:

This study seeks to understand the specific mechanism by which nurse home visitation programs reduce child maltreatment over the long-term.

The article introduces the Nurse Family Partnership (NFP), an evidence-based model where nurses make home visits to low-income first-time mothers and their children. These nurses focus on interventions in three primary areas of family functioning: (1) health-related behaviors during pregnancy and early childhood, (2) care parents provide to their children, and (3) maternal life-course development including helping moms with family planning, progressing in their education, and getting employment. A previous evaluation of the NFP program (conducted from 1978-1980) found that there were reduced rates of child maltreatment during the first two years of the child's life, and most significantly, a follow-up study conducted when the children were 15-years-old found that the reduced rates of child maltreatment were sustained and became stronger over time. These findings applied to the 80% of participating families who had low to moderate levels of domestic violence. The 20% of families who had high levels of domestic violence did not fare as well.

This article seeks to identify the actual mechanism(s) by which NFP reduced child maltreatment over the long term as described in the landmark 15-year follow-up of the Elmira study. Using the dataset from the 15-year follow-up of the 1978-1980 cohort, analysis sought to identify the actual pathways through which the intervention changes things will allow future programs to enhance and target those processes.

Hypotheses:

The article hypothesizes that the NFP's long term effect in reducing child maltreatment is caused by the program altering significant aspects of the mother's life course, such as family planning and economic self-sufficiency, through education and employment.

Subjects:

Participants were pregnant women in Elmira, New York recruited from a free county health clinic and the offices of private obstetricians, who were giving birth to their first child, could begin the

program prior to their 25th week of pregnancy, and had at least one of the following characteristics: (1) under age 19, (2) unmarried, (3) low socioeconomic status. Also, any first-time mother enrolled in NFP who asked to participate in the study was allowed to participate.

Findings:

A reexamination of the data from the Elmira study found that over the first 15 years of the target child's life, participant mothers with low or moderate levels of domestic violence had 4.52 times fewer substantiated maltreatment reports compared to mothers from the control group. Also, data taken at the time the child was age 15 indicated that mothers who received NFP home visits spent fewer months on public assistance and had fewer subsequent children compared to the control group. Most importantly, data analysis showed these two outcomes were significant predictors of child maltreatment. Data analysis indicated that having fewer children and staying off public assistance accounted for about one half of the total effect of the NFP program on reducing child maltreatment.

Recommendation

Home visiting programs should target and enhance their focus on helping mothers alter their life course through family planning (using birth control to have fewer children) and education and employment (staying off public assistance). These particular interventions account for half of the reduction in child maltreatment achieved by NFP in the Elmira study. Other NFP interventions, such as focusing on health-related behaviors and parental care, combined, account for the other half of the reduction in child maltreatment. This difference in impact is important; this study shows that a focus on life-course development issues had the greatest impact.

Bottom Line

Home visiting programs will increase the likelihood of preventing child maltreatment by focusing on helping mothers have fewer children and stay off public assistance through education and employment. Large family size and poverty increase the risk of child maltreatment, while smaller family size and higher income reduce that risk.

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About the Research-to-Practice Brief Author

Pamela Miller, JD, MSW, LISW-S is a clinical social worker and attorney. She is a psychotherapist for young children in foster care and founder of the Children's Justice Project. She currently serves on the board of the National Association of Social Workers Ohio, on the amicus committee for APSAC, and on the Mandatory Reporting Committee for Center for Child Policy. She also serves on the Children and Families Council for the city of Cincinnati.