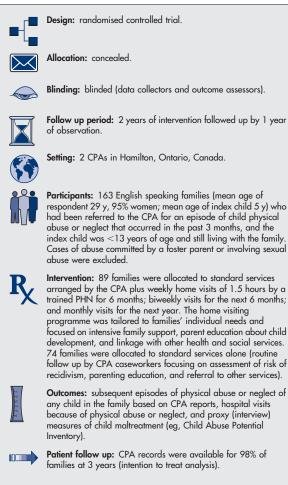
^{TREATMENT} Nurse home visits did not differ from standard care for prevention of recurrent child abuse

MacMillan HL, Thomas BH, Jamieson E, *et al.* Effectiveness of home visitation by public-health nurses in prevention of the recurrence of child physical abuse and neglect: a randomised controlled trial. *Lancet* 2005;**365**:1786–93.

Q In families referred to child protection agencies (CPAs), does a programme of home visiting by public health nurses (PHNs) plus standard care prevent recurrence of child physical abuse or neglect more than standard care alone?

METHODS



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MAIN RESULTS

The home visiting and standard care groups did not differ for recurrence of physical abuse and/or neglect within the family based on CPA records, but the home visiting group had a higher rate of recurrence based on hospital visit data (table). The groups did not differ for days to first incidence of abuse or neglect (hazard ratio 0.81, 95% CI 0.55 to 1.21) or any of the proxy measures of child maltreatment.

CONCLUSION

Home visits by public health nurses plus standard care did not differ from standard care alone for prevention of recurrent child physical abuse or neglect in families referred to child protection agencies; families who received home visits had a higher rate of abuse or neglect based on hospital visit data.

Commentary

E vidence from 2 RCTs suggests that an intensive PHN home visiting programme that begins prenatally and continues for 2 years prevents physical abuse and neglect of children in families at risk.¹² In contrast, MacMillan et al found that a visiting programme for families already involved with the child welfare system was no more effective than usual care in reducing recurrence of physical abuse and neglect. The most likely explanation for the difference in findings is that a different or more intensive intervention is required to *change* existing negative parenting behaviour than to *prevent* it. Post-hoc analysis suggested that the intervention was effective among families with less chronic CPA involvement (<3 mo), but this hypothesis requires further study.

Strengths of the study include random allocation of participants, a theoretical basis for the intervention, training of experienced nurses, sufficient statistical power to detect between-group differences if they existed, pilot testing, psychometrically strong measures, and blinded outcome assessments.

The findings emphasise the importance of preventing physical abuse and neglect before it occurs. In jurisdictions where PHNs do not routinely begin home visits prenatally with at-risk families, perinatal, paediatric, urgent care/emergency, and primary care nurses must have a key role in identifying these families. Managers should ensure that nurses have the time and resources to effectively assess and intervene with at-risk families, communicate with other members of the healthcare team, and make appropriate early referrals. When possible, PHNs should advocate that home visits be initiated upon the birth of a child and maintained over time, particularly for families with low income or poor social support.

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Outcomes at 3 years	Home visits	Standard care alone	RRR (95% CI)	NNT (CI)
Physical abuse (CPA records)	33%	43%	23% (-14 to 49)	Not significant
Neglect (CPA records)	47%	51%	9% (-25 to 34)	Not significant
Abuse or neglect (CPA records)	57%	67%	15% (-9 to 34)	Not significant
			RRI (CI)	NNH (CI)
Abuse or neglect (hospital records)	24%	11%	118% (6 to 361)	8 (5 to 99)