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Early home visitation in families at risk for child maltreatment

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II

SUMMARY

Raising a child may be the most difficult task we face in our lives. It becomes all the more difficult when we are occupied by past or present adversities, causing distraction, doubt and stress and making us a lesser parent than we aspire to be – sometimes even, inadvertently, a maltreating parent. Although many parents would benefit from additional support in raising their children, this is most true for those facing adversities – those at risk. The additional support that is best suited for this group of parents should focus on helping them learn how to cope with their adversities, it should help them recognize the best interest of their children and it should be easily accessible, that is: it should be provided to them in the trusted environment of their own home. This is the principal reasoning behind the current study, the purpose of which was to determine the effectiveness of early home visitation in families at risk for child maltreatment. In chapter one this study is introduced.

Child maltreatment is a burdened term, which may be related to the fact that the notion of child maltreatment as a problem is not much older than a century. It was not until the second half of the past century that people ceased to see child maltreatment predominantly as a threat to society and started to see it as a threat to the child's right to 'becoming a person'. Consequentially our response to the problem is slowly shifting from treating and restricting the implications of maltreatment towards understanding and preventing the onset of maltreatment, as we discuss in chapter two.

In the attempt to understand the mechanisms of child maltreatment a number of theories have been developed, two of which were selected and integrated for the purpose of this study. Through these theories the paradigm for this study becomes one that integrates an ecological perspective on the family functioning with the notion of parental awareness, emphasizing the importance of the parental role. This paradigm constitutes the basis for both the method of selecting families at risk and the method of preventive intervention. In chapter three, in addition to an elaborate exploration of the different aspects of our paradigm, a review of risk factors and their relationship to child maltreatment is presented. Based on this theoretical as well as empirical exploration a decision was made regarding the development of an instrument to be used in the selection of families at risk.

Chapter four discusses a number of aspects of the design of this study. First of all, based on several international reviews of predecesing intervention studies, choices are discussed regarding the population and way of recruitment, the onset, duration, frequency and staffing of the intervention, and the objectives and content of the intervention. It was decided to provide six postnatal home visits during a period of 18 months, conducted by Well Baby Clinic nurses. The designated population for this intervention was to consist of families with an increased risk for maltreatment, who were to be recruited through a mailed questionnaire. The content of the intervention was based upon the paradigm that was selected for this study. Consequentially, the intervention aimed at the improvement of parental functioning, the parent-child interaction and the underlying perceptions, expectations and sensitivity and finally at the enhancement of the social support network surrounding a family. Aside from the design of the intervention chapter four also addresses the way in which the effectiveness of the intervention had to be established. Based upon a number of considerations it was decided to research the effects through parental self-administrated questionnaires as well as third-party information from general practitioners, Well Baby Clinic physicians and the local maltreatment reporting agency (AMK).

From chapter five onward the results of different aspects of our study are presented. First up are the results of our screening method. A brief questionnaire was deployed to select families at risk. This questionnaire was sent to all families with newborns in a clearly defined region during a period of 13 months in cooperation with the nurses from the Well Baby Clinics in that region. Of all 8899 families approached, 55%

responded while participating nurses responded about 80% of all families. Most commonly found risk factors were childhood experiences of maltreatment or violence, in 16% of the mothers and 10% of the fathers, and social isolation in 8% of both parents. Based on the results of this screening method 14.2% of all families approached were selected for the intervention.

As 45% of all parents approached with our screening method did not respond, a separate chapter is dedicated to compare these non-respondent parents to those that did respond. For this purpose a name algorithm was developed in order to help determine the family ethnicity. Furthermore, based on the family address neighborhood characteristics were determined for each family. Finally, through a sample of medical files other socio-demographic variables became available. The results of this comparison demonstrated that respondents and non-respondents differ significantly from each other regarding the variables studied. We concluded that non-respondents were similar to families at risk. Therefore additional methods of screening need to be deployed in order to reach all families in need of preventive home visits.

The results of these home visits are described in chapters seven and eight. In the first of these two chapters the intervention process is evaluated. Based upon evaluations amongst both participating parents and home visiting nurses it is concluded that the design of the program was feasible, on most objectives of the intervention parents have improved significantly according to the nurses and parents were highly satisfied. In chapter eight finally the effects of the intervention are discussed. Findings demonstrated improved parental expectations regarding their children as well as a better child physical and psycho-social development due to the intervention. Also a clinically significant reduction of the risk for child maltreatment was found in almost a quarter of the intervention group compared to 8% in the control group. The intervention turned out to have special benefits for families at increased risk and families with a first child. In the final chapter of this book we conclude that the results of this study are promising and that follow-up is recommended.

