A Mixed Methods Evaluation of Early Childhood Abuse Prevention Within Evidence-based Home Visiting Programs.

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OBJECTIVES: In this large scale, mixed methods evaluation, we determined the impact and context of early childhood home visiting on rates of child abuse-related injury. METHODS: Entropy-balanced and propensity score matched retrospective cohort analysis comparing children of Pennsylvania Nurse-Family Partnership (NFP), Parents As Teachers (PAT), and Early Head Start (EHS) enrollees and children of Pennsylvania Medicaid eligible women from 2008 to 2014. Abuse-related injury episodes were identified in medical assistance claims with ICD-9 codes. Weighted frequencies and logistic regression odds of injury within 24 months are presented. In-depth interviews with staff and clients (n = 150) from 11 programs were analyzed using a modified grounded theory approach. RESULTS: The odds of a healthcare encounter for early childhood abuse among clients were significantly greater than comparison children (NFP: 1.32, 95% CI [1.08, 1.62]; PAT: 4.11, 95% CI [1.60, 10.55]; EHS: 3.15, 95% CI [1.41, 7.06]). Qualitative data illustrated the circumstances of and program response to client issues related to child maltreatment, highlighting the role of non-client caregivers. All stakeholders described curricular content aimed at prevention (e.g. positive parenting) with little time dedicated to addressing current or past abuse. Clients who reported a lack of abuse-related content supposed their home visitor's assumption of an absence of risk in their home, but were supportive of the introduction of abuse-related content. Approach, acceptance, and available resources were mediators of successfully addressing abuse. CONCLUSION: Home visiting aims to prevent child abuse among high-risk families. Adequate home visitor capacity to proactively assess abuse risk, deliver effective preventive curriculum with fidelity to caregivers, and access appropriate resources is necessary.

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