

**RESEARCH ALERT:****Preventing child maltreatment and intimate partner violence: The potential role of the Nurse-Family Partnership*****Why this research is important:***

Both child maltreatment, which includes physical, emotional and sexual abuse, as well as neglect and exposure of children to violence in the home, and intimate partner violence (IPV) are widespread public health problems with significant adverse consequences for women and children. The Nurse-Family Partnership (NFP), a nurse home visiting program for first time, disadvantaged mothers and their babies, has been shown to prevent child maltreatment and associated outcomes in trials conducted in the US as well as in a more recent study carried out in the Netherlands. After it was identified in the first NFP trial that the beneficial program effect on child maltreatment was not found in nurse-visited households with moderate to severe levels of IPV,¹ program founder David Olds and colleagues prioritized the need to develop an approach to reduce ongoing IPV within the context of the NFP. It also became clear that in addition to prevention of recurrence, the model has the potential to prevent IPV and associated impairment, and in turn, reduce children's exposure to IPV, all within the context of a program demonstrated effective in reducing child maltreatment.

What we know to date about the role of the NFP in reducing violence:

The NFP has shown the the best evidence for preventing child physical abuse and neglect in high-income countries; It has demonstrated reductions in objective measures of child maltreatment or associated outcomes when administered to high-risk families prenatally and in the first 2 years of a child's life. Of particular note, in the 15-year follow-up of the first trial conducted in Elmira, New York, child abuse and neglect were identified less often among nurse-visited women compared to women in the control group (0.29 vs 0.54 verified reports; $p < 0.001$).² Recent results from a trial of the Dutch NFP (VoorZorg), showed a reduction in the number of children reported to child protection services in the NFP group compared to the control group three years after birth (11% vs 19%; relative risk 0.91; $p = 0.04$).³ Although not an outcome that was identified *a priori*, in the second trial in Denver, Colorado trial, the nurse-visited group reported less IPV during the six-month period preceding the year-four interview compared with the control group (6.9% vs. 13.6% for controls, $p = 0.05$).⁴ The Dutch trial examined IPV as one of several outcomes and found that at 24 months following birth, nurse-visited women had a lower odds of IPV victimization (level 1 physical assault) compared with women in the control group (26% vs 44%; $p < 0.05$).⁵

What we're examining in the NFP Curriculum Study:

In the current NFP trial in the US examining an intervention to reduce IPV, in addition to women's quality of life, we will be assessing reports of IPV from the beginning of the trial; this will tell us about whether the NFP is an approach to primary prevention of IPV and whether it can prevent IPV recurrence, as well as reducing child maltreatment.



References

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5. Mejdoubi J, van den Heijkant SC, van Leerdam FJ, Heymans MW, Hirasing RA, Crijnen AA. Effect of nurse home visits vs. usual care on reducing intimate partner violence in young high-risk pregnant women: a randomized controlled trial. *PLoS One*. 2013 Oct 21;8(10):e78185.

Future Research Alerts will provide emerging findings from the ongoing research. For more information: contact the Trial Manager, Chris McKee at cmckee@mcmaster.ca.