

Interventions to prevent violence against children: The importance of house calls

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Violence against children is a global problem that brings about serious consequences for the victim, both immediate and in the long run. One is that children from people who have been abused in childhood are at greater risk of living through the same experience. For this reason, to prevent abuse in future generations, high-risk families require interventions to curtail violence against children.

The authors made a systematic review of the literature, including randomized controlled trials, that evaluated the effectiveness of interventions to prevent violence against children born from mothers considered to be at high risk.

Eight studies were included, of which 7 were carried out in the United States and one in the United Kingdom. Although it was not an inclusion criterion, the home visiting (HV) was the intervention performed in the 8 studies. They all involved low-income women. Other risk factors included: young age, maternal depression, family stress, lack of social support and violence between the couple. The intervention duration (weekly or biweekly house calls in the postpartum period, gradually decreasing to monthly or bimonthly) ranged from 3 months to 3 years, and the follow-up lasted from six months to 15 years. The two studies with the longest follow-ups were also those that reported significant differences in the reporting of violence against the child.

The objectives of the interventions included: access to prenatal care, pediatric health care, and social resources and services; improvements in the mothers' knowledge about child development; parents and children bonding encouragement; development of parenting skills; detection of mental illness and abusive use of drugs by mothers; and discussing some problems being faced by the parents.

The studies showed that the HV had an impact on the violence against children, as well as on the mother-child interaction, maternal depression, pregnancy repetition, maternal employment, and it also impacted the children's cognitive development and externalizing behaviors. The factors associated with greater efficacy were: intervention beginning during the gestation and continuing for at least 2 years thereafter; weekly visits in the immediate postpartum; longer follow-up after the intervention; and the specificity of the intervention content.

The literature indicates promising possibilities for reducing violence against children in high-risk families. So far, scientific evidence shows that only the house calls are significant in reducing the problem.

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The HV relevance to prevent children maltreatment, shown in this study, reinforces this initiative as a priority in the healthcare of children. It should be noted, however, that despite its proven success in causing changes in families, the way these HV programs are deployed plays a crucial role in their success. Factors such as the type of training the healthcare professionals receive, reflective supervision that explores thoughts, experiences and feelings associated with the services of these professionals, as well as the program quality, have a statistically significant association with their effectiveness¹.

Considering that this problematic parenting behaviors occur in more families than those served by the child protection services, Prinz² advocates that public policies should be implemented to prevent violence against children. Given that stigma may alienate families from programs specifically aimed at preventing maltreatment, routine and affordable interventions to support parents become essential, with HV being one of them.

In Brazil, the Family Health Strategy (FHS) uses HVs as a means for interaction in basic health care to gather information on the living and health conditions of the families under its responsibility. It is one of the most outreach actions carried out in the communities served by the clinics. Regular training, team reflections and supervision of the professionals, are part of the strategy and have been carried out in the country, even though still unevenly in different cities³.

The conditions for HVs to be used to develop actions to prevent violence against children seem to have been in place in Brazil: the home visiting represent an important action of the FHS, which in turn is considered a priority of the public health policies in the country; among the HV objectives in the FHS are the inspection of family structure and dynamics and the identification of individual and family risk factors⁴; the use of HVs by the professionals in basic healthcare is ample. Considering also its proven effectiveness, it is recommended that contents be included in the home visiting, to help reduce this violence against children phenomenon in our country.

References

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