

Does home visiting reduce intimate partner violence?

Evidence from the federal Home Visiting Evidence of Effectiveness (HomVEE) Review

Research on models HomVEE has classified as "evidence-based" provides limited evidence that these home visiting models may reduce IPV

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Healthy Families America

Favorable effects on maternal perpetration of incidents including physical assault, verbal abuse, sexual violence, and injury:

3-year average

Bair-Merritt et al. 2010

Favorable effects on partner incident resulting in injury and partner physical abuse:

24 months postpartum

Duggan et al. 2004

Nurse-Family Partnership



Favorable effects on maternal exposure to domestic violence:

48 months postpartum

Olds et al. 2004

HomVEE assigns ratings based on a comprehensive review of the model. The evidence-based models shown here, based on HomVEE standards, have at least one study rated as high or moderate quality and reported effects on IPV outcomes (well-designed studies that reported null effects are excluded). Details about this, and the effects of the other models, are reported on the HomVEE website.

INTRODUCTION:

Prevalence of intimate partner violence (IPV) is higher for women around the time of pregnancy than at any other time.

Home visiting services geared toward pregnant women and families with young children offer an opportunity to intervene and support mothers at risk for IPV. In theory, effective services might reduce the incidence of IPV and thereby reduce the likelihood that children witness family violence.

METHODS:

Identified studies by conducting keyword searches and issuing a public call for studies to solicit new and unpublished research related to home visiting and IPV outcomes.

Screened to identify studies published in 2001 through summer 2018 that examined IPV outcomes and that examined models HomVEE has classified as "evidence-based" according to Department of Health and Human Services criteria.

Reviewed 16 studies about home visiting's effect on IPV.

Rated each study's design to identify "well-designed" studies – those for which the designs suggest that some or all of the effects observed on IPV were due to the home visiting model rather than other factors. Among the 14 well-designed studies, HomVEE's review found statistically significant favorable outcomes in three studies, on two evidence-based models (listed on left).

FINDINGS:

Evidence suggesting that evidence-based home visiting models may reduce IPV is limited.

Additional high quality research is needed to know whether evidence-based home visiting models have longer-term effects on IPV, including effects after home visits end.

ABOUT HomVEE:

The Department of Health and Human Services (HHS) launched the Home Visiting Evidence of Effectiveness (HomVEE) review to conduct a thorough and transparent review of the home visiting research literature. HomVEE provides an assessment of the evidence of effectiveness for home visiting models that target families with pregnant women and children from birth to kindergarten entry (that is, up through age 5). Each year, HomVEE reviews research on selected models and determines whether they meet HHS criteria for evidencebased home visiting models. To learn more about HomVEE, visit https://homvee.acf.hhs.gov/.





