

# Nurse home visitation program reduces girls' potential criminality later in life

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Girls whose mothers were visited at home by nurses during pregnancy and the children's infancy appear less likely to enter the criminal justice system by age 19, according to a report in the January issue of *Archives of Pediatrics & Adolescent Medicine*.

"Preventive interventions for parents of young children that improve parental competencies and the early learning environment of the child hold considerable promise as a means of reducing health and developmental problems across the life course and associated costs to government and society," the authors write as background information in the article. Home visitation services that focus on promoting a mother's health and teaching caregiving skills during pregnancy and infancy have received attention recently but have not been assessed over the long term.

John Eckenrode, Ph.D., of Cornell University, Ithaca, N.Y., and colleagues studied 310 19-year-olds whose mothers were enrolled in the Nurse-Family Partnership program in Elmira, N.Y., in which nurses visited homes to help women improve health-related behaviors during pregnancy, provide more competent care during infancy and improve their economic self-sufficiency through appropriate life choices. A total of 400 pregnant women enrolled in the study between 1978 and 1980; 85 percent of them were age 19 or younger, unmarried or from households with low socioeconomic status.

Of the 310 families followed up when the children were 19 years of age,

140 were in the control group, 79 received visits during pregnancy only and 91 received visits during pregnancy and infancy. Families in the program received an average of nine home visits by nurses during pregnancy and 23 from birth through the child's second birthday.

Compared with the 73 in the comparison group, the 44 [girls](#) whose families were visited during [pregnancy](#) and [infancy](#) were less likely to have been arrested by age 19 (10 percent vs. 30 percent) or convicted (4 percent vs. 20 percent), and had fewer lifetime arrests (an average of 0.1 vs. 0.54) and convictions (0.04 percent vs. 0.37 percent). When the analysis was restricted to girls whose mothers were high-risk (unmarried or low-income), those who were visited by nurses had fewer children (11 percent vs. 30 percent) and were less likely to use Medicaid (18 percent vs. 45 percent) than those who were not visited.

For boys, the likelihood of an arrest increased significantly in both the intervention and control groups after age 12, with no difference in arrests between groups through age 19.

"Overall, these findings suggest that the Nurse-Family Partnership program has the potential to produce lasting changes in criminal offending trajectories, early childbearing and economic outcomes for girls born to low-resource mothers," the authors write. "Given that other long-term follow-up studies of model early-childhood interventions for infants and preschoolers have reported continued treatment effects with older adolescents and young adults, the impact of well-designed and implemented early interventions on crime reduction is promising."

"These findings also emphasize the need to direct more scientific attention to girls in observational and interventional research on criminal behavior and delinquency," they conclude.

**More information:** Arch Pediatr Adolesc Med. 2010;164[1]:9-15.

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