Exploring the ethical and social aspects of using mHealth technology in urban and rural home visitation programmes for women affected by domestic violence

Results in Brief

Domestic violence intervention in home visiting

Perinatal home visitation programmes that screen for domestic abuse can benefit from findings on best practice and the possible use of mobile health (mHealth) technology.

Domestic violence against women is a widespread global public health issue. On an international level, there has been an increase in the development and evaluation of interventions that address domestic violence in healthcare settings. This is especially the case in primary and maternity care. The risk for intimate partner violence (IPV) may increase during pregnancy and the postpartum. As a result, IPV can have long-term consequences on the health of women and children. However, information is lacking regarding the best methods for identifying and supporting abused women in home settings, especially while maintaining privacy and being accurate and
The EU funded a nested qualitative project DOVE (Exploring the ethical and social aspects of using mHealth technology in urban and rural home visitation programmes for women affected by domestic violence). This study was nested within the eMOCHA DOVE (Domestic Violence Enhanced Home Visitation) trial that was funded by the US National Institute for Health. The eMOCHA DOVE trial tested the effectiveness of an intervention administered by trained home visitors using paper assessments and safety plans, against the same materials being delivered by mHealth technology (i.e. a computer tablet). The qualitative study explored the views of home visitors and clients.

The nested qualitative study involved 51 interviews and observations of home visitation. Additionally, the fellowship work entailed formal and informal training, presentations and published papers. Findings indicated that using a computer tablet is a safe and confidential way for abused women to reveal their experiences without the risk of judgement. However, regardless of the method used, the relationship between the home visitor and the woman was crucial to engaging women in the intervention. Research findings will make a significant contribution to perinatal home visitation programmes. The DOVE intervention also had a broader societal impact on women with no history of IPV, conveying the important message that IPV is unacceptable and that support is available.

Keywords

Domestic violence, women, interventions, health care, intimate partner violence (IPV), home visitation, home visitors

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