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Initiatives to Support Older Women Who Experience Intimate Partner Violence

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Abstract

To contribute to our knowledge about initiatives to support older women who experience intimate partner violence (IPV), we conducted an internet search, online surveys, and telephone interviews with administrators of programs for women who have experienced IPV. We compiled information on initiatives providing individual in-person and telephone support, educational and/or therapeutic groups, and short- and long-term shelters and housing. The interviews provided insights about the history and rationale for these initiatives, strengths, positive outcomes, challenges, and future program development. Our study results can inform the creation of appropriate services to meet the needs of older women who experience IPV.

Keywords

intimate partner violence, aging, women, supports, programs

Introduction

Despite advancements made by both the women's liberation movement and the battered women's movement, the abuse of women by their partners is a problem that persists regardless of socioeconomic class, religious affiliation, racialization status, or age (C. Rennison & Rand, 2003). Given that this violence continues to exist, appropriate

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and effective interventions are needed to support women, and our study focused on examples of initiatives which exist specifically for older women. We focused on older women as this is a group that is often relatively invisible in society in general and in research on intimate partner violence (IPV) in particular. In our study, we focus specifically on initiatives to support older women who experienced IPV in a relationship in midlife or older.

We use IPV to refer to any type of abusive behavior (e.g., emotional, verbal, physical, sexual) that occurs between intimate partners, such as spouses, those living in a common-law relationship, or in a dating relationship. There is no consensus in IPV research on a specific age at which a woman is considered older. Typically, researchers include women at least age 50 who are beyond childbearing years, which is sometimes described as midlife or older (Schaffer, 1999; Teaster et al., 2006; Weeks & Leblanc, 2011). Older women can experience IPV in several different contexts, including in a long-standing relationship, beginning in a relationship after some time, in a new relationship, or across several relationships (Beaulaurier et al., 2008; Hightower et al., 2006; Straka & Montminy, 2006; Zink et al., 2006).

Research on IPV among older women began in the 1990s (Grunfeld, 1996; Neysmith, 1995; Vinton, 1992), and while our knowledge is far less complete on IPV among older versus younger women, a mistaken assumption is that IPV ceases with age (Hightower et al., 2006). Prevalence studies have shown that between 15 and 30% of older women report IPV at some time over their life (Bonomi et al., 2007; Montero et al., 2013; C. M. Rennison, 2001; Stöckl & Penhale, 2015). Incidence studies have shown that 8.6% of currently partnered women experienced IPV since turning age 55 (Zink et al., 2005); 3.5% of women age 65 and older reported IPV in the past 5 years, and 2.2% in the past year (Bonomi et al., 2007); and 5.5% of women between 50 and 64 experienced IPV in the past 2 years (Sormanti & Shibusawa, 2008). In a study of coroners' files of homicide by individuals aged 65 or older, 89% of homicide victims were female, and of these, 93% were current or former spouses of male perpetrators (Bourget et al., 2010). It is generally recognized that, similar to other types of abuse, IPV among older women is underestimated.

Both formal services (i.e., government and not-for-profit agencies) and supports from family members and friends can play an important role in supporting older women experiencing IPV, and older women often have a unique mix of supports to meet their needs (Weeks et al., 2016). However, in this study, our focus is on formal services and supports designed to support women who experience IPV, such as family violence services. Unfortunately, not all family violence services are responsive to the needs of various age groups and some older women may not feel that family violence services are appropriate for their needs (Crockett et al., 2015; Leblanc & Weeks, 2013; Mcgarry et al., 2014). Given that many services are not appropriate to older women's unique needs, there is an emergent emphasis on supports that do address unique preferences and situations or "victim centered" supports (Spangler & Brandl, 2007; Weeks et al., 2016).

We reviewed the literature and through this review identified two main forms of family violence programs for older women experiencing IPV documented in the

literature. The first was support groups that are showing promising results through positive impacts on self-esteem and well-being, breaking isolation, teaching survival strategies, and improving physical and mental health (Brandl et al., 2003; Brownell & Heiser, 2006). The second is emergency shelters and short-term supportive housing (James et al., 2015; Straka & Montminy, 2006). Critical work needs to be done to accommodate the needs of older women in these settings that may differ from the needs of younger women, such as more private spaces, assistance with medications, group support with women of similar ages and life circumstances, an accessible environment, and changes in admission policies where they are not forced to admit being abused upon intake (Leblanc & Weeks, 2013). There are also innovations emerging to provide short-term shelter for older women and men experiencing abuse in existing care facilities, such as the Weinberg Center Shelter (Reingold, 2006; Solomon, 2020). In sum, there is little published research about initiatives focused specifically on IPV and older women.

Research Gap and Study Purpose

Given the dearth of knowledge, we need to compile information about current, often emerging, initiatives focused on IPV and older women to document and evaluate persistent and dynamic concerns. Our research team has an interest in the intersections of various factors that influence the health and quality of life of older women, such as gender, age, language, race, ethnicity, culture, and geographic location. The purpose of this study was to contribute to our knowledge about currently operating Canadian family violence initiatives that focus support for older women from diverse backgrounds who experience IPV. Our two specific objectives were as follows: (a) to contribute to identifying different types of initiatives, the development of these initiatives, and the target population; and (b) to identify strengths and challenges experienced by those involved in delivering these programs. In a subsequent phase of our research, we focus on learning from diverse older women who utilize these services, but in the current study, we focus on learning through the experiences of those who are involved in operating these initiatives. This research offers valuable insights and important information to animate and inform further innovations to meet the needs of older women who experience IPV.

Method

We conducted this study in three phases. First, we engaged in a process to identify initiatives focused on meeting the needs of older women who experience IPV. Second, we invited administrators (e.g., directors or managers) of these initiatives who met the inclusion criteria to participate in an online survey. Those who completed an online survey could also indicate willingness to participate in the third phase involving semistructured interviews. Ethical approval for this study was granted by the Research Ethics Boards at Dalhousie University, the University of New Brunswick, the Université de Moncton, and the University of Prince Edward Island.

Identification of Initiatives

We created and implemented a systematic online search process to locate examples of initiatives providing resources, services, or supports for older women experiencing IPV in Canada. As there is no inventory of Canadian IPV services, the search began by reviewing federal (e.g., Health Canada, Public Health Agency of Canada) and individual provincial/territorial governmental departments (e.g., "British Columbia" AND "older women" AND "services" AND "IPV" in different variations, including domestic violence, domestic abuse, and spousal abuse). We also searched known organizational websites related to IPV and elder abuse (e.g., Atira Women's Resource Society). After government department and known organization websites were reviewed, the additional links posted on these websites were explored, along with several extensive online directories (e.g., hot peach pages, Fem'aide). In total, 79 initiatives were identified that appeared to support older women in some capacity. In addition, while we did not conduct an extensive search to identify initiatives in the United States, in the search process, relevant initiatives in the United States were identified, and one from a neighboring state chose to participate in the online survey and an interview.

Although there are many examples of IPV supports available online, in many cases it was not immediately clear if or how an initiative served older women, and older diverse women in particular, so broad inclusion criteria were created to capture as many examples as possible. Initiatives were included if they met the following criteria: (a) described a specific program for older women, (b) mentioned older women in their intended audience, (c) represented older women in their chosen imagery, or (d) included supports for "women of all ages." Basic descriptive data (e.g., location, types of services offered) were collected through a review of each relevant website.

Online Survey

To recruit survey participants, publicly available contact information (e.g., email addresses and telephone numbers) were recorded for the administrators from each of the 79 IPV initiatives that met the inclusion criteria from the online search. Administrators were selected as appropriate respondents for the survey as they were expected to have enough knowledge of policy-level functions, as well as day-to-day operations of the given initiative. An email invitation containing study information and a direct link to the consent form and the online survey was sent to the administrators. We made two follow-up attempts for nonrespondents as well as follow-up by telephone.

We adapted an online survey that our team used previously in a study focused on gender and elder abuse from the perspective of professionals (Weeks et al., 2018), and that survey was initially adapted from a survey developed by the Canadian Network for the Prevention of Elder Abuse. In the 20-question survey, we asked administrators details about their programs, such as the mandate, mission, population served, and funding. We also included questions about their knowledge of resources to support older women who experienced IPV and areas where they required more knowledge to meet the unique needs of this population.

Semistructured Interviews

At the end of the online survey, respondents had the option to indicate whether they were interested in participating in a semistructured interview to provide more context about their services, and to gather further insights on IPV supports for older women. Of those who indicated interest in being interviewed, we purposively selected 10 diverse programs (i.e., diversity of services, population served). We conducted an in-depth interview with an administrator of these programs. A sample of approximately 10 participants is large enough when utilizing a qualitative data collection process to create rich, thick descriptions and meaningful data (Fusch & Ness, 2015; Guest et al., 2006).

Data Analysis

Through completing the process to identify initiatives and conduct an online survey, descriptive information about each initiative that served older women who have experienced IPV was recorded. This information was used to create a descriptive summary of the characteristics of the different types of programs identified. Open- and closed-ended questions in the online survey were compiled to highlight the information needs for those providing IPV initiatives that serve older women.

Thematic analysis was conducted on the data resulting from the semistructured interviews. Thematic analysis, a form of pattern recognition, allowed for inductive coding (Fereday & Muir-Cochrane, 2006) and is particularly useful in understanding influences and motivations related to how people respond to events (Luborsky, 1994). The transcripts were uploaded to NVivo 11 to aid in organizing and analyzing qualitative data. The data coding process involved generating initial codes, searching for themes, reviewing themes, and defining and naming themes that resulted in thematic codes representing patterned responses within the data set (Braun & Clarke, 2006). The first and second authors collaborated throughout this process to identify, define, and name the themes. This process involved independently reading the transcripts and having a series of meetings to discuss the themes and reach consensus. Once there was agreement about the themes and the definitions, the first and second authors independently coded one transcript and then met to come to consensus on coding. As there was high agreement on coding, the first author coded the remaining transcripts independently. Three of the semistructured interviews were conducted in French and these interviews were transcribed in French. Two Francophone team members participated in identifying quotes that reflected the themes and translated the quotes into English.

Results

Online Survey

While our search resulted in 79 initiatives that appeared to support older women in some capacity, a total of 25 online survey responses were received. Of these, 18 had

Table 1. Types of Initiatives Identified.

Initiative category	Description
Individual in-person counseling and support	Counselors provide various types of psychosocial and educational in-person supports. This was provided by social workers, psychologists, and various other types of counselors (e.g., course case counselors).
Individual help over the phone, crisis lines, and help lines	Confidential and anonymous free services provided over the phone in real time. Most people providing this service had completed a diploma or degree, and the majority had 10 or more years of experience providing this service. Provided information and referral services, such as counseling, housing, and legal help.
Educational and/or therapeutic support provided in a group setting	Psychoeducational support groups provided to small groups of older women at varying intervals of time (e.g., biweekly). Groups tend to drop-in with flexible attendance. Group leaders are qualified therapists (e.g., social work, counseling therapists).
Short- and long-term shelters and housing	Provision of safe accommodation and support for older women for varying lengths of time (e.g., emergency short-term stays, long-term second-stage housing). Staff working in these initiatives had training in social work, psychology, sociology, and/or addictions. One shelter provided services to older women from the LGBTQ+ community.

Note. LGBTQ+ = lesbian, gay, bisexual, transgender and queer or questioning, and others.

usable data, and the remaining did not provide sufficient data for analysis. We believe that this response rate was due to participants beginning the survey and then realizing that they did not provide IPV services specific to older women; rather, they provided elder abuse services to both older men and women or IPV services to younger women only. Those who participated in the online survey provided various types of supports for older women experiencing IPV that we grouped into the following categories: individual in-person counseling and support; individual help over the phone, crisis lines, and help lines; educational and/or therapeutic support provided in a group setting; and short- and long-term shelters and housing. In some cases, an organization provided more than one of these types of support to older women. In Table 1, we include a description of the four types of initiatives that are an amalgamation of information shared by the participants in the online survey.

The survey participants varied greatly in how connected they felt to others who work with this population. While about 25% were quite connected to other colleagues doing this work, 25% were also working in isolation, with the remainder having some connections with other service providers. The participants indicated being quite aware of other resources in their area for older women experiencing IPV—they all indicated being at least moderately aware of other services.

We asked the online survey participants to list any other resources or information that are needed to support older women who experience IPV, and we identified the

following topics: housing; next steps in dealing with financial abuse, medication abuse, and pet abuse; navigating the legal system as an older woman, legal aspects of dividing property; age-specific tools; caregiver support; hearing from members of different groups who can teach us better ways to serve them; and the link between poverty and IPV vulnerability.

Semistructured Interviews

A total of 10 administrators who completed an online survey indicated interest in being interviewed, and we were able to conduct interviews with administrators representing eight unique initiatives (English, $n = 5$; French, $n = 3$). In one of the English interviews, there were two participants responding to the questions, so nine administrators in total participated in an interview. While we did not ask why there were few administrators interested in participating in an interview, from our prior research with this sector, many program administrators may not have time to devote to participating in research. In addition, they may have felt that they provided sufficient information about their program in the online survey already completed. Many of the programs focused on meeting the needs of older women who are visible minorities, French-language minorities, and women who lived in a range of urban and rural locations. These were an accurate reflection of the various regions and settings (e.g., urban, small town, rural) and types of programs that we identified in the online survey for older women experiencing IPV, so we see this information as an adequate representation of the options available.

Four key themes emerged from our thematic analysis: (a) program history, including when it began and the rationale for the program; (b) program focus (e.g., Should programs focus only on older women or be integrated across generations?); (c) staff and other program strengths leading to positive outcomes; and (d) challenges and future program development. Anonymous quotes below are identified by participant number.

Program History: Length of Service Delivery and Impetus for Development

Many programs were newly implemented while others were more established. For those that provided a specific date of program development, they ranged from 8–15 years ago. In some instances, the organizations provided services to other populations earlier, but began providing services to older women experiencing IPV more recently after realizing a gap in service delivery, as this participant explains:

> At least 15 years we've been providing that kind of counselling. And then approximately 10 years ago we then started branching out and working on developing . . . third stage housing program for older women. So we see that as a continuum of our services. (#8)

There were many reasons and sources of evidence to influence why these organizations decided to focus services for older women who experienced IPV. For some of the

organizations, for example, they decided to develop these services because the older population is growing. Others began to see trends in an older population using their services. As this participant explains,

> And originally it was for women across the life span. And it still is in a sense that we can't say no to anybody who wants to come because there's no other support groups for younger women in this rural community. So we have to open it to everybody. But about 3 years ago, we really were seeing a pattern that it was always older women coming. (#7)

Other organizations generated their own evidence about the needs of older women, either in a formal way through research or informally by noticing the increased demand from older women for services. These organizations took advantage of existing funding sources that could be used to meet the needs of older women to develop their programs:

> We also got some money from the feds [federal government] to do some research into the needs of older women who were victims of intimate partner abuse. So, we did focus groups and produced a study . . . and one of the things that was identified on that early study was the need for housing specifically for older folks. That the shelter system that we have in place wasn't something that older people would necessarily use. (#6)

As our focus in this study was on women in midlife and older, it was clear that the participants provided services to women in a large age range. There was a sense from some participants that younger women, such as baby boomers, would be more comfortable advocating for IPV services than women in older age groups, such as over age 80. This increased advocacy for services to meet the needs of older women could result in a much greater demand for services in the future:

> And I think we are starting to see this, is that folks from the baby boomer generation who are more used to advocating for . . . who have a stronger sense of . . . I don't know, that they don't go quietly into the night. And so I think that our services will be requested more often. I think there might be a higher level of expectation on what we can offer. . . . So I think the more people who desire the services, or their family members ask for it, the more they will be made available. (#6)

Several participants discussed the engagement of older women in requesting services to meet their needs or modifying existing services. They talked about various strategies to involve women to expand a sense of ownership and to ensure the relevance of services appropriately meeting their needs. As one participant said, "They're letting us know what's working, what's not working" (#1). There were examples of how the women were engaged and encouraged to discuss violence:

> That is very interesting because the francophone community here is very much a minority. So, we sent out invitations by postcard to come in and have tea or coffee at our center. Come in have a tea, coffee, cookies, it started like that, slowly and gently. . . . They

> wanted to be informed with respect to things that interested them. So that's what we did and within it there was always an awareness (*of violence*), as the messages that were sent, but still presented gently to them. Because often the conversation was lined up to have a conversation of what is violence, to demystify violence in all its forms. (#4)

While some participants recognized that many older women may not be comfortable advocating for having their own needs met, there were exceptions:

> One of the women, she was 85, I think, almost 90 maybe, who was the local advocate and sort of social justice fighter. . . . She said the problem is once you become old, you kind of lose your gender. . . . So she said to make sure that we don't lose that gendered aspect. (#3)

Other participants described how the older women were quite clear on the specific services they wanted, how they wanted them offered, and how they shared information about the services with others. One described a situation in which one older woman received help and subsequently referred several other older women to the program:

> There is a woman who asks for services, so it's a first request on the phone and there I give her an appointment for an evaluation. Oh, the woman is 65, and she explains her story and everything and then well I explain how our services work. So the lady looks happy, she seems satisfied with the meeting you know, she knows that there are activities she can participate in, and then she goes home. But then, in the three weeks that follow, I received at least 5 to 6 ladies from 65 to 75. That, for me, is not a coincidence. (#5)

Another participant explained how the older participants advocated for a program that was benefiting them:

> Because they're so used to not having anything or any program, they very rarely complain. The only time they ever kind of put their foot down is when we used to do the group weekly, and then because I don't have enough of a budget, I couldn't anymore. So we had to do it every other week. And I had 14 complaint letters on my desk the next day. And you know what, like I was super proud of that. Like I wasn't offended. I was really proud of that because it means that whatever we are teaching, it is really sticking, that they're able to start advocating for themselves. (#7)

Thus, programs seemed to emerge dynamically through agency interest in remaining relevant to meeting needs, funding opportunities related to this population, as well as through responses from the community for better supports.

Program Focus: Should Programs Focus on Older Women Only?

In this study, we endeavored to identify programs specifically serving older women who experienced IPV but also found that several of the organizations served both younger and older women. Three of the administrators discussed issues related to the

integration of women of all ages in programs. They talked about how there are strengths of an intergenerational model as older women provide support to younger women, especially for those who did not have extended family in the area:

> I would say it has become an intergenerational group because there are young mothers who have no family here, because they moved here with their husbands, their spouses, former spouses now. They are now stuck in this area because the Court does not allow them to leave with the children. They have no family in the area, the families are all far away. So, they participate with the older women's group and adopt them as their grandmother, and it's for themselves and for their children. The group becomes intergenerational. (#4)

From the perspective of the program administrators, there appeared to be a bond of trust between the women of all ages who experience IPV and they could thus engage in mutual understanding and support:

> The advantage is not in the activity for senior women as such, the advantage is to mix generations. This is really what came out because they are attached to the youngest, and they give advice or they are very attentive, and the girls will be more likely to talk sometimes with them and not just between themselves. So, the advantage has been in the intergenerational I would say. . . . So, there is a bond of trust that settles, and the same thing for the older woman who will talk with the youngest because she feels welcomed, she is not ridiculed because the youngest understands. So there is a link there, I'd say like family, like they should have had in their family and didn't get, so there they will have it with the older women. (#5)

Although there was some discussion of advantages of mixing the generations, there were some topics that the participants believed were better geared to older women in particular. For example, one participant felt that older women would prefer to be in a group for them only when talking about a topic such as sexuality in which older women's historical and religious influences may be quite different than for younger women:

> I find that, I find that the mixture of generations is what we can wish for really, except for certain situations, because I maintain that when we talk about sexuality, you know, it's different, you must respect the age group, but otherwise I find that the mixture of generations is favorable to everyone. (#5)

Overall, the program administrators identified value in having a capacity for both generational and intergenerational focus in the services, but the provision of intergenerational programs should reflect the preferences of the women using the services.

Staff and Other Program Strengths Leading to Positive Outcomes

The participants identified several examples of the skill and dedication of program staff and other program strengths that led to a number of successes and positive

outcomes. A strength identified by a number of participants was success in obtaining resources required for older women's programs through core funding and fundraising. The administrators and staff advocated for the older women utilizing their services:

> People don't see older people, they may ignore this population or ignore the needs of this population. I think one of the things that's helped is being able to be pretty bold about asking for support and telling the story of our clients so that funders will listen to us. (#6)

Several participants also spoke about the skills and dedication of staff, and often long-term staff who were able to understand the issues and clientele in depth and offered tailored services to meet the women's needs, such as the ability for some programs to serve Francophone women in French:

> Well, I would say that the Francophones who participate in the group, they want to make sure that it is in French all the time because it is the only place where they will be able to express their experience in French as they do. (#4)

Even the physical space was identified as a strength in some cases in that it met the physical needs and preferences of older women:

> It's not necessarily geared for younger women in terms of how we choose to put pictures in the waiting room or . . . It's geared towards, you know, women who are older. So they feel like they're heard and that they're understood, and it's a comfy atmosphere for them to participate in. (#7)

The strengths that were identified by the participants often led to important positive outcomes. Sometimes, the outcomes were identified as expanding programs and the number of older women served. The programs were beneficial for women who lived in more isolated areas. "So, what we proposed is the establishment of this new program that could help counter this isolation and give them this opportunity to support and network" (#2). Participants also spoke about how their programs support older women to be less isolated, developed connections to other women, and offered opportunities for rejuvenation:

> Well, the eyes were brighter. The skin was more colorful. They had more confidence in themselves. They felt stronger . . . so, that's a change in their daily lives, and being informed about healthy nutrients, a healthy environment, healthy relationships, whatever it looks like. They also get to put words to the emotions with which they lived, experienced with, or have lived experiences. (#4)

Participants felt that their organizations had a strong profile in the community and strong partnerships with other organizations. In addition, that the programs for older women existed at all was identified as an important outcome, and in some cases the programs were growing:

> I feel like our biggest achievement is that we still exist . . . it probably would have made more sense on a number of occasions for us to partner with a large organization and become a program of a large organization as opposed to remaining as a standalone . . . but we hesitated to do that because we didn't want the subject to get diffused or ignored or sort of diluted. (#6)

The endorsement of the innovations to support older women thus held a myriad of appraisals that gestured toward a future with expanded opportunities for programs.

Challenges and Future Program Development

The administrators also identified many challenges they faced in providing IPV services to older women. Several participants discussed methods they used to obtain access to the resources they needed, but nevertheless obtaining appropriate financial resources over time was a key challenge for many. This affected the amount and types of services that could be geared specifically to the needs of older women:

> We have women who have mobility issues, health. We've had a lot of women with serious health problems . . . how we program for these women and what kind of support. Like we really feel we need more staff, and we don't have the funding for it, because they need a lot of support. (#8)

There was some evidence of ageism recognized by some of the participants. Others providing family violence services not specifically to older women felt the services provided for this age group were redundant and a waste of scarce resources:

> I think a biggest challenge is the reception we get from traditional domestic and sexual assault providers. . . . They don't like us. They don't like our existence. We are a threat to them. And I never expected that when I started. I think the reason is because there are finite resources and because that field of providers has been advocating for survivors for a long time, and I think that the suggestion . . . You know, if we come in and say we're going to do something specifically for older folks then what we're suggesting by doing that is that they are not. . . . We're suggesting that they're not doing enough for older people. (#6)

Meeting the specific linguistic and cultural needs of older women who were official language minorities was a specific concern, that is, women whose first language is French and they do not live in the province of Quebec. Two of the French participants identified that older women have particular needs stemming from long-standing family and religious values that may influence how they think about the situation of abuse and their ability to make changes in their own lives:

> Religion has remained an obstacle to, to healing. So they feel that they are obliged, for example, to forgive. Well, we have to work a lot on the notion of forgiveness, and they feel that they are obliged to keep that bond with the family. It makes all the values that have been carried over that time—become for them challenges. (#5)

The participants eagerly shared how they would like to modify and/or expand their services in the future. For those who identified gaps in service delivery for older women experiencing IPV in their area, they wanted to meet these needs, such as providing second-stage housing, monthly group meetings, or simply having the capacity to expand their current programs to meet the needs of additional older women:

> The capacity for me to send a worker, drive three and a half hours, to go to (isolated community), offer a support group of two hours, then drive back three and a half hours with moose and little to no cellular reception, all in one day. It's not possible, not doable. Me, my ambition is to open a satellite office, at least one, in the community of (*community that is more central to northern and more isolated communities*), then I would like to take the program we have developed and be able to use it to reach the women in the community of (*isolated community*). I need to have the resources to be able to have a foothold in the communities that are further north of us, more rural, more isolated, to be able to go to deliver programming. (#2)

One participant identified a desired focus on supporting mentorship by those who participated in their programs:

> I would love to have where we really do focus on the mentorship, leadership part. So, when they actually do let's say finish, complete their counselling, how they're able to kind of give back. And how we can provide that in a different way to connect clients maybe with clients that have had and gone through things and are at a different stage kind of process. (#1)

The ability to do this type of program expansion did rely on increased access to resources, greater support from the community, and increased advocacy with decision makers providing resources:

> I think I might have a bigger board. And I would hope for a larger sort of support network outside of the staff. . . . I would love to do more advocacy, more formal advocacy with a capital A. People working on policy issues . . . just don't have the capacity to do. (#6)

Thus, participants could understand how existing challenges could be overcome and further expansion in programming might be used to better benefit older women experiencing IPV.

Discussion

Our results contribute to the evidence that IPV services for older women are not as readily available as initiatives for younger women in Canada (Crockett et al., 2015). Although our online survey first scoped out several initiatives that appeared promising and seemed to focus on meeting the needs of older women who experienced IPV, only 18 participants submitted a usable survey. While it may be that those who did not respond to an invitation might have been simply unable to complete the survey, we did

try various ways to engage them in a conversation. That so few responded we feel reflects many organizations not having specific programming for older women. In addition to not identifying a larger number of initiatives, those we identified were developed fairly recently. Clearly, more work needs to be done to expand and tailor IPV services to meet the needs of older women (Graham et al., 2006). Some administrators offered plans for future development, including expanding the types of services offered or expanding current services in more locations.

A key insight that interview participants identified was the ageist attitudes from other service providers who begrudged wasting scarce resources on older women. It is unsettling that not all service providers understand the needs of older women and that there is the perception that the needs of older women should be sacrificed to meet the needs of younger women. Everyone who experiences IPV is deserving of appropriate services regardless of their age. Ageism is an obvious threat to the expansion of IPV services for older women; educational initiatives are needed with those who currently provide IPV services as well as those who are responsible for funding and creating programming.

Our review of the literature identified support groups and emergency shelter and short-term housing available for older women as two key types of programs (Brandl et al., 2003; Brownell & Heiser, 2006; James et al., 2015; Reingold, 2006; Solomon, 2020; Straka & Montminy, 2006). Our research extends our knowledge of the programs available by identifying two additional forms of existing initiatives for older women experiencing IPV: individual in-person counseling and support; and individual help over the phone, crisis lines, and help lines. There were many reasons that participants gave for the development of these types of programs, such as evidence about an aging population, the needs and preferences of older women, and direct requests/advocacy of older women. It was encouraging to find examples in the interview results of women who requested services and promoted these services to other older women and showed evidence of empowerment and willingness to create change (Holstein, 2015).

The lack of formal program evaluation of the initiatives identified through our research reveals a challenge to these programs. Program administrators need high-quality data to support the value of their programming, to inform future program development, and to have evidence to help secure required resources. We are lacking information about the effectiveness of these initiatives for older women, and as such, outcome evaluation research is clearly needed both for individual initiatives and across initiatives.

A limitation of our study was that we only searched for programs meeting our inclusion criteria online. A study conducted in the United States in 2012 found that 29% of a nationally representative sample of services serving women experiencing domestic violence did not have a website (Sorenson et al., 2014). While we expect that this percentage would be lower at the present time, it is possible that we did not identify programs that did not have a web presence and possibly those that served people who are marginalized. We identified few initiatives available to meet the needs of diverse women, such as meeting their cultural and/or language needs. The internet search revealed a lack of diversity in images portrayed on the websites of the organizations. There is a definite need for the development of programs that meet the needs of other groups of diverse

older women, such as immigrant women (Paranjape et al., 2009; Roger et al., 2015). The results of the interviews with three administrators providing services in French also highlighted the importance of providing services in a woman's first language. Prior evidence shows that Canadian official language minorities, or Francophone people living outside of Quebec, may avoid seeking help if French-language services are not available (de Moissac & Bowen, 2017). It is particularly important for services offered in French to be promoted actively to older women (Bowen, 2015; de Moissac & Bowen, 2017; Drolet et al., 2017) as Francophone older women may be more socioeconomically vulnerable with less education and income that can limit their access to services (Bouchard & Desmeules, 2017).

Given that few initiatives exist and that many of our participants in the online survey did not feel well-connected to others who provide programs to older women, it is clear that mechanisms are needed for awareness and information sharing between organizations. This could occur through existing organizations linking those working in IPV, through a special section or interest group, or the development of a new organization.

Our results revealed interesting and conflicting insights from the program administrators interviewed about the value of providing group-based IPV services to all women together or providing services to older women separately. In particular, some benefits of an intergenerational model were identified in our results, such as the older women fulfilling a fictive kin role of a mother or grandmother and these family-like bonds of trust developing in the group. However, several challenges can result from including all ages together, such as the specific needs of older women not being met. In addition to older women having specific age-related health issues, they are influenced by their own life course and cohort experiences that may preclude them from participating freely in a group setting. Thus, our results point to the need for service providers to consider offering at least some group programming for older women in particular and also offer individual support services to older women. A limitation of our research is that we only collected data from program administrators, and additional research is needed that includes the voices of women of various ages about the acceptability of intergenerational IPV services.

Our study was conducted primarily in Canada, but nevertheless our results highlight many important findings related to existing initiatives focused on meeting the needs of older women who experience IPV that may be of interest to those working in other countries. Additional research in various other countries would also help to identify if other types of initiatives are available in different countries. There is also a need for global knowledge translation efforts to share our current knowledge about older women who experience IPV, to highlight that many have particular preferences for supports to meet their needs, and to expand current services to meet the needs of our growing population of older women, many of whom experience and live with IPV.

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